

WISCONSIN DEPARTMENT OF CHILDREN
AND FAMILIES

Child and Adolescent Needs and Strengths

WI CANS 2.0
(Birth – Age 5)

Praed Foundation
1999, 2019

July 2019

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and 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 and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

Literary Preface/Comment regarding gender references:

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively use 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” is being utilized in reference to “child”, “youth”, “adolescent”, or “young adult.” This is due to the broad range of ages to which this manual applies.

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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 system—children and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS.

SIX KEY PRINCIPLES OF THE CANS

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Ratings should describe the child, not the child in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child’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 or child regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child’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, a few items 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 for ratings in order to make sure assessments stay relevant to the child’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

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

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

The CANS is made of domains that focus on various areas in a child’s life, and each domain is made up of a group of specific items. There are domains that address how the child functions in everyday life, on specific emotional or

behavioral concerns, on risk behaviors, on strengths, and on skills needed to grow and develop. There is also a section that asks about the family's beliefs and preferences, and about general family concerns. The care provider, along with the child and family as well as other stakeholders, gives a number action level to each of these items. These action levels help the provider, child, and family understand where intensive or immediate action is most needed, and where a child has assets that could be a major part of the treatment or service plan.

The CANS action levels, however, do not tell the whole story of a child'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.

HISTORY

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

The CANS assessment builds upon the methodological approach of the CSPI, expanding the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child 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 and families; programs and agencies; and child serving systems. It provides for a structured communication and critical thinking about children 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's progress. It can also be used as a communication tool that provides a common language for all child-serving entities to discuss the child's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

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

MEASUREMENT PROPERTIES

Reliability

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

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores

on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children 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 and family.

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

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

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

To complete the CANS, a CANS trained and certified care coordinator, caseworker, 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, family, and other stakeholders.

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see page 7). 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 and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS supports the belief that children 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 and their families to discover individual and family functioning and strengths. Failure to demonstrate a child's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on a child's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child 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 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' is 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 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 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-level foster care, community mental health, and juvenile justice programs.

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

HOW IS THE CANS USED?

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

IT IS AN ASSESSMENT STRATEGY

When initially meeting children and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful in when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many caseworkers 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 ACTION 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 the child and their caregiver, but one that we are going to attempt to work on during the course of our action planning. As such, when you write your action plan, you should do your best to address any needs, impacts on functioning, or risk behaviors that you rate as a '2' or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

The CANS is often completed every 3 to 6 months to measure change and transformation. We work with children 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 child 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 tie to current needs. And finally, it allows for a shared language to talk about our child 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 case decisions.

CANS: A STRATEGY FOR CHANGE

The CANS is an excellent strategy in addressing children’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 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/ interviews with the child 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 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 conversations that are more natural. So, if the family is talking about situations around the child’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 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 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 and family the CANS domains and items (see the CANS Core Item list on page 12) and encourage the family to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

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

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling, and brief “yes,” “and”— are all things that encourage people to continue.
- ★ **Be nonjudgmental and avoid giving personal 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.” However, 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 their feelings. You demonstrate empathetic listening when you smile, nod, and 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 person 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 PARENTS’/CAREGIVERS’ OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people’s observations such as “well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “So your mother feels that when you do 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 child, 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 child and family those areas of strengths and of needs. Help them to get a “total picture” of the child 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 . . .”

REFERENCES

- American Psychiatric Association (APA). (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. (DSM-5)*. Washington DC: American Psychiatric Publishing.
- Anderson, R.L., & Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health, 17*, 259-265.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Child and Youth Services Review, 34*, 2345-2352.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2013). Patterns of out of home decision making. *Child Abuse & Neglect 37*, 871-882.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2014). Out of home placement decision making and outcomes in child welfare: A longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research, 41*, published online March 28.
- Cordell, K.D., Snowden, L.R., & Hosier, L. (2016). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Child and Youth Services Review, 60*, 129-135.
- Epstein, R.A., Schlueter, D., Gracey, K.A., Chandrasekhar, R. & Cull, M.J. (2015). Examining placement disruption in Child Welfare, *Residential Treatment for Children & Youth, 32(3)*, 224-232.
- Israel, N., Accomazzo, S., Romney, S., & Zlatevski, D. (2015). Segregated care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth, 32(3)*, 233-250.
- Lardner, M. (2015). Are restrictiveness of care decisions based on youth level of need? A multilevel model analysis of placement levels using the Child and Adolescent Needs and Strengths assessment. *Residential Treatment for Children & Youth, 32(3)*, 195-207.
- Lyons, J.S. (2004). *Redressing the Emperor: Improving the children's public mental health system*. Westport, CT: Praeger Publishing.
- Lyons, J.S. (2009). *Communimetrics: A communication theory of measurement in human service settings*. New York: Springer.
- Lyons, J.S., & Weiner, D.A. (2009). (Eds.) *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management*. New York: Civic Research Institute.

WI CANS BASIC STRUCTURE

The Wisconsin Child and Adolescent Needs and Strengths 2.0 items are noted below. Items with an asterisk indicate associated modules must be completed when the item is rated a '1', '2', or '3'.

Trauma Experience

- Sexual Abuse*
- Physical Abuse
- Neglect
- Emotional Abuse
- Medical Trauma
- Natural or Manmade Disaster
- Witness to Family Violence
- Witness to Community Violence
- Witness to Criminal Activity

Adjustment to Trauma

- Affect Regulation
- Re-experiencing the Trauma
- Avoidance
- Increased Arousal
- Numbing Response

Life Functioning Domain

- Family - Nuclear
- Family - Extended
- Living Situation
- Developmental/Intellectual*
- Medical*
- Physical
- Dental
- Daily Functioning
- Social Functioning
- Recreation/Play
- Regulatory*
- Motor
- Communication
- Sleep
- Preschool/Child Care*

Child and Family Cultural Factors

- Language
- Cultural Identity
- Traditions and Rituals
- Cultural Stress
- Knowledge Congruence
- Help Seeking Congruence
- Expression of Distress

Child Behavioral/Emotional Needs

- Attachment
- Failure to Thrive
- Depression (Withdrawn)
- Anxiety
- Atypical Behaviors
- Impulsive/Hyperactive
- Oppositional

Child Risk Factors

- Birth Weight
- Pica
- Prenatal Care
- Length of Gestation
- Labor and Delivery
- Substance Exposure
- Parent/Sibling Problems
- Maternal Availability

Child Risk Behaviors

- Self-Harm
- Aggressive Behavior
- Intentional Misbehavior

Strengths Domain

- Relationship Permanence
- Family - Nuclear
- Family - Extended
- Interpersonal
- Adaptability
- Persistence
- Curiosity
- Resiliency

Current Caregiver Resources and Needs

- Supervision
- Problem Solving
- Involvement with Care
- Knowledge
- Empathy with Child
- Organization
- Social Resources
- Physical Health
- Mental Health
- Substance Use
- Developmental
- Family Stress
- Cultural Congruence

Identified Permanent Resource Needs and Strengths

- Residential Stability
- Self-Care/Daily Living
- Access. to Child Care Services
- Cultural Stress
- Employment/Educational Funct.
- Educational Attainment
- Financial Resources
- Community Connection
- Legal
- Transportation
- Supervision
- Problem Solving
- Involvement with Care
- Knowledge
- Empathy with Child
- Organization
- Social Resources
- Physical Health
- Mental Health
- Substance Use
- Developmental
- Family Stress
- Cultural Congruence

TRAUMA EXPERIENCE

All of the trauma experience items are static indicators. In other words, these items indicate whether or not a child has experienced a particular trauma. If the child 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's life. Thus, these items are not expected to change, except in the case that the child has a new trauma experience or a historical trauma is identified that was not previously known.

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

Rate these items within the child's lifetime.

For the **Trauma Experience**, the following categories and action levels are used:

- 0 Indicates a dimension where there is no evidence of any trauma of this type.
- 1 Indicates a dimension where a single event or one incident trauma occurred, or suspicion exists of trauma experiences.
- 2 Indicates a dimension on which the child has experienced multiple traumas or multiple incidents.
- 3 Indicates a dimension which describes repeated, chronic, on-going, and/or severe trauma with medical and physical consequences.

SEXUAL ABUSE*

This item rates the severity and frequency of sexual abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Has the caregiver or child disclosed sexual abuse? • How often did the abuse occur? • Did the abuse result in physical injury? 	0 There is no evidence that the child has experienced sexual abuse.
	1 Child has experienced one episode of sexual abuse or there is a suspicion that the child has experienced sexual abuse but no confirming evidence.
	2 Child has experienced repeated sexual abuse.
	3 Child 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 Sexual Abuse Module**

SEXUAL ABUSE MODULE

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

EMOTIONAL CLOSENESS TO THE PERPETRATOR

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Did the child know the perpetrator? • Was the perpetrator a member of the family? 	0 Perpetrator was a stranger at the time of the abuse.
	1 Perpetrator was known to the child at the time of the event but only as an acquaintance. [continues]

EMOTIONAL CLOSENESS TO THE PERPETRATOR continued

Ratings and Descriptions

- 2 Perpetrator had a close relationship with the child at the time of the event but was not an immediate family member.
- 3 Perpetrator was an immediate family member (e.g. parent, sibling).

FREQUENCY OF ABUSE

This item identifies the frequency of the sexual abuse.

Ratings and Descriptions

Questions to Consider

- How often did the sexual abuse occur?

- 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.

DURATION

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

Ratings and Descriptions

Questions to Consider

- For how long did the sexual abuse occur?

- 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.

PHYSICAL FORCE

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

Ratings and Descriptions

Questions to Consider

- Was there physical violence or the threat of physical violence used during the abuse?

- 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.

REACTION TO DISCLOSURE

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

Questions to Consider	Ratings and Descriptions	
	0	All significant family members are aware of the abuse and supportive of the child coming forward with the description of their abuse experience.
	1	Most significant family members are aware of the abuse and supportive of the child 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 for coming forward with the description of their experience.
	3	Significant lack of support from close family members of the child for coming forward with the description of their abuse experience. Significant relationship (e.g. parent, caregiving grandparent) is threatened.

Questions to Consider

- Was the family supportive of the child 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 coming forward with the description of their abuse experience.
- 1 Most significant family members are aware of the abuse and supportive of the child 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 for coming forward with the description of their experience.
- 3 Significant lack of support from close family members of the child for coming forward with the description of their abuse experience. Significant relationship (e.g. parent, caregiving grandparent) is threatened.

VICTIM OF SEX TRAFFICKING

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

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

Questions to Consider

- Is there any indication that the child has experienced sex trafficking? At what frequency?

Ratings and Descriptions

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

PHYSICAL ABUSE

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

Questions to Consider	Ratings and Descriptions	
	0	There is no evidence that child has experienced physical abuse.
	1	Child has experienced one episode of physical abuse or there is a suspicion that the child has experienced physical abuse but no confirming evidence.
	2	Child has experienced repeated physical abuse.
	3	Child has experienced severe and/or repeated physical abuse that causes sufficient physical harm to necessitate hospital or medical treatment.

Questions to Consider

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

Ratings and Descriptions

- 0 There is no evidence that child has experienced physical abuse.
- 1 Child has experienced one episode of physical abuse or there is a suspicion that the child has experienced physical abuse but no confirming evidence.
- 2 Child has experienced repeated physical abuse.
- 3 Child has experienced severe and/or repeated physical abuse that causes sufficient physical harm to necessitate hospital or medical treatment.

NEGLECT

This item describes whether or not the child 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's basic needs for food and shelter being met? Is the child allowed access to necessary medical care? Education?

Ratings and Descriptions

- 0 There is no evidence that the child has experienced neglect.
- 1 Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of the child.
- 2 Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
- 3 Child 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.

EMOTIONAL ABUSE

This item rates whether the child has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating a child, 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?
- Is there name calling or shaming in the home?

Ratings and Descriptions

- 0 There is no evidence that the child has experienced emotional abuse.
- 1 Child has experienced mild emotional abuse. For instance, the child may experience some insults or is occasionally referred to in a derogatory manner by caregivers.
- 2 Child has experienced emotional abuse over an extended period of time (at least one year). For instance, the child may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
- 3 Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year). For instance, the child is completely ignored by caregivers, or threatened/terrorized by others.

MEDICAL TRAUMA

This item rates the child's experience of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries. This item considers the impact of the event on the child. It describes experiences in which the child is subjected to medical procedures that are experienced as upsetting and overwhelming. A child born with physical deformities who is subjected to multiple surgeries could be included. A child who must experience chemotherapy or radiation could also be included. A child who experiences an accident and requires immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for children (e.g., shots, pills) would generally not be rated here. [continues]

MEDICAL TRAUMA continued

Questions to Consider

- Has the child had any broken bones, stitches, or other medical procedures?
- Has the child had to go to the emergency room, or stay overnight in the hospital?

Ratings and Descriptions

- | | |
|---|--|
| 0 | There is no evidence that the child has experienced any medical trauma. |
| 1 | Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting). |
| 2 | Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization. |
| 3 | Child has experienced life threatening medical trauma. |

NATURAL OR MANMADE DISASTER

This item describes the child’s exposure to either natural or manmade disasters. This includes disasters such as a fire, earthquake, or manmade disaster; car accident, plane crashes, or bombings.

Questions to Consider

- Has the child been present during a natural or manmade disaster?
- Does the child watch television shows containing these themes or overhear adults talking about these kinds of disasters?

Ratings and Descriptions

- | | |
|---|--|
| 0 | There is no evidence that the child has experienced, been exposed to, or witnessed natural or manmade disasters. |
| 1 | Child has been indirectly affected by or second hand exposure to a natural or manmade disaster (e.g., on television, hearing others discuss disasters). |
| 2 | Child has experienced a natural or manmade disaster which has had a notable impact on their well-being. Child has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a child may observe a caregiver who has been injured in a car accident or fire or watch their neighbor’s house burn down. |
| 3 | Child has experienced a life threatening natural or manmade disaster. Child 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). |

WITNESS TO FAMILY VIOLENCE

This item rates the violence within the child’s home or family.

Questions to Consider

- Is there frequent fighting in the child’s family?
- Does the fighting ever become physical?

Ratings and Descriptions

- | | |
|---|---|
| 0 | There is no evidence that the child has witnessed family violence. |
| 1 | Child has witnessed one episode of family violence. |
| 2 | Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed. |
| 3 | Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence. [continued] |

Supplemental Information: The Witness to 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 Witness to Family Violence item and not the Witness to Criminal Activity item.

WITNESS TO COMMUNITY VIOLENCE

This item rates the severity and frequency of incidents of violence the child has witnessed in their community.

Questions to Consider <ul style="list-style-type: none">• Does the child live in a neighborhood with frequent violence?• Did the violence result in significant injury to others in the community?	Ratings and Descriptions	
	0	There is no evidence that the child has witnessed or experienced violence in the community.
	1	Child has witnessed occasional fighting or other forms of violence in the community. Child 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	Child has 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	Child 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).

WITNESS TO CRIMINAL ACTIVITY

This item describes the severity of exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery. Any behavior that could result in incarceration is considered criminal activity. A child 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 who has witnessed drug dealing, prostitution, assault, or battery would also be rated on this item.

Questions to Consider <ul style="list-style-type: none">• Has the child or someone in their family ever been the victim of a crime?• Has the child seen criminal activity in the community or home?	Ratings and Descriptions	
	0	There is no evidence that the child has been victim or a witness to criminal activity.
	1	Child is a witness of significant criminal activity.
	2	Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
	3	Child 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, loved one.

ADJUSTMENT TO TRAUMA

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

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

For the **Adjustment to Trauma**, the following categories and action levels are used:

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

Rate the following items within the last 30 days.

AFFECT REGULATION

This item describes a child’s difficulties with regulating or expressing emotions.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the child have reactions that seem out of proportion to the situation? Does the child have extreme or unchecked emotional reactions to situations? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> Child has no problems with affect regulation.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Child has mild to moderate problems with affect regulation.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child’s functioning in some life domains.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child has severe problems regulating affect even with caregiver’s support.</p>
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RE-EXPERIENCING THE TRAUMA

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the child re-experience the trauma? If so, when and how often do they occur? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> There is no evidence that the child re-experiences the trauma.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> The child experiences some indications that the trauma was being re-experienced in the form of sleep disruption or play after the trauma but is no longer present. Presently there may be some subtle changes in the child’s functioning. [continues]</p>
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RE-EXPERIENCING THE TRAUMA continued

Ratings and Descriptions

- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child experiences consistent indications that the trauma is being re-experienced. Infants may demonstrate significant sleep disturbance, nightmares, and periods of disorganization. Older children may have the same symptoms with themes present in play
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child experiences repeated and severe incidents of re-experiencing trauma that significantly interferes with functioning and cannot be mediated by caregivers.

AVOIDANCE

These symptoms include efforts to avoid stimuli associated with traumatic experiences.

Ratings and Descriptions

Questions to Consider

- Does the child make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?

- 0 *No current need; no need for action or intervention.*
No evidence of avoidant behavior.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Mild problems with avoiding some situations either after the trauma or presently on an infrequent basis. Infants, due to limited mobility, rarely exhibit this symptom.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
Moderate problems with avoidant behavior that occurs consistently when the child is exposed to triggers related to the trauma. Caregiver can support the child.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Severe problems with avoidant behavior that occurs consistently but cannot be mediated by caregivers and causes significant distress.

INCREASED AROUSAL

This item includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Child may also show common physical symptoms such as stomachaches and headaches.

Questions to Consider

- Does the child feel more jumpy or irritable than is usual?
- Does the child have difficulty relaxing and/or have an exaggerated startle response?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
There is no evidence of increased arousal.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Child may have a history of increased arousal or currently show this behavior on an infrequent basis. [continues]

INCREASED AROUSAL continued

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child have stress-related physical symptoms: stomachaches or headaches?Do these stress-related symptoms interfere with the child's ability to function?	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child demonstrates increased arousal most of the time. Infants appear wide eyed, over-reactive to stimuli, and have an exaggerated startle response. Older children may have all of the above with behavioral reactions such as tantrums.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child demonstrates increased arousal most of the time with significant impairment in their functioning that cannot be mediated by the caregiver.</p>

NUMBING RESPONSE

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child experience a normal range of emotions?Does the child tend to have flat emotional responses?	<p>0 <i>No current need; no need for action or intervention.</i></p> <p>Child has no evidence of numbing responses.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i></p> <p>Child has a history or evidence of problems with numbing. They may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child exhibits numbing responses that impair their functioning in at least one life domain. Child may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child exhibits significant numbing responses or multiple symptoms of numbing that put them at risk. The child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.</p>

LIFE FUNCTIONING DOMAIN

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

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

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

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

FAMILY - NUCLEAR

This item rates the child’s relationships with those who are in their nuclear family. This refers exclusively to the child’s immediate birth or adoptive parents and siblings. All other individuals, including those the family considers family who are not related to them legally, should be considered under Family – Extended.

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

FAMILY – EXTENDED

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Is there conflict in the family relationship that requires resolution?• Is treatment required to restore or develop positive relationships in the family?	0 <i>No current need; no need for action or intervention.</i> No evidence of problems in relationships with extended family members, and/or child is doing well in relationships with extended family members.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> History or suspicion of problems. Child might be 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 child. Arguing may be common but does not result in major problems.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child is having problems with extended family members that are impacting the child’s functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child is having severe problems with extended family members. This would include problems of domestic violence, absence of any positive relationships, etc.

LIVING SITUATION

This item refers to how the child 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, and brief medical and psychiatric hospitalization. If the child is currently in one of these settings, rate the previous living situation.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• How has the child been behaving and getting along with others in the current living situation?	0 <i>No current need; no need for action or intervention.</i> No evidence of problems with functioning in current living environment. Child and caregivers feel comfortable dealing with issues that come up in day-to-day life.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child experiences mild problems with functioning in current living situation. Caregivers express some concern about the child’s behavior in living situation, and/or the child and caregiver have some difficulty dealing with issues that arise in daily life.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child has moderate to severe problems with functioning in current living situation. Child’s difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child and caregivers have difficulty interacting effectively with each other much of the time.

LIVING SITUATION continued

Ratings and Descriptions

- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child has profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to problematic behaviors.

DEVELOPMENTAL/INTELLECTUAL*

This item describes the child’s development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorder. 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’s growth and development seem healthy?
- Has the child reached appropriate developmental milestones (such as walking, talking)?
- Has anyone ever mentioned that the child may have developmental problems?
- Has the child developed like other same age peers?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
No evidence of developmental delay and/or the child has no developmental problems or intellectual disability.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability. Mild deficits in adaptive functioning are indicated.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.*
Child has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child has severe to profound intellectual disability and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation, and independent living across multiple environments.

A rating of ‘1’, ‘2’, or ‘3’ on this item triggers the completion of the Developmental Disability (DD) Module (next page).

DEVELOPMENTAL DISABILITIES (DD) MODULE

This module is to be completed when the **Developmental** item (above) is rated '1', '2', or '3.'

COGNITIVE

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Are there concerns that there are difficulties in the child's intellectual functioning? 	Ratings and Descriptions	
	0	No evidence of cognitive development problems.
	1	Child has some indicators that cognitive skills are not appropriate for age or are at the upper end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time.
	2	Child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.
	3	Child has significant delays in cognitive functioning that are seriously interfering with their functioning. Child is completely reliant on caregiver to function.

AUTISM SPECTRUM

This item describes the presence of Autism Spectrum Disorder.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the child have any symptoms of Autism Spectrum Disorder? 	Ratings and Descriptions	
	0	Child's development appears within normal range. There is no reason to believe that the child has any developmental problems associated with Autism Spectrum Disorder.
	1	Evidence of a low end Autism Spectrum Disorder. Child may have had symptoms of Autism Spectrum Disorder but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on development.
	2	Child meets criteria for a diagnosis of Autism Spectrum Disorder. Autism Spectrum symptoms are impairing the child's functioning in one or more areas and requires intervention.
	3	Child meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms.

COMMUNICATION

This item rates the child'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	Ratings and Descriptions
<ul style="list-style-type: none">• Is the child able to understand others' communications?• Is the child able to communicate to others?	0 Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
	1 Child has a history of communication problems but currently is not experiencing problems. Infants may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
	2 Child has limited receptive and expressive communication that interferes with their functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
	3 Child has serious communication difficulties and is unable to communicate. Communication difficulties include inability to point and grunt.

Supplemental Information: Children with receptive language issues may have trouble understanding what other people say. They could also have difficulty following simple directions and organizing information they hear. Receptive language issues can be hard to spot in very young children.

Expressive language issues can be easier to identify early. This is because children with expressive language issues may be late to start talking and not speak until age 2. At age 3, they may be talking but hard to understand, and the problems persist into preschool. Some children, for instance, might understand the stories read to them but not be able to describe them even in a simple way.

SELF-CARE DAILY LIVING SKILLS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the child show age-appropriate self-care skills?• Is the child able to complete all domains of self-care as is developmentally appropriate: eating, bathing, grooming, dressing, toileting, etc.?	0 Child's self-care and daily living skills appear age appropriate. There is no reason to believe the child has any problems performing daily living skills.
	1 Child requires excessive verbal prompting on self-care tasks or daily living skills, or the child is able to use adaptations and supports to complete self-care.
	2 Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
	3 Child requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting).

MEDICAL*

This item rates the child'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 medical 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.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Does the child have anything that limits their physical activities?How much does this interfere with the child's life?	0 <i>No current need; no need for action or intervention.</i> No evidence that the child has any medical problems, and/or the child is healthy.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Child has transient or well-managed medical. These include well-managed chronic conditions like juvenile diabetes or asthma.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child has medical problems that require treatment or intervention. Or the child has a chronic illness that requires ongoing medical intervention.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child has a life-threatening illness or medical condition. Immediate and/or intense action should be taken due to imminent danger to the child's safety, health, and/or development.

A rating of '1', '2', or '3' on this item triggers the completion of the Medical Module (below).

MEDICAL MODULE

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

LIFE THREAT

This item refers to conditions that pose an impending danger to life or carry a high risk of death if not treated. An infant with frequent apneic episodes requiring tactile stimulation or respiratory treatment or a child who experienced frequent, uncontrolled seizures requiring respiratory treatment within the past month would be rated a '3.'

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Is the child's medical condition posing a high risk for their death?	0 Child's medical condition has no implications for shortening the child's life.
	1 Child's medical condition may shorten life but not until later in adulthood.
	2 Child's medical condition places the child at some risk of premature death before reaching adulthood.
	3 Child's medical condition places the child at imminent risk of death.

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 (e.g., development of Type 2 diabetes in a child who has been obese for many years). Chronic conditions are in contrast to acute conditions which have a sudden onset; a child may fully recover from an acute condition or it may become chronic.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Is the child's medical condition acute or chronic?What is the expectation of recovery for the child from their medical condition?	0 Child is expected to fully recover from their current medical condition within the next six months.
	1 Child is expected to fully recover from their current medical condition after at least six months but less than two years.
	2 Child is expected to fully recover from their current medical condition but not within the next two years.
	3 Child's medical condition is expected to continue throughout their lifetime.

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.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Is the diagnosis of the child's medical condition clear?Does the child's symptom presentation indicate a more complex diagnostic picture?	0 The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear.
	1 Although there is some confidence in the accuracy of the child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate.
	2 There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation.
	3 It is currently not possible to accurately diagnose the child's medical condition(s).

EMOTIONAL RESPONSE

This item refers to the strain the child's medical conditions are placing on the individual child.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">How is the child coping with their medical condition?Is the child's coping response impacting treatment or functioning?	0 Child is coping well with their medical condition.
	1 Child is experiencing some emotional difficulties related to their medical condition but these difficulties are not interfering with other areas of functioning.
	2 Child is having difficulties coping with medical condition. Child's emotional response is interfering with functioning in other life domains.
	3 Child is having severe emotional response to their medical condition that 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.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">How is the child's medical condition impacting their functioning?	0 Child's medical condition is not interfering with their functioning in other life domains.
	1 Child's medical condition is having a limited impact on their functioning in at least one other life domain.
	2 Child's medical condition is interfering with functioning in more than one life domain or is disabling in at least one.
	3 Child's medical condition has disabled them in all other life domains.

TREATMENT INVOLVEMENT

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">How involved or supportive are the child and/or family in the child's treatment of the medical condition?	0 Child and family are actively involved in treatment.
	1 Child and/or family are generally involved in treatment but may struggle to stay consistent.
	2 Child and/or family are generally uninvolved in treatment although they are sometimes compliant to treatment recommendations.
	3 Child and/or family are currently resistant to all efforts to provide medical treatment.

INTENSITY OF TREATMENT

This item refers to special medical services or equipment provided to a child.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Does the child's medical condition require special services, procedures or equipment?	0 Child's medical treatment involves taking daily medication or a routine medical follow up no more than 2 times a year.
	1 Child's medical treatment involves taking multiple medications daily and visiting a medical professional(s) 3-4 times a year.
	2 Child's medical treatment is daily but non-invasive; treatment can be administered by a caregiver. Examples include daily nebulizer treatments, chest percussion therapy, application of splints/braces and stretching exercises etc. Without a caregiver, the child's care might be provided in an alternate setting (e.g., intermediate care facility). The child could require medical visits every 4-6 weeks for adjustments in medication dosing, and take multiple daily medications with dosing spaced throughout the day. [continues]

INTENSITY OF TREATMENT *continued*

- 3 Child’s medical treatment is daily and invasive, requiring either a medical professional to administer or a well-trained caregiver. Examples include catheterization of bladder, suctioning of tracheostomy tube, provision of tube feeding, etc. Without a well-trained caregiver or medical professional, child’s treatment would be provided in a skilled alternate setting (e.g., hospital, nursing home).

ORGANIZATIONAL COMPLEXITY

This item refers to how effectively organizations and medical/ancillary service providers collaborate in caring for a child. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration. A child who receives primary and specialty care from one institution in which professionals are successfully communicating (e.g., within a tertiary medical center) would score lower than a child who receives primary care from a community provider, behavioral health care from another community provider, specialty medical care from a tertiary care center and communication issues exist amongst professionals regarding the treatment plan.

Questions to Consider

- Are there multiple medical providers and ancillary service providers involved in the medical care of the child?
- How do these multiple providers collaborate in supporting the child’s treatment plan?

Ratings and Descriptions

- 0 All care is provided by a single medical provider; there are no ancillary service providers involved.
- 1 Care is provided by a single or multiple medical provider(s) plus ancillary services provider(s), and communication/collaboration among providers is effective.
- 2 Care is provided by a single or multiple medical and/or ancillary services provider(s) and communication/collaboration among providers may present some challenges for the child’s care.
- 3 Care is provided by a single or multiple medical and/or ancillary services provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the child’s care.

PHYSICAL

This item refers to the child’s physical limitations.

Questions to Consider

- Does the child have any physical limitations?
- How do the child’s physical limitations impact their functioning?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Child has no physical limitations.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
Child 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 *Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.*
Child has some physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child has physical limitations that require intensive or extended intervention due to, for example, multiple physical conditions.

DENTAL

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Does the child have any dental health needs?• When was the last time that the child had a dental exam?	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of any dental health needs or needs are currently being addressed appropriately.</p>
	<p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child has not received dental health care and requires a checkup. Child may have some dental health needs but they are not clearly known at this time.</p>
	<p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child has dental health needs that require attention.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child has serious dental health needs that require intensive or extended treatment/intervention.</p>

DAILY FUNCTIONING

This item rates the ability of the child to perform the self-care activities of daily living, such as personal hygiene, obtaining and eating food, dressing, avoiding injury.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Does the child show age-appropriate self-care skills?• Is the child able to complete all domains of self-care as is developmentally appropriate: eating, bathing, grooming, dressing, toileting, etc.?	<p>0 <i>No current need; no need for action or intervention.</i> Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for their age group.</p>
	<p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child shows mild or occasional problems in self-care skills for their age, but is generally self-reliant.</p>
	<p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for their age group.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for their age group.</p>

SOCIAL FUNCTIONING

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> No evidence of problems and/or the child has developmentally appropriate social functioning.
	1	<i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> There is a history or suspicion of problems in social relationships. Child is having some difficulty interacting with others and building and/or maintaining relationships.
	2	<i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child is having some problems with social relationships that interfere with functioning in other life domains.

Questions to Consider	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child is experiencing significant disruptions in social relationships. Child may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child's social relationships presents imminent danger to the child's safety, health, and/or development.

RECREATION/PLAY

This item rates the degree to which a child is given opportunities for and participates in age appropriate play.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> No evidence of any problems with recreational functioning or play. Child has access to sufficient activities that they enjoy and makes full use of play activities that support their healthy development and enjoyment.
	1	<i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child is doing adequately with recreational activities although at times has difficulty. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
	2	<i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child may experience some problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities and can only be engaged in play/recreational activities with ongoing adult interaction and support.

Questions to Consider	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child has no access to or interest in play or recreational activities. Infant spends most of time non-interactive. Toddlers and preschoolers, even with adult encouragement, cannot demonstrate enjoyment or use play to further development.

REGULATORY*

This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled. The child's ability to control and modulate intense emotions is also rated here.

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

A rating of '1', '2', or '3' on this item triggers the completion of the Regulatory Module (below).

REGULATORY MODULE

This module is to be completed when the **Regulatory** item (above) is rated '1', '2' or '3.'

EATING

This item refers to the process of getting food into the body by any means.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child have any difficulties in eating?Is the child finicky about food?Is the child's eating problems impacting their growth and development?	<p>0 No evidence of problems related to eating.</p>
	<p>1 Mild problems with eating that have been present in the past or are currently present some of the time. Child has some difficulty eating but manages by self.</p>
	<p>2 Moderate problems with eating are present. Infants may be finicky eaters, spit food or overeat. Infants may have problems with oral motor control. Older children may have few food preferences or not have a clear pattern of when they eat. Child may need help from another person or the use of adaptive equipment (e.g., adapted utensils) to feed self but manages by self. [continues]</p>

EATING continued

- 3 Severe problems with eating are present, putting the child at risk developmentally. Child needs to be totally fed (including parenteral nutrition and G tube) or the child and family are very distressed and unable to overcome problems in this area.

ELIMINATION

This item describes any needs related to urination or moving bowels.

Questions to Consider	Ratings and Descriptions
	0 There is no evidence of elimination problems.
	1 Child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
	2 Child demonstrates problems with elimination on a consistent basis. This is interfering with the child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.
• Does the child have any unusual difficulties with urination or defecation?	3 Child demonstrates significant difficulty with elimination to the extent that the child/parent are in significant distress or interventions have failed.

SENSORY REACTIVITY

This item refers to the child's ability to organize (process) sensation (vision, hearing, smell, touch, taste, and kinesthetic) coming from the body and the environment. Difficulty in this area would impact the child's performance in one or more of their main functional areas such as play or activities of daily living. Examples include difficulty wearing certain fabrics or eating certain textures, tolerating background sounds such as florescent lights or heating systems.

Questions to Consider	Ratings and Descriptions
	0 There is no evidence of sensory reactivity that is hyper- or hypo-reactive.
	1 Child may have a history of sensory issues or have mild issues currently that are controlled by caregiver support.
	2 Child demonstrates hyper-/hypo-reactivity to sensory input in one or more sensory modality such that impairment in functioning is present.
• Does the child have any unusual difficulties with their senses? • Does the child have sensitivities to light, textures, smells etc. that impact their functioning?	3 Child demonstrates significant reactivity to sensory input such that the caregiver cannot mediate the effects of such.

EMOTIONAL CONTROL

This item describes the child's ability to manage emotions (positive or negative). It describes symptoms of affect dysregulation.

Questions to Consider	Ratings and Descriptions
	0 Child has no problems with emotional control.
• Does the child require more adult supports to cope with frustration than other children in similar settings?	1 Child has mild problems with emotional control that can be overcome with caregiver support. [continues]

EMOTIONAL CONTROL continued

Questions to Consider

- Does the child have sensitivities to light, textures, smells etc. that impact their functioning?

Ratings and Descriptions

- 2 Child demonstrates hyper-/hypo-reactivity to sensory input in one or more sensory modality such that impairment in functioning is present.
- 3 Child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects of such.

MOTOR

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

Questions to Consider

- Does the child meet motor-related developmental milestones?
- Does the child show any fine or gross motor skill difficulties?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
The child's development of fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor development.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
Child may have mild fine (e.g. using scissors) or gross motor skill deficits. Child has exhibited delayed sitting, standing, or walking, but has since reached those milestones.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child has severe or profound motor deficits. Delay causes impairment in functioning. A non-ambulatory child with additional movement deficits would be rated here.

COMMUNICATION

This item rates the child'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

- Is the child able to understand others' communications?
- Is the child able to communicate to others?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
Child has a history of communication problems but currently is not experiencing problems. Infants may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand. [continued]
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.*
Child has limited receptive and expressive communication that interferes with their functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands. [continues]

COMMUNICATION continued

Ratings and Descriptions

- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child has serious communication difficulties and is unable to communicate.
Communication difficulties include inability to point and grunt.

Supplemental Information: Children with receptive language issues may have trouble understanding what other people say. They could also have difficulty following simple directions and organizing information they hear. Receptive language issues can be hard to spot in very young children.

Expressive language issues can be easier to identify early. This is because children with expressive language issues may be late to start talking and not speak until age 2. At age 3, they may be talking but hard to understand, and the problems persist into preschool. Some children, for instance, might understand the stories read to them but not be able to describe them even in a simple way.

SLEEP

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

Ratings and Descriptions

Questions to Consider

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

- 0 *No current need; no need for action or intervention.*
No evidence of problems with sleep. Child gets a full night's sleep each night.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week, problems arise. This may include occasionally awakening or bed wetting or having nightmares.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.*
Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child is generally sleep deprived. Sleeping is almost always difficult and the child is not able to get a full night's sleep.

PRESCHOOL/CHILD CARE*

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

Questions to Consider

- What is the child's experience in school?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
No evidence of problems with functioning in current preschool/daycare environment.
[continues]

PRESCHOOL/CHILD CARE* continued

Questions to Consider	Ratings and Descriptions	
	1	<i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> History or evidence of some problems with functioning in current preschool/daycare environment that is not interfering with functioning. Child may be enrolled in a special program.
	2	<i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child is experiencing difficulties maintaining their behavior, attendance, and/or achievement in this setting. This is causing problems for the child and others.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child's problems with functioning in preschool/daycare environment place them at immediate risk of being removed from program due to their attendance, behaviors, achievement, or unmet needs.

A rating of '1', '2,' or '3' on this item triggers the completion of the Preschool/Child Care Module.

PRESCHOOL/CHILD CARE MODULE

This module is to be completed when the **Preschool/Child Care** item (above) is rated '1', '2' or '3.'

ATTENDANCE

This item rates the child's attendance at preschool or child care. If school is not in session, rate the last 30 days when school was in session.

Questions to Consider	Ratings and Descriptions	
	0	Child attends school/preschool/daycare regularly.
	1	Child has some problems attending preschool/daycare 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	Child is having problems with school attendance that is impacting their educational functioning. They are missing at least two days each week on average.
	3	Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine.

COMPATIBILITY

This item refers to the compatibility between the educational setting /child care and the child.

Questions to Consider	Ratings and Descriptions	
	0	The school/child care meets the needs of the child.
	1	The school/child care is marginal in its ability to meet the needs of the child. The environment may be weak in areas. [continued]

COMPATIBILITY continues

Ratings and Descriptions

- | | |
|---|---|
| 2 | The school/child care does not meet the needs of the child in most areas. The environment may not support the child's growth or promote further learning. |
| 3 | The school/child care is contributing to problems for the child in one or more areas. |

BEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

- | | |
|---|---|
| 0 | No evidence of behavioral problems at school, OR child is behaving well in school. |
| 1 | Child is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers. |
| 2 | Child's behavior problems are interfering with functioning at school. The child is disruptive and may have received sanctions including suspensions. |
| 3 | Child is having severe problems with behavior in school. The child is frequently or severely disruptive. School placement may be in jeopardy due to behavior. |

ACHIEVEMENT

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

Questions to Consider

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

Ratings and Descriptions

- | | |
|---|---|
| 0 | No evidence of issues in school achievement and/or the child is doing well in school and acquiring new skills |
| 1 | Child is doing adequately in school or acquiring new skills although some problems with achievement exist. Child may be able to compensate with extra adult support. |
| 2 | Child is having moderate problems with school achievement. Child may be failing some subjects. They may not be able to retain concepts or meet expectations even with adult support in some areas. |
| 3 | Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas. The child may be failing most subjects or has been retained (held back) a grade level. Child might be more than one year behind same-age peers in school achievement. |

RELATIONS WITH TEACHER(S)

This item describes a child's relationships with teachers.

Questions to Consider

- How does the child relate to teachers?
- Does the child have a strong connection with one or more teachers?
- Does the child have regular conflict with teachers?

Ratings & Definitions

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

RELATIONS WITH PEER(S)

This item describes a child's relationships with peers.

Questions to Consider

- How does the child relate to peers?
- Does the child have a strong connection with one or more peers?

Ratings & Definitions

- | | |
|---|--|
| 0 | Child has good relations with peers. |
| 1 | Child has occasional difficulties relating with at least one peer. |
| 2 | Child has difficult relations with peers that notably interfere with their education. |
| 3 | Child has very difficult relations with all peers. Relations with teachers currently prevents child from learning. |

CHILD AND FAMILY CULTURAL FACTORS

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

It is important to remember when using the CANS that the family should be defined from the child’s perspective (i.e., who the child 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 when rating these items and creating a treatment or service plan.

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

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

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

LANGUAGE

This item looks at whether the child 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.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • What language does the family speak at home? • Is there a child interpreting for the family in situations that may compromise the child or family’s care? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> No evidence that there is a need or preference for an interpreter and/or the child and family speak and read the primary language where the child or family lives.</p> <hr/> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child and/or family speak or read the primary language where the child or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child and/or significant family members do not speak the primary language where the child or family lives. Translator or family’s native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports. [continues]</p>
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LANGUAGE continued

Questions to Consider

- Does the child or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?

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

CULTURAL IDENTITY

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

Questions to Consider

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

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
The child has defined a cultural identity and is connected to others who support the child's cultural identity.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
The child is developing a cultural identity and is seeking others to support their cultural identity.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.*
The child is searching for a cultural identity and has not connected with others.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
The child does not express a cultural identity.

TRADITIONS AND RITUALS

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

Questions to Consider

- What holidays do the child or family celebrate?
- What traditions are important to them?
- Does the child or family fear discrimination for practicing their traditions and rituals?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Child and/or family are consistently able to practice their chosen traditions and rituals consistent with their cultural identity.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
Child and/or family are generally able to practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices. [continues]

TRADITIONS AND RITUALS continued

Ratings and Descriptions

- 2 *Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.*
Child and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

CULTURAL STRESS

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

Ratings and Descriptions

Questions to Consider

- What does the child or 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?

- 0 *No current need; no need for action or intervention.*
No evidence of stress between the child’s cultural identity and current environment or living situation.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
Some occasional stress resulting from friction between the child’s cultural identity and current environment or living situation.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.*
Child is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child needs support to learn how to manage culture stress.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child needs an immediate plan to reduce cultural 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)’s perspective.

Questions to Consider

- Does the family’s belief about the child’s presenting issues align with the helping professional’s perspectives?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
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 is congruent with the prevailing professional/helping cultural perspective(s). [continues]

KNOWLEDGE CONGRUENCE continued

<p>Questions to Consider</p> <ul style="list-style-type: none"> Do the differences between the family's and the helping professional's beliefs about the child's presenting issues impact their working relationship? 	<p>Ratings and Descriptions</p> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> 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.</p> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> 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.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Significant disagreement 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.</p>
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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.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Is there a difference between the way the child or family seek help and the helping professionals' perspective on help seeking? Do the differences between the family's help seeking behavior and the helping professionals' perspectives impact their working relationship? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> 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.</p> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Small or mild differences between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.</p> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> 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.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Significant disagreement 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.</p>
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EXPRESSION OF DISTRESS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How does the child or family express distress?• Do the helping professionals recognize the child or family's expressions of distress?• Do the differences between the child or family's expression of distress and the helping professionals' perspectives impact their working relationship?• Does the child or family's expression of distress place them at risk?	<p>0 <i>No current need; no need for action or intervention.</i></p> <p>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).</p> <hr/> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i></p> <p>Small or mild 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.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i></p> <p>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.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Dramatic 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.</p>

CHILD BEHAVIORAL//EMOTIONAL NEEDS

The items in this section identify the behavioral health needs of the child. 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?

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

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

ATTACHMENT

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

	Ratings and Descriptions	
<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the child struggle with separating from the caregiver? • Does the child approach or attach to strangers in indiscriminate ways? • Does the child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance? • Does the child have separation anxiety issues that interfere with their ability to engage in childcare or preschool? 	0	<p><i>No current need; no need for action or intervention.</i></p> <p>No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and the child's development of a sense of security and trust. Caregiver is able to respond to child's cues in a consistent, appropriate manner, and the child seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p>
	1	<p><i>Identified need requires monitoring, watchful waiting, or preventive activities.</i></p> <p>Some history or evidence of insecurity in the caregiver-child relationship. Caregiver may have difficulty accurately reading the child's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child 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. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Child may have minor difficulties with appropriate physical/emotional boundaries with others.</p>
	2	<p><i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Problems with attachment that interfere with the child's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret the child's cues, act in an overly intrusive way, or ignore/avoid the child's bids for attention/nurturance. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development.</p> <p>[continued]</p>

ATTACHMENT (continued)

- 2 Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.
-
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR the child presents with diffuse emotional/ physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of their attachment behaviors. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or the child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

FAILURE TO THRIVE

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

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

DEPRESSION (WITHDRAWN)

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

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

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

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the child have any problems with anxiety or fearfulness?• Is the child avoiding normal activities out of fear?• Does the child act frightened or afraid?	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> No evidence of anxiety symptoms.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> There is a history, suspicion, or evidence of some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the child significant distress or markedly impairing functioning in any important context. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed. [continues]</p>
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ANXIETY continued

- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

ATYPICAL BEHAVIORS

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

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

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the child's functioning.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency, and are disabling or dangerous.

IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders and mania as indicated in the DSM-5. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), and sexual behavior, fire-starting or stealing. **Please note: Child should be 3 years old to rate this item.**

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

This item rates the child'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. **Please note: Child should be 3 years old to rate this item.**

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the child follow their caregivers' rules?• Have teachers or other adults reported that the child does not follow rules or directions?• Does the child argue with adults when they try to get the child to do something?	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> No evidence of oppositional behaviors.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school. [continues]</p>
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OPPOSITIONAL continued

Ratings and Descriptions

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

Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others. Children whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.

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

Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instruction or authority.

Supplemental Information: Oppositional Behavior and Conduct

The Oppositional Behavior item is intended to capture how the child relates to authority figures like parents and teachers. Conduct Disorder is when the child 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'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.

CHILD RISK FACTORS

Risk factors are characteristics of the child at prior to or at birth that are associated with a higher likelihood of negative outcomes.

Question to Consider for this Domain: Does the child have any prenatal factors or characteristics at birth that place them at risk for negative outcomes?

For the **Risk Factors** items, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

BIRTH WEIGHT

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How did the child’s birth weight compare to typical averages? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.</p> <hr/> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child born underweight. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child considerably under-weight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child extremely under-weight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.</p>
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PICA

This item refers to the child eating dangerous or unusual materials. It includes symptoms of Pica as specified in DSM.

Please note: The child must be older than 18 months to rate this item.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the child eat dangerous or unusual materials? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> No evidence that the child eats unusual or dangerous materials. [continues]</p>
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PICA continued

Ratings and Descriptions

- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
Child has a history of eating unusual or dangerous materials but has not done so in the past 30 days.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.*
Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child has become physically ill during the past 30 days by eating dangerous materials.

PRENATAL CARE

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

Ratings and Descriptions

Questions to Consider

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

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

LENGTH OF GESTATION

This item refers to the length of time between conception and birth when the child was carried by the mother. This helps to determine whether the child was born pre-mature.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Was the child carried full-term?• What the child pre-mature? Overdue?	<p>0 <i>No current need; no need for action or intervention.</i> Child was born full-term.</p>
	<p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child was born pre-mature or overdue; however, no significant concerns at birth.</p>
	<p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child was born pre-mature or overdue, and there were some complications at birth.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child was born pre-mature or overdue, and had severe problems during delivery that have resulted in long term implications for development.</p>

LABOR AND DELIVERY

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

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Where there any unusual circumstances related to the labor and delivery of the child?	<p>0 <i>No current need; no need for action or intervention.</i> Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.</p>
	<p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child or mother had some mild problems during delivery, but there is no history of adverse impacts. An emergency C-section or a delivery-related physical injury (e.g. shoulder displacement) to the child is rated here.</p>
	<p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or needed some resuscitative measures at birth, is rated here.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.</p>

SUBSTANCE EXPOSURE

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Was the child exposed to substances during the pregnancy? If so, what substances? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.</p> <hr/> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child had either some in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home or community.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine) or significant use of alcohol or tobacco would be rated here.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child was exposed to alcohol or drugs in utero and continues to be exposed in the home or community. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here. A child who ingested lead paint and exhibited symptoms would be rated here.</p>
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PARENT/SIBLING PROBLEMS

This item describes any developmental or behavioral problems of the child’s sibling or parents.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the child have any parents or siblings that have a behavioral or developmental problem? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> The child’s parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.</p> <hr/> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> The child’s parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the child has at least one healthy sibling.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> The child’s parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> One or both of the child’s parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.</p>
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MATERNAL AVAILABILITY

This item addresses the primary caregiver’s emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal/primary caregiver availability up until 12 weeks post-partum.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Were there issues that prevented the mother/primary caregiver to be available to the child following their birth?	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> The child’s mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.</p> <hr/> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> The mother/primary caretaker experienced some minor or transient stressors which made them slightly less available to the child.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> The mother/primary caregiver experienced a moderate level of stress sufficient to make them significantly less emotionally and physically available to the child in the weeks following the birth.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> The mother/primary caregiver was unavailable to the child to such an extent that the child’s emotional or physical well-being was severely compromised.</p>
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CHILD RISK BEHAVIORS

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

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

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

SELF-HARM

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Has the child head banged or done other self-harming behaviors? • If so, does the caregiver's support help stop the behavior? 	<p>0 <i>No current need; no need for action or intervention.</i> There is no evidence of self-harm behaviors.</p>
	<p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver.</p>
	<p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child's self-harm behaviors such as head banging cannot be impacted by supervising adult and interferes with their functioning.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child's self-harm behavior puts their safety and well-being at risk.</p>

AGGRESSIVE BEHAVIOR

This item rates the child's violent or aggressive behaviors. The intention of this behavior is to cause significant bodily harm to others. A supervising adult is also taken into account in this rating, as a rating of 2 or 3 could signify a supervising adult who is not able to control the child's violent behaviors.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • How does the child cope with emotions and frustration? 	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of aggressive behaviors.</p>

AGGRESSIVE BEHAVIOR continued

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the child respond to adult attempts to change or redirect their behavior? 	<p>Ratings and Descriptions</p> <hr/> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent and a caregiver/supervising adult's attempts to change behavior have not been successful.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.</p>
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INTENTIONAL MISBEHAVIOR (FORMERLY CALLED SOCIAL BEHAVIOR)

This item describes intentional behaviors that a child 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 lives) that put the child at some risk of consequences. It is not necessary that the child 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 resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for children who engage in such behavior solely due to developmental delays.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the child intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents or teachers)? 	<p>Ratings and Descriptions</p> <hr/> <p>0 <i>No current need; no need for action or intervention.</i> Child shows no evidence of problematic social behaviors that cause adults to administer consequences.</p> <hr/> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Some problematic social behaviors that force adults to administer consequences to the child. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that need is addressed.</i> Child may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the child's life. [continues]</p>
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INTENTIONAL MISBEHAVIOR (FORMERLY CALLED SOCIAL BEHAVIOR) continued

- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child. The inappropriate social behaviors may cause harm to others and/or place the child at risk of significant consequences (e.g. expulsion from school, removal from the community).

Supplemental Information: The key to rating the Intentional Misbehavior item is the child's intent. This item is designed to capture behaviors in which the child is **intentionally** trying to get sanctioned. For what could be a variety of reasons, the child 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'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's understanding of their society's sanctions. Thus, ratings should be based not only on the child'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 Aggressive Behaviors item. Behavior intended to hurt oneself rather than just draw sanctions is rated on the Self-Harm item.

Examples may include a child 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 who intentionally misbehaves in school to draw attention away from the fact that they are failing academically which is a source of greater embarrassment.

CHILD STRENGTHS DOMAIN

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

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

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

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

RELATIONSHIP PERMANENCE

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

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

FAMILY - 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's perspective (i.e., who the child describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child is still in contact.

Questions to Consider	Ratings and Descriptions	
	0	<i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i> Nuclear family has strong relationships and excellent communication.
	1	<i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Nuclear family has some good relationships and good communication.
	2	<i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Nuclear family needs some assistance in developing relationships and/or communications.
	3	<i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> Nuclear family needs significant assistance in developing relationships and communications, OR child has no identified family.

FAMILY - 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's perspective (i.e., who the child describes as their extended family). If this information is not known, then we recommend a definition of extended family that includes biological/adoptive relatives and their significant others with whom the child is still in contact.

Questions to Consider	Ratings and Descriptions	
	0	<i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i> Extended family has strong relationships and excellent communication.
	1	<i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Extended family has some good relationships and good communication.
	2	<i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Extended family needs some assistance in developing relationships and/or communications. [continues]

FAMILY - EXTENDED continued

Ratings and Descriptions

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

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

INTERPERSONAL

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

Ratings and Descriptions

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

Significant interpersonal strengths. Child has a prosocial or “easy” temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.

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

Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by themselves.

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

Child has some identified interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or –if still an infant- child may have a temperament that makes attachment to others a challenge.

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

Child has no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g., social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

Questions to Consider

- Does the child have the trait ability to make friends?
- Does the child have skills to maintain relationships?

ADAPTABILITY

This item describes the child’s ability to respond to changing circumstances, even when the caregiver is present.

Ratings and Descriptions

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

Child has a strong ability to adjust to changes and transitions. [continued]

Questions to Consider

- How does the child adapt to changes or transitions?

ADAPTABILITY continued

Questions to Consider	Ratings and Descriptions	
	1	<i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Child has the ability to adjust to changes and transitions; when challenged, the child is successful with caregiver support.
	2	<i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Much of the time, child has difficulties adjusting to changes and transitions even with caregiver support.
	3	<i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> Most of the time, child has difficulties coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

PERSISTENCE

This item describes the act of persevering or working towards accomplishing tasks or activities.

Questions to Consider	Ratings and Descriptions	
	0	<i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i> Child has a strong ability to continue an activity that is challenging even in the face of obstacles or distractions.
	1	<i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Child has some ability to continue an activity that is challenging. Adults are able to assist the child to continue attempting the task or activity.
	2	<i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the child in this area.
	3	<i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

CURIOSITY

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

Questions to Consider	Ratings and Descriptions	
	0	<i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i> Child with exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
	1	<i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Child with good curiosity. An ambulatory child who did not walk to interesting objects, but who actively explored them when presented to them, would be rated here.
	2	<i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Child with limited curiosity. Child may have been hesitant to seek out new information or environments, or reluctant to explore even presented objects.
	3	<i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> Child with very limited or no observable curiosity. Child may seem frightened of new information or environments.

RESILIENCY

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

Questions to Consider	Ratings and Descriptions	
	0	<i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i> Child's internal strength in overcoming or the ability to bounce back is a core part of identity and associated with a well-developed and recognizable set of supports and strengths for dealing with challenges.
	1	<i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Child uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.
	2	<i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Child has limited ability to recognize and use internal strengths in overcoming or the ability to bounce back to effectively to support the child's healthy development, problem solving or dealing with stressful life events.
	3	<i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> Child is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.

CURRENT CAREGIVER RESOURCES AND NEEDS

This section focuses on the strengths and needs of the child’s current caregiver. In general, we recommend that you rate the unpaid caregiver or caregivers with whom the child is currently living. If the child has been placed in out-of-home care, then focus on the child’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. 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’s caregiver(s)? How are these needs impacting the caregiver’s ability to provide care to the child?

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

- 0 No current need; no need for action or intervention. This may be a strength of the caregiver.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
- 2 Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the child
- 3 Identified need requires immediate intensive action, as it is currently presenting the caregiver from effectively parenting or supporting the child.

SUPERVISION

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

Questions to Consider

- How does the caregiver feel about their ability to supervise and discipline the child?
- Does the caregiver need some help with these issues?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention. This may be a strength of the caregiver.*
No evidence the caregiver needs help or assistance in monitoring or disciplining the child, and/or the caregiver has good monitoring and discipline skills.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.*
Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance. [continues]

SUPERVISION continued

- 2 *Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.*
Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
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- 3 *Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.*
Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision or monitoring.

PROBLEM SOLVING

This item describes the caregiver's problem solving skills and its impact on parenting.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• How are the caregiver's problem solving skills?• How does the caregiver's problem solving skills impact their parenting of the child?	0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver appears to have good problem solving skills.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting.
	2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has challenges with problem solving that interfere with capacity to parent.
	3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has severe challenges with problem solving.

INVOLVEMENT WITH CARE

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• How involved are the caregivers in services for the child?	0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> No evidence of problems with caregiver involvement in services or interventions, and/or the caregiver is able to act as an effective advocate for child. [continues]

INVOLVEMENT WITH CARE continued

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Is the caregiver an advocate for the child? • Would the caregiver like any help to become more involved? 	<p>Ratings and Descriptions</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver is consistently involved in the planning and/or implementation of services for the child but is not an active advocate on behalf of the child. Caregiver is open to receiving support, education, and information.</p> <p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver is not actively involved in the child's services and/or interventions intended to assist the child.</p> <p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver wishes for child to be removed from their care.</p>
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KNOWLEDGE

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How does the caregiver understand the child's needs? • Does the caregiver have the necessary information to meet the child's needs? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver is fully knowledgeable about the child's psychological strengths and weaknesses, talents, and limitations.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of the child's psychological condition or their talents, skills and assets.</p> <p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver does not know or understand the child well and significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.</p> <p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has little or no understanding of the child's current condition. Their lack of knowledge about the child's strengths and needs places the child at risk of significant negative outcomes. [continues]</p>
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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. Additionally, the caregivers' understanding of the child'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, anxieties, and other feelings of children with helpful, supportive emotional responses.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the caregiver able to empathize with the child?• Are there situations in which the caregiver is unable to empathize with the child?• Is the caregiver's level of empathy impacting the child and their development?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i></p> <p>Adaptive emotional responsiveness. Caregiver is emotionally empathic and attends to the child's emotional needs and consistently demonstrates this in interactions with the child.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i></p> <p>Caregiver has the ability to understand how the child is feeling in most situations, is generally emotionally empathic and attends to the child's emotional needs most of the time.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i></p> <p>Caregiver is often not empathic and frequently is not able to attend to the child's emotional needs. They are only able to be empathic toward the child in some situations and at times the lack of empathy interferes with the child's growth and development.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i></p> <p>Caregiver is not empathic and rarely attends to the child's emotional needs. Caregiver's lack of empathy is impeding the child's development.</p>

ORGANIZATION

This item should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the caregiver 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 to appointments or school?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i></p> <p>Caregiver is well organized and efficient.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i></p> <p>Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i></p> <p>Caregiver has moderate difficulty organizing and maintaining household to support needed services.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i></p> <p>Caregiver is unable to organize household to support needed services.</p>

SOCIAL RESOURCES

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Does family have extended family or friends who provide emotional support?• Can they call on social supports to watch the child occasionally?	0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver has significant social and family networks that actively help with caregiving.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has some family or friend or social network that actively helps with caregiving.
	2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Work needs to be done to engage family, friends or social network in helping with caregiving.
	3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has no family or social network to help with caregiving.

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 provide care for the child. This item does not rate depression or other mental health issues.

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

MENTAL HEALTH

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Do caregivers have any mental health needs (including adjusting to trauma experiences) that make parenting difficult?• Is the child receiving services?• Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?	0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> No evidence of caregiver mental health difficulties.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> There is a history or suspicion of mental health difficulties, and/or the caregiver is in recovery from mental health difficulties.
	2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver's mental health difficulties interfere with their capacity to parent.
	3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has mental health difficulties that make it impossible to parent the child at this time.

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.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Do caregivers have any substance use needs that make parenting difficult?• Is the caregiver receiving any services for the substance use problems?	0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> No evidence of caregiver substance use issues.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> There is a history of, suspicion, or mild use of substances and/or the caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
	2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
	3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has substance abuse difficulties that make it impossible to parent the child at this time.

DEVELOPMENTAL

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2	<i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has developmental challenges that interfere with the capacity to parent the child.
	3	<i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has severe developmental challenges that make it impossible to parent the child at this time.

FAMILY STRESS

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> No evidence of the caregiver having difficulty managing the stress of the child's needs and/or the caregiver is able to manage the stress of the child's needs.
	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> There is a history or suspicion of and/or the caregiver has some problems managing the stress of the child's needs.
	2	<i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has notable problems managing the stress of the child's needs. This stress interferes with their capacity to provide care.
	3	<i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver is unable to manage the stress associated with the child's needs. This stress prevents caregiver from providing care.

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.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• 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?	<p>0 <i>No current need; no need for action or intervention.</i></p> <p>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.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i></p> <p>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 at risk.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i></p> <p>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.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i></p> <p>The family has cultural differences related to child rearing practices, child development, and early intervention that are considered abusive or neglectful and may result in intervention.</p>

IDENTIFIED PERMANENT RESOURCE NEEDS AND STRENGTHS

This section focuses on the strengths and needs of the child’s permanent resource. If the child has been placed in out-of-home care, then focus on the permanency plan caregiver to whom the child 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’s current caregiver.

If the child 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 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. 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 strengths and needs of the child’s permanent resource? How are these needs impacting the permanent resource’s ability to provide care to the child?

For **Identified Permanent Resources Needs and Strengths**, use the following categories and action levels:

- 0 No current need; no need for action or intervention. This may be a strength of the caregiver.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
- 2 Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver’s ability to parent or support the child
- 3 Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.

RESIDENTIAL STABILITY

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

Questions to Consider

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

Ratings and Descriptions

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

Caregiver has stable housing with no known risks of instability.

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

Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption. [continues]

RESIDENTIAL STABILITY continued

Ratings and Descriptions

- 2 *Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.*
Caregiver has moved multiple times in the past year. Housing is unstable.
- 3 *Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.*
Family is homeless, or has experienced homelessness in the recent past.

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.

Ratings and Descriptions

Questions to Consider

- Does the caregiver have the basic activities of daily living skills needed to provide care for the child?
- What level of support with daily living skills does the caregiver need to provide care for the child?

- 0 *No current need; no need for action or intervention. This may be a strength of the caregiver.*
The caregiver possesses the basic activities of daily living.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.*
The caregiver has had difficulties with the basic activities of daily living in the past, or needs verbal prompting to complete the basic activities of daily living.
- 2 *Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.*
The caregiver needs assistance (physical prompting) to complete the basic activities of daily living. The caregiver's challenges with the basic activities of daily living interferes with their ability to care for the child.
- 3 *Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.*
The caregiver is unable to complete the basic activities of daily living which makes it impossible to care for the child. The caregiver needs immediate intervention.

ACCESSIBILITY TO CHILD CARE SERVICES

This item refers to the caregiver's access to appropriate childcare for young children or older children in their care with developmental delays.

Ratings and Descriptions

Questions to Consider

- Does the caregiver have access to child care services?
- What other services are needed?

- 0 *No current need; no need for action or intervention. This may be a strength of the caregiver.*
Caregiver has access to sufficient childcare services.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.*
Caregiver has limited access to childcare services. Needs are met minimally by existing, available services.

ACCESSIBILITY TO CHILD CARE SERVICES continued

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the caregiver have access to child care services? What other services are needed? 	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has limited access or access to limited childcare services. Current services do not meet the caregiver's needs.</p> <hr/> <p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has no access to childcare services.</p>

CULTURAL STRESS

This item identifies circumstances in which the 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 and the child's family). Racism, negativity toward SOGIE, and other forms of discrimination would be rated here.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> 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? 	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of stress between the family's cultural identity and current environment or living situation.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Some occasional stress resulting from friction between the family's cultural identity and current environment or living situation.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Family is experiencing cultural stress that is causing problems of functioning in at least one life domain. Family needs support to learn how to manage culture stress.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Family needs immediate plan to reduce culture stress.</p>

EMPLOYMENT/EDUCATIONAL FUNCTIONING

This item rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance, or achievement/productivity.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• 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?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver is gainfully employed and/or in school.</p> <hr/>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Mild problems with school or work functioning. Caregiver may have some problems in their work environment. Caregiver needs to be monitored and assessed further.</p> <hr/>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Moderate problems with school or work functioning, or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. They need an intervention to address employment and/or learning difficulties.</p> <hr/>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.</p>

EDUCATIONAL ATTAINMENT

This item rates the degree to which the caregiver has completed their planned education.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• 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?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.</p> <hr/>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has set educational goals and is currently making progress towards achieving them.</p> <hr/>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has set educational goals but is currently not making progress towards achieving them.</p> <hr/>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has no educational goals and lack of educational attainment is interfering with the caregiver's lifetime vocational functioning. Caregiver needs educational/vocational intervention.</p>

FINANCIAL RESOURCES

This item rates the financial resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family. Please rate the highest level in the past 30 days.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Does the family have sufficient funds to raise or care for the child?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver has sufficient financial resources to raise or care for the child.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has some financial resources to raise or care for the child. History of struggles with sufficient financial resources would be rated here.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has limited financial resources to raise or care for the child.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has no financial resources to raise or care for the child. Caregiver needs financial resources.</p>

COMMUNITY CONNECTION

This item rates the caregiver's level of involvement in the cultural aspects of life in their community.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Does the caregiver have ties with their community?Can the caregiver look to neighbors or other community groups for support?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> 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.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver with significant community ties although they may be relatively short-term (e.g., past year).</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver with limited ties and/or supports from the community.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver with no known ties or supports from the community.</p>

LEGAL

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Has the caregiver been arrested?• Is one or more of the caregivers incarcerated or on probation/parole?• Is one or more of the caregivers struggling with immigration or legal documentation issues?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver has no known legal difficulties.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has a history of legal problems but currently is not involved with the legal system.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has some legal problems and is currently involved in the legal system.</p> <hr/> <p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> 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.</p>

TRANSPORTATION

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Does caregiver have reliable transportation?• Are there any barriers to transportation?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver has no transportation needs. They are able to get the child to appointments, school/work, activities, etc. consistently, and are able to access any special vehicle needs for transportation, if needed.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has occasional transportation needs (e.g. appointments). They have difficulty getting the child to appointments, school/work, activities, etc. no more than weekly and do not require a special vehicle.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has frequent transportation needs (e.g. appointments). They have difficulty getting the child to appointments, school/work, activities, etc. regularly (e.g., once a week). Caregiver needs transportation assistance and access to special transportation resources.</p>

TRANSPORTATION continued

Ratings and Descriptions

- 3 *Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.*

Caregiver has no access to appropriate transportation and is unable to get the child to appointments, school/work, 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. Discipline is defined in the broadest sense, and includes all of the things that caregivers can do to promote positive behavior with the child.

Ratings and Descriptions

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

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

Questions to Consider

- How does the caregiver feel about their ability to supervise and discipline the child?
- Does the caregiver need some help with these issues?

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

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

- 2 *Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.*

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

- 3 *Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.*

Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision or monitoring.

PROBLEM SOLVING

This item describes the caregiver's problem solving skills and its impact on parenting.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• How are the caregiver's problem solving skills?• How does the caregiver's problem solving skills impact their parenting of the child?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver appears to have good problem solving skills.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has generally good problem solving but may struggle with some problems occasionally leading to some difficulties in parenting.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has challenges with problem solving that interfere with capacity to parent.</p> <hr/> <p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has severe challenges with problem solving.</p>

INVOLVEMENT WITH CARE

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

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

KNOWLEDGE

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How does the caregiver understand the child's needs?• Does the caregiver have the necessary information to meet the child's needs?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i></p> <p>Caregiver is fully knowledgeable about the child's psychological strengths and weaknesses, talents and limitations.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i></p> <p>Caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of the child's psychological condition or their talents, skills and assets.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i></p> <p>Caregiver does not know or understand the child well and significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i></p> <p>Caregiver has little or no understanding of the child's current condition. Their lack of knowledge about the child's strengths and needs places the child at risk of significant negative outcomes.</p>

KNOWLEDGE continued

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 their child. Additionally, the caregivers' understanding of the child'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, anxieties, and other feelings of children with helpful, supportive emotional responses.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the caregiver able to empathize with the child?• Are there situations in which the caregiver is unable to empathize with the child?• Is the caregiver's level of empathy impacting the child and their development?	<p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i></p> <p>Adaptive emotional responsiveness. Caregiver is emotionally empathic and attends to the child's emotional needs and consistently demonstrates this in interactions with the child.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i></p> <p>Caregiver has the ability to understand how the child is feeling in most situations, is generally emotionally empathic and attends to the child's emotional needs most of the time. [continues]</p>

EMPATHY WITH CHILD continued

Ratings and Descriptions

- 2 *Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.*
Caregiver is often not empathic and frequently is not able to attend to the child's emotional needs. They are only able to be empathic toward the child in some situations and at times the lack of empathy interferes with the child's growth and development.
- 3 *Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.*
Caregiver is not empathic and rarely attends to the child's emotional needs. Caregiver's lack of empathy is impeding the child's development.

ORGANIZATION

This item should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities.

Ratings and Descriptions

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 to appointments or school?

- 0 *No current need; no need for action or intervention. This may be a strength of the caregiver.*
Caregiver is well organized and efficient.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.*
Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, they may be forgetful about appointments or occasionally fails to return case manager calls.
- 2 *Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.*
Caregiver has moderate difficulty organizing and maintaining household to support needed services.
- 3 *Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.*
Caregiver is unable to organize household to support needed services.

SOCIAL RESOURCES

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver has significant social and family networks that actively help with caregiving.
	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has some family or friend or social network that actively helps with caregiving.
	2	<i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Work needs to be done to engage family, friends or social network in helping with caregiving.
	3	<i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has no family or social network to help with caregiving.

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 provide care for the child. This item does not rate depression or other mental health issues.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> No evidence of medical or physical health problems. Caregiver is generally healthy.
	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> There is a history or suspicion of, and/or the caregiver is in recovery from medical/physical problems.
	2	<i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has medical/physical problems that interfere with the capacity to parent the child.
	3	<i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has medical/physical problems that make parenting the child impossible at this time.

MENTAL HEALTH

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Do caregivers have any mental health needs (including adjusting to trauma experiences) that make parenting difficult?• Is the child receiving services?• Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?	0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> No evidence of caregiver mental health difficulties.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> There is a history or suspicion of mental health difficulties, and/or the caregiver is in recovery from mental health difficulties.
	2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver's mental health difficulties interfere with their capacity to parent.
	3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has mental health difficulties that make it impossible to parent the child at this time.

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.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Do caregivers have any substance use needs that make parenting difficult?• Is the caregiver receiving any services for substance use problems?	0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> No evidence of caregiver substance use issues.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> There is a history of, suspicion or mild use of substances and/or the caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
	2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
	3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has substance abuse difficulties that make it impossible to parent the child at this time.

DEVELOPMENTAL

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Does the caregiver have developmental challenges that make parenting/caring for the child difficult?• Does the caregiver have services?	0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i> Caregiver has developmental challenges that interfere with the capacity to parent the child.
	3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> Caregiver has severe developmental challenges that make it impossible to parent the child at this time.

FAMILY STRESS

This item rates the impact of managing the child's behavioral and emotional needs on the family's stress level.

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

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.

<p>Questions to Consider</p> <ul style="list-style-type: none">• 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 family's and the helping professional's understanding of child development, and early intervention or child rearing practices impact their working relationship?	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i></p> <p>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.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i></p> <p>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 at risk.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the child.</i></p> <p>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. [continues]</p> <hr/> <p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i></p> <p>The family has cultural differences related to child rearing practices, child development, and early intervention that are considered abusive or neglectful and may result in intervention.</p>
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