

WISCONSIN DEPARTMENT OF CHILDREN
AND FAMILIES

Child and Adolescent Needs and Strengths

WI CANS 2.0
(Age 5 – 21)

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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, adolescents, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

Literary Preface/Comment regarding gender references: Acknowledgements

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 (e.g., ages 5 to 21 years old).

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INTRODUCTION

THE CANS

The **Child and Adolescent Needs and Strengths (CANS)** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the 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 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 that consider cause and effect; see individual item descriptions for details on when the “why” is considered in rating these items.
6. **A 30-day window is used 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, give 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's and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores

on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children 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, 2 ,or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area.

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

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength 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 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 on 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 percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

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

HOW IS THE CANS USED?

The CANS is used in many ways to transform the lives of children 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 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 children 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 Child 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 the CANS items can help in having more natural conversations. 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 11) 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.” But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging 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 . . .”

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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

- Adjustment to Trauma
- Traumatic Grief and Separation
- Intrusions
- Attachment Difficulties
- Dissociation

Life Functioning Domain

- Family - Nuclear
- Family - Extended
- Living Situation
- Developmental/Intellectual*
- Medical*
- Physical
- Dental
- Daily Functioning
- Social Functioning – Peers
- Social Functioning – Adults
- Legal*
- Eating Disturbance
- Sleep
- Sexual Development
- Life Skills
- Expectant Parent or Parenting

School

- Attendance
- Behavior
- Achievement
- Relations with Teacher(s)

Child and Family Cultural Factors

- Language
- Cultural Identity
- Traditions and Rituals

Child and Family Cultural Factors (continued)

- Cultural Stress
- Knowledge Congruence
- Help Seeking Congruence
- Expression of Distress

Child Behavioral/Emotional Needs

- Psychosis
- Impulsive/Hyperactive
- Depression
- Anxiety
- Oppositional
- Conduct
- Anger Control
- Substance Use
- Somatization
- Behavioral Regression
- Affect Dysregulation

Child Risk Behaviors

- Suicide Risk
- Non-Suicidal Self-Injurious Behavior
- Other Self-Harm
- Exploited
- Danger to Others
- Sexual Aggression
- Delinquent Behavior
- Runaway*
- Intentional Misbehavior
- Fire Setting
- Bullying

Child Strengths Domain

- Relationship Permanence
- Family - Nuclear
- Family - Extended
- Positive Peer Relations
- Optimism
- Decision Making
- Well-Being
- Educational Setting
- Recreational
- Vocational
- Talents and Interests
- Spiritual/Religious

Child Strengths Domain (continued)

- Community Life
- Involvement with Care
- Natural Supports
- Resiliency
- Resourcefulness

Current Caregiver Resources/Needs

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

Identified Permanent Resource Needs and Strengths

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

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

SEXUAL ABUSE*

This item rates the severity and frequency of sexual abuse.

Questions to Consider

- Has the caregiver or child disclosed sexual abuse?
- How often did the abuse occur?
- Did the abuse result in physical injury?

Ratings and Descriptions

- 0 There is no evidence that 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

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

Ratings and Descriptions

- 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 <ul style="list-style-type: none">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 <ul style="list-style-type: none">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, injury, or other physical suffering or bodily harm.

Questions to Consider <ul style="list-style-type: none">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	Ratings and Descriptions
<ul style="list-style-type: none">• 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?	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	Ratings and Descriptions
<ul style="list-style-type: none">• How does the caregiver talk to/interact with the child?• Is there name calling or shaming in the home?	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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• 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?	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	Ratings and Descriptions
<ul style="list-style-type: none">• 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?	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.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Is there frequent fighting in the child's family?• Does the fighting ever become physical?	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.

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.

	Ratings and Descriptions
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?	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	Ratings and Descriptions
<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?	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.

ADJUSTMENT TO TRAUMA	
<p>This item is used to describe the child who is having difficulties adjusting to a traumatic experience, as defined by the child. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.</p>	
<p>Questions to Consider</p> <ul style="list-style-type: none"> • What was the child’s trauma? • How is it connected to the current issue(s)? • What are the child’s coping skills? • Who is supporting the child? 	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> No evidence that child has experienced a traumatic life event, OR child has adjusted well to traumatic/adverse experiences.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> The child has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.</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 adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child’s functioning in at least one life domain.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).</p>

TRAUMATIC GRIEF & SEPARATION

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

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

INTRUSIONS

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.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Does the child experience intrusions?If so, when and how often do they occur?	<p>0 <i>No current need; no need for action or intervention.</i></p> <p>There is no evidence that the child experiences intrusive thoughts of trauma.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i></p> <p>History or evidence of some intrusive thoughts of trauma but it does not affect the child's functioning. A child with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.</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 has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere with their ability to function in some life domains. For example, the child may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues. [continues]</p>

INTRUSIONS continued

- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This child may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child to function.

Supplemental Information: Intrusions are distressful, unwanted memories and thoughts that are symptoms of trauma reactions. These can be preoccupying and debilitating, interfering with the performance of daily activities and even leading to suicidality. PTSD, or Post-Traumatic Stress Disorder, which develops during exposure to overwhelming trauma, is hallmarked by the presence of distressful memories and intrusive thoughts about the traumatic event. A great deal of the management of this condition involves coping with both the unwanted memories and negative thoughts related to the trauma that intrude upon one's daily life. People with other conditions such as Bipolar Disorder also must cope with intrusive memories and thoughts, but do not always experience these as distressing even though their level of functioning may be seriously impacted by them. The key difference between Obsessive Compulsive Disorder (OCD) and PTSD is that the intrusive thoughts of PTSD sufferers are of traumatic events that actually happened to them, whereas OCD sufferers have thoughts of imagined catastrophes.
<http://www.ptsdtraumatreatment.org/intrusivethoughts/>

ATTACHMENT DIFFICULTIES

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

Ratings and Descriptions	
Questions to Consider	0 <i>No current need; no need for action or intervention.</i> No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver is able to respond to child's cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Some history or evidence of insecurity in the caregiver-child relationship. Caregiver may have difficulty accurately reading 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. Child may have minor difficulties with appropriate physical/emotional boundaries with others.
	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with attachment that interfere with child's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child's cues, act in an overly intrusive way, or ignore/avoid their bids for attention/nurturance. 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 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in caregiving relationships) OR 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 child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

DISSOCIATION

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

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the child ever enter a dissociative state?• Does the child often become confused about who or where they are?• Has the child been diagnosed with a dissociative disorder	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of dissociation.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Child has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities.</p>

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

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

Some of the symptoms include:

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

LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children 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 the 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.

	<p>Ratings and Descriptions</p> <p>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.</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 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.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the 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.</p> <hr/> <p>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.</p>
<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?	

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.

	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> No evidence of problem with functioning in current living environment. Child and caregivers feel comfortable dealing with issues that come up in day-to-day life.</p> <hr/> <p>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.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the 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. [continues]</p>
<p>Questions to Consider</p> <ul style="list-style-type: none">• How has the child been behaving and getting along with others in the current living situation?	

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 the 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 Disabilities (DD) Module (next page).

DEVELOPMENTAL DISABILITIES (DD) MODULE

This module is to be completed when the **Developmental/Intellectual** 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 Disorder 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 that 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 conditions (e.g., diabetes, severe asthma, HIV) would receive a rating of '2.' The rating of '3' is reserved for life threatening medical conditions or a disabling physical condition.

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

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 has who experienced frequent, uncontrolled seizures requiring respiratory treatment within the past month would be rated a '3'.

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

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, this 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*

- | | |
|---|---|
| 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, this child’s care might be provided in an alternate setting (i.e. 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. |
| 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.

	Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"> • Are there multiple medical providers and ancillary service providers involved in the medical care of the child? • How do these multiple providers collaborate in the supporting the child’s treatment plan? 	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.

	Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"> • Does the child have any physical limitations? • How does the child’s physical limitations impact their functioning? 	0	<i>No current need; no need for action or intervention.</i> Child has no physical limitations.
	1	<i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> 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). [continued]

PHYSICAL continued

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child have any physical limitations?How does the child's physical limitations impact their functioning?	<p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i></p> <p>Child has some physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child has severe physical limitations due to multiple physical conditions.</p>

DENTAL

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

Questions to Consider	Ratings and Descriptions
<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></p> <p>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></p> <p>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 the need is addressed.</i></p> <p>Child has dental health needs that require attention.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>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.

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.?	<p>0 <i>No current need; no need for action or intervention.</i></p> <p>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></p> <p>Child shows mild or occasional problems in self-care skills for their age, but is generally self-reliant.</p>

DAILY FUNCTIONING continued

Ratings and Descriptions

- 2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*
Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for their age group.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

SOCIAL FUNCTIONING - PEERS

This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships with same age peers. 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.

Ratings and Descriptions

Questions to Consider

- How does the child get along with others?
- Do you feel that the child can act appropriately in social settings?

- 0 *No current need; no need for action or intervention.*
No evidence of problems and/or the child has developmentally appropriate social functioning with same age peers.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
There is a history or suspicion of problems in social relationships with same age peers. Child is having some difficulty interacting with others and building and/or maintaining relationships with same age peers.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*
Child is having some problems with social relationships with same age peers that interfere with functioning in other life domains.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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 with same age peers presents imminent danger to the child's safety, health, and/or development.

SOCIAL FUNCTIONING – ADULTS

This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships with adults. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child 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 with adults.
	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 with adults. Child is having some difficulty interacting with others and building and/or maintaining relationships with adults.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Child is having some problems with social relationships with adults that interfere with functioning in other life domains.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child is experiencing significant disruptions in social relationships with adults. 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 with adults presents imminent danger to the child’s safety, health, and/or development.

LEGAL *

This item indicates the child’s level of involvement with the youth justice system. Family involvement with the courts is not rated here.

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

A rating of ‘1’, ‘2’, or ‘3’ on this item triggers the completion of the Juvenile Justice Module (below).*

LEGAL MODULE

This module is to be completed when the **Legal** item (above) is rated '1', '2' or '3.' **Please note: For the purposes of this module a delinquent act or criminal act are interchangeable if the child is being charged as an adult.**

SERIOUSNESS

This item rates the seriousness of the child's criminal offenses.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> What are the behaviors/actions that have gotten the child involved in the youth justice or adult criminal system? 	0 Child has engaged only in status violations (e.g., curfew); or no evidence of delinquent/criminal behavior.
	1 Child has engaged in delinquent behavior equivalent to a misdemeanor.
	2 Child has engaged in delinquent behavior equivalent to a felony.
	3 Child has engaged in delinquent behavior that places other citizens at risk of significant physical harm.

HISTORY

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> How many criminal/delinquent behaviors has the child engaged in? Are there periods of time in which the child did not engage in criminal behaviors? 	0 Current criminal/delinquent behavior is the first known occurrence.
	1 Child has engaged in multiple criminal/delinquent acts in the past one year.
	2 Child has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where they did not engage in criminal/delinquent behavior.
	3 Child has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where they did not engage in criminal/delinquent behavior.

ARRESTS

This item rates the child's history of arrests.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> How many times has the child been arrested or detained in the past 30 days? 	0 Child has no known arrests/detentions in past.
	1 Child has history of delinquency, but no arrests in the past 30 days.
	2 Child has 1 to 2 arrests/detention in the last 30 days.
	3 Child has more than 2 arrests/detentions in last 30 days.

PLANNING

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child engage in pre-planned, spontaneous or impulsive criminal acts?	0 No evidence of any planning. Delinquent/criminal behavior appears opportunistic or impulsive.
	1 Evidence suggests that child places themselves into situations where the likelihood of delinquent/criminal behavior is enhanced.
	2 Evidence of some planning of delinquent/criminal behavior.
	3 Considerable evidence of significant planning of delinquent/criminal behavior.

COMMUNITY SAFETY

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the delinquency violent in nature?Does the child commit violent crimes against people or property?	0 No evidence of any risk to the community from the child's behavior. They could be unsupervised in the community.
	1 Child engages in behavior that represents a risk to community property.
	2 Child engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child's behavior.
	3 Child engages in behavior that directly places community members in danger of significant physical harm.

LEGAL COMPLIANCE

This item rates the child's compliance with the rules of the court and probation.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the child compliant with the terms of their probation?Is the child attending appointments, school, etc.?Is the child actively or frequently violating probation?	0 Child is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
	1 Child is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
	2 Child is in partial noncompliance with standing court orders (e.g. child is going to school/work but not attending court-ordered treatment).
	3 Child is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

PEER INFLUENCES

This item rates the level to which the child's peers engage in delinquent or criminal behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Do the child's friends also engage in criminal behavior?Are the members of the child's peer group involved in the criminal justice system or on parole/probation?	0 Child's primary peer social network does not engage in delinquent/criminal behavior.
	1 Child has peers in their primary peer social network who do not engage in delinquent/criminal behavior but has some peers who do.
	2 Child predominantly has peers who engage in delinquent/criminal behavior but the child is not a member of a gang whose membership encourages or requires illegal behavior as an aspect of membership.
	3 Child is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

PARENTAL CRIMINAL BEHAVIOR (INFLUENCES)

This item rates the influence of parental or caregiver's criminal behavior on the child's delinquent or criminal behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Do the child's parents also engage in criminal behavior?Is the child in contact with their parents?	0 There is no evidence that the child's parents have ever engaged in criminal/delinquent behavior.
	1 One of the child's parents has history of criminal/delinquent behavior but the child has not been in contact with this parent for at least one year.
	2 One of the child's parents has history of criminal/delinquent behavior and the child has been in contact with this parent in the past year.
	3 Both of the child's parents have history of criminal/delinquent behavior.

ENVIRONMENTAL INFLUENCES

This item rates the influence of community criminal behavior on the child's delinquent or criminal behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child live in a neighborhood/community with high levels of crime?Is the child a frequent witness or victim of such crime?	0 No evidence that the child's environment stimulates or exposes them to any criminal behavior.
	1 Suspicion that the child's environment might expose them to criminal behavior.
	2 Child's environment clearly exposes them to criminal behavior.
	3 Child's environment encourages or enables them to engage in criminal behavior.

EATING DISTURBANCE

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

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

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

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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• 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?	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of problems with sleep. Child gets a full night's sleep each night.</p> <hr/>
	<p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week, problems arise. This may include occasionally awakening or bed wetting or having nightmares. [continues]</p>

SLEEP continued

Ratings and Descriptions

- 2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*
Child is having problems with sleep. Sleep is often disrupted and the 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.

SEXUAL DEVELOPMENT

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

Ratings and Descriptions

Questions to Consider

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

- 0 *No current need; no need for action or intervention.*
No evidence of issues with sexual development.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child's concerns about sexual orientation, gender identity or expression (SOGIE), or anxiety about the reaction of others.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*
Moderate to serious problems with sexual development that interferes with the child's life functioning in other life domains.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.

LIFE SKILLS

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

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

Supplemental Information: Life Skills relates to concrete skill development of children appropriate to their age, development, and cognitive abilities. It does not mean that you are rating a child to determine that they are ready to live on their own at any age, rather how they are acquiring life skills to move towards independence that is appropriate to their age and ability.

EXPECTANT PARENT OR PARENTING

This item focuses on a child in any parental/caregiving role.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the child in any role where they care for someone else – parent, grandparent, younger sibling, or their own child?• How well can the child fill that role?	<p>0 <i>No current need; no need for action or intervention.</i> Child has a parenting or caregiving role, and they are functioning appropriately in that role. A child that does not have a parental or caregiving role would be rated here.</p>
	<p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role. [continues]</p>

EXPECTANT PARENT OR PARENTING continued

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does parenting responsibility impact the child's life functioning?• If the child's child does not currently live with them, does the child want to be more involved in parenting?	<p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Child has responsibilities as a parent/caregiver, and they currently struggle to meet these responsibilities; these responsibilities are currently interfering with the child's functioning in other life domains.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child has responsibilities as a parent/caregiver and is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the child to function in other life domains. The child has the potential of abuse or neglect in their parenting/caregiving role.</p>

Supplemental Information: An individual with a child, or an individual responsible for the care of another family member (e.g., an elderly parent or grandparent) would be rated here. Include pregnancy as a parenting role. A parentified child is rated in the Victimization/Exploitation item.

SCHOOL

The items in this domain focus on several different elements/experiences that may impact a child’s functioning in daycare, school or an educational setting.

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

For **School**, 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.

ATTENDANCE

This item rates the child’s attendance. Truancy and expulsion/suspension are all attendance problems. If school is not in session, rate the last 30 days when school was in session.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"> • How often does the child miss school? • Do absences interfere with their learning? 	0 <i>No current need; no need for action or intervention.</i> Child attends school/preschool/daycare regularly.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child has some problems attending school/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 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> 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 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child is generally absent from school, putting their educational development at risk.

BEHAVIOR

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• 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?	0 <i>No current need; no need for action or intervention.</i> No evidence of behavioral problems at school, OR the child is behaving well in school.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Child's behavior problems are interfering with functioning at school. Child is disruptive and may have received sanctions including suspensions.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child is having severe problems with behavior in school. 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.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• 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?	0 <i>No current need; no need for action or intervention.</i> No evidence of issues in school achievement and/or the child is doing well in school and acquiring new skills.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> 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 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> 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 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas. 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.

	Ratings & Definitions
Questions to Consider	0 <i>No current need; no need for action or intervention.</i> Child has good relations with teachers.
• How does the child relate to teachers?	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym).
• Does the child have a strong connection with one or more teachers?	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Child has difficult relations with teachers that notably interfere with their education.
• Does the child have regular conflict with teachers?	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child has very difficult relations with all teachers or all the time with their teachers. 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 individual 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 individual 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.

Questions to Consider

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

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
No evidence that there is a need or preference for an interpreter and/or the child and family speak and read the primary language where the child or family lives.

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

- 2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*
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]

LANGUAGE continued

- 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	Ratings and Descriptions
<ul style="list-style-type: none">Does the child identify with any racial/ethnic/cultural group?Does the child find this group a source of support?	0 <i>No current need; no need for action or intervention.</i> The child has defined a cultural identity and is connected to others who support the child's cultural identity.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> The child is developing a cultural identity and is seeking others to support their cultural identity.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> The child is searching for a cultural identity and has not connected with others.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> 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 traditions, 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	Ratings and Descriptions
<ul style="list-style-type: none">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?	0 <i>No current need; no need for action or intervention.</i> Child and/or family are consistently able to practice their chosen traditions and rituals consistent with their cultural identity.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> 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

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

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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • 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? 	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of stress between the child’s cultural identity and current environment or living situation.</p>
	<p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Some occasional stress resulting from friction between the child’s cultural identity and current environment or living situation.</p>
	<p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> 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.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> 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.</p>

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.

<p>Questions to Consider</p> <ul style="list-style-type: none">Does the family's belief about the child's presenting issues align with the helping professional's perspectives? Questions to ConsiderDo 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>0 <i>No current need; no need for action or intervention.</i> 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).</p> <hr/> <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> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the 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> <hr/> <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> <hr/> <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> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the 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. [continues]</p>
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HELP SEEKING CONGRUENCE continued

Ratings and Descriptions

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

EXPRESSION OF DISTRESS

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

Ratings and Descriptions

Questions to Consider

- 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?

- 0 *No current need; no need for action or intervention.*
There is no evidence of differences/disagreements between the way the family expresses distress and the prevailing professional/helping cultural view(s), i.e. family's style of expressing distress is congruent with prevailing professional/helping cultural perspective(s).
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
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.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*
Disagreement between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

The ratings 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 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.

PSYCHOSIS (THOUGHT DISORDER)

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Does the child exhibit behaviors that are unusual or difficult to understand? • Does the child experience hallucinations or delusions, bizarre behavior? • Are the unusual behaviors, hallucinations, or delusions interfering with the child's functioning? 	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of psychotic symptoms. Both thought processes and content are within normal range.</p> <hr/> <p>1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Evidence of disruption in thought processes or content. Child may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child with a history of hallucinations but none currently. Use this category for children who are below the threshold for one of the DSM diagnoses listed above.</p> <hr/> <p>2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Evidence of disturbance in thought process or content that may be impairing the child's functioning in at least one life domain. Child may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical. [continues]</p>

PSYCHOSIS (THOUGHT DISORDER) continued

- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child or others at risk of physical harm.

IMPULSIVE/HYPERACTIVE

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.**

Questions to Consider

- 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.?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
No evidence of symptoms of loss of control of behavior.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child at risk of future functioning difficulties. The child may exhibit limited impulse control, e.g., the 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.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*
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.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of a dangerous level of hyperactive 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 driving or bike riding). The child may be impulsive on a nearly continuous basis. The child endangers self or others without thinking.

DEPRESSION

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> No evidence of problems with depression.
	1	<i>History or suspicion of problems; 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. Child may have a brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.
	2	<i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in the child's ability to function in at least one life domain. Child may have negative verbalizations, dark themes in play, and demonstrate little enjoyment in play and interactions.

	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a 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.
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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.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> No evidence of anxiety symptoms.
	1	<i>History or suspicion of problems; 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. The child may appear in need of extra support to cope with some situations but are able to be calmed. [continues]

ANXIETY continued

Ratings and Descriptions

- 2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*
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. The child may be irritable, over reactive to stimuli, have uncontrollable crying, and significant separation anxiety. In addition, the child may have a 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.

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.

Ratings and Descriptions

Questions to Consider

- 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?
- Does the child do things that they have been explicitly told not to do?

- 0 *No current need; no need for action or intervention.*
No evidence of oppositional behaviors.
- 1 *History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.*
There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
- 2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*
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.

CONDUCT

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

Ratings and Descriptions	
Questions to Consider	0 <i>No current need; no need for action or intervention.</i> No evidence of serious violations of others or laws.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

ANGER CONTROL

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

Ratings and Descriptions	
Questions to Consider	0 <i>No current need; no need for action or intervention.</i> No evidence of any anger control problems.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> History, suspicion of, or evidence of some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Child's difficulties with controlling anger are impacting functioning in at least one life domain. Child's temper has resulted in significant trouble with peers, family, and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential. [continues]

ANGER CONTROL continued

Ratings and Descriptions

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

Child's temper or anger control problem is dangerous. Child frequently gets into fights that are often physical. Others likely fear the child.

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

SUBSTANCE USE

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

Ratings and Descriptions

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

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

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

Child has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.

2 *Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.*

Child has a substance use problem that consistently interferes with the ability to function optimally but does not completely preclude functioning in an unstructured setting.

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

Child has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child.

Questions to Consider

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

SOMATIZATION

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

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none">Does the child have any physical complaints? Do these physical complaints have a physical or medical cause?Does the child's physical symptoms recur and cause disturbance in their functioning? Are these symptoms dangerous or disabling to the child?	0 <i>No current need; no need for action or intervention.</i> No evidence of somatic symptoms.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> There is a history or suspicion of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb, or chest pain without medical cause that do not interfere with the child's functioning.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches) that interfere with the child's functioning. The child may meet criteria for a somatoform disorder. Additionally, they could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Somatic symptoms cause significant disturbance in school, social or another area of functioning and could be dangerous or disabling to the child. This could include significant and varied symptomatic disturbance without medical cause.

BEHAVIORAL REGRESSION

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

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none">Has the child exhibited any behaviors the reflect a regression in age-related behavior?Are the behavioral regressions impacting the child's functioning?	0 <i>No current need; no need for action or intervention.</i> Child has no evidence of behavioral regression.
	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child has some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate). Behavioral regression does not impact functioning.
	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Child has regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting. Behavioral regressions impact child's functioning.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child has more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control. Behavioral regressions are dangerous or disabling to the child.

AFFECT DYSREGULATION

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

	Ratings and Descriptions
Questions to Consider	0 <i>No current need; no need for action or intervention.</i> Child has no problems with affect regulation.
• Does the child have reactions that seem out of proportion to the situation?	1 <i>History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</i> Child has mild to moderate problems with affect regulation.
• Does the child have extreme or unchecked emotional reactions to situations?	2 <i>Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</i> Child has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with the child's functioning in some life domains. 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.

Supplemental Information: Affect dysregulation, also known as emotional dysregulation, refers to difficulty regulating or "controlling" one's emotional responses and behaviors. Affect dysregulation can be seen in both:

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

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

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

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 **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 Action or intervention is required to ensure that the identified need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

SUICIDE RISK

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

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

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

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

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

OTHER SELF-HARM (RECKLESSNESS)

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

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

Supplemental Information: Non-Suicidal Self-Injurious Behavior and Other Self Harm (Recklessness)

The primary difference between the Non-Suicidal Self-Injurious Behavior and Other Self Harm items is the intent of the behavior. Self-injurious behavior is intended to harm oneself. Thus, body piercing and tattoos are not considered self-injurious behavior because the intent behind them is usually social or cultural. Similarly, behaviors that are a potential danger to one's health due to the child's recklessness or poor judgment are not rated as self-injurious. These behaviors are rated on the Other Self Harm item and include behaviors like reckless driving, playing with fire or weapons, etc. Although the end result may be the same, the intent of the behavior is not to purposefully harm oneself and is thus rated on Other Self Harm. Dangerous substance abuse should be rated on the Substance Abuse item. The difference in rating these items in the assessment is important because they warrant different approaches in the service plan.

EXPLOITED

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the child ever been bullied or the victim of a crime?• Has the child traded sexual activity for goods, money, affection or protection?• Is the child been a survivor of human trafficking?	<p>0 <i>No evidence of any needs.</i> No evidence that the child has been victimized or exploited. Child may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Child is not presently at risk for re-victimization or exploitation.</p>
	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Suspicion or history of victimization or exploitation, but the child has not been victimized to any significant degree in the past year. Child is not presently at risk for re-victimization or exploitation.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Child has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, sexual activity), or in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members.</p>

Supplemental Information: Sexual exploitation includes any situation, context, or relationship where the child receives something (e.g., food, accommodations, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing sexual activities, and/or others performing sexual activities on them. This includes commercial sexual exploitation in which a third party receives payment for the sexual exploitation of the child.

DANGER TO OTHERS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the child ever injured another person on purpose?• Does the child get into physical fights?• Has the child ever threatened to kill or seriously injure others?	<p>0 <i>No current need; no need for action or intervention.</i> No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).</p>
	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here. [continues]</p>

DANGER TO OTHERS continued

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|--|---|
| | <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Occasional or moderate level of aggression towards others. Child has made verbal threats of violence towards others.</p> |
| | <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i>
Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child is an immediate risk to others.</p> |

SEXUAL AGGRESSION

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

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

DELINQUENT BEHAVIOR

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Do you know of laws that the child has broken (even if the child has not been charged or caught)?• Has the child ever been arrested?	<p>0 <i>No current need; no need for action or intervention.</i> No evidence or no history of delinquent behavior.</p>
	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here. [continues]</p>

DELINQUENT BEHAVIOR continued

- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child at risk.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.

RUNAWAY*

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

Questions to Consider

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

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Child has no history of running away or ideation of escaping from current living situation.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
Child has no recent history of running away but has expressed ideation about escaping current living situation. Child may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Child has run from home once or run from one treatment setting. Also rated here is a child who has run away to home (parental or relative).
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Child has run from home and/or treatment settings in the recent past and present an imminent flight risk. A child who is currently a runaway is rated here.

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

RUNAWAY MODULE

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

FREQUENCY OF RUNNING

This item rates how often the child runs away.

Questions to Consider

- How often does the child run?

Ratings and Descriptions

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

CONSISTENCY OF DESTINATION

This item rates the consistency of the location to which the child runs away.

Questions to Consider	Ratings and Descriptions	
	0	Child always runs to the same location.
	1	Child generally runs to the same location or neighborhood.
	2	Child runs to the same community but the specific locations change.
	3	Child runs to no planned destination.

SAFETY OF DESTINATION

This item rates the safety of the locations to which the child runs away.

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

INVOLVEMENT IN ILLEGAL ACTS

This item rates the child's illegal activities while on the run.

Questions to Consider	Ratings and Descriptions	
	0	Child does not engage in illegal activities while on the run beyond those involved with the running itself.
	1	Child engages in status offenses beyond those involved with the running itself while on run (e.g., curfew violations, underage drinking).
	2	Child engages in illegal activities while on run.
	3	Child engages in dangerous illegal activities while on run (e.g., is sexually exploited).

LIKELIHOOD OF RETURN ON OWN

This item rates the way in which the child returns from running away.

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

INVOLVEMENT OF OTHERS

This item rates the involvement and encouragement of others in the child's runaway behavior.

Questions to Consider		Ratings and Descriptions
	• Are there others who help or encourage the child to run away?	0 Child runs by themselves with no involvement of others. Others may discourage behavior or encourage child to return from run.
		1 Others enable child running by not discouraging the child's behavior.
		2 Others involved in running by providing help, hiding the child.
		3 Child is actively encouraged to run by others. Others actively cooperate to facilitate running behavior.

REALISTIC EXPECTATIONS

This item rates the child's expectations about the consequences and outcomes of the runaway behavior.

Questions to Consider		Ratings and Descriptions
	• Does the child expect positive outcomes/benefits from running away?	0 Child has realistic expectations about the implications of their running behavior.
	• Does the child seem realistic about running away?	1 Child has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat 'optimistic' outcome.
		2 Child has unrealistic expectations about the implications of their running behavior.
		3 Child has obviously false or delusional expectations about the implications of their running behavior.

PLANNING

This item rates the spontaneity of the runaway behavior.

Questions to Consider		Ratings and Descriptions
	• Is the child impulsively running away?	0 Running behavior is completely spontaneous and emotionally impulsive.
	• Does the child have a plan and, if so, is that plan carefully thought out?	1 Running behavior is somewhat planned but not carefully.
		2 Running behavior is planned.
		3 Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

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.

Questions to Consider	Ratings and Descriptions
<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)?Has the child engaged in behavior that was insulting, rude or obnoxious, and which resulted in sanctions for the child such as suspension, job dismissal, etc.?	<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>
	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</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>
	<p>2 <i>Action or intervention is required to ensure that the identified 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.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child. 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).</p>

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 Danger to Others item. Behavior intended to hurt oneself rather than just draw sanctions is rate on the Non-Suicidal Self-Injurious Behavior or Suicide Risk items.

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.

FIRE SETTING

This item describes whether the child intentionally starts fires using matches or other incendiary devices. Malicious or reckless use of fire should be rated here; however, fires that are accidental should not be considered fire setting.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Has the child ever played with matches, or set a fire? If so, what happened?Did the fire setting behavior destroy property or endanger the lives of others?	0 <i>No evidence of any needs.</i> No evidence of fire setting by the child.
	1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History or suspicion of fire setting but not within the past six months.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Recent fire setting behavior (during the past six months) but not of the type that endangered the lives of others, OR repeated fire-setting behavior over a period of at least two years, even if not within the past six months.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute threat of fire setting. Child has set fires that endangered the lives of others (e.g., attempting to burn down a house).

BULLYING

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Are there concerns that the child might bully other children?Have there been any reports that the child has picked on, made fun of, harassed, or intimidated another person?Does the child hang around with other people who bully?	0 <i>No evidence of any needs.</i> No evidence that the child has ever engaged in bullying at school/work or in the community.
	1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History or suspicion of bullying, or the child has engaged in bullying behavior or associated with groups that have bullied others.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Child has bullied others at school/work or in the community. They have either bullied others, or led a group that bullied others.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.

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

CHILD STRENGTHS

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 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> 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.

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.

POSITIVE PEER RELATIONS

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 well-developed interpersonal skills and healthy friendships.

Questions to Consider

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

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

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

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

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

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

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

OPTIMISM

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child have a generally positive outlook on things; have things to look forward to?How does the child see themselves in the future?Is the child forward looking/sees themselves as likely to be successful?	<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></p> <p>Child has difficulty maintaining a positive view of themselves and their life. Child's outlook may vary from overly optimistic to overly pessimistic.</p>
	<p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i></p> <p>There is no evidence of optimism at this time and/or child has difficulties seeing positive aspects about themselves or their future.</p>

Supplemental Information: Optimism refers to the child's feelings about their future. Research indicates that children with a solid sense of themselves and their future have better outcomes than children who do not. A child's sense of optimism includes positive future planning and ideas for future goals and aspirations. A child who is generally optimistic would be rated at a '1', and a child who has difficulty seeing any positives about themselves or their future would be rated at a '3.'

DECISION MAKING

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">How is the child's judgment and ability to make good decisions?Does the child typically make good choices?	<p>0 <i>No current need; no need for action or intervention.</i></p> <p>No evidence of problems with judgment or decision making that result in harm to development and/or well-being.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i></p> <p>There is a history or suspicion of problems with judgment in which the child makes decisions that are in some way harmful to the child's development and/or well-being.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning.</i></p> <p>Problems with judgment in which the child makes decisions that are in some way harmful to the child's development and/or well-being. As a result, more supervision is required than expected for their age.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child makes decisions that would likely result in significant physical harm to self or others. Therefore, child requires intense and constant supervision, over and above that expected for the child's age.</p>

WELL-BEING

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the child have psychological strengths?• Is the child able to enjoy what is positive in their lives? Manage the challenges?	<p>0 <i>No current need; no need for action or intervention.</i> Child with exceptional psychological strengths. Both coping and savoring skills are well developed.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Child with good psychological strengths. The child has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning.</i> Child with limited psychological strengths. For example, a child with very low self-esteem would be rated here.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.</p>

EDUCATIONAL SETTING

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the school an active partner in the child's education?• Does the child like school?• Has there been at least one year in which the child did well in school?• When has the child been at their best in school?	<p>0 <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i></p> <p>The school works closely with the child and family to identify and successfully address the child's educational needs; OR the child excels in school.</p>
	<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></p> <p>School works with the child and family to address their educational needs; OR the child likes school.</p>
	<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></p> <p>The school is currently unable to adequately address the child's academic or behavioral needs.</p>
	<p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i></p> <p>There is no evidence of the school working to identify or successfully address the child's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child's needs and/or there is no school to partner with at this time.</p>

Supplemental Information: This item rates not only refers to the child's perception of school and their school performance, but predominantly refers more to the school's relationship to the child and family, and the level of support the child is receiving from the school. This item includes the level of understanding that the school has of the child's educational needs and the planning created to address those needs. If the school is actively participating in meeting the child's needs and working with the child's family, a rating of '0' would be given. If the school is unwilling or unable to identify and address the child's needs or work with the child and the family to provide appropriate interventions, a rating of '3' would be given.

RECREATIONAL

This item refers to leisure time activities outside of school.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the child have things that they like to do with their free time?• Does the child have things that give them pleasure?• Does the child have activities that are a positive use of their extra time?• Does the child often claim to be bored or have nothing to do?	<p>0 <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i></p> <p>Child has notable recreational opportunities that play a significant role in their well-being.</p>
	<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></p> <p>Child has recreational opportunities that are consistent with their talents/interests.</p>
	<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></p> <p>Child has limited recreational opportunities or those available do not fit the child's talents/interests. [continues]</p>

RECREATIONAL continued

Ratings and Descriptions

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

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

VOCATIONAL

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

Ratings and Descriptions

Questions to Consider

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

- 0 *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
Child has vocational skills and relevant work experience.
- 1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
Child has some vocational skills or work experience.
- 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 prevocational skills or vocational interests.
- 3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
No vocational strengths identified or the child needs significant assistance developing vocational skills.

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

TALENTS AND INTERESTS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• What does the child do with free time?• What does the child enjoy doing?• Is the child engaged in any pro-social activities?• What are the things that the child does particularly well?	<p>0 <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i></p> <p>Child has a talent that provides pleasure and/or self-esteem. Child with significant creative/artistic/athletic strengths would be rated here.</p>
	<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></p> <p>Child has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child with a notable talent. For example, a child who is involved in athletics or plays a musical instrument would be rated here.</p>
	<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></p> <p>Child has expressed interest in developing a specific talent, interest, or hobby even if that talent has not been developed to date, or whether it would provide them with any benefit.</p>
	<p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i></p> <p>There is no evidence of identified talents, interests, or hobbies at this time and/or child requires significant assistance to identify and develop talents and interests.</p>

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

SPIRITUAL/RELIGIOUS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child have spiritual beliefs that provide comfort?Is the family involved with any religious community? Is the child involved?Is child interested in exploring spirituality?	<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 is involved in and receives comfort and support from spiritual and/or religious beliefs, practices, and/or community. Child may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the child in difficult times.</p>
	<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 is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices, and/or community.</p>
	<p>2 <i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Child has expressed some interest in spiritual or religious belief and practices.</p>
	<p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> There is no evidence of identified spiritual or religious beliefs, nor does the child show any interest in these pursuits at this time.</p>

COMMUNITY LIFE

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child feel like they are part of a community?Are there activities that the child does in the community? Does the child feel like they are part of a community?Are there activities that the child does in the community?	<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 is well integrated into their community. The child is a member of community organizations and has positive ties to the community. For example, child may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.</p>
	<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 is somewhat involved with their community. This level can also indicate a child with significant community ties although they may be relatively short term.</p>
	<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 has an identified community but has only limited, or unhealthy, ties to that community. [continues]</p>

COMMUNITY LIFE continued

Ratings and Descriptions

- 3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
There is no evidence of an identified community of which child is a member at this time.

INVOLVEMENT WITH CARE

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

Ratings & Definitions

Questions to Consider

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

- 0 *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
Child is knowledgeable of needs and helps direct planning to address them.
- 1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
Child is knowledgeable of needs and participates in planning to address them.
- 2 *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
Child is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.
- 3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
Child is neither knowledgeable about needs nor willing to participate in any process to address them.

NATURAL SUPPORTS

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

Ratings and Descriptions

Questions to Consider

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

- 0 *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
Child has significant natural supports that contribute to helping support their healthy development.
- 1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
Child has identified natural supports that provide some assistance in supporting their healthy development.
- 2 *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
Child has some identified natural supports, however they are not actively contributing to the child's healthy development. [continues]

NATURAL SUPPORTS continued

Ratings and Descriptions

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

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

Supplemental Information: This item rates the unpaid individuals in a child’s life who have demonstrated the willingness to become involved in the child’s life in a positive and helpful manner. This item excludes foster parents, nuclear or extended family members, school personnel, coaches, and other individuals who are paid to care for or supervise children. For instance, staff at the local YMCA would not be considered natural supports, regardless of their level of involvement with the child. Members of a church congregation or neighbors could be considered as natural supports for a child as they are not paid to care for that child. If a child has many unpaid individuals in their life who offer significant support, that child would be given a rating of ‘0,’ however if the child has no supportive individuals in their life outside of family members and paid caregivers, that child would be given a rating of ‘3.’

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.

Ratings and Descriptions

Questions to Consider

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

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

Child’s internal strength in overcoming or the ability to bounce back is a core part of identity and associated with a well-developed and recognizable set of supports and strengths for dealing with challenges.

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

Child uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.

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

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

Child is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.

RESOURCEFULNESS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the child have any external or environmental strengths?• Does the child use their external or environmental strengths to aid in their well-being?	<p>0 <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i></p> <p>Child is quite skilled at finding the necessary resources required to aid them in managing challenges.</p>
	<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></p> <p>Child has some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.</p>
	<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></p> <p>Child has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.</p>
	<p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i></p> <p>Child has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.</p>

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 the **Current Caregiver Resources and 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 Problems are dangerous or disabling; requires immediate and/or intensive action.

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.
-
- 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>
	<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>
	<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>
	<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></p> <p>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.</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 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></p> <p>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></p> <p>Caregiver wishes for 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.

Ratings and Descriptions	
Questions to Consider <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. [continued]</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 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?	<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. [continues]</p>

ORGANIZATION continued

Questions to Consider

- Do they have difficulty getting the child to appointments or school?

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

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

Ratings and Descriptions

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

Caregiver has significant social and family networks that actively help with caregiving.

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

Caregiver has some family or friend or social network that actively helps with caregiving.

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

Work needs to be done to engage family, friends or social network in helping with caregiving.

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 family or social network to help with caregiving.

MEDICAL/PHYSICAL

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

Questions to Consider

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

Ratings and Descriptions

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

No evidence of medical or physical health problems. Caregiver is generally healthy.

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

There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems. [continues]

MEDICAL/PHYSICAL 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 medical/physical problems that interfere with the capacity to parent the child.

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

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

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

No evidence of caregiver mental health difficulties.

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

There is a history or suspicion of mental health difficulties, and/or the caregiver is in recovery from mental health difficulties.

- 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's mental health difficulties interfere with their capacity to parent.

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

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.

	<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> No evidence of caregiver substance use issues.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> There is a history, 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.</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 substance abuse difficulties that interfere with their 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 substance abuse difficulties that make it impossible to parent the child at this time.</p>
<p>Questions to Consider</p> <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?	

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.

	<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> No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.</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 developmental challenges. The developmental challenges do not currently interfere with 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 developmental challenges that interfere with the capacity to parent 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 has severe developmental challenges that make it impossible to parent the child at this time.</p>
<p>Questions to Consider</p> <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?	

FAMILY STRESS

This item is about 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.

Questions to Consider	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.
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CULTURAL CONGRUENCE

This item refers to a family's child rearing practices, understanding of child development, and early intervention in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> 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.
	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> 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.
	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> 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.

Questions to Consider	3	<i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the child.</i> 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.
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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	Ratings and Descriptions
<ul style="list-style-type: none"> • 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? 	0 <i>No current need; no need for action or intervention. This may be a strength of the caregiver.</i> Caregiver has stable housing with no known risks of instability.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i> Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption. [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

- 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 limited access or access to limited childcare services. Current services do not meet the caregiver's needs.

- 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 childcare services.

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

Questions to Consider

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

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

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

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

Some occasional stress resulting from friction between the family's cultural identity and current environment or living situation.

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

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.

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

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.

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
<p>Questions to Consider</p> <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
<p>Questions to Consider</p> <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.

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 sufficient financial resources to raise or care for the child.
	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.
	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.
	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.

COMMUNITY CONNECTION

This rating should be based on the individual's level of involvement in the cultural aspects of life in their community.

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 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.
	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 (i.e., past year).
	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.
	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.

LEGAL

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

<p>Questions to Consider</p> <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>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 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>
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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.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does caregiver have reliable transportation? • Are there any barriers to transportation? 	<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 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>
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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

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?

- 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.
- 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 caregiver involvement in services or interventions, and/or the 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 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

Questions to Consider

- 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?

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.

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?

Ratings and Descriptions

- 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.

MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to provide care for the child. 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, 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.

	<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> No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.</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 developmental challenges. The developmental challenges do not currently interfere with 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 developmental challenges that interfere with the capacity to parent 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 has severe developmental challenges that make it impossible to parent the child at this time.</p>
<p>Questions to Consider</p> <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?	

FAMILY STRESS

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

	<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> 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 child's needs.</p> <hr/> <p>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.</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 notable problems managing the stress of the child's needs. This stress interferes with their capacity to provide care.</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 is unable to manage the stress associated with the child's needs. This stress prevents the caregiver from providing care.</p>
<p>Questions to Consider</p> <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?	

CULTURAL CONGRUENCE

This item refers to a family’s child rearing practices, understanding of child development, and early intervention in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider

- Are the family’s child rearing practices, understanding of child development, and early intervention aligned with the helping professional’s perspectives?
- Do the differences between family’s and the helping professional’s understanding of child development, and early intervention or child rearing practices impact their working relationship?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention. This may be a strength of the caregiver.*
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.
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- 1 *Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.*
The family has some cultural differences related to child rearing practices, child development, and early intervention that are not generally accepted but not considered to put the child at risk.
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- 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 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.
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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.*
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.