
Washington State Department of
Children, Youth, and Families

Child and Adolescent Needs and
Strengths-Family
(CANS-F 2.1)

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REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of Child and Adolescent Needs and Strengths – Family (CANS-F). This tool is an integration of the Child and Adolescent Needs and Strengths (CANS) and the Family Advocacy and Support Tool (FAST). This information integration tool, along with the other TCOM Tools such as the Adult Needs and Strengths Assessment (ANSA) and the various versions for developmental disabilities, juvenile justice, and child welfare, is designed to support individual and family planning, and the planning and evaluation of service systems. The CANS-F is a communimetric tool, like the CANS, FAST and ANSA (Lyons, 2009). It is designed to maximize communication about the needs and strengths of children, youth and families. The CANS-F includes ratings of the Family Together, each individual Caregiver, and each individual youth.

The original version of the FAST, called the Multi-level Family Assessment, was developed in collaboration with Margaret Nickels, Ph.D., at the Juvenile Protection Agency in Chicago, Illinois. Following its initial use in a family therapy program to prevent child abuse and neglect, this tool was further developed into the FAST in collaboration with representatives of Family Support Organizations in New Jersey. It has been further refined in various applications in Illinois, New York, and Tennessee. As such, a large number of individuals have contributed to the design, development and refinement of the FAST. It is an open domain tool, free for anyone to use. We recommend training and certification to ensure its proper and reliable use.

Literary Preface/Comment regarding gender references:

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

Additionally, “child/youth” is being utilized in reference to “child”, “youth”, “adolescent”, or “young adult.” This is due to the broad range of ages to which this manual applies (e.g., ages birth to 5 years old).

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

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

Tim Kelly
Performance Based Contracting and
Evidence Based Programs
Washington State Department of
Children, Youth and Families
Tim.kelly@dshs.wa.gov

Praed Foundation
550 N. Kingsbury Street, #101
Chicago, IL 60654
www.praedfoundation.org



WASHINGTON STATE
Department of
Children, Youth, and Families

 **CHAPIN HALL**
AT THE UNIVERSITY OF CHICAGO



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INTRODUCTION

THE CANS-F

The **Child and Adolescent Needs and Strengths-Family Screener (CANS-F)** is a TCOM Tool that integrates the Family Advocacy and Support Tool (FAST) and Child and Adolescent Needs and Strengths (CANS). The purpose of the CANS-F is to support effective interventions when the focus of those efforts is on entire families rather than single individuals. The most common use of the CANS-F is in efforts to address the needs of families who are at risk of child welfare involvement.

The CANS-F is a communimetric tool, like the CANS and the Adult Needs and Strengths Assessment (ANSA) (Lyons, 2009). It is designed to maximize communication about the needs and strengths of families. The CANS-F includes ratings of the Family Functioning, each individual Caregiver, Caregiver Advocacy and each individual youth. Interventions within the family system can be directed at that system or to address the individual needs of family members or dyadic relationships within the family.

Unlike the CANS and ANSA, however, the CANS-F, like the FAST, has only one action-level framework for its items (see page 5).

HISTORY AND BACKGROUND

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

The CANS-F is made up of domains that focus on various areas in the family's and each member of the family's life, and each domain is made up of a group of specific items. There are domains that address how the family functions together, and how individuals function in everyday life, specific emotional or behavioral concerns, as well as strengths. The provider(s), in collaboration with the individual and family, gives a number rating to each of these items. These ratings help the provider, individual and family understand where intensive or immediate action is most needed, and also where an individual has assets that could be a major part of the treatment or service plan.

The CANS-F ratings, however, do not tell the whole story of an individual or the family's strengths and needs. Each section in the CANS-F is merely the output of a comprehensive assessment process and is documented alongside narratives, developed by the care provider, individual and family that can provide more information about the family and its members.

RATING THE ITEMS

The CANS-F is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child 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-F rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. Unlike the CANS and ANSA, however, the CANS-F has only one action-level framework for its items. These item level definitions, however, are designed to translate into the following action levels:

Basic Design for Ratings

Rating	Level of Needs	Appropriate Action
0	No evidence of need; this may also indicate a strength	No action needed; strength can be leveraged in service/treatment plan
1	Significant history of need, or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment; opportunity for strength building
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Items identified as a ‘0’ are often strengths that can be used in strength-based planning. Items rated a ‘1’ should be monitored and preventive efforts might be indicated; in some cases strength building may be appropriate. Items rated a ‘2’ or ‘3’ are “actionable” and should be addressed in the intervention plan.

The rating of ‘N/A’ for ‘not applicable’ is available for a few items under specified circumstances (see reference guide descriptions). For those items where the ‘N/A’ rating is available, the N/A rating should be used only in the rare instances where an item does not apply to that individual being assessed. To complete the CANS-F, a trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the CANS-F form (or electronic record).

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. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

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

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS-F assessment. A rating of '2' or '3' on a CANS-F 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. It is important to remember that when developing service and treatment plans for healthy Family trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child and youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS-F can be used to monitor outcomes. This can be accomplished in two ways. First, 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 (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS-F 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 TCOM Tools have demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tools reliably, although some applications require a higher degree. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The CANS is auditable, and audit reliabilities demonstrate that the CANS tool is reliable at the item level. Validity is demonstrated with the FAST relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

All the TCOM Tools including the CANS-F are open domain tools that are free for anyone to use with training and certification. There is a community of people who use the various versions of the TCOM Tools and share experiences, additional items, and supplementary tools.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

The CANS-F has six key principles that, if remembered, will make the assessment process move more smoothly.

1. **Items impact service planning.** 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. **Items ratings translate into Action Levels.** Each item uses a four level ('0'-'3') rating system. An item rated '2' or '3' requires action. Different action levels exist for needs and strengths (page 8).
3. **Consider culture and development.** Culture and development must be considered before establishing the action level for each item.
4. **Agnostic as to etiology.** It is descriptive tool. Rate the "what" and not the "why". The FAST describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
5. **It's about the individual, not the service.** Ratings should describe the child and family, not the child and family in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., '2' or '3').
6. **Specific ratings window (e.g. 30 days) can be over-ridden based on action levels.** Keep the information fresh and relevant to the individual's present circumstances. Don't get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action levels trump time frames – if it requires action and should be on your treatment plan, rate it higher!

HOW IS THE CANS-F USED?

The CANS-F is used in many ways to transform the lives of individuals and their families and to improve the programs and systems that serve them. This guide will help you to also use the CANS-F as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting individual 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 care providers have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT DRIVES PLANNING

After completing the assessment with the family it is often helpful to organize the information collected on the CANS-F form before designing the service plan with the family. The following should be considered when creating the Family Plan for Change:

Strengths

Items can be identified as a strength. Useful Strengths are strengths that can be used within the service plan to address needs or promote healthy development. Strengths placed in the Need Further Development column are strengths that the team intends to develop as part of the service plan. Often times these strengths will serve as protective factors for the family in the future. (Protective factors are often defined as characteristics of a person, situation, or environment that are associated with a lower chance of a experiencing an adverse event.)

Treatment Targets

Treatment Target Needs are needs rated ‘2’ or ‘3’ that are the intended target of the intervention (e.g., Supervision and Role Appropriateness). These can be clusters, or groups, of items that have been hypothesized to have the same root cause. These are often referred to as overlapping needs (symptoms presentation) related to a single underlying problem. The item or cluster or items should be organized on the worksheet in separate rows to identify each separate treatment target.

Outcomes

Outcome Needs are where we expect to see the effect of the intervention. For example, if the treatment target was Parental-Caregiver Collaboration we might expect to see an improvement in consistent parenting (consistent parenting would be the Outcome Need in this example.) In some cases the item selected as the Treatment Target Need will be the same item identified as the Outcome Need; in other cases the two will be distinct.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the CANS-F and organizations complete the tool every 6 months to measure change and transformation. We work with individuals 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

The CANS-F allows for a shared language to talk with and about our individual and their families, creating opportunities for collaboration. Additionally, when an individual leaves a treatment program, completing a closing CANS-F helps in describing progress, measuring ongoing needs and supporting continuity of care decisions by linking recommendations for future care that tie to current needs.

It is our hope that this guide will help you to make the most out of the CANS-F and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS-F: A STRATEGY FOR CHANGE

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

It is a good idea to know the CANS-F and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the family and individual members. 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-F domains can be a good way to think about capturing information. You can start your assessment with any of the sections—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 family needs, 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-F items can help in having more natural conversations. So, if the family is talking about situations around the individual’s anger control and then shift into something like---“you know, he only gets angry when he is at work,” you can follow that and ask some questions about situational anger, and then explore other job related issues.

MAKING THE BEST USE OF THE CANS-F

Individuals may have families involved in their lives, and their families can be a great asset to the individual’s treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe CANS-F and how it will be used. The description of the CANS-F should include teaching the 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. As a best practice, share with the family the FAST domains and items and encourage the family to look over the items prior to meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS-F ratings must be reviewed with each family and they should be encouraged to discuss with you any changes to the ratings, and any items that they feel need more or less emphasis.

LISTENING USING THE CANS-F

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

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes,” “and”—things that encourage people to continue.
- **Be nonjudgmental and avoid giving a person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did “X”. But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or individual that you are with him/her.
- **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 FAST is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2)

clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like ... is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

REDIRECT THE CONVERSATION TO CAREGIVERS' OWN FEELINGS AND OBSERVATIONS

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

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

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

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

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

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CANS-F ITEMS

The Child and Adolescent Needs and Strengths – Family Screener basic items are noted below.

ITEMS

Family Functioning

1. Parent/Caregiver Collaboration
2. Family Conflict
3. Safety
4. Family Role Appropriateness
5. Social Resources
6. Financial Resources
7. Relation Among Siblings
8. Extended Family Relations
9. Family communication
10. Residential Stability

Caregiver Advocacy

11. Knowledge of Family/Child Needs
12. Knowledge of Service Options
13. Knowledge of Rights and Responsibilities
14. Ability to Listen
15. Ability to Communicate
16. Natural Supports
17. Satisfaction with Child's Living Arrangement
18. Satisfaction with Child's Educational Arrangement

Caregiver

19. Involvement with Services
20. Distress Tolerance
21. Supervision
22. Discipline
23. Mental Health
24. Partner Relations
25. Substance Abuse
26. Medical/Physical
27. Organization
28. Parental Attribution
29. Emotional Responsiveness
30. Caregiver Posttraumatic Reactions
31. Family Stress
32. Caregiver Boundaries

Child Functioning

33. Mental Health Needs
34. Adjustment to Trauma
35. Recreation/Play
36. Attachment (Birth to 5 years old)
37. Relationship with Biological Mother
38. Relationship with Biological Father
39. Relationship with Primary Caregiver
40. Relationship with Other Adults In the Family
41. Relationship with Siblings
42. Medical/Physical
43. Sleep
44. Cognitive Skills
45. Social Functioning
46. Educational (or Daycare) Status
47. Risk Behaviors

NOTE: All ratings are on a 4-point scale with the following action levels: '0' (no evidence that action is needed), '1' (history, watchful waiting, prevention), '2' (action needed), '3' (immediate or intensive action needed), or 'NA' (not applicable).

FAMILY FUNCTIONING

This section focuses on the family system. The first step is to define who makes up the family. Generally, it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. joint custody).

Question to Consider for this domain: What are the needs and strengths of the family system?

For the **Family Functioning** domain use the following categories and action levels:

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

1. PARENT/CAREGIVER COLLABORATION

This item describes the working alliance among caregivers who are responsible for raising the children in the family. In a two parent family, this item describes the degree to which the two parents agree on parenting philosophy and strategies and work together to support each other in their parenting roles and responsibilities.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • What is the relationship like between the caregivers/partners? • What is the caregiver's degree of cooperation collaboration and interaction? 	<p>Ratings and Descriptions</p> <ul style="list-style-type: none"> 0 No current need; no need for action or intervention. This may indicate a strength. Adaptive collaboration. Parents usually work together regarding issues of the development and well-being of the children. They are able to negotiate disagreements related to their children. <hr/> 1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Mostly adaptive collaboration. Generally good parental collaboration with occasional difficulties negotiating, miscommunications or misunderstanding regarding issues of the development and well-being of the children. <hr/> 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Limited adaptive collaboration interferes with family's functioning. Moderate problems of communication and collaboration between two or more adult caregivers with regards to issues of the development and well-being of the child. <hr/> 3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties with collaboration that place the family at risk. Minimal collaboration and destructive or sabotaging communication among any parents regarding issues related to the development and well-being of the child.
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2. FAMILY CONFLICT

This item describes the amount of open fighting that occurs within the family system. The extreme of this item is conflict that turns into physical confrontation and aggression. Any violence in the past 30 days would be rated as a '3' regardless of which family members are involved in the violence.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Do interactions typically lead to arguments or confrontations?• Is there a pattern of conflict in the family's interactions with each other and other individuals outside of the family	<p>0 No current need; no need for action or intervention. This may indicate a strength. Family has minimal conflict, gets along well and negotiates disagreements appropriately.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Family generally gets along fairly well, but when conflicts arise resolution is difficult or there is a history of significant conflict or domestic violence.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Family is generally argumentative and significant conflict is a fairly constant theme in family communications.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Family experiences domestic violence. There is threat or occurrence of physical, verbal or emotional altercations. If the family has a current restraining order against one member, then they would be rated here.</p>

3. SAFETY

This item describes the safety of the assessed child. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• <i>Is the child at risk of abuse or neglect in the home- as Identified by DCYF</i>• <i>Is the home physically safe and healthy?</i>• <i>Are guns and ammunition kept separately and locked up?</i>	<p>0 No current need; no need for action or intervention. This may indicate a strength. Household is as safe or safer for the child as could be reasonably expected.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Household is safe but presents some mild risk of neglect, possible exposure to undesirable environments (e.g. hazards, drug use, gangs, etc.) but no immediate risk is present.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Household presents a moderate level of risk to the child, including such things as the risk of neglect or abuse or exposure to individuals who could harm the child.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Household presents a significant risk to the wellbeing of the child. Risk of neglect or abuse is imminent and immediate. Individuals in the environment offer the potential of significantly harming the child.</p>

4. FAMILY ROLE APPROPRIATENESS

Boundaries refer to the ability of family members to separate themselves as individuals and appropriately separate communication with various family members. Hierarchies refer to the organization of decision-making authority in the family.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Does the family recognize and respect the boundaries of other family members?• Is there a clear delineation between the authority of the caregivers and the child or youth in the family?	0 No current need; no need for action or intervention. This may indicate a strength. Adaptive boundaries. Family has strong appropriate boundaries among members. Clear inter-generational hierarchies are maintained.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Mostly adaptive boundaries. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies (i.e., parentification). Some significant role problems exist.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties with boundaries. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist that may impact child wellbeing or safety.

5. SOCIAL RESOURCES

This item describes the social assets (extended family and natural supports) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family. If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Do you have family members or friends who can help you when you need it?	0 No current need; no need for action or intervention. This may indicate a strength. Family has sufficient resources/supports so that there are few limitations on what can be provided.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Family has the necessary resources/supports to help address their major and basic needs but those resources might be stretched.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Family has limited resources/supports (e.g. a grandmother living in same town who is sometimes available to watch the child(ren)).
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Family has severely limited resources/supports. The family's health and safety are at risk due to lack of sufficient resources.

6. FINANCIAL RESOURCES

This item describes the income and other sources of money available to family members (particularly caregivers) that can be used to address family needs.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the family have sufficient funds to meet the family's needs?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may indicate a strength. Family has financial resources necessary to meet needs.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Family has financial resources necessary to meet most needs, but the family has a history of financial hardship or there is reason to believe that mild difficulties might exist.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Family has financial difficulties that limit their ability to meet significant family needs.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Immediate or intensive action needed. Family is experiencing significant financial hardship or poverty.</p>
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7. RELATIONS AMONG SIBLINGS

This item describes how the children in the family (brothers and sisters as well as step and half siblings) get along with each other.

<p>Questions to Consider</p> <ul style="list-style-type: none">• How are the children getting along?• How do the children interact, play and cooperate with each other?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may indicate a strength. Adaptive relationships. Siblings generally get along well. Occasional fights or conflicts between them occur, but are quickly resolved.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Mostly adaptive relationships. Siblings generally get along; however, when fights or conflicts arise there is some difficulty in resolving them.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Limited adaptive relationships. Siblings often do not get along. They generally attempt to resolve their fights or conflicts but have limited success in doing so.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties with relationships. Siblings do not get along.</p>
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8. EXTENDED FAMILY RELATIONS

This item describes the family's relationship with other relatives (does not necessarily have to be a blood relation) who do not currently live with the family but do live in the same relative geographic area.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Who are grandparents, aunts, uncles, cousins, other extended family (collect names)?• Where do they live (include address & phone)?• Is there other extended family (collect names)?• Are they supportive?	<p>0 No current need; no need for action or intervention. This may indicate a strength. Adaptive relationships. Extended family members play a central role in the functioning and well-being of the family. They have predominately positive relationships with members of the extended family and conflicts are resolved quickly.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Mostly adaptive relationships. Extended family members play a supportive role in family functioning. They generally have positive relationships with members of the extended family. Conflicts may linger but eventually are resolved.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Limited adaptive relationships. Extended family members are marginally involved in the functioning and well-being of the family. They have generally strained or absent relationships with extended family members.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties with relationships. Family is not in contact or estranged from extended family members. They have negative relationships with continuing conflicts.</p>

9. FAMILY COMMUNICATION

This item describes to the ability of all family members to talk to each other about their thoughts and feelings. It should only be about communication within the family (does not have to be in the same home).

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Are family members generally aware of how other family members are doing?• Does lack of communication lead to problems within the family?• Are individual members of the family able to express their needs to other family members?	<p>0 No current need; no need for action or intervention. This may indicate a strength. Adaptive communication. Family members generally are able to directly communicate important information among each other. Family members are able to understand each other's feelings and needs.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Mostly adaptive communication. Family members can communicate important information among each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Limited adaptive communication. Family members generally are unable to directly communicate important information among each other. Family members have difficulties understanding each other's feelings and needs.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs.</p>

10. RESIDENTIAL STABILITY

This item describes the stability of the family's housing. This does not refer to the risk of placement outside of the family home for any member of the family.

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?	<p>0 No current need; no need for action or intervention. This may indicate a strength. Family/caregiver has stable housing for the foreseeable future. The family/caregiver is in stable housing with no known risks of instability.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Family/caregiver currently has stable housing; however, the family/caregiver has a history of housing instability or there is reason to believe that there may be mild difficulties maintaining housing due to issues such as difficulty paying rent or utilities or conflict with a landlord.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Family/caregiver has had to move frequently, has unstable housing, or will have to move in the near future due to housing difficulties.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Family/caregiver is currently homeless.</p>

CAREGIVER ADVOCACY

This section provides an opportunity for your family to assess its current level of ability to advocate for members, particularly child(ren)/youth who have needs. This does not refer to communication or the ability to listen within the family. In addition, three items are provided to allow the family to describe its perspective on the appropriateness of living, educational, and service arrangements for youth members.

Question to Consider for this domain: Do the caregivers need assistance in their role as advocates of their family?

For the **Caregiver Advocacy** domain use the following categories and action levels:

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

11. KNOWLEDGE OF FAMILY/CHILD NEEDS

This item describes the caregiver’s ability to recognize the needs of the family and individual family members.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Is the caregiver able to identify the needs of the family? Of the individual family members? • Is the caregiver’s lack of understanding of the family’s needs interfering with the family’s functioning? 	<p>Ratings and Descriptions</p> <ul style="list-style-type: none"> 0 No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver(s) has a strong understanding of family and child/youth needs. <hr/> 1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) has an understanding of family and youth needs, but may still require some help in learning about certain aspects of these needs, or there is a history of caregiver(s)’ lack of knowledge. <hr/> 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver’s functioning. The caregiver(s) lack of understanding of the family/child’s needs impacts their ability to parent or provide care. Caregiver(s) requires assistance in understanding family and/or youth needs. <hr/> 3 Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver(s)’ lack of understanding of the family/child’s need makes parenting or providing care impossible, placing the family/child at risk. Caregiver(s) requires substantial assistance in identifying and understanding family and youth needs.
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Supplemental Information: This item is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that what you know, someone else should know and if they don’t then it’s 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 youth. Additionally, the caregivers’ understanding of the youth’s diagnosis and how it manifests in the youth’s behavior should be considered in rating this item.

12. KNOWLEDGE OF SERVICE OPTIONS

This item describes the family's understanding of the choices they have for specific treatments, interventions or other services that could help the family address their needs or the needs of one of the family's members. This does not include services or information provided by the Department.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Is the caregiver currently accessing any services, community or school based resources?• Is the caregiver aware of resources available in their community that might help address needs?	<p>Ratings and Descriptions</p>
	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver(s) have strong understanding of service options.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) have an inconsistent understanding of service options, or may have a history of not understanding the service options they have.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Caregiver(s)' lack of understanding of the service options impact their ability to parent or provide care. Caregiver(s) require assistance in understanding service options.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver(s)' lack of understanding of service options makes parenting or providing care impossible, placing the family/child at risk. Caregiver(s) requires substantial assistance in identifying and understanding service options to address the child or family's needs.</p>

13. KNOWLEDGE OF RIGHTS and RESPONSIBILITIES

This item describes the caregiver's ability to understand and acknowledge the legal and societal expectations and responsibilities of their caregiver roles. This does not factor in Departmental involvement.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Is the caregiver currently aware of their rights and responsibilities of their caregiving role?	<p>Ratings and Descriptions</p>
	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver(s) have strong understanding of their rights and responsibilities.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) have an inconsistent understanding of their rights and responsibilities, or may have a history of not understanding their rights and responsibilities.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Caregiver(s)' lack of understanding of their rights and responsibilities impacts their ability to parent or provide care.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver(s)' lack of understanding of their rights and responsibilities makes parenting or providing care impossible, placing the family/child(ren) at risk.</p>

14. ABILITY TO LISTEN

This item describes the caregiver’s ability to hear both positive and negative feedback about themselves and their family members.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the caregiver able to listen and take in feedback regarding themselves, the family or family members?Does the caregiver engage in conversations that include feedback about themselves or their family?	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver(s) is able to listen carefully and understand both good and bad news regarding family and child issues.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) has inconsistent listening skills and sometimes struggles to hear either good or bad news regarding family and child issues.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver’s functioning. Caregiver(s) challenges with listening skills impacts their ability to parent or provide care. Caregiver(s) requires help learning to listen effectively.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver(s) challenges with listening skills make it impossible to parent or provide care to the family or child(ren). This places the family and child(ren) at risk and requires immediate or intensive support.</p>

15. ABILITY TO COMMUNICATE

This item describes the caregiver’s ability to effectively describe his/her needs as well as needs of other family members in a manner that others can understand.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the caregiver able to communicate effectively regarding family and child/youth issues?What impact does the caregiver’s communication have on their ability to provide care to the family and child(ren)?	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver(s) is able to express feeling and thoughts effectively with regard to family and child issues. Others hear, understand, and respond.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) is able to express feeling and thoughts but sometimes struggles to express these so that others can listen and/or understand.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver’s functioning. Caregiver(s) struggles with communication impacts their ability to parent or provide care. Caregiver(s) require help in learning to express feelings and thoughts effectively with regard to family and child issues.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver(s) is unable to communicate family and child issues making it impossible to parent or provide care. This places the family and child(ren) at risk and requires immediate or intensive support.</p>

16. NATURAL SUPPORTS

Natural supports refer to help that you do not have to pay for. This could include friends and families or a church or other organization that helps the family in times of need.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the caregiver have friends and family who provide support?• Can they call on this support network to help in times of need?	<p>0 No current need; no need for action or intervention. This may indicate a strength. Family has substantial natural supports to assist in addressing most family, caregiver or child/youth needs.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Family has natural supports but some limitations exist whereby these supports are insufficient or inappropriate to address some family, caregiver or child/youth needs.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Family has limited natural supports.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Family has no natural supports.</p>

17. SATISFACTION with CHILD'S LIVING ARRANGEMENT

This item describes the caregiver's satisfaction with the current living arrangement of any child/youth identified with needs. If a child/youth lives at home, this describes the caregiver's desire to maintain this placement.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How satisfied is the caregiver with the child/youth's living arrangement?	<p>0 No current need; no need for action or intervention. This may indicate a strength. Caregiver(s) is pleased with identified child/youth's current living arrangement.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) is satisfied with identified child/youth's current living arrangement, although some improvements could be made.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Caregiver(s) believes a change in living arrangement is desirable.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver(s) believes an immediate change in living arrangement is required.</p>

18. SATISFACTION with CHILD'S EDUCATIONAL ARRANGEMENT

This item describes the caregiver's satisfaction with the current educational placement of the children in the family.

<p>Questions to Consider</p> <ul style="list-style-type: none">• How satisfied is the caregiver with the child/youth's living arrangement?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may indicate a strength. Caregiver(s) is pleased with identified child/youth's current educational placement.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) is satisfied with identified child's current educational placement, although some improvements could be made.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Caregiver(s) believes a change in educational placement is desirable.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver(s) believes an immediate change in educational placement is required.</p>
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CAREGIVER

This section focuses on the caregiver(s) in the family system. You rate caregiver needs based on their impact on care giving.

Question to Consider for this domain: How does the caregiver’s needs and strengths impact their ability to parent or provide care?

For the **Caregiver** domain use the following categories and action levels:

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

19. INVOLVEMENT WITH SERVICES

This item describes the level of engagement and willingness the caregiver(s) has in the planning and provision of child welfare and related services.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> • How actively involved is the caregiver in the services for their child(ren) • Is the caregiver an advocate for the child? • Would they like any help to become more involved? 	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver is actively involved in the planning and/or implementation of services and is working towards addressing child welfare concerns.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) who is consistently involved in the planning and/or implementation of services but is not actively implementing changes.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with the caregiver’s ability to parent or provide care. Caregiver(s) who is minimally involved in child welfare identified services. In the case of the Permanency Plan caregiver, the caregiver may visit individual when in out-of-home placement, but does not become involved in service planning and implementation.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver(s) who is uninvolved with the child welfare services. In the case of the Permanency Plan caregiver, the caregiver may want individual out of the home or fails to visit the youth when the youth is in residential placement.</p>

20. DISTRESS TOLERANCE

This item describes the caregiver's knowledge, utilization and effectiveness of self-care, coping and regulating skills.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver has strong ability to manage distress in a fashion that buffers and supports children in the family.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver has good ability to manage distress although at times may not be successful in fully buffering children in the family.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with the caregiver's ability to parent or provide care. Caregiver has difficulties managing distress. Distress tolerance challenges have a functional impact on caregiving.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver magnifies distress and spreads it to children in the family. Caregiver(s) openly shares all of his/her/their distress with children on a regular basis.

21. SUPERVISION

This item describes the success with which the caregiver is able to monitor the child(ren) in their care. This item should be rated consistent with the developmental needs of the youth.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may be strength of the caregiver. The caregiver demonstrates consistent ability to supervise the child(ren) in their care according to their developmental needs.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver demonstrates generally good ability to supervise youth in their care but some problems may occur occasionally, or there is a history of inadequate supervision.
	2	Action or intervention is required to ensure that the identified need is addressed interfering with the caregiver's ability to parent or provide care. The caregiver has difficulty maintaining an appropriate level of supervision of the child(ren) in their care.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has significant problems maintaining any supervision of the child(ren) in their care.

22. DISCIPLINE

This item describes the caregiver's ability to encourage positive behaviors by children/youth in their care through the use of a variety of different techniques including, but not limited to, praise, redirection, and punishment.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the caregiver able to provide appropriate limits to the children?• Does the caregiver provide appropriate support to the youth to meet the caregiver's expectations?• Does the caregiver think they need some help with these issues?	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. There is no evidence that the caregiver has difficulty with discipline. The caregiver generally demonstrates the ability to discipline the child(ren)/youth in their care in a consistent and benevolent manner. They usually are able to set age appropriate limits and to enforce them.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver is often able to set age appropriate limits and to enforce them. On occasion her/his interventions may be either too harsh or too lenient but at other times their expectations of the child(ren)/youth in their care may be too high or too low, or there is a history of inappropriate discipline.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with the caregiver's ability to provide care. Caregiver demonstrates limited ability to discipline the child(ren)/youth in their care in a consistent and benevolent manner. They are rarely able to set age appropriate limits and to enforce them. Their limit setting may be erratic and overly harsh but not physically harmful. Their expectations of child(ren)/youth in their care are frequently unrealistic.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver disciplines the child(ren)/youth in their care in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, or physically harmful.</p>

23. MENTAL HEALTH

This item describes the caregiver's mental health status that impacts parenting. Serious mental health disorders would be rated as a '2' or '3' unless the individual is in recovery.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the caregiver have any mental health needs?• Are the caregiver's mental health needs interfering with their functioning?	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver(s) has no mental health limitations that impact assistance or attendant care.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) has some mental health limitations that interfere with provision of assistance or attendant care.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with the caregiver's ability to parent or provide care. Caregiver(s) has mental health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver(s) is unable to provide any needed assistance or attendant care due to serious mental illness.</p>

24. PARTNER RELATIONS

This item describes the parent/caregiver's relationship with another adult. If married, this refers to the parent/caregiver's husband or wife.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• What is the nature of the parent/caregiver's relationship with their partner?• Does the parent/caregiver's partner relationship impact their ability to parent or provide care to the child(ren)?	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Parent/caregiver has a strong, positive, partner relationship with another adult. This adult functions as a member of the family. A person without a relationship who currently has no interest in one would be rated here.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Parent/caregiver has a generally positive partner relationship with another adult. This adult may not function as a member of the family.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with family's functioning. Parent/Caregiver's current relationship causes distress that may interfere with parent/caregiver functioning.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Parent/caregiver is currently involved in a negative, unhealthy relationship with another adult.</p>

25. SUBSTANCE USE

This item describes the caregiver's pattern of alcohol and/or drug use that affects parenting. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Do caregivers have any substance use needs that make parenting difficult?• Does anyone else in the family have a serious substance use need that is impacting the resources for caregiving?	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. There is no evidence that the caregiver has any alcohol or drug use problems that impact assistance or attendant care. Long-term recovery would be rated here.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver(s) has some substance-related limitations that interfere with provision of assistance or attendant care. History and short-term recovery would be rated here.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with the caregiver's ability to parent or provide care. The caregiver has clear problems with alcohol or drug use that prevent them from being able to provide some needed assistance or make attendant care difficult; or the caregiver has a diagnosable substance-related disorder.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has substance use problems that make it very difficult or impossible for them to parent at this time.</p>

26. MEDICAL/PHYSICAL

This item refers to chronic medical or physical conditions such as asthma, diabetes, HIV/AIDS, heart issues, etc.

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

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

27. ORGANIZATION

This item describes the caregiver's ability to organize and manage their household, services and related activities.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may be 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 some difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with the caregiver's ability to parent or provide care. Caregiver's has difficulties in organizing and maintaining household to support needed services. Caregiver's organizational difficulties are impacting their ability to organize necessary medical or rehabilitative care for the child(ren/youth).
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to organize household and is unable to provide the needed assistance or makes attendant care difficult.

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

28. PARENTAL ATTRIBUTION

This item describes the caregivers' general understanding of the many factors involved in a child/youth's behavior.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver is knowledgeable about the reasons for the child's misbehavior.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver is generally knowledgeable about the child but may require additional reasons for their child's behavior to improve their capacity to parent.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Caregiver at times personalizes the child's behavior or has somewhat unrealistic expectations of the child.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver attributes the child's misbehavior as intentionally designed to provoke them and has unrealistic expectations of the child.

29. CAREGIVER EMOTIONAL RESPONSIVENESS

This item describes the caregiver's ability to understand and respond to the joys, sorrows and other feelings of the child/youth with similar or helpful feelings.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver is emotionally empathic and attends to the child/youth's emotional needs.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver can be emotionally empathic and typically attends to the child/youth's emotional needs. There are times, however, when the caregiver is not able to attend to the child/youth's emotional needs.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Caregiver is often not empathic and frequently is unable to attend to the child/youth's emotional needs.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attends to the child/youth's emotional needs.

30. CAREGIVER POSTTRAUMATIC REACTIONS

This item describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to their child/youth's or their own traumatic experiences.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Has the caregiver experienced a traumatic event?• Does the caregiver experience frequent nightmares?• Are they troubled by flashbacks?• What are the caregiver's current coping skills?	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver has adjusted to their traumatic experiences without notable posttraumatic stress reactions.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver has some adjustment problems and exhibits signs of distress, or the caregiver has a history of having difficulty adjusting to traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. The caregiver has marked adjustment problems and is symptomatic in response to a traumatic event which impacts their ability to parent or provide care.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has post-traumatic stress difficulties that make parenting impossible. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post-Traumatic Stress Disorder (PTSD).</p>

31. FAMILY STRESS

This item describes the level of stress experienced by the family.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Are the family members able to deal with their family stresses?• Are there marital difficulties or sibling issues that increase family stress?• Has stress led to other problems within the family?	<p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Family appears to be functioning adequately.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Some family problems including marital difficulties, problems with siblings, or history of family problems.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Family problems including frequent arguments, difficult separation and/or divorce or siblings with significant mental health, developmental or juvenile justice problems that impact the ability to parent or provide care.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Family disruption including parental substance abuse, criminality, or domestic violence that makes parenting or providing care impossible.</p>

32. CAREGIVER BOUNDARIES

Boundaries refer to the caregiver’s ability to separate from children and appropriately keep things from children that they should not know or be exposed to given their age and role in the family.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Is the caregiver able to provide appropriate limits to what the child/youth is exposed to?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may be strength of the caregiver. Caregiver has strong, appropriate boundaries between themselves and their child(ren).</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver has generally appropriate boundaries between themselves and their children. Some boundary violations may occur at times, including problems of rigidity of boundaries.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver’s functioning. Caregiver has problems maintaining appropriate boundaries between themselves and their children impact their ability to parent or provide care. Boundary violations may be routine or significant boundary violations may be occasional. Boundaries may be rigid.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver’s problems maintaining appropriate boundaries between themselves and their children make parenting or providing care impossible. This includes excessively rigid boundaries.</p>
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CHILD/YOUTH FUNCTIONING

This section describes the strengths and needs of all children and youth under the age of 18 living in the family as defined above.

Question to Consider for this domain: How much is the child/youth struggling in the major areas of life?

For the **Child/Youth Functioning** domain use the following categories and action levels:

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

33. MENTAL HEALTH NEEDS

This item is used to describe the child/youth’s current mental health. A formal mental health diagnosis is not required to score this item.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the child/youth have any mental health needs? • Are the child/youth’s mental health needs interfering with their functioning? 	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may be strength of the child/youth. No evidence that the child/youth is experiencing mental health challenges. Child/youth has no signs of any notable mental health problems.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Child/youth has some problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated. These challenges are not impacting the child/youth’s functioning.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning. Child/youth has mental health challenges and/or a diagnosable mental health problem that interferes with their functioning.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has mental health challenges the are dangerous or disabling. Child/youth has a serious psychiatric disorder.</p>
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34. ADJUSTMENT TO TRAUMA

This item is used to describe the child/youth who is having difficulties adjusting to a traumatic experience as defined by the child/youth – emotional or physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and the behavior.

Questions to Consider

- Has the child/youth experienced a traumatic event?
- Does the child/youth experience frequent nightmares or flashbacks?
- What are the child/youth's current coping skills?

Ratings and Descriptions

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

Supplemental Information: This item covers the child/youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. This covers both DSM-5 Adjustment Disorders, Acute Stress and Posttraumatic Stress Disorders. Behaviors which might indicate trauma reactions include anxiousness/hyper-vigilance, regression to behavior of younger ages (e.g., toileting problems, babyish speech, failure to engage in self-feeding, bathing, and other self-care), appetite disruption, withdrawal of interest from pleasurable activities, and other signs of emotional dysregulation after significant life events.

Trauma experiences that could be considered for this item: sexual abuse, emotional abuse, physical abuse, neglect, medical trauma, witness to family violence, community violence, school violence, natural/manmade disasters, war or terrorism affected, victim/witness to criminal activity.

35. RECREATION/PLAY

This item describes the child/youth's access to and use of leisure activities. For younger children, it rates the degree to which a child/youth is given opportunities for and participates in age appropriate play.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • What activities is the child/youth involved in? • Are there barriers to participation in extracurricular activities? • How does the child/youth use his/her free time? 	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may be strength of the child/youth. No evidence of any problems with recreational functioning or play. Child/youth has access to sufficient activities that they enjoy and makes full use of leisure time to pursue recreational activities that support their healthy development and enjoyment.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Child/youth is doing adequately with recreational activities although at times has difficulty using leisure time to pursue recreational activities. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth may experience some problems with recreational activities and effective use of leisure time. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time. Infant spends most of time non-interactive. Toddlers and preschoolers, even with adult encouragement, cannot demonstrate enjoyment or use play to further development.</p>
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36. ATTACHMENT DIFFICULTIES (Children birth to 5 years of age only)

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the child struggle with separating from caregiver? • Does the child approach or attach to strangers in indiscriminate ways? • Does the child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance? • Does the child have separation anxiety issues that interfere with ability to engage in childcare or preschool? 	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may be strength of the child. 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 youth cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. 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. Youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with the child's functioning. Problems with attachment that interfere with child's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret youth cues, act in an overly intrusive way, or ignore/avoid child's 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. [continues]</p>
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ATTACHMENT DIFFICULTIES continued

- 3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR 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.

Supplemental Information: DSM-5 Reactive Attachment Disorder and Disinhibited Social Engagement Disorder criteria are noted below. Social neglect, or the absence of adequate caregiving during childhood, is a part of both disorders.

Reactive Attachment Disorder: An internalizing disorder with depressive symptoms and withdrawn behavior.

- A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:
 - 1. The child rarely or minimally seeks comfort when distressed.
 - 2. The child rarely or minimally responds to comfort when distressed.
- B. A persistent social and emotional disturbance characterized by at least two of the following:
 - 1. Minimal social and emotional responsiveness to others.
 - 2. Limited positive affect.
 - 3. Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

Disinhibited Social Engagement Disorder: An externalizing disorder marked by disinhibited behavior.

A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following:

- 1. Reduced or absent reticence in approaching and interacting with unfamiliar adults.
- 2. Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).
- 3. Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.
- 4. Willingness to go off with an unfamiliar adult with little or no hesitation.

37. RELATIONSHIP WITH BIOLOGICAL MOTHER

This item describes the child/youth's relationship with their biological mother only.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Where is the child/youth's biological mother? Is she involved? Does she visit?	<p>0 No current need; no need for action or intervention. This may be strength of the child. The child/youth has an adaptive, generally positive relationship with their biological mother. The child/youth appears to have formed a secure attachment, and can turn to their biological mother for security, comfort or guidance.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The child/youth has a mostly adaptive, somewhat positive relationship with their biological mother. The child/youth appears to have some attachment problems that interfere with their ability to turn to their biological mother for security, comfort, or guidance.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. The child/youth has a limited, somewhat negative relationship with their biological mother. The child/youth appears to have attachment challenges that interfere with their ability to turn to their biological mother for security, comfort, or guidance.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The child/youth has significant difficulties or no ongoing relationship with their biological mother. The child/youth appears to have attachment problems that place them at risk.</p>

38. RELATIONSHIP WITH BIOLOGICAL FATHER

This item describes the child/youth's relationship with their biological father only.

<p>Questions to Consider</p> <ul style="list-style-type: none">• What is the child/youth's relationship with their biological father?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may be strength of the child/youth. The child/youth has an adaptive, generally positive relationship with their biological father. The child/youth appears to have formed a secure attachment, and can turn to their biological father for security, comfort or guidance.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The child/youth has a mostly adaptive, somewhat positive relationship with their biological father. The child/youth appears to have some attachment problems that at times impacts their ability to turn to their biological father for security, comfort, or guidance.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. The child/youth has a limited, somewhat negative relationship with their biological father. The child/youth appears to have attachment problems that interfere with their ability to turn to their biological father for security, comfort, or guidance.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The child/youth has significant difficulties or no ongoing relationship with their biological father. The child/youth appears to have severe attachment problems that place them at risk.</p>
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39. RELATIONSHIP WITH PRIMARY CAREGIVER

This item describes the child/youth's relationship with the person who is their primary caregiver. Most often the primary caregiver is the caregiver with whom you are working on a plan.

<p>Questions to Consider</p> <ul style="list-style-type: none">• What is the child/youth's relationship with their primary caregiver?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may be strength of the child/youth. The child/youth has an adaptive, generally positive relationship with their primary caregiver. The child/youth appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The child/youth has a mostly adaptive, somewhat positive relationship with their primary caregiver. The child/youth appears to have mild attachment problems that interfere with their ability to turn to primary caregiver for security, comfort, or guidance.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. The child/youth has a limited, somewhat negative relationship with their primary caregiver. The youth appears to have moderate attachment problems that interfere with their ability to turn to the primary caregiver for security, comfort, or guidance.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The child/youth has significant difficulties or no ongoing relationship with their primary caregiver. The youth appears to have severe attachment problems.</p>
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40. RELATIONSHIP WITH OTHER ADULTS IN THE FAMILY

This item describes the child/youth's involvement with adult family members who do not have primary caregiving responsibilities for the child/youth.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the child/youth have relationships with other adult family members?• What is the nature of these relationships?	<p>Ratings and Descriptions</p>
	<p>0 No current need; no need for action or intervention. This may be strength of the child/youth. Child/youth is able to have predominately positive relationships with other adult family members and is able to participate in conflict resolution with them.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Child/youth is able to have generally positive, adaptive relationships with other adult family members. At times, conflicts may occur and linger between them but eventually are resolved.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth's is only able to have peripheral relationships with other adult family members, or the relationships are strained. This impacts the child/youth's functioning.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Adult family members are available emotionally and practically, but the child/youth is unable to have relationships with them. This places the child/youth at risk.</p>

41. RELATIONSHIP WITH SIBLINGS

This item describes to the child/youth's relationship with brothers and sisters including half-siblings, step-siblings, and foster siblings.

<p>Questions to Consider</p> <ul style="list-style-type: none">• What is the nature of the child/youth's relationships with their siblings?	<p>Ratings and Descriptions</p>
	<p>0 No current need; no need for action or intervention. This may be strength of the child/youth. Child/youth is able to have predominately positive relationships with siblings and is able to participate in conflict resolution with them.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Child/youth is able to have generally positive relationships with siblings. At times, conflicts may occur and linger between them but eventually are resolved. Child/youth may have had difficult relationships with siblings in the past.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is only able to have peripheral relationships with siblings or the relationships are strained. This impacts the child/youth's functioning.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The child/youth's relationships with siblings are marked by detachment or active, continuing conflicts, and may include physical violence which places the child/youth at risk.</p>

42. MEDICAL/PHYSICAL

This item describes the child/youth's current medical/physical health. This item excludes mental health issues.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may be strength of the child/youth. No evidence that the child/youth has any medical or physical problems, and/or child/youth is healthy.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Child/youth has transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has serious medical or physical problems that require medical treatment or intervention. Or child/youth has a chronic illness or a physical challenge that requires ongoing medical intervention.

- How is the youth's health?
- Does the youth have any chronic conditions or physical limitations?

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| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development. |
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Supplemental Information: Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2'. The rating '3' is reserved for life threatening medical conditions.

43. SLEEP

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

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may be strength of the child/youth. Child/youth gets a full night's sleep each night.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.

- Does the child appear rested?
- What are the child's nap and bedtime routines?
- How does the child's sleep routine impact your family?

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| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep. |
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44. COGNITIVE SKILLS

Cognitive skills refers to the child/youth's intellectual capacity. This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the child/youth's growth and development seem healthy?• Has the child/youth reached appropriate developmental milestones (such as walking, talking)?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may be strength of the child/youth. Child/youth meets or exceeds all cognitive developmental milestones.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Child/youth is close to meeting all cognitive developmental milestones.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has some delay or problems with meeting developmental milestones. This impacts the child's functioning in one or more areas.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties with cognitive development. Child/youth has developmental or intellectual disabilities.</p>
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45. SOCIAL FUNCTIONING

This item describes social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships.

<p>Questions to Consider</p> <ul style="list-style-type: none">• How does the child/youth get along with others?• Can the child/youth act appropriately in social settings?	<p>Ratings and Descriptions</p> <p>0 No current need; no need for action or intervention. This may be strength of the child/youth. No evidence of problems and/or child/youth has developmentally appropriate social functioning.</p> <hr/> <p>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 problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is having some problems with social relationships that interfere with functioning in other life domains.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.</p>
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46. EDUCATIONAL (OR DAYCARE) STATUS

This item describes the child's status with school or daycare. For youth who have completed their schooling rate this item '0'. If child/youth has dropped out without completing school then rate this item '3'.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may be strength of the child/youth. Child/youth is meeting or exceeding educational expectation at an age-expected grade level.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Child/youth has had educational challenges in the past, or child/youth is mostly meeting educational expectations at an age-expected grade level.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is performing below educational expectations and/or requires a specialized educational setting in order to learn at an adequate level. Child/youth has difficulties maintaining their behavior in this setting creating significant problems for others.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has educational problems that put them or others at risk. This including some behavioral problems related to academic difficulties (chronic truancy, suspensions, expulsions, being held back, etc.). Child/youth may be placed in a specialized educational setting but remains unable to learn at an adequate level.

Questions to Consider

- How is the child/youth doing in their educational setting?
- Is the child/youth meeting educational expectations at age expected grade level?

47. RISK BEHAVIORS

This item describes any behavior that has the potential of placing the child/youth or others at risk of physical harm. Suicidal behavior, violence, recklessness, substance use, and sexual aggression would be rated here. If the youth receives a rating of '1' or higher please complete the Child Risk Behaviors Section.

Questions to Consider	Ratings and Descriptions	
	0	No current need; no need for action or intervention. This may be strength of the child/youth. No evidence child/youth engaging in any high risk behavior.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Child/youth has engaged in risk behaviors in the past, or the child/youth currently engages in some risk behavior but it is not impacting their functioning.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth engages in high risk behavior that interferes with functioning and may place self or others at risk of physical harm.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth engages in high risk behavior that places him/her or others at immediate risk of physical harm.

Supplemental Information: Behaviors to consider when Risk Behavior is rated '1' or above: suicide risk, self-injurious non-suicidal behavior, reckless behaviors, danger to others, sexual aggression, sexually reactive behavior, runaway, delinquent behavior, fire setting, intentional misbehavior, bullying.