

Maine
Child and Adolescent
Needs and Strengths
Ages 0-21

(CANS)

Praed Foundation
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Manual

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of child/youths, adolescents, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use. For specific permission to use please contact the Praed Foundation. For more information on the CANS contact:

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Policy research that benefits children, families, and their communities



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Child's Name:	Middle:	Last Name:	Date of Birth (MM/DD/YYYY)
Mainecare Number	<input type="checkbox"/> TCM Provider	<input type="checkbox"/> BHH Provider	<input type="checkbox"/> HCT Provider
Start Date:	<input type="checkbox"/> Entry into Service	<input type="checkbox"/> Re Assessment	<input type="checkbox"/> Discharge

Child STRENGTHS (Ages 0-21)

0=Centerpiece Strength 1=Useful Strength		2=Identified Strength 3=Not yet identified as a strength			
#	Item	0	1	2	3
1	Family Strengths				
2	Interpersonal Skills				
3	Optimism				
4	Educational Setting				
5	Vocational				
6	Talents & Interests				
7	Spiritual/Religious				
8	Community Involvement				
9	Natural Supports				
10	Relationship Permanence				
11	Child/Youth Involvement w/care				
12	Coping & Survival Skills				
13	Resiliency				

Child RISK BEHAVIORS (Ages 6-21)

0=No Evidence 1=History or sub threshold watch/prevent		2=Recent behavior/causing problems 3=Acute/ causing severe problems			
#	Item	NA	0	1	2
54	Self-Injurious Behavior	0-Syrs			
55	Suicide Risk	0-Syrs			
56	Reckless Behavior(Other self-harm)	0-Syrs			
57	DANGER TO OTHERS * If Score '0' or <6 yrs. NA	0-Syrs			
58	History of Perpetrating Violence	0-Syrs			
59	Frustration Management	0-Syrs			
60	Hostility	0-Syrs			
61	Paranoid Thinking	0-Syrs			
62	Secondary Gains from Anger	0-Syrs			
63	Violent Thinking	0-Syrs			
64	Aware of Violence Potential	0-Syrs			
65	Response to Consequences	0-Syrs			
66	Commitment to Self-Control	0-Syrs			
67	Engagement in Treatment	0-Syrs			
68	SEXUAL AGGRESSION * If Score '0' or <6 yrs NA	0-Syrs			
69	Relationship	0-Syrs			
70	Physical Force/Threat	0-Syrs			
71	Planning	0-Syrs			
72	Age Differential	0-Syrs			
73	Power Differential	0-Syrs			
74	Type of Sex Act	0-Syrs			
75	Response to Accusation	0-Syrs			
76	Temporal Consistency	0-Syrs			
77	History of SAB towards Others	0-Syrs			
78	Severity of Sexual Abuse as Victim	0-Syrs			
79	Success of Prior Treatment	0-Syrs			
80	Runaway	0-Syrs			
81	DELINQUENT BEHAVIOR * If Score '0' or <6 yrs. NA	0-Syrs			
82	Seriousness	0-Syrs			
83	History	0-Syrs			
84	Arrests	0-Syrs			
85	Planning	0-Syrs			
86	Community Safety	0-Syrs			
87	Legal Compliance	0-Syrs			
88	Peer Influences	0-Syrs			
89	Parental Influences	0-Syrs			
90	Environmental Influences	0-Syrs			
91	FIRE SETTING * If Score '0' or <6 yrs. NA	0-Syrs			
92	History	0-Syrs			
93	Seriousness	0-Syrs			
94	Planning	0-Syrs			
95	Use of Accelerants	0-Syrs			
96	Intention to Harm	0-Syrs			
97	Community Safety	0-Syrs			
98	Response to Accusation	0-Syrs			
99	Remorse	0-Syrs			
100	Likelihood of Future Fires	0-Syrs			
101	Intentional Misbehaviors	0-Syrs			
102	Bullying Others	0-Syrs			
103	Medication Compliance	0-Syrs			

Page Break – EIS Dimension

Child BEHAVIORAL EMOTIONAL NEEDS (Ages 6-21)						
0=No Evidence 1=watch/prevent 2=causing problem 3=causing severe problems						
#	Item	NA	0	1	2	3
104	Psychosis/Thought Disturbances	0-5yrs				
105	Depression	0-Syrs				
106	Anxiety	0-Syrs				
107	Mania	0-Syrs				
108	Impulsivity/Hyperactivity	0-Syrs				
109	Attention/Concentration	0-Syrs				
110	Oppositional Behavior	0-Syrs				
111	Conduct	0-Syrs				
112	Anger Control	0-Syrs				
113	SUBSTANCE USE* If Score '0' or <6 yrs. NA	0-Syrs				
114	Severity of Use	0-Syrs				
115	Duration of Use	0-Syrs				
116	Stage of Recovery	0-Syrs				
117	Peer Influences	0-Syrs				
118	Parental/Caregiver Influences	0-Syrs				
119	Environmental Influences	0-Syrs				
120	Eating Disturbances	0-Syrs				
121	Attachment Difficulties	0-Syrs				

Page Break- EIS Dimension						
Caregiver RESOURCES AND STRENGTHS (Ages 0-21)						
0=No Evidence 1=Minimal Needs 2= Moderate Needs 3=Severe Needs						
#	Item	0	1	2	3	
122	Supervision					
123	Involvement with Care					
124	Knowledge of Child's Needs					
125	Organizational Skills					
126	Social Resources					
127	Residential Stability					
128	Physical Health					
129	Mental Health					
130	Substance Use					
131	Post Traumatic Reactions					
132	Developmental					
133	Access to Child Care					
134	Military Transitions					
135	FAMILY STRESS* → if Score '0' NA	↓				
136	Hygiene & Self-Care/Daily Living Skills	NA				
137	Cultural Stress	NA				
138	Employment	NA				
139	Education Attainment	NA				
140	Legal	NA				
141	Motivation for Care	NA				
142	Financial Resources	NA				
143	Transportation	NA				
144	Safety					

MEDICAL (Ages 0-21)						
0=No Evidence 1=Minimal Needs 2= Moderate Needs 3= Severe Needs						
#	Item	0	1	2	3	
145	MEDICAL HEALTH * → if Score '0' NA	↓				
146	Life Threatening	NA				
147	Chronicity	NA				
148	Diagnostic Complexity	NA				
149	Emotional Response	NA				
150	Impairment in Functioning	NA				
151	Intensity of Treatment	NA				
152	Organizational Complexity	NA				
153	Family Stress	NA				

INFANT AND CHILDREN (Ages 0-5)						
0=No Evidence 1=watch/prevent 2=causing problem 3=causing severe problems						
#	Item	NA	0	1	2	3
154	Self-Harm	6-21yrs				
155	Aggressive Behaviors	6-21yrs				
156	Intentional Misbehaviors	6-21yrs				
157	Sexually Reactive Behaviors	6-21yrs				
158	Bullying Others	6-21yrs				
159	Fire Setting	6-21yrs				
160	Flight Risk	6-21yrs				

Child RISK FACTORS (Ages 0-5)						
0=No Evidence 1=watch/prevent 2=causing problem 3=causing severe problems						
#	Item	NA	0	1	2	3
161	Birth Weight		6-21yrs			
162	Prenatal Care		6-21yrs			
163	Labor and Delivery		6-21yrs			
164	Substance Exposure		6-21yrs			
165	Parent or Sibling Problems		6-21yrs			
166	Paternal Availability		6-21yrs			

Child FUNCTIONING/DEVELOPMENT (Ages 0-5)						
0=No Evidence 1=watch/prevent 2=causing problem 3=causing severe problems						
#	Item	NA	0	1	2	3
167	Motor		6-21yrs			
168	Eating		6-21yrs			
169	Sensory Reactivity		6-21yrs			

Child BEHAVIORAL EMOTIONAL NEEDS (Ages 0-5)						
0=No Evidence 1=watch/prevent 2=causing problem 3=causing severe problems						
#	Item	NA	0	1	2	3
170	Attachment Difficulties		6-21yrs			
171	Emotional Control(Temperament)		6-21yrs			
172	Failure to Thrive		6-21yrs			
173	Depression		6-21yrs			
174	Anxiety		6-21yrs			
175	Atypical Behaviors		6-21yrs			
176	Impulsivity/Hyperactivity		6-21yrs			
177	Oppositional Behavior		6-21yrs			
178	Eating Disturbances		6-21yrs			

Child STRENGTHS (Ages 0-5)						
0= Centerpiece Strength 1= Useful 2= Identified 3= Not yet identified						
#	Item	NA	0	1	2	3
179	Persistence		6-21yrs			
180	Curiosity		6-21yrs			
181	Adaptability		6-21yrs			
182	Interpersonal/Social Behavior		6-21yrs			

ADVERSE CHILDHOOD EXPERIENCES (ACES) (Ages 0-21)						
#	Item	No	Yes			
183	Sexual Abuse					
184	Physical Abuse					
185	Emotional Abuse/Neglect					
186	Physical Neglect					
187	Domestic Violence					
188	Parental Incarceration					
189	Household Substance Exposure					
190	Family History of Mental Illness					
191	Disruption of Caregiving					

TRAUMATIC STRESS SYMPTOMS (Ages 0-21)						
0=No Evidence 1= Minimal Needs 2= Moderate Needs 3= Severe Needs						
#	Item	0	1	2	3	
192	Adjustment to Trauma					
193	Traumatic Grief/Separation					
194	Re-Experiencing					

INTRODUCTION TO THE CANS

The CANS is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the MAINE CANS is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. As such, completion of the MAINE CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the MAINE CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the MAINE CANS.

SIX KEY PRINCIPLES OF THE CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/youth, not the child/youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child/youth but would be for an older child/youth or child/youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool; it is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child/youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

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

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

The MAINE CANS is made of domains that focus on various areas in a child/youth’s life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family’s beliefs and preferences, and a section that asks about general family concerns. The provider gives a number rating to each of these items. These ratings help the provider; child/youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

The MAINE CANS ratings, however, do not tell the whole story of a child/youth’s strengths and needs. Each section in the MAINE CANS is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the child/youth.

HISTORY

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

The CANS and MAINE CANS assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child/youth and the parent/caregiver, looking primarily at the 30-day period prior to completion of the MAINE CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, child/youth and families, programs and agencies, child serving systems. It provides for a structured communication and critical thinking about the child/youth and their context. The MAINE CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child/youth's progress. It can also be used as a communication tool that provides a common language for all child/youth-serving entities to discuss the child/youth's needs and strengths. A review of the case record in light of the MAINE CANS assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

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

MEASUREMENT PROPERTIES

Reliability

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

Validity

Studies have demonstrated the CANS' validity, or it's the ability to measure and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS® assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al, 2012, 2013, 2014; Cardall, et al, 2016; Epstein, et al, 2015; Israel, et al, 2015, Lardner, 2015).

RATING NEEDS & STRENGTHS

The MAINE CANS is easy to learn and is well liked by children, child/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 MAINE CANS rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, the N/A rating should be used only in the rare instances where an item does not apply to that particular child or youth. To complete the CANS-EI, a CANS trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the CANS-EI 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 MAINE CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the MAINE CANS supports the belief that children, youth and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with child/youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the MAINE CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for child/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 MAINE CANS assessment. A rating of '2' or '3' on a MAINE CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities. It is important to remember that when developing service and treatment plans for healthy child/youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child and child/youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the MAINE CANS can be used to monitor outcomes. This can be accomplished in two ways. First, MAINE CANS items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. MAINE CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool 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 CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

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

HOW THE MAINE IS CANS USED

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

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful in when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs, Impacts on Functioning, or Risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the CANS and organizations complete the CANS every 6 months to measure change and transformation. We work with children, youth and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

When a client leaves a treatment programs, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary integrated with CANS ratings, provides a picture of how much progress has been made, and allowing for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the MAINE CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A BEHAVIOR HEALTH CARE STRATEGY

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

It is a good idea to know the MAINE CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The MAINE CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar the MAINE CANS items can help in having more natural conversations. So, if the family is talking about situations around the child/youth's anger control and then shift into something like---"you know, he only gets angry when he is in Mr. S's classroom", you can follow that and ask some questions about situational anger, and then explore other school related issues that you know are a part of the School/Preschool/Daycare module. .

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe MAINE CANS and how it will be used. The description of the MAINE CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, have share with the child/youth and family the CANS domains and items (see the MAINE CANS Core Item list on page 14) and encourage the family to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed MAINE CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

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

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes", "and"—things that encourage people to continue
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking "if I were this person, I would do X" or "that's just like my situation, and I did "X". But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or youth 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 MAINE CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds likeis that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO PARENTS'/CAREGIVERS' OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people's observations such as "well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "so your mother feels that when he does X, that is obnoxious. What do YOU think?" The MAINE CANS is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have 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....."

References

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

CANS BASIC STRUCTURE

The Child and Adolescent Needs and Strengths basic core items are noted below.

CORE ITEMS

Strengths (ages 0-21)

- Family Strengths
- Interpersonal Skills
- Optimism
- Educational Setting
- Vocational
- Talents and Interests
- Spiritual/Religious
- Natural Supports
- Relationship Permanence
- Child/Youth Involvement with Care
- Coping and Survival Skills
- Resiliency

Life Functioning (ages 0-21)

- Family Functioning
- Living Situation
- School/Daycare*
- Social Functioning

- Recreational/Play in Young Children
- Communication
- Physical Health

- Sleep
- Elimination
- Personal Hygiene/Self Care
- Gender Identity
- Sexual Development*
- Judgement/Decision Making
- Legal
- Independent Living Skills
- Job Functioning
- Developmental/Intellectual Disability*

Risk Behaviors (ages 6-21)

- Self-Injurious Behavior
- Suicide Risk
- Reckless Behavior (Other Self-Harm)
- Danger to Others*
- Sexual Aggression*
- Runaway

- Delinquent Behaviors*
- Fire Setting*
- Intentional Misbehavior
- Bullying
- Medication Compliance

Behavioral/Emotional Needs

- Psychosis (Thought disturbance)
- Depression
- Anxiety
- Mania
- Impulsivity/Hyperactivity

Behavioral/Emotional Needs (continued)

- Attention/Concentration
- Oppositional Behavior
- Conduct
- Anger Control
- Substance Use*
- Eating Disturbance
- Attachment Difficulties

Caregiver Resources and Needs

- Supervision
- Involvement with Care
- Knowledge of Child Needs
- Organization Skills
- Social Resources
- Residential Stability
- Physical Health
- Mental Health
- Substance Use
- Post-Traumatic Reactions

Developmental

- Access to Child Care Services
- Military Transitions
- Family Stress*
- Safety

Medical Health (ages 0-21)

- Medical Health*

Infants and Children (ages 0-5)

- Child Risk Behaviors*
- Self-Harm
- Aggressive Behavior

- Intentional Misbehavior
- Sexually Reactive Behaviors
- Bullying Others
- Fire Setting
- Flight Risk

Child Risk Factors

- Birth Weight
- Prenatal Care
- Labor and Delivery
- Substance Exposure
- Parent or Sibling Problems
- Parental Availability

Infants and Children (continued)

- Child Functioning/Development*
- Motor
- Eating
- Sensory Reactivity

Child Behavioral/Emotional Needs

- Attachment Difficulties
- Emotional Control/Temperament
- Failure to Thrive
- Depression
- Anxiety
- Atypical Behaviors
- Impulsivity/Hyperactivity
- Oppositional Behavior
- Eating Disturbance

Child Strengths

- Persistence
- Curiosity

- Adaptability
- Interpersonal/Social Behavior

Potentially Traumatic/Adverse

- Sexual Abuse
- Physical Abuse
- Emotional Abuse/Neglect
- Domestic Violence
- Parental Incarceration
- Household Substance Exposure
- Family History of Mental Illness
- Disruption of Caregiving

Traumatic Stress Symptoms

- Adjustment to Trauma
- Traumatic Grief/Separation
- Re-Experiencing

CHILD STRENGTHS (AGES 0-21)

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

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

#1 FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other.

Questions to Consider

- Does the child/youth have a strong family connection?
- Is the child/youth's family involved with their life?
- Does the family have good communication?

Ratings and Descriptions

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

Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities. |
| 1 | Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support. |
| 2 | Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support. |
| 3 | An area in which no current strength is identified; efforts are needed to identify potential strengths.

Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities. |

Supplemental Information: These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/youth is still in contact.

#2 INTERPERSONAL SKILLS

This item is used to identify a child/youth's social and relationship skills.

Questions to Consider

- Does the child/youth have good social and relationship skills?
- Is the child/youth eager to make and keep friends?

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

Supplemental Information: Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in his or her relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships

#3 OPTIMISM

Questions to Consider

- Does the child/youth have a positive outlook on life?
- Is the child/youth consistent with their outlook on life?

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Child/youth has a strong and stable optimistic outlook on his/her life.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Child/youth is generally optimistic
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Child/youth has difficulties maintaining a positive view of him/herself and his/her life.
Child/adolescent may vary from overly optimistic to overly pessimistic.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
Child/youth has difficulties seeing any positives about him/herself or his/her life.

#4 EDUCATIONAL SETTING

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

Questions to Consider

- Is the school working with the child/youth and the family to support the child/youth in school?
- Is the school an effective partner with the child/youth and family?

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs; OR the child/youth excels in school.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
School works with the child/youth and family to address the child/youth's educational needs; OR the child/youth likes school.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
The school is currently unable to adequately address the child/youth's academic or behavioral needs.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.

#5 VOCATIONAL

Questions to Consider

- Does the child/youth have any vocational skills?
- Does the child/youth have relevant work experience?
- Is the child/youth interested in gaining work experience?

Ratings and Descriptions

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

#6 TALENTS AND INTERESTS

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

Questions to Consider

- Does the child/youth have any talents and/or interests that are positive?

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Child/youth has a talent that provides pleasure and/or self-esteem. Child/youth with significant creative/artistic/athletic strengths would be rated here.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Child/youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Child/youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide with any benefit.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
There is no evidence of identified talents, interests or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.

#7 SPIRITUAL/RELIGIOUS

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

Questions to Consider

- Does the child/youth have any religious/spiritual beliefs?

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Child/youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Child/youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the child/youth in difficult times.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Child/youth has expressed some interest in spiritual or religious belief and practices.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.

#8 COMMUNITY INVOLVEMENT

This item reflects the child/youth's connection to people, places or institutions in the community.

Questions to Consider

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

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Child/youth is well integrated into his/her community. The child/youth is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Child/youth is somewhat involved with his/her community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Child/youth has an identified community but has only limited, or unhealthy, ties to that community.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
There is no evidence of an identified community of which child/youth is a member at this time.

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

#9 NATURAL SUPPORTS

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

Questions to Consider

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

Ratings and Descriptions

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

#10 RELATIONSHIP PERMANENCE

This rating refers to the stability of significant relationships in the child or youth's life that provide an emotionally secure living arrangement.

Questions to Consider

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

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
This level indicates a child/youth who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child/youth is involved with both parents.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Instability in significant relationships. This level indicates a child/youth who has had stable relationships but there is some concern about instability in the near future (one year), OR the child/youth has experienced some transition among adult figures, but has a stable relationship with one parent.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Instability in significant relationships. This may be characterized by frequent transition of adults in and out of the home, with minimal attention to the child/youth's needs in the process, frequent changes in caretaker for the child/youth, or other instability through factors such as divorce, moving, removal from home, and death.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
This level indicates a child/youth who does not have any stability in significant relationships and/or their basic dependency needs are unmet. Independent living or adoption must be considered.

Supplemental Information: This likely includes family members but may also include other individuals.

#11 CHILD/YOUTH INVOLVEMENT WITH CARE

This item refers to the child/youth's participation in efforts to address his/her identified needs.

Questions to Consider

- Is the child/youth involved with their own care?
- How involved is the child/youth with their own care?

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Child/youth is knowledgeable of needs and helps direct planning to address them.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Child/youth is knowledgeable of needs and participates in planning to address them.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Child/youth is at least somewhat knowledgeable of needs but resistant to participate in plans to address them. Child/youth lacks insight into their own needs and requires more knowledge to effectively participate in care.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
Child/youth is neither knowledgeable about needs nor willing to participate in any process to address them.

#12 COPING AND SURVIVAL SKILLS

This rating should be based on the strengths that the child or adolescent might have developed including the ability to manage negative life experiences and the ability to develop skills to survive them. This should be rated independent of the child/youth's current level of distress.

Questions to Consider

- Does the child/youth have coping and survival skills?
- Do the child/youth's skills help the child/youth overcome difficult situations?

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
This level indicates a child with exceptional psychological strengths, coping and survival skills. A child/youth is able to recognize and use his/her strengths and creatively problem solve situations.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
This level indicates a child with good psychological strengths, coping and survival skills. The person has some coping skills for managing distress but they may struggle to problem solve various situations.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
This level indicates a child with limited psychological strengths, coping or survival skills. For example, a person with very low self-esteem would be rated here, or a child/youth who feels defeated frequently and can't identify ways to overcome a situation.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
This level indicates a child with no known or identifiable psychological strengths, coping or survival skills. For example, a person with very low self-esteem would be rated here; or a child/youth who feels defeated frequently and can't identify ways to overcome a situation.

#13 RESILIENCY

This rating should be based on the child/youth's ability to identify and use internal strengths in managing their lives and in times of need or to support their own development. This rating assesses a child/adolescent's ability to "bounce back" from or overcome adversity in his/her life.

Questions to Consider

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

Ratings and Descriptions

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Child/youth is able to both identify and use strengths to better oneself and successfully manage difficult challenges. The child/youth expresses confidence in being able to handle the challenges adversity brings or has demonstrated an ability to do so over time.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Child/youth is to identify most of one's strengths and is able to partially utilize them. The child/youth is able to handle the challenges adversity brings in specific situations or at certain time periods in life, or has examples when the child/youth was able to do so.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Child/youth is able to identify strengths but is not able to utilize them effectively. A child/youth currently has limited confidence in the ability to overcome setbacks.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
Child/youth is not yet able to identify personal strengths and has no known evidence of being able to overcome adverse life situations. A child/youth who currently has no confidence in the ability to overcome setbacks should be rated here.

LIFE FUNCTIONING DOMAIN (AGES 0-21)

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

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

#14 FAMILY FUNCTIONING

This rates the child/youth's relationships with those who are in his/her family.

Questions to Consider

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

Ratings and Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention.
No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is having problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc. |

Supplemental Information: It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as his/her family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For child/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the child/youth has with his/her family as well as the relationship of the family as a whole.

#15 LIVING SITUATION

This item refers to how the child/youth is functioning in the current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How has the child/youth been behaving and getting along with others in the current living situation? 	<p>Ratings and Descriptions</p> <hr/> <p>No current need; no need for action or intervention.</p> <p>0 No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.</p> <hr/> <p>Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>1 Child/youth experiences problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.</p> <hr/> <p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</p> <p>2 Child/youth has problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.</p> <hr/> <p>Problems are dangerous or disabling; requires immediate and/or intensive action.</p> <p>3 Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being removed from living situation due to problematic behaviors.</p>
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#16 SCHOOL/DAY CARE * (Score of 1, 2, 3 requires questions 17-20 answered, if score '0' then NA on questions 17-20)

This item rates the child/youth's overall functioning at school and may include attendance, behavior and achievement.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How has the child/youth been behaving and getting along with others in the current living situation? 	<p>Ratings and Descriptions</p> <hr/> <p>No current need; no need for action or intervention.</p> <p>0 Child/youth is performing well in school.</p> <hr/> <p>Identified need requires monitoring, watchful waiting, or preventive activities.</p> <p>1 Child/youth is performing adequately in school although some problems may exist.</p> <hr/> <p>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</p> <p>2 Child/youth is experiencing moderate problems with school attendance, behavior, and/or achievement.</p> <hr/> <p>Problems are dangerous or disabling; requires immediate and/or intensive action.</p> <p>3 Child/youth is experiencing severe problems in school with school attendance, behavior and/or achievement.</p>
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***A rating of '1', '2' or '3' on this item triggers the School/Day Care Module.**

MODULE SCHOOL/DAYCARE

#17 SCHOOL BEHAVIOR - School/Daycare (question #16 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

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

Ratings and Descriptions

- NA Score '0' on question #16 School/Daycare
- 0 No current need; no need for action or intervention.
No evidence of behavioral problems at school, OR child/youth is behaving well in school.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to either relationship with either teachers or peers.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is having problems with behavior in school. The child/youth is frequently disruptive. School placement may be in jeopardy due to behavior.

#18 SCHOOL ACHIEVEMENT—School/Daycare (question #16 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

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

Ratings and Descriptions

- NA Score '0' on question #16 School/Daycare
- 0 No current need; no need for action or intervention.
No evidence of issues in school achievement and/or child/youth is doing well in school.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth is doing adequately in school although some problems with achievement exist.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth is having problems with school achievement. The child/youth may be failing some subjects.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is having achievement problems. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.

#19 SCHOOL ATTENDANCE —School/Daycare (question #16 if score '0' then NA, if score 1, 2, 3 then rate here)

This items rates issues of attendance. If school is not in session, rate the last 30 days when school was in session.

Questions to Consider

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

Ratings and Descriptions

- | | |
|----|--|
| NA | Score '0' on question #16 School/Daycare |
| 0 | No current need; no need for action or intervention.
Child/youth attends school regularly. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth's problems with school attendance are interfering with academic progress. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is generally absent from school. |

#20 RELATIONSHIP WITH TEACHERS—School/Daycare (question #16 if score '0' then NA, if score 1, 2, 3 then rate here)

This item describes a child/youth's relationships with teachers.

Questions to Consider

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

Ratings and Descriptions

- | | |
|----|--|
| NA | Score '0' on question #16 School/Daycare |
| 0 | Child/youth has good relations with teachers. |
| 1 | Child/youth has occasional difficulties relating with at least one teacher. Child/youth may have difficulties during one class period (e.g. math, gym). Historical problems with teachers would be rated here. |
| 2 | Child/youth has difficult relations with teachers that notably interfere with his/her education. |
| 3 | Child/youth has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevent child/youth from learning and/or child/youth's development. |

End of School/Daycare

#21 SOCIAL FUNCTIONING

This item rates social skills and relationships.

Questions to Consider

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

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
No evidence of problems and/or child/youth has developmentally appropriate social functioning.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth is having some problems with social relationships that interfere with functioning in other life domains.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

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

#22 RECREATION / PLAY IN YOUNG CHILDREN

This item rates the degree to which a child has identified and utilizes positive leisure time activities.

Questions to Consider

- What does the child/youth do in their leisure time?
- Does the child/youth use their leisure time in a healthy and positive way?

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
Child has and enjoys positive recreation activities on an ongoing basis.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child is doing adequately with recreational activities although some problems may exist.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child is having moderate problems with recreational activities. Child may experience some problems with effective use of leisure time.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

Supplemental Information: A '0' would be used to indicate a child who makes full use of leisure time activities to pursue recreational activities that support his/her healthy development and enjoyment.

#23 COMMUNICATION

This item is sometimes misunderstood as a reflection of a child's generally ability to communicate (e.g. express feeling, etc.). That is not accurate. This item is intended to reflect disorders of language either receptive or expressive, or both.

Questions to Consider

- Is the child able to express feelings?
- Does the child have any receptive or expressive disorders?

Ratings and Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention.
Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Child has receptive communication skills but limited expressive communication skills |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child has both limited receptive and expressive communication skills. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child is unable to communicate. |

Supplemental Information: Having difficulty processing language in order to understand what people are saying would be rated here, as would having difficulty formulating sentences in order to communicate. Speech problems that inhibit expressive communication would be rated here.

#24 PHYSICAL HEALTH

This item is used to identify any physical limitations and could include chronic physical conditions such as limitations in vision or hearing or difficulties with fine or gross motor functioning

Questions to Consider

- Does the child have any physical limitations/problems?
- Are there any activities the child cannot do because of a physical condition?
- How much does this interfere with his/her life?

Ratings and Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention.
Child has no physical limitations. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here treatable medical conditions that result in physical limitations (e.g. asthma). |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child has severe physical limitations due to multiple physical conditions. |

Supplemental Information: A child may have physical limitations that are not identified as a medical condition. A child may have physical limitations related to poor nutrition. A child may not have a medical condition but appears tired, reports feeling badly or misses school frequently

#25 SLEEP

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

Questions to Consider

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

Ratings and Descriptions

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

#26 ELIMINATION

Any challenges with urination or defecation would be rated here. . Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.

Questions to Consider

- Does the child have any unusual difficulties with urination or defecation?

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
There is no evidence of elimination problems.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities. Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Infant/child demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Infant/child demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed.

#27 PERSONAL HYGIENE / SELF-CARE

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

Questions to Consider

- Does the child/youth show age appropriate self-care skills?
- Is the child/youth able to groom themselves?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No current need; no need for action or intervention.
Child/youth's self-care and daily living skills appear developmentally appropriate. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth requires verbal prompting on self-care tasks or daily living skills. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth requires assistance (physical prompting) on self-care tasks or caregiver/attendant care on one self-care task (e.g. eating, bathing, dressing or toileting). |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth requires caregiver/attendant care on more than one of the self-care tasks (eating, bathing, dressing and/or toileting, etc.) |

#28 GENDER IDENTITY

This item refers to an individual's self-perception of gender.

Questions to Consider

- Does the child/youth show age appropriate self-care skills?
- Is the child/youth able to groom themselves?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No current need; no need for action or intervention.
Child/youth has clear and developmentally appropriate gender identity. A child/youth who is comfortable with their self-perceived gender would be rated here. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth is experiencing some concerns about gender identity. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth is experiencing confusion and distress about gender identity. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is experiencing significant confusion about her gender identity that is placing her in significant personal or interpersonal conflict. Child/youth is at considerable risk of harm (from self or others) because of confusion or the confusion is disabling the child/youth in a least one life domain. |

#29 SEXUAL DEVELOPMENT * (Score of 1, 2, 3 requires questions 30-35 answered, if score '0' then NA on questions 30-35)

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Are there concerns about the child/youth's healthy sexual development? • Is the child/youth sexually active? • Does the child/youth have less/more interest in sex than other same age peers? 	<p>Ratings and Descriptions</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">0</td><td>No current need; no need for action or intervention. No evidence of issues with sexual development.</td></tr> <tr> <td>1</td><td>Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.</td></tr> <tr> <td>2</td><td>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Problems with sexual development that interferes with the child/youth's life functioning in other life domains.</td></tr> <tr> <td>3</td><td>Problems are dangerous or disabling; requires immediate and/or intensive action. Problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.</td></tr> </table>	0	No current need; no need for action or intervention. No evidence of issues with sexual development.	1	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Problems with sexual development that interferes with the child/youth's life functioning in other life domains.	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.
0	No current need; no need for action or intervention. No evidence of issues with sexual development.								
1	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.								
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Problems with sexual development that interferes with the child/youth's life functioning in other life domains.								
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.								

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

Supplemental Information: The child/youth's sexual orientation, gender identity or expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

MODULE SEXUAL DEVELOPMENT

#30 HYPERSEXUALITY— Sexual Development - (question #29 if score '0' then NA, if score 1, 2, 3 then rate here)

This item refers to frequent sexual behavior that leads to functional impairment.

<p>Questions to Consider</p> <ul style="list-style-type: none"> ♦ Does the child/youth have more interest in sex or sexual activity than is developmentally appropriate? ♦ Is the child/youth's interest in sex or sexual activity interfering with his/her functioning? 	<p>Ratings and Descriptions</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">NA</td><td>Score '0' on question #29 Sexual Development</td></tr> <tr> <td>0</td><td>Child/youth does not exhibit evidence of increased sexual drive or interest.</td></tr> <tr> <td>1</td><td>Child/youth has history of elevated sexual drive or interest, or is exhibiting elevated sexual drive or interest but it has not affected functioning.</td></tr> <tr> <td>2</td><td>Increased sex drive or interest is interfering with the child/youth's functioning.</td></tr> <tr> <td>3</td><td>Increased sex drive or interest is either dangerous or disabling to the child/youth.</td></tr> </table>	NA	Score '0' on question #29 Sexual Development	0	Child/youth does not exhibit evidence of increased sexual drive or interest.	1	Child/youth has history of elevated sexual drive or interest, or is exhibiting elevated sexual drive or interest but it has not affected functioning.	2	Increased sex drive or interest is interfering with the child/youth's functioning.	3	Increased sex drive or interest is either dangerous or disabling to the child/youth.
NA	Score '0' on question #29 Sexual Development										
0	Child/youth does not exhibit evidence of increased sexual drive or interest.										
1	Child/youth has history of elevated sexual drive or interest, or is exhibiting elevated sexual drive or interest but it has not affected functioning.										
2	Increased sex drive or interest is interfering with the child/youth's functioning.										
3	Increased sex drive or interest is either dangerous or disabling to the child/youth.										

#31 MASTURBATION—Sexual Development (question #29 if score '0' then NA, if score 1, 2, 3 then rate here)

This item refers to genital self-stimulation for sexual gratification.

<p>Questions to Consider</p> <ul style="list-style-type: none"> ♦ Does child/youth's masturbatory behavior place him/her at risk or impair his/her functioning? 	<p>Ratings and Descriptions</p> <p>NA Score '0' on question #29 Sexual Development</p> <p>0 When and if a child/youth masturbates, it is kept safe, private, and discreet.</p> <p>1 History or evidence of masturbatory behavior that is private but not always discreet – e.g., a child/youth who gets caught masturbating multiple times by caregiver.</p> <p>2 Child/youth engages in masturbatory behaviors that interfere with his/her functioning. An occasion of public masturbation might be rated here.</p> <p>3 Child/youth engages in masturbatory behavior that places him/her at high risk for significant sanctions, negatively impacts or traumatizes others, or has a potential for physical self-harm. Multiple public masturbations would be rated here.</p>
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#32 SEXUALLY PROBLEMATIC BEHAVIORS—Sexual Development (question #29 if score '0' then NA, if score 1, 2, 3 then rate here)

This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Has the child/youth ever been involved in sexual activities or done anything sexually inappropriate? • Has the child/youth ever had difficulties with sexualized behavior or problems with physical/sexual boundaries? 	<p>Ratings and Descriptions</p> <p>NA Score '0' on question #29 Sexual Development</p> <p>0 No evidence of problems with sexual behavior over the past year.</p> <p>1 History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here.</p> <p>2 Child/youth's problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here.</p> <p>3 Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.</p> <p>NA Child is younger than 6 years old.</p>
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#33 KNOWLEDGE OF SEX —Sexual Development (question #29 if score '0' then NA, if score 1, 2, 3 then rate here)

This item rates the developmentally appropriate understanding of information related to sex education and sexuality.

<p>Questions to Consider:</p> <ul style="list-style-type: none"> • What do you know about sex, sexuality and your private body parts? • What do you know about sexual transmitted diseases? 	<p>Ratings and Descriptions</p> <p>NA Score '0' on question #29 Sexual Development</p> <p>0 Child/youth has a developmentally appropriate level of knowledge about sex and sexuality.</p> <p>1 Child/youth may be more knowledgeable about sex and sexuality than would be indicated by their age.</p> <p>2 Child/youth has significant deficits in knowledge about sex or sexuality. These deficits interfere with child's functioning in at least one life domain.</p> <p>3 Child/youth has significant deficits in knowledge about sex and/or sexuality that places him/her at risk for significant physical or emotional harm. A child/youth with a sexual transmitted disease due to lack of appropriate knowledge will also be rated here.</p>
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#34 CHOICE OF RELATIONS— Sexual Development (question #29 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This item rates child/youth decisions in selecting appropriate interpersonal relationships and partners.

Questions to Consider:	Ratings and Descriptions
• Have you ever been sexually active? Who are your past and present sexual partners?	NA Score ‘0’ on question #29 Sexual Development
• Has any of your relationships ever been risky or dangerous because of specific sexual behaviors?	0 Child/youth demonstrates developmentally appropriate choices in relationships with a potential sexual component. 1 Child/youth has history of poor choices in selecting relationships with regard to sexuality. 2 Child/youth currently or recently has exhibited poor choices in terms of selecting relationships for reasons involving sexuality. 3 Child/youth involves self in notably inappropriate or dangerous relationships for reasons involving sexuality

#35 PREGNANCY AND CHILD BEARING—Sexual Development (question #29 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This item rates child/youth who have children, are expecting having a baby (pregnancy), or have experienced a miscarriage(s) and/or an abortion(s).

Questions to Consider:	Ratings and Descriptions
• Have you ever been pregnant?	NA Score ‘0’ on question #29 Sexual Development
• If child/youth is a male: do you have any children? Have you ever lost a baby or any of your girlfriends had a miscarriage or an abortion of a baby that was yours?	0 No evidence that child/youth has ever been pregnant or has impregnated a woman. There is no evidence that the child/youth has had a miscarriage or an abortion. 1 Child/youth has history of having a miscarriage or having an abortion. A male child/youth who has impregnated a woman, but fetus was lost due to miscarriage or abortion. 2 Child/youth is currently pregnant. 3 Child/youth has one or more biological children.

End of Module Sexual Development**#36 JUDGEMENT / DECISION MAKING**

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

Questions to Consider	Ratings and Descriptions
• How is the child/youth's judgment and ability to make good decisions?	0 No current need; no need for action or intervention. No evidence of problems with judgment or decision making that result in harm to development and/or well-being.
• Does the child/youth typically make good choices for the child/youth?	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to the child/youth's development and/or well-being.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Problems with judgment in which the child/youth makes decisions that are in some way harmful to the child/youth's development and/or well-being. As a result, more supervision is required than expected for the child/youth's age.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth makes decisions that would likely result in significant physical harm to self or others. Therefore, child/youth requires intense and constant supervision, over and above that expected for the child/youth's age.

#37 LEGAL

This item indicates the individual's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Has the child/youth ever admitted that s/he has broken the law? • Has s/he ever been arrested? • Has s/he ever been in detention? 	<p>0 No current need; no need for action or intervention. Child/youth has no known legal difficulties.</p> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has a history of legal problems but currently is not involved with the legal system.</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 has some legal problems and is currently involved in the legal system.</p> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.</p>

#38 INDEPENDENT LIVING SKILLS

This item is used to describe the child/youth's ability to do relevant activities of daily living.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Is the child/youth able to do daily activities? • Is the child capable of living on their own? • Does the child know how to clean, cook, manage money? 	<p>0 No current need; no need for action or intervention. This level indicates a person who is fully capable of independent living. There is no evidence of any problems that could impede maintaining his/her own home.</p> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, ability to cook, clean, and manage self. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.</p> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.</p> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates a person with profound impairment of independent living skills. This child would be expected to be unable to live independently given their current status. Problems require a structured living environment.</p>

Supplemental Information: Independent living skills include money management, cooking, transportation, etc.

#39 JOB FUNCTIONING

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

Questions to Consider

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

Ratings and Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention
No evidence of any problems in work environment. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth has some problems work (e.g. tardiness, conflict). |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth has problems at work. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has problems at work in terms of attendance, performance or relationships. Child/youth may have recently lost job. |

#40 DEVELOPMENTAL/INTELLECTUAL DISABILITY *

(Score of 1, 2, 3 requires questions 41-53 answered, if score '0' then NA on questions 41-53)

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities.

Questions to Consider

- Does the child/youth's growth and development seem healthy?
- Has the child/youth reached appropriate developmental milestones (such as walking, talking)?
- Has anyone ever mentioned that the child/youth may have developmental problems?
- Has the child/youth developed like other same age peers?

Ratings and Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention.
No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Deficits in adaptive functioning are indicated. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth has developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or to Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments. |

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

Supplemental Information: This item includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

MODULE DEVELOPMENTAL DISABILITIES

#41 AUTISM SPECTRUM DISORDER—Developmental Disabilities (question #40 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This item describes the presence of Autism Spectrum Disorder.

Questions to Consider

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

Ratings and Descriptions

- | | |
|----|---|
| NA | Score ‘0’ on question #40 Developmental/Intellectual Disability |
| 0 | There is no history of Autism Spectrum symptoms. |
| 1 | Evidence of a low end Autism Spectrum Disorder. The child/youth may have had symptoms of Autism Spectrum Disorder but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on the child/youth’s development. |
| 2 | This rating indicates a child/youth who meets criteria for a diagnosis Autism Spectrum Disorder. Autism Spectrum symptoms are impairing child/youth’s functioning in one or more areas and intervention is required. |
| 3 | This rating indicates a child/youth who meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms. |

#42 COGNITIVE (INTELLECTUAL FUNCTIONING)— Developmental Disabilities (question #40 if score ‘0’ then NA, if score 1, 2, 3 then rate here) This item identifies the child/youth’s intellectual or cognitive capacity.

Questions to Consider

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

Ratings and Descriptions

- | | |
|----|--|
| NA | Score ‘0’ on question #40 Developmental/Intellectual Disability |
| 0 | Child/youth's intellectual functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning. |
| 1 | Child/youth has low IQ (70 to 85) or has identified learning challenges. |
| 2 | Child/youth has mild Intellectual Developmental Disorder. IQ is between 55 and 69. |
| 3 | Child/youth has moderate to profound Intellectual Developmental Disorder. IQ is less than 55. |

#43 AGITATION— Developmental Disabilities (question #40 if score ‘0’ then NA, if score 1, 2, 3 then rate here) This item rates the child’s ability to calm him/herself.

Questions to Consider

- ♦ Does the child become agitated often?
- ♦ What happens when the child becomes agitated?

Ratings and Descriptions

- | | |
|----|---|
| NA | Score ‘0’ on question #40 Developmental/Intellectual Disability |
| 0 | Child does not exhibit agitated behavior. |
| 1 | Child becomes agitated on occasion, but can be calmed relatively easily. |
| 2 | Child becomes agitated often, and/or can be difficult to calm. |
| 3 | Child exhibits a dangerous level of agitation. S/he becomes agitated often, and easily becomes aggressive towards self and/or others. |

#44 SELF-STIMULATION — Developmental Disabilities (question #40 if score '0' then NA, if score 1, 2, 3 then rate here)

This item rates the child's ability to use all senses.

Ratings and Descriptions	
Questions to Consider	NA Score '0' on question #40 Developmental/Intellectual Disability
♦ Does the child self -stimulate often?	0 Child has no evidence of self-stimulation.
♦ What happens when the child becomes agitated?	1 Child has mild level of agitation or self-stimulation such as behaviors pacing or rocking
	2 Child has moderate to severe level of agitation and/or self-stimulation including frequent rocking odd behaviors, pacing etc.
	3 Child has profound level of agitation that is disruptive to any environment, self –stimulation causes physical harm to patient; unable to tolerate stimulation of senses.

#45 MOTOR— Developmental Disabilities (question #40 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions	
Questions to Consider	NA Score '0' on question #40 Developmental/Intellectual Disability
♦ Does the child/youth meet motor related developmental milestones?	0 The child/youth's development of fine and gross motor functioning appears normal. There is no reason to believe that child/youth has any problems with motor development.
♦ Does the child/youth show any fine or gross motor skill difficulties?	1 Child/youth may have mild fine (e.g. using scissors) or gross motor skill deficits. Child/youth has exhibited delayed sitting, standing, or walking, but has since reached those milestones.
	2 Child/youth has moderate motor deficits. A non-ambulatory child/youth with fine motor skills (e.g. reaching, grasping) or an ambulatory child/youth with severe fine motor deficits would be rated here.
	3 Child/youth has significant delays in fine or gross motor development that could, without any intervention, negatively impact his/her development. Examples include: a non- ambulatory child with additional motor deficits; a child older than 6 months who cannot lift his/her head.

#46 DEVELOPMENTAL DELAY— Developmental Disabilities (question #40 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions	
Questions to Consider	NA Score '0' on question #40 Developmental/Intellectual Disability
♦ Is the child/youth progressing developmentally in a way similar to peers of the same age?	0 Child/youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
♦ Has the child/youth been diagnosed with a developmental disorder?	1 Evidence of a mild developmental delay.
	2 Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
	3 Severe developmental disorder is evident. Child/youth's development is at risk without intervention.

#47 SENSORY REACTIVITY— Developmental Disabilities (question #40 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider
 • Does the child become easily overwhelmed by sensory stimuli? Under react to stimuli?

Ratings and Descriptions

- NA Score '0' on question #40 Developmental/Intellectual Disability
-
- 0 There is no evidence of sensory reactivity that is hyper- or hypo-reactive.
-
- 1 Infant/child may have a history of sensory issues or have current issues that are controlled by caregiver support.
-
- 2 Infant/child demonstrates hyper-/hypo-reactivity to sensory input in one or more sensory modality such that impairment in functioning is present.
-
- 3 Infant/child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects of such.

#48 ATYPICAL BEHAVIORS— Developmental Disabilities (question #40 if score '0' then NA, if score 1, 2, 3 then rate here)

This item rates whether the child repeats certain actions over and over again, or demonstrates behaviors that are not typical of same-age peers. Behaviors may include excessive mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations. This is important in early childhood to assess due to the possible indication that this may be related to pervasive developmental disorders. Early intervention to assess the etiology of these symptoms is critical.

Questions to Consider

- Do you notice any unnecessary behaviors of the infant or child?
- Do this behaviors put the infant/child at harm or harm of others?
- Does the child engage in repetitive sensory behaviors?

Ratings and Descriptions

- NA Score '0' on question #40 Developmental/Intellectual Disability
-
- 0 No current need; no need for action or intervention.
 No evidence of atypical behaviors in the infant/child.
-
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
 History or reports of atypical behaviors from others that have not been observed by caregivers.
-
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning.
 Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
-
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
 Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

#49 FAILURE TO THRIVE — Developmental Disabilities (question #40 if score '0' then NA, if score 1, 2, 3 then rate here)

This item rates the presence of problems with weight gain or growth. Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.

Ratings and Descriptions	
Questions to Consider	NA Score '0' on question #40 Developmental/Intellectual Disability
<ul style="list-style-type: none">• Does your child have any problems with weight gain or growth either now or in the past?• Do you have any concerns about your child's eating habits?• Does your child's doctor have any concerns about your child's growth or weight gain?• If there have been any challenges in this area, what have you tried?	0 No current need; no need for action or intervention. No evidence of failure to thrive.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning. The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75th to 25th).
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. The infant/child has one or more of all the above and is currently at serious medical risk.

#50 EATING— Developmental Disabilities (question #40 if score '0' then NA, if score 1, 2, 3 then rate here)

Any challenges with eating would be rated here. For example, eating difficulties are present when an infant/child does not have a regular schedule, demonstrates distress around feeding, and refuses to eat a variety of textures. Difficulty swallowing or other types of physical challenges that interfere with eating would also be rated here.

Ratings and Descriptions	
Questions to Consider	NA Score '0' on question #40 Developmental/Intellectual Disability
<ul style="list-style-type: none">• Does the child have any difficulties with breast or formula feeding?• Does the child have any issues in the transition to solid food?	0 No current need; no need for action or intervention. No evidence of problems related to eating.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning. Problems with eating are present and impair the child's functioning. Infants may be finicky eaters, spit food or overeats. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Problems with eating are present putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area.

#51 MOBILITY— Developmental Disabilities (question #40 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This item describes the ability of the child to move.

Questions to Consider

- Does the child/youth have any mobility issues?

Ratings and Descriptions

- | | |
|----|--|
| NA | Score ‘0’ on question #40 Developmental/Intellectual Disability |
| 0 | No current need; no need for action or intervention.
Child is fully independent in ability to ambulate. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Child is generally independent in mobility but has some adaptive technology that facilitates independent mobility. Mobility challenges do not have a notable impact on functioning. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child’s functioning.
Child has notable challenges with mobility that interfere with functioning. Limited mobility for short distances or short periods of time can occur when assisted by another person or adaptive technology. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action
Child has severe motor challenges that prevent from any mobility without total assistance of another person or support of an adaptive device (e.g., wheelchair or crutches). |

#52 POSITIONING— Developmental Disabilities (question #40 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This item describes the child’s ability to move a limb or their entire body while stationary.

Questions to Consider

- Does the child/youth have any positioning issues?

Ratings and Descriptions

- | | |
|----|---|
| NA | Score ‘0’ on question #40 Developmental/Intellectual Disability |
| 0 | No current need; no need for action or intervention.
Child is fully independent in ability to position body. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Child is generally independent in position but has some adaptive technology that facilitates independent positioning. Positioning challenges do not have a notable impact on functioning. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child’s functioning.
Child has notable challenges with positioning that interfere with functioning. Physical assistance from others or adaptive technology provides some independence in positioning. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action
Child is unable to reposition self and requires 24 hour monitoring and physical assistance from others to reposition self. |

#53 ELIMINATION— Developmental Disabilities (question #40 if score '0' then NA, if score 1, 2, 3 then rate here)

Any challenges with urination or defecation would be rated here. . Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.

Questions to Consider

- Does the child have any unusual difficulties with urination or defecation?

Ratings and Descriptions

- | | |
|----|--|
| NA | Score '0' on question #40 Developmental/Intellectual Disability |
| 0 | No current need; no need for action or intervention.
There is no evidence of elimination problems. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities. Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Infant/child demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Infant/child demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed. |

End of Module Developmental Disabilities

CHILD RISK BEHAVIORS (Ages 6-21)

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

Question to Consider for this Domain: Does the child/youth's behaviors put the child/youth at risk for serious harm?

#54 SELF-INJURIOUS BEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

- | | |
|----|--|
| NA | Youth under age 6 |
| 0 | No current need; no need for action or intervention.
No evidence of any forms of self-injury. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
A history or suspicion of self-injurious behavior. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk. |

#55 SUICIDE RISK

This item is intended to describe the presence of suicidal behavior. Only overt and covert thoughts and efforts at attempting to kill oneself are rated on this item. Other self-destructive behavior is rated elsewhere.

Questions to Consider

- Has the child ever talked about or plan to i.e. or to kill him/herself?
- Has s/he ever tried to commit suicide?

Ratings and Descriptions

- | | |
|----|---|
| NA | Youth under age 6 |
| 0 | No current need; no need for action or intervention.
No evidence of suicide risk. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
History but no recent ideation or gesture. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Recent ideation or gesture but not in past 24 hours. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Current ideation and intent OR command hallucinations that involve self-harm. |

Supplemental Information: Since a history of suicidal ideation and gestures is a predictor of future suicide, any child or adolescent with a history is rated at least a '1'. Therefore, a '0' is reserved for children and adolescents with no current suicidal thoughts, ideation, or behavior nor any history. A '2' is used to describe a child or adolescent who is recently suicidal but who is not currently planning to kill him/herself. Thus, a child who was thinking about suicide but was able to contract for safety would be rated a '2'.

A '3' is used to identify an individual who is either attempted suicide during the rating period or who during this time has an active intention and plan to commit suicide.

#56 RECKLESS BEHAVIOR (OTHER SELF-HARM)

This item is used to describe behavior not covered by either Suicide Risk or Self-Injury that places a child or adolescent at risk of physical injury. Any behavior that the child engages in has significant potential to place the child in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, subway surfing).

Questions to Consider

- Has the child ever talked about or acted in a way that might be dangerous to him/herself (e.g., reckless behavior such as subway surfing, riding on top of cars, reckless driving, climbing bridges, and promiscuity)?

Ratings and Descriptions

NA Youth under age 6

- 0 No current need; no need for action or intervention.
No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

Supplemental Information: If the child frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually place themselves in such a position, a rating of '1' might be used to indicate the need for prevention.

To rate a '3', the child or adolescent must have placed himself or herself in significant physical jeopardy during the rating period.

#57 DANGER TO OTHERS * (Score of 1, 2, 3 requires questions 58-67 answered, if score '0' then NA on questions 58-67)

This item rates the child/youth violent or aggressive behavior. Like 'Suicide Risk' a '1' is reserved for history of violence or dangerous aggressiveness. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior also should be intentional. Reckless behavior that may cause physical harm to others is not rated on this item.

Questions to Consider

- Has the child/youth ever talked about or acted in a way that might be dangerous to him/herself (e.g., reckless behavior such as subway surfing, riding on top of cars, reckless driving, climbing bridges, and promiscuity)?

Ratings and Descriptions

NA Youth under age 6

- 0 No current need; no need for action or intervention.
No evidence of being dangerous to others.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, child set a fire that placed others at significant risk of harm.

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

Supplemental Information: A '0' is used to indicate neither history nor any current violent or aggressive behavior.

A '1' indicates history but not recent (as defined in the criteria of the tool used). A '2' indicates recent but not immediate.

A '3' is reserved for a child who is acutely dangerous to others at the time of the rating (generally within the past 24 hours). A boy who threatens his mother with a knife would be a '3' at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain a '3'. If on the other hand, he calms down and feels bad about his earlier threats, he would be reduced to a '2' and then a '1' with the passage of time so long as no other violent behavior or plans are observed.

MODULE DANGER TO OTHERS

Historical risk factors:

Rate the following items within the lifetime.

#58 HISTORY OF PERPETRATING VIOLENCE—Module Danger to Others (question #57 if score ‘0’ then NA, if score 1, 2, 3 then rate here) This item rates the child/youth’s history of violence.

Ratings and Descriptions

NA Score of ‘0’ or NA on # 57 Danger to Others

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

1 Child/youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).

2 Child/youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.

3 Child/youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

Questions to Consider

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

Emotional/Behavioral risks:

Rate the following items within the last 30 days.

#59 FRUSTRATION MANAGEMENT—Module Danger to Others (question #57 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This item describes the child/youth’s ability to manage their own anger and frustration tolerance.

Questions to Consider

- How does the child/youth control the child/youth’s temper?
- Does the child/youth get upset or frustrated easily?
- Does the child/youth become physically aggressive when angry?
- Does the child/youth have a hard time managing anger if someone criticizes or rejects the child/youth?

Ratings and Descriptions

NA Score of ‘0’ or NA on # 57 Danger to Others

0 Child/youth appears to be able to manage frustration well. No evidence of problems of frustration management.

1 Child/youth has some mild problems with frustration. The child/youth may anger easily when frustrated; however, the child/youth is able to calm self-down following an angry outburst.

2 Child/youth has problems managing frustration. The child/youth’s anger when frustrated is causing functioning problems in school, at home, or with peers.

3 Child/youth becomes explosive and dangerous to others when frustrated. The child/youth demonstrates little self-control in these situations and others must intervene to restore control

#60 HOSTILITY—Module Danger to Others (question #57 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

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

Ratings and Descriptions

NA Score of '0' or NA on # 57 Danger to Others

- 0 Child/youth appears to not experience or express hostility except in situations where most people would become hostile
- 1 Child/youth appears hostile but does not express it. Others experience child/youth as being angry.
- 2 Child/youth expresses hostility regularly.
- 3 Child/youth is almost always hostile either in expression or appearance. Others may experience child/youth as 'full of rage' or 'seething'

#61 PARANOID THINKING—Module Danger to Others (question #57 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

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

Ratings and Descriptions

NA Score of '0' or NA on # 57 Danger to Others

- 0 Child/youth does not appear to engage in any paranoid thinking.
- 1 Child/youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
- 2 Child/youth believes that others are 'out to get' the child/youth. Child/youth has trouble accepting that these beliefs may not be accurate. Child/youth at times is suspicious and guarded but at other times can be open and friendly.
- 3 Child/youth believes that others plan to cause them harm. Child/youth is nearly always suspicious and guarded.

#62 SECONDARY GAINS FROM ANGER—Module Danger to Others (question #57 if score '0' then NA, if score 1, 2, 3 then rate here)

This item is used to rate the presence of anger to obtain additional benefits.

Questions to Consider

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

Ratings and Descriptions

NA Score of '0' or NA on # 57 Danger to Others

- 0 Child/youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.
- 1 Child/youth unintentionally has benefited from angry behavior; however, there is no evidence that child/youth intentionally uses angry behavior to achieve desired outcomes.
- 2 Child/youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
- 3 Child/youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers. Others in child/youth's life appear intimidated.

#63 VIOLENT THINKING—Module Danger to Others (question #57 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

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

Ratings and Descriptions

- NA Score of '0' or NA on # 57 Danger to Others
- 0 There is no evidence that child/youth engages in violent thinking.
- 1 Child/youth has some occasional or minor thoughts about violence.
- 2 Child/youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
- 3 Child/youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a child/youth who spontaneously and frequently draws only violent images may be rated here.

Resiliency Factors:

Rate the following items within the last 30 days.

#64 AWARENESS OF VIOLENCE POTENTIAL—Module Danger to Others (question #57 if score '0' then NA, if score 1, 2, 3 then rate here)

This item rates the child/youth's insight into their risk of violence.

Questions to Consider

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

Ratings and Descriptions

- NA Score of '0' or NA on # 57 Danger to Others
- 0 Child/youth is completely aware of the child/youth's level of risk of violence. Child/youth knows and understands risk factors. Child/youth accepts responsibility for past and future behaviors. Child/youth is able to anticipate future challenging circumstances. A child/youth with no violence potential would be rated here.
- 1 Child/youth is generally aware of the child/youth's potential for violence. Child/youth is knowledgeable about the child/youth's risk factors and is generally able to take responsibility. Child/youth may be unable to anticipate future circumstances that may challenge the child/youth.
- 2 Child/youth has some awareness of the child/youth's potential for violence. Child/youth may have tendency to blame others but is able to accept some responsibility for the child/youth's actions.
- 3 Child/youth has no awareness of the child/youth's potential for violence. Child/youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

#65 RESPONSE TO CONSEQUENCES —Module Danger to Others (question #57 if score '0' then NA, if score 1, 2, 3 then rate here)

This item rates the child/youth's reaction when the child/youth gets consequences for violence or aggression.

Questions to Consider

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

Ratings and Descriptions

- NA Score of '0' or NA on # 57 Danger to Others
- 0 Child/youth is clearly and predictably responsive to identified consequences. Child/youth is regularly able to anticipate consequences and adjust behavior.
- 1 Child/youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or the child/youth may sometimes fail to anticipate consequences.
- 2 Child/youth responds to consequences on some occasions but sometimes does not appear to care about consequences for the child/youth's violent behavior
- 3 Child/youth is unresponsive to consequences for the child/youth's violent behavior.

#66 COMMITMENT TO SELF CONTROL—Module Danger to Others (question #57 if score '0' then NA, if score 1, 2, 3 then rate here)
This item rates the child/youth's willingness and commitment to controlling aggressive and/or violent behaviors.

Ratings and Descriptions	
Questions to Consider	NA Score of '0' or NA on # 57 Danger to Others
• Does the child/youth want to change the child/youth's behaviors?	0 Child/youth fully committed to controlling the child/youth's violent behavior.
• Is the child/youth committed to such change?	1 Child/youth is generally committed to control the child/youth's violent behavior; however, child/youth may continue to struggle with control in some challenging circumstances.
	2 Child/youth ambivalent about controlling the child/youth's violent behavior.
	3 Child/youth not interested in controlling the child/youth's violent behavior at this time.

#67 ENGAGEMENT IN TREATMENT —Module Danger to Others (question #57 if score '0' then NA, if score 1, 2, 3 then rate here)
This item rates the child/youth and/or family's involvement in their treatment.

Ratings and Descriptions	
Questions to Consider	NA Score of '0' or NA on # 57 Danger to Others
• Is the child/youth on medication or have a treatment plan?	0 Child/youth fully involved in the child/youth's own treatment. Family supports treatment as well.
• Does the child/youth and family know what the plan is?	1 Child/youth or family involved in treatment but not both. Child/youth may be somewhat involved in treatment, while family members are active or child/youth may be very involved in treatment while family members are unsupportive
	2 Child/youth and family are ambivalent about treatment involvement. Child/youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
	3 Child/youth and family are uninterested in treatment involvement. A child/youth with treatment needs who is not currently in treatment would be rated here.

End of Module Danger to Others

#68 SEXUAL AGGRESSION * (Score 1, 2, 3 requires questions 69-79 answered, if score '0' then NA on questions 69-79)

This item is intended to describe sexually aggressive (or abusive) behavior. The severity and recency of the behavior provide the information needed to rate this item.

Questions to Consider

- Has the child/youth ever been accused of being sexually aggressive with another child?
- What happened after that?

Ratings and Descriptions

- | | |
|----|---|
| NA | Youth under age 6 |
| 0 | No current need; no need for action or intervention.
No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation. |
| 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 engaged in sexually aggressive behavior in the past year but not in the past 30 days. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has engaged in sexually aggressive behavior in the past 30 days. |

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

Supplemental Information: If sexually aggressive behavior is at the level of molestation, penetration, or rape that would lead to a rating of a '3'.

Any of this behavior in the past year, but not in the rating window would result in a rating of '2'.

Several situations could result in a rating of '1'. A history of sexually aggressive behavior but not in the past year or harassment of others using sexual language would be rated as a '1'.

MODULE SEXUALLY AGGRESSIVE BEHAVIOR

#69 RELATIONSHIP—Module Sexually Aggressive Behavior (questions #68 if score '0' then NA, if score 1, 2, 3 then rate here)

This item rates the nature of the relationship between the child/youth and the victim of their aggression. Please rate the most recent episode of sexual behavior.

Questions to Consider

- Does the child/youth plan how does the child/youth know the other child/youth involved?
- Did the sexual aggression include physical harm to another person?

Ratings and Descriptions

- | | |
|----|---|
| NA | Score '0' or NA on #68 Sexual Aggression |
| 0 | No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential. |
| 1 | Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child/youth or adolescent being in the position of authority. |
| 2 | Child/youth is clearly victimizing at least one other child/youth with sexually abusive behavior. |
| 3 | Child/youth is severely victimizing at least one other child/youth with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior. |

#70 PHYSICAL FORCE/THREAT—Module Sexually Aggressive Behavior (**question #68 if score '0' then NA, if score 1, 2, 3 then rate here**) Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the child/youth use or threaten to use physical force towards others in commission of the sex act? 	<p>Ratings and Descriptions</p> <p>NA Score '0' or NA on # 68 Sexual Aggression</p> <hr/> <p>0 No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.</p> <hr/> <p>1 Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act. History of problem may be rated here.</p> <hr/> <p>2 Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.</p> <hr/> <p>3 Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force (e.g., gun or knife).</p>
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#71 PLANNING —Module Sexually Aggressive Behavior (**question #68 if score '0' then NA, if score 1, 2, 3 then rate here**) Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the child/youth plan his/her sexual activities, or do they happen spontaneously? 	<p>Ratings and Descriptions</p> <p>NA Score '0' or NA on # 68 Sexual Aggression</p> <hr/> <p>0 No evidence of any planning.</p> <hr/> <p>1 Some evidence of efforts to get into situations where likelihood of opportunities for inappropriate sexual activity is enhanced. History of problem is rated here.</p> <hr/> <p>2 Evidence of some planning of inappropriate sexual activity. For example, a child/youth who looks for opportunities such as the absence of adults or particular situations in which they could carry out an act of sexual aggression or inappropriate behavior.</p> <hr/> <p>3 Considerable evidence of inappropriate or predatory sexual behavior in which victim and/or scenario is identified prior to the act, and the act is premeditated. A child/youth who has considered and weighed multiple factors relating to grooming, environment, absence or presence of others and timing, indicating a high degree of planning, would be rated here.</p>
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#72 AGE DIFFERENTIAL—Module Sexually Aggressive Behavior (**question #68 if score '0' then NA, if score 1, 2, 3 then rate here**) Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • What are the ages of the individuals the child/youth has had sex with? 	<p>Ratings and Descriptions</p> <p>NA Score '0' or NA on # 68 Sexual Aggression</p> <hr/> <p>0 Ages of the perpetrator and victim and/or participants is essentially equivalent (less than 3 years apart).</p> <hr/> <p>1 Age differential between perpetrator and victim and/or participants is 3 to 4 years. A history of significant age differential would be rated here.</p> <hr/> <p>2 Age differential between perpetrator and victim at least 5 years, but perpetrator is less than 13 years old.</p> <hr/> <p>3 Age differential between perpetrator and victim at least 5 years and perpetrator is 13 years old or older</p>
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#73 POWER DIFFERENTIAL—Module Sexually Aggressive Behavior(**question #68 if score '0' then NA, if score 1, 2, 3 then rate here**)
 Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for child/youth as the perpetrator.

Questions to Consider <ul style="list-style-type: none"> • Does the child/youth use his/her power to victimize others? 	Ratings and Descriptions <p>NA Score '0' or NA on # 68 Sexual Aggression</p> <p>0 No evidence of victimizing others. The sexual activity appears to be mutual and consenting. No power differential.</p> <p>1 Although the sexual activity appears to be mutual, there is a significant power differential between parties with this child/youth being in the position of authority or power or history of a significant power differential.</p> <p>2 Child/youth is clearly using authority or power to victimize another individual with sexually abusive behavior. For example: a child/youth sexually abusing a younger child while babysitting. This would not include physical violence, but may include coercion and threats of physical harm to the victim or loved ones.</p> <p>3 Child/youth is clearly using authority or power to severely victimize another individual with both physical violence and sexually abusive behavior. For example: a child/youth beating and sexually exploiting a developmentally delayed individual.</p>
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#74 TYPE OF SEX ACT—Module Sexually Aggressive Behavior(**question #68 if score '0' then NA, if score 1, 2, 3 then rate here**)
 This item rates the kind of the sex act involved in the aggression. Rate the most serious type of aggression present.

Questions to Consider <ul style="list-style-type: none"> • What was the exact act(s) involved in the child/youth's sexual aggression? 	Ratings and Descriptions <p>NA Score '0' or NA on # 68 Sexual Aggression</p> <p>0 Sex act(s) involve touching or fondling only.</p> <p>1 Sex act(s) involve fondling plus possible penetration with fingers or oral sex.</p> <p>2 Sex act(s) involve penetration into genitalia or anus with body part.</p> <p>3 Sex act involves physically dangerous penetration due to differential size or use of an object.</p>
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#75 RESPONSE TO ACCUSATION—Module Sexually Aggressive Behavior (**question #68 if score '0' then NA, if score 1, 2, 3 then rate here**) This item rates how the child/youth responded to the accusation and the remorse felt by the child/youth.

Questions to Consider <ul style="list-style-type: none"> • Is the child/youth sorry for his/her behavior? • Does he/she admit to the sex acts? 	Ratings and Descriptions <p>NA Score '0' or NA on # 68 Sexual Aggression</p> <p>0 Child/youth admits to behavior and expresses remorse and desire to not repeat</p> <p>1 Child/youth partially admits to behaviors and expresses some remorse.</p> <p>2 Child/youth admits to behavior but does not express remorse.</p> <p>3 Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.</p>
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#76 TEMPORAL CONSISTENCY—Module Sexually Aggressive Behavior(**question #68 if score '0' then NA, if score 1, 2, 3 then rate here**) Temporal consistency relates to a child/youth's patterns and history of sexually problematic behavior.

Questions to Consider	Ratings and Descriptions	
	NA	Score '0' or NA on # 68 Sexual Aggression
	0	Child/youth has never exhibited sexually problematic behavior or has developed this behavior only in the past three months following a clear stressor.
	1	Child/youth has been sexually problematic during the past two years, OR the child/youth who has become sexually problematic in the past three months despite the absence of any clear stressors.
	2	Child/youth has been sexually problematic for an extended period of time (e.g., more than two years), but who has had significant symptom-free periods.
	3	Child/youth has been sexually problematic for an extended period of time (e.g. more than two years) without significant symptom-free periods.

#77 HISTORY OF SEXUALLY ABUSIVE BEHAVIOR TOWARDS OTHERS—Module Sexually Aggressive Behavior
(**question #68 if score '0' then NA, if score 1, 2, 3 then rate here**)

This item rates the quantity of sexually aggressive behaviors exhibited by the child/youth.

Questions to Consider	Ratings and Descriptions	
	NA	Score '0' or NA on # 68 Sexual Aggression
	0	Child/youth has only one incident of sexually abusive behavior that has been identified and/or investigated.
	1	Child/youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
	2	Child/youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
	3	Child/youth has more than ten incidents of sexually abusive behavior with more than one victim.

#78 SEVERITY OF SEXUAL ABUSE AS VICTIM—Module Sexually Aggressive Behavior
(**question #68 if score '0' then NA, if score 1, 2, 3 then rate here**)

This item rates the significance and severity of the child/youth's own sexual abuse history.

Questions to Consider	Ratings and Descriptions	
	NA	Score '0' or NA on # 68 Sexual Aggression
	0	No history of any form of sexual abuse.
	1	History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis, OR by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
	2	A moderate level of sexual abuse that may involve a child/youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
	3	A severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child/youth.

#79 SUCCESS OF PRIOR TREATMENT—Module Sexually Aggressive Behavior

(question #68 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider	Ratings and Descriptions
• Does the child/youth have any history of treatment for sexual aggression?	NA Score '0' or NA on # 68 Sexual Aggression
• If so, what type of treatment and what was it effective?	0 No history of prior treatment or history of outpatient treatment with notable positive outcomes.
	1 History of outpatient treatment that has had some degree of success.
	2 History of residential treatment where there has been successful completion of program.
	3 History of residential or outpatient treatment condition with little or no success.

End of Module Sexually Aggressive Behavior**#80 RUNAWAY**

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

Questions to Consider	Ratings and Descriptions
• Has the child/youth ever run away from home, school, or any other place?	NA Youth under age 6
• If so, where did the child/youth go? How long did the child/youth stay away? How was the child/youth found?	0 No current need; no need for action or intervention. Child/youth has no history of running away or ideation of escaping from current living situation.
• Does the child/youth ever threaten to run away?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has no recent history of running away but has not expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has runaway to home (parental or relative).
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A child/youth who is currently a runaway is rated here.

#81 DELINQUENT BEHAVIOR * (Score of 1, 2, 3 requires questions 82-90 (Juvenile Justice) , if score '0' then NA on questions 82-90)

This relates to delinquent behavior for which the child may or may not have been caught (thus may not have any legal involvement) and juvenile justice issues.

Ratings and Descriptions	
Questions to Consider	NA Youth under age 6
• Has the child/youth ever run away from home, school or any other place?	0 No current need; no need for action or intervention. No evidence
• If so, where did s/he go? How long did s/he stay away?	1 Identified need requires monitoring, watchful waiting, or preventive activities. History of delinquency but no acts of delinquency in past 30 days.
• How did you find him/her?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Recent acts of delinquency.
• Did s/he ever threaten to run way?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Severe acts of delinquency that places others at risk of significant loss or injury or place child at risk of adult sanctions.

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

MODULE JUVENILE JUSTICE

#82 SERIOUSNESS –Module Juvenile Justice (question #81 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions	
Questions to Consider	NA Score '0' or NA on #81 Delinquent Behaviors
• What are the behaviors/actions that have made the child/youth involved in the juvenile justice or adult criminal system?	0 Child/youth has engaged only in status violations (e.g. curfew).
	1 Child/youth has engaged in delinquent behavior.
	2 Child/youth has engaged in criminal behavior.
	3 Child/youth has engaged in delinquent criminal behavior that places other citizens at risk of significant physical harm.

#83 HISTORY–Module Juvenile Justice (question #81 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions	
Questions to Consider	NA Score '0' or NA on #81 Delinquent Behaviors
• What are the behaviors/actions that have made the child/youth involved in the juvenile justice or adult criminal system?	0 Current criminal behavior is the first known occurrence.
	1 Child/youth has engaged in multiple delinquent acts in the past one year.
	2 Child/youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where the child/youth did not engage in delinquent behavior.
	3 Child/youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where the child/youth did not engage in criminal or delinquent behavior.

#84 ARRESTS–Module Juvenile Justice (question #81 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions

Questions to Consider
 • What is the child/youth's history of arrests?

- | | |
|----|---|
| NA | Score '0' or NA on #81 Delinquent Behaviors |
| 0 | Child/youth has no known arrests/detentions in past. |
| 1 | Child/youth has history of delinquency, but no arrests in the past 30 days. |
| 2 | Child/youth has 1 to 2 arrests/detentions in the last 30 days. |
| 3 | Child/youth has more than 2 arrests/detentions in last 30 days. |

#85 PLANNING –Module Juvenile Justice (question #81 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions

Questions to Consider
 • Does the child/youth engage in preplanned or spontaneous or impulsive criminal acts?

- | | |
|----|---|
| NA | Score '0' or NA on #81 Delinquent Behaviors |
| 0 | No evidence of any planning. Delinquent behavior appears opportunistic or impulsive. |
| 1 | Evidence suggests that child/youth places the child/youth self into situations where the likelihood of delinquent behavior is enhanced. |
| 2 | Evidence of some planning of delinquent behavior. |
| 3 | Considerable evidence of significant planning of delinquent behavior. Behavior is clearly premeditated. |

#86 COMMUNITY SAFETY –Module Juvenile Justice (question #81 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions

Questions to Consider
 • Is the delinquency violent in nature?
 • Does the child/youth commit violent crimes against people or property?

- | | |
|----|---|
| NA | Score '0' or NA on #81 Delinquent Behaviors |
| 0 | Child/youth presents no risk to the community. The child/youth could be unsupervised in the community. |
| 1 | Child/youth engages in behavior that represents a risk to community property. |
| 2 | Child/youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth's behavior. |
| 3 | Child/youth engages in behavior that directly places community members in danger of significant physical harm. |

#87 LEGAL COMPLIANCE–Module Juvenile Justice (question #81 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions	
Questions to Consider	NA Score '0' or NA on #81 Delinquent Behaviors
♦ Is the child/youth compliant with the terms of his/her probation?	0 Child/youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
♦ Is the child/youth attending appointments, school, etc.?	1 Child/youth is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
♦ Is the child/youth actively or frequently violating probation?	2 Child/youth is in partial noncompliance with standing court orders (e.g. child/youth is going to school/work but not attending court-ordered treatment).
	3 Child/youth is in serious and/or complete noncompliance with standing court orders (e.g., parole violations).

#88 PEER INFLUENCES –Module Juvenile Justice (question #81 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions	
Questions to Consider	NA Score '0' or NA on #81 Delinquent Behaviors
• Do the child/youth's friends also engage in criminal behavior?	0 Child/youth's primary peer social network does not engage in delinquent behavior.
• Are the members of the child/youth's peer group involved in the criminal justice system or on parole/probation?	1 Child/youth has peers in the child/youth's primary peer social network who do not engage in delinquent behavior but has some peers who do.
	2 Child/youth predominantly has peers who engage in delinquent behavior but child/youth is not a member of a gang.
	3 Child/youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

#89 PARENTAL INFLUENCES–Module Juvenile Justice (question #81 if score '0' then NA, if score 1, 2, 3 then rate here)

This item rates the influence of parental criminal behavior on the child/youth's delinquent or criminal behavior

Ratings and Descriptions	
Questions to Consider	NA Score '0' or NA on #81 Delinquent Behaviors
• Have the child/youth's parent(s) ever been arrested?	0 There is no evidence that child/youth's parents have ever engaged in criminal behavior.
• If so, how recently has the child/youth seen his parent(s)?	1 One of child/youth's parents has history of criminal behavior but child/youth has not been in contact with this parent for at least one year.
	2 One of child/youth's parents has history of criminal behavior and child/youth has been in contact with this parent in the past year.
	3 Both of child/youth's parents have history of criminal behavior.

#90 ENVIRONMENTAL INFLUENCES –Module Juvenile Justice(question #81 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions	
Questions to Consider	NA Score '0' or NA on #81 Delinquent Behaviors
• Does the child/youth live in a neighborhood/community with high levels of crime?	0 No evidence that the child/youth's environment stimulates or exposes the child/youth to any criminal behavior.
• Is the child/youth a frequent witness or victim of such crime?	1 Mild problems in the child/youth's environment that might expose the child/youth to criminal behavior.
	2 Moderate problems in the child/youth's environment that clearly expose the child/youth to criminal behavior.
	3 Severe problems in the child/youth's environment that stimulate the child/youth to engage in criminal behavior.

End of Module Juvenile Justice

#91 FIRE SETTING *(Score 1, 2, 3 requires questions 92-100, if score '0' then NA on questions 92-100)

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

Ratings and Descriptions	
Questions to Consider	NA Youth under age 6
• Has the child/youth ever started a fire?	0 No current need; no need for action or intervention. No evidence of any fire setting behavior.
• Has the incident of fire setting put anyone at harm or at risk of harm?	1 Identified need requires monitoring, watchful waiting, or preventive activities. History of fire setting but not in the past six months.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

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

MODULE FIRE SETTING

#92 HISTORY—Module Fire Setting (question # 91 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions

NA Score ‘0’ or NA on question #91 Fire Setting

0 Only one known occurrence of fire setting behavior.

1 Child/youth has engaged in multiple acts of fire setting in the past year.

2 Child/youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where the child/youth did not engage in fire setting behavior.

3 Child/youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where the child/youth did not engage in fire setting behavior.

Questions to Consider

- How many times have you started fires?
- When did that happen?

Please rate the most recent episode of fire setting.

#93 SERIOUSNESS—Module Fire Setting (question # 91 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions

NA Score ‘0’ or NA on question #91 Fire Setting

0 Child/youth has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).

1 Child/youth has engaged in fire setting that resulted only in some property damage that required repair.

2 Child/youth has engaged in fire setting which caused significant damage to property (e.g. burned down house).

3 Child/youth has engaged in fire setting that injured self or others.

#94 PLANNING —Module Fire Setting (question # 91 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions

NA Score ‘0’ or NA on question #91 Fire Setting

0 No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.

1 Evidence suggests that child/youth places the child/youth self into situations where the likelihood of fire setting behavior is enhanced.

2 Evidence of some planning of fire setting behavior.

3 Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

#95 USE OF ACCELERANTS —Module Fire Setting (question # 91 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

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

Ratings and Descriptions

NA Score '0' or NA on question #91 Fire Setting

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

#96 INTENTION TO HARM —Module Fire Setting (question # 91 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

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

Ratings and Descriptions

NA Score '0' or NA on question #91 Fire Setting

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

Rate the following items within the last 30 days.**#97 COMMUNITY SAFETY —Module Fire Setting (question # 91 if score '0' then NA, if score 1, 2, 3 then rate here)**

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

Questions to Consider

- When you started the fires, did you place other people in your community at risk?
- Do other people think that you put them at risk when you start fires?
- Do you intentionally try to hurt others when you start a fire?

Ratings and Descriptions

NA Score '0' or NA on question #91 Fire Setting

- | | |
|---|--|
| 0 | Child/youth presents no risk to the community. The child/youth could be unsupervised in the community. |
| 1 | Child/youth engages in fire setting behavior that represents a risk to community property. |
| 2 | Child/youth engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth's behavior. |
| 3 | Child/youth engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Child/youth attempts to use fires to hurt others. |

#98 RESPONSE TO ACCUSATION—Module Fire Setting (question # 91 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

- How did you react when you were accused of setting fires?
- How do you feel about that?

Ratings and Descriptions

- | | |
|----|--|
| NA | Score '0' or NA on question #91 Fire Setting |
| 0 | Child/youth admits to behavior and expresses remorse and desire to not repeat. |
| 1 | Child/youth partially admits to behaviors and expresses some remorse. |
| 2 | Child/youth admits to behavior but does not express remorse. |
| 3 | Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial. |

#99 REMORSE —Module Fire Setting (question # 91 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

- Does the child/youth feel responsible for starting that fire?
- How did the child/youth apologize for what they did?

Ratings and Descriptions

- | | |
|----|---|
| NA | Score '0' or NA on question #91 Fire Setting |
| 0 | Child/youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child/youth is able to apologize directly to effected people. |
| 1 | Child/youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child/youth is unable or unwilling to apologize to effected people. |
| 2 | Child/youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences. |
| 3 | Child/youth accepts no responsibility and does not appear to experience any remorse. |

#100 LIKELIHOOD OF FUTURE FIRE SETTING—Module Fire Setting (question # 91 if score '0' then NA, if score 1, 2, 3 then rate here)

This item rates the potential for reoccurrence of fire setting behavior in the future.

Questions to Consider

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

Ratings and Descriptions

- | | |
|----|---|
| NA | Score '0' or NA on question #91 Fire Setting |
| 0 | Child/youth is unlikely to set fires in the future. Child/youth able and willing to exert self-control over fire setting. |
| 1 | Child/youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention. |
| 2 | Child/youth remains at risk of fire setting if left unsupervised. Child/youth struggles with self-control. |
| 3 | Child/youth presents a real and present danger of fire setting in the immediate future. Child/youth unable or unwilling to exert self-control over fire setting behavior. |

End of Module Fire Setting

#101 INTENTIONAL MISBEHAVIOR

This rating describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child/youth lives) that put the child/youth at some risk of consequences.

Questions to Consider

- Does the child/youth intentionally do or say things to upset others or get in trouble with people in positions of authority or (e.g., parents or teachers)?
- Has the child/youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the child/youth such as suspension, job dismissal, etc.?

Ratings and Descriptions

- NA Youth under age 6
- 0 No current need; no need for action or intervention.
Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the child/youth's life.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).

Supplemental Information: It is not necessary that the child/youth be able to articulate that the purpose of his/her misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for child/youth who engage in such behavior solely due to developmental delays.

#102 BULLYING

This item describes perpetrators of the exploitation of others. Generally, this refers to bullying other children or child (usually smaller or younger ones); however, it could include child who bully adults.

Questions to Consider

- Has the child/youth ever exploited anyone?
- Is the child/youth a leader of a group that exploits others?

Ratings and Descriptions

- NA Youth under age 6
- 0 No current need; no need for action or intervention.
Child/youth has never engaged in bullying at school or in the community.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth has been involved with groups that have bullied other child either in school or the community; however, child has not had a leadership role in these groups.
- 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 bullied other child in school or community. Child has either bullied the other child individually or led a group that bullied child
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has repeated utilized threats or actual violence to bully child/youth in school and/or community.

Supplemental Information: Evidence of the use of threats and/or other intimidation tactics are necessary to rate a child/child as having an 'actionable' need on this item (i.e. 2 or 3). Children who use angry outbursts for secondary gains could be considered engaging in bullying.

#103 MEDICATION COMPLIANCE

This item focuses on the child/youth's willingness or ability to participate in taking prescribed medication.

Questions to Consider

- Has the child/youth been prescribed medication?
- Regardless of who is responsible for making sure the child/youth is taking medication (i.e., child or caregiver), is the medication being taken as prescribed?

Ratings and Descriptions	
NA	Youth under age 6
0	Child takes prescribed medications without problems, or child is not currently on any prescribed medication. For TAY: Youth takes medications as prescribed without assistance or reminders.
1	Child will take prescribed medications routinely, but sometimes needs reminders, or caregiver needs reminders to maintain compliance. A history of medication noncompliance but no current problems would be rated here. For TAY: Youth usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); he/she may benefit from reminders and checks to consistently take medications.
2	Child or caregiver is sporadically non-compliant, and this may place him/her at medical risk. Child may be resistant to taking prescribed medications or may tend to overuse his or her medications. He/she might comply with prescription plans for a period of time (1-2 weeks), but generally does not sustain taking medication in prescribed dose or protocol. Or, caregiver may be inconsistent in making sure the child takes medication. For TAY: Youth takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; he/she may benefit from direct supervision of medication.
3	Child and/or caregiver is not compliant with prescribed medications, or child has abused his or her medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree). For TAY: Youth does not take medication(s) that have been prescribed for management of underlying medical conditions and his/her underlying medical conditions are not well controlled. Youth abusing medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here.

CHILD BEHAVIORAL/EMOTIONAL NEEDS (AGES 6-21)

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

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

#104 PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders.

Questions to Consider

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

Ratings and Descriptions

- | | |
|----|--|
| NA | Youth under age 6 |
| 0 | No current need; no need for action or intervention.

No evidence of psychotic symptoms. Both thought processes and content are within normal range. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes child/youth with a history of hallucinations but none currently. Use this category for child/youth who are below the threshold for one of the DSM diagnoses listed above. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.

Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm. |

Supplemental Information: The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.

#105 DEPRESSION

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

Questions to Consider

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

Ratings and Descriptions

- NA Youth under age 6
- 0 No current need; no need for action or intervention.
No evidence of problems with depression.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

#106 ANXIETY

This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors).

Questions to Consider

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

Ratings and Descriptions

- NA Youth under age 6
- 0 No current need; no need for action or intervention.
No evidence of anxiety symptoms.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history, suspicion, or evidence of anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

Supplemental Information: Panic attacks can be a prominent type of fear response.

#107 MANIA

Symptoms included in this dimension are mood disturbance (including elevated/expansive, but also depressive at times), increase in energy, decrease in sleep, pressured speech, racing thoughts and grandiosity that are characteristic of mania.

Questions to Consider

- Does the child/youth have periods of time that you feel like you don't need to sleep or eat? Have extreme behavior changes?

Ratings and Descriptions

- | | |
|----|--|
| NA | Youth under age 6 |
| 0 | No current need; no need for action or intervention.

No evidence of mania or manic behavior. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.

This rating is given to a child/youth with mild mania. Brief duration of mania, irritability, or impairment of peer, family, vocational or academic function that does not lead to gross manic behavior. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

This rating is given to a child/youth with a moderate level of mania. This level is used to rate individuals who meet the criteria for an affective disorder. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.

This rating is given to a child/youth with a severe level of mania. For example, the individual may be wildly over-spending, rarely sleeping, or pursuing a special "mission" that only he or she can accomplish. Functioning in multiple domains, such as school/ work, social settings and family are severely compromised. The manic episode rated here could include psychotic symptoms. |

#108 IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders and mania as indicated in the DSM-5.

Questions to Consider

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

Ratings and Descriptions

- | | |
|----|--|
| NA | Youth under age 6 |
| 0 | No current need; no need for action or intervention.

No evidence of symptoms of loss of control of behavior. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.

There is a history of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.

Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers self or others without thinking. |

Supplemental Information: Child/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), and sexual behavior, fire-starting or stealing. Manic behavior is also rated here.

#109 ATTENTION/CONCENTRATION

Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of standard diagnostic criteria of Attention-Deficit Hyperactivity Disorder. Inattention/distractibility not related to opposition would also be rated here.

Questions to Consider

- Does the child/youth have trouble concentrating or paying attention?
- Has the child/youth ever been diagnosed with ADD/ADHD?

Ratings and Descriptions

- NA Youth under age 6
- 0 No current need; no need for action or intervention.
This rating is used to indicate a child/youth with no evidence of attention/concentration problems. This child is able to stay on task in an age-appropriate manner.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
This rating is used to indicate a child/youth with evidence of mild problems with attention/concentration. Child/youth may have some difficulties staying on task for an age appropriate time period in school or play.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
This rating is used to indicate a child/youth with moderate attention problems. In addition to problems with sustained attention, child/youth may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A child who meets STANDARD DIAGNOSTIC CRITERIA diagnostic criteria for ADHD would be rated here.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
This rating is used to indicate a child/youth with severe impairment of attention or concentration. A child with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.

#110 OPPOSITIONAL BEHAVIOR

This item rates the child/youth's relationship with authority figures.

Questions to Consider

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

Ratings and Descriptions

- NA Youth under age 6
- 0 No current need; no need for action or intervention.
No evidence of oppositional behaviors.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or evidence of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has problems with compliance with rules or adult instruction or authority.

Supplemental Information: Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth.

#111 CONDUCT

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

Questions to Consider

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

Ratings and Descriptions

NA Youth under age 6

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

#112 ANGER CONTROL

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

Questions to Consider

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

Ratings and Descriptions

NA Youth under age 6

- 0 No current need; no need for action or intervention.
No evidence of any anger control problems.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities. History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.

#113 SUBSTANCE USE * (Score of 1, 2, 3, requires questions 114-119, if score '0' then NA on questions 114-119)

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

Ratings and Descriptions	
NA	Youth under age 6
0	No current need; no need for action or intervention. Child/youth has no notable substance use difficulties at the present time.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth.

MODULE SUBSTANCE USE

#114 SEVERITY OF USE –Module Substance Use (questions # 113 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions	
Questions to Consider	
• Is the child/youth currently using substances? If so, how frequently?	NA Score '0' or NA on question #113 Substance Use
• Is there evidence of physical dependence on substances?	0 Child/youth is currently abstinent and has maintained abstinence for at least six months.
	1 Child/youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
	2 Child/youth actively uses alcohol or drugs but not daily.
	3 Child/youth uses alcohol and/or drugs on a daily basis.

#115 DURATION OF USE –Module Substance Use (questions # 113 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Ratings and Descriptions	
Questions to Consider	
• How long has the child/youth been using drugs and/or alcohol?	NA Score '0' or NA on question #113 Substance Use
	0 Child/youth has begun use in the past year.
	1 Child/youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the child/youth did not have any use.
	2 Child/youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
	3 Child/youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

#116 STAGE OF RECOVERY –Module Substance Use (questions # 113 if score ‘0’ then NA, if score 1, 2, 3 then rate here
This item identifies where the child/youth is in the child/youth’s recovery process.

Questions to Consider

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

Ratings and Descriptions

- NA Score ‘0’ or NA on question #113 Substance Use
- 0 Child/youth is in maintenance stage of recovery. Child/youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
- 1 Child/youth is actively trying to use treatment to remain abstinent.
- 2 Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
- 3 Child/youth is in denial regarding the existence of any substance use problem.

#117 PEER INFLUENCES –Module Substance Use (questions # 113 if score ‘0’ then NA, if score 1, 2, 3 then rate here
This item identifies the impact that the child/youth’s social group has on the child/youth’s substance use.

Questions to Consider

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

Ratings and Descriptions

- NA Score ‘0’ or NA on question #113 Substance Use
- 0 Child/youth's primary peer social network does not engage in alcohol or drug use.
- 1 Child/youth has peers in the child/youth's primary peer social network who do not engage in alcohol or drug use but has some peers who do.
- 2 Child/youth predominantly has peers who engage in alcohol or drug use but child/youth is not a member of a gang.
- 3 Child/youth is a member of a peer group that consistently engages in alcohol or drug use.

#118 PARENTAL/CAREGIVER INFLUENCES –Module Substance Use (questions # 113 if score ‘0’ then NA, if score 1, 2, 3 then rate here) This item rates the parent’s/caregiver’s use of drugs or alcohol with or in the presence of the child/youth.

Questions to Consider

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

Ratings and Descriptions

- NA Score ‘0’ or NA on question #113 Substance Use
- 0 There is no evidence that child/youth's caregivers have ever engaged in substance abuse.
- 1 One of child/youth's caregivers has history of substance abuse but not in the past year.
- 2 One or both of child/youth's caregivers have been intoxicated with alcohol or drugs in the presence of the child/youth.
- 3 One or both of child/youth's caregivers use alcohol or drugs with the child/youth.

#119 ENVIRONMENTAL INFLUENCES—Module Substance Use (questions # 113 if score ‘0’ then NA, if score 1, 2, 3 then rate here
This item rates the impact of the child/youth’s community environment on their alcohol and drug use.

Questions to Consider

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

Ratings and Descriptions

NA Score ‘0’ or NA on question #113 Substance Use

- 0 No evidence that the child/youth's environment stimulates or exposes the child/youth to any alcohol or drug use.
- 1 Mild problems in the child/youth's environment that might expose the child/youth to alcohol or drug use.
- 2 Moderate problems in the child/youth's environment that clearly expose the child/youth to alcohol or drug use.
- 3 Severe problems in the child/youth's environment that stimulate the child/youth to engage in alcohol or drug.

End of Module Substance Use

#120 EATING DISTURBANCE

This item rates any disturbances in eating.

Questions to Consider

- Does the child/youth over eat or under eat?
- Is the child/youth overly picky about when or what they eat?
- Is the child/youth overweight or underweight because of their eating habits?

Ratings and Descriptions

NA Youth under age 6

- 0 No current need; no need for action or intervention
No evidence of eating disturbances
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Evidence of an eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning.
Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are following by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). Food hoarding also would be rated here.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Eating disturbance is disabling. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

#121 ATTACHMENT DIFFICULTIES

Attachment refers to the special relationship between a child and their caregiver that is established within the first year of life.

Questions to Consider

- Was the child/youth able to establish a relationship with a caregiver in the first year of his/her life?

Ratings and Descriptions

- | | |
|----|---|
| NA | Youth under age 6 |
| 0 | No current need; no need for action or intervention
No evidence of problems with attachment. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Problems with attachment exist. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here. |

Supplemental Information: As the infant experiences getting their needs met throughout the first months of life they begin to associate gratification and security within the care-giving relationship. This ultimately leads to feelings of affection and by 8 months of age an infant will typically exhibit preference for the primary caregiver. An infant that does not experience their needs being met or responded to in a consistent and predictable pattern will typically develop an insecure pattern of attachment.

The benefits of a secure attachment have been researched significantly and are far reaching. Secure attachment between a child and their caregiver promotes positive development in self-esteem, independence and autonomy, impulse control, conscience development, long-term friendships, prosocial coping skills, relationships with caregivers and adults, trust, intimacy and affection, empathy, compassion, behavioral and academic performance and the ability to form secure attachments with their own children when they become adults (Levy, 1998).

CAREGIVER NEEDS AND STRENGTHS (AGES 0-21)

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. If the child/youth is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child/youth.

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

#122 SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth.

Questions to Consider

- How does the caregiver feel about their ability to keep an eye on and discipline the child/youth?
- Does the caregiver need some help with these issues?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No current need; no need for action or intervention.
No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring. |

Supplemental Information: Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their children.

#123 INVOLVEMENT WITH CARE

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

Questions to Consider

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

Ratings and Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention.
No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on behalf of the child/youth. Caregiver is open to receiving support, education, and information. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver wishes for child/youth to be removed from his/her care. |

#124 KNOWLEDGE OF CHILD'S NEEDS

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

Questions to Consider

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

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver, while being generally knowledgeable about the child/youth, has some deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills and assets.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs place the child/youth at risk of significant negative outcomes.

#125 ORGANIZATION SKILLS

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

Questions to Consider

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

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
Caregiver(s) is well organized and efficient.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver(s) has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver(s) has difficulty organizing and maintaining household to support needed services.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver(s) is unable to organize household to support needed services.

#126 SOCIAL RESOURCES

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

Ratings and Descriptions	
Questions to Consider	
• Does family have extended family or friends who provide emotional support?	0 No current need; no need for action or intervention. Caregiver has significant social and family networks that actively help with caregiving.
• Can they call on social supports to watch the child/youth occasionally?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has some family or friend or social network that actively helps with caregiving.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.

#127 RESIDENTIAL STABILITY

This item refers exclusively to the housing stability of the caregiver and should **not** reflect whether the child might be placed outside of the home.

Ratings and Descriptions	
Questions to Consider	
• Is our current housing situation stable?	0 No current need; no need for action or intervention. Caregiver has stable housing for the foreseeable future.
• Do you have any concerns that you might have to move in the near future?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
• Have you lost your housing?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has moved multiple times in the past year. Housing is unstable.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has experienced periods of homelessness in the past six months.

Supplemental Information: Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1.'

#128 PHYSICAL HEALTH

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that limit or prevents their ability to parent the child.

Questions to Consider

- How is the caregiver's health?
- Does s/he have any health problems that make it hard for him/her to take care of the family?
- Does anyone else in the family have serious physical needs?

Ratings and Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention.
Caregiver is generally healthy. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver is in recovery from medical/physical problems. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has medical/physical problems that interfere with their capacity to parent. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has medical/physical problems that make it impossible for them to parent at this time. |

Supplemental Information: A single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3.' If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1.'

#129 MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to child/youth.

Questions to Consider

- Do caregivers have any mental health needs (including adjusting to trauma experiences) that make parenting difficult?
- Is the child/youth receiving services?
- Is there any evidence of transgenerational trauma that is impacting the caregiver or the child/youth's ability to give care effectively?

Ratings and Descriptions

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

#130 SUBSTANCE USE

This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/youth.

Questions to Consider

- Do caregivers have any substance use needs that make parenting difficult?
- Is the caregiver receiving any services for the substance use problems?

Ratings and Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention.
No evidence of caregiver substance use issues. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history of, suspicion or use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in his/her ability to parent. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time. |

#131 POST-TRAUMATIC REACTIONS

This rating describes post-traumatic reactions faced by parent/caregiver, including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.

Questions to Consider

- Has the parent experienced trauma?
- What type of trauma has the parent experienced?
- How is the parent adjusting to the trauma experienced?

Ratings and Descriptions

- | | |
|---|--|
| 0 | No current need; no need for action or intervention.
Caregiver has not experienced any significant trauma or has adjusted to traumatic experiences without notable post-traumatic stress reactions. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide child care. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide child care. Caregiver may have nightmares or flashbacks of the trauma. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action
Caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact the caregiver's ability to provide child care. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety. |

#132 DEVELOPMENTAL

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

Questions to Consider

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

Ratings and Descriptions

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

#133 ACCESS TO CHILD CARE

This item describes the caregiver's access to child care supports such as baby-sitting or day care.

Questions to Consider

- Are child care services readily available to the caregiver?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No current need; no need for action or intervention.
Caregiver has access to sufficient child care services. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver has limited access to child care services. Needs are met minimally by existing, available services. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has no access to child care services. |

#134 MILITARY TRANSITIONS

This item rates transitions experienced by young adults due to involvement in military service.

Questions to Consider

- Does the child have someone in their life in the military?
- Does the child know someone who is deployed?
- How is the child handling these challenges?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No current need; no need for action or intervention.
Young adult is not experiencing any transitions related to military services. Young adult not involved in military service would be rated here. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Young adult anticipating a transition related to military service in the near future or young adult experienced a transition in the past which was challenging. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Young adult experiencing a transition related to military service. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Young adult experiencing a transition related to military service that has a major impact on their life domain functioning. |

#135 FAMILY STRESS * (Score 1, 2, 3 requires questions 136-143, if score '0' then NA on questions 136-143)

This item refers to the impact the child or child's challenges place on the family system.

Questions to Consider

- Are the child's needs causing stress on the family?
- Is the family able to cope with this stress?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No current need; no need for action or intervention.
Caregiver able to manage the stress of child/children's needs. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver has some problems managing the stress of child/children's needs. |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting. |

***A rating of '1', '2' or '3' on this item triggers the Family/Caregiver Module.**

Supplemental Information: A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress. Historically, this item was referred to as a burden in that raising a child with many needs can weigh on the family.

MODULE FAMILY/CAREGIVER

#136 HYGIENE & SELF-CARE/DAILY LIVING SKILLS—Module Family/Caregiver (question # 135 if score ‘0’ then NA, if score 1, 2, 3 then rate here) This rating describes the caregiver’s ability to provide for the basic needs (e.g., shelter, food, safety, and clothing) of the child/youth.

Ratings and Descriptions	
Questions to Consider	NA Score ‘0’ on question # 135 Family Stress
• Is the caregiver able to provide for the basic needs of his/her child?	0 The caregiver has the daily living skills needed to care for the Child/youth.
• Does the caregiver need assistance in this area?	1 The caregiver needs verbal prompting to complete the daily living skills required to care for the child/youth.
	2 The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for the child/youth.
	3 The caregiver is unable to complete the daily living skills required to care for the child/youth. Caregiver needs immediate intervention.

#137 CULTURAL STRESS—Module Family/Caregiver (question # 135 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

Cultural stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual’s own cultural identity and the predominant culture in which he/she lives. This need reflects things such as racism, discrimination, or harassment because of sexual orientation or appearance or background.

Ratings and Descriptions	
Questions to Consider	NA Score ‘0’ on question # 135 Family Stress
• Has the child experienced any problems with the reaction of others to his/her cultural identity?	0 No evidence of stress between individual’s cultural identity and current living situation.
• Has the child experienced discrimination?	1 Some mild or occasional stress resulting from friction between the individual’s cultural identity and his/her current living situation.
	2 Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.
	3 Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.

#138 EMPLOYMENT—Module Family/Caregiver (question # 135 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This dimension describes the caregiver’s current employment status.

Ratings and Descriptions	
Questions to Consider	NA Score ‘0’ on question # 135 Family Stress
• Is the caregiver employed?	0 Caregiver(s) has stable employment that they enjoy and consider a stable, long-term position.
• Are there concerns regarding the caregiver’s employment status?	1 Caregiver(s) is employed but concerns exist about the stability of this employment.
	2 Caregiver(s) is not employed currently but has history of successful employment.
	3 Caregiver(s) is not employed and has no or only very limited history of employment.

#139 EDUCATIONAL ATTAINMENT—Module Family/Caregiver (question # 135 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This rates the degree to which the individual has completed his/her planned education.

Questions to Consider	Ratings and Descriptions
	NA Score ‘0’ on question # 135 Family Stress
• Has the caregiver achieved his/her educational goals?	0 Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
• Does the caregiver need assistance with attaining his/her educational goals?	1 Caregiver has set educational goals and is currently making progress towards achieving them.
	2 Caregiver has set educational goals but is currently not making progress towards achieving them.
	3 Caregiver has no educational goals and lack of educational attainment is interfering with individual’s lifetime vocational functioning. Caregiver needs educational/vocational intervention.

#140 LEGAL—Module Family/Caregiver (question # 135 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider	Ratings and Descriptions
• Does the caregiver have a history of involvement with the legal system?	NA Score ‘0’ on question # 135 Family Stress
	0 Caregiver has no known legal difficulties.
	1 Caregiver has a history of legal problems but currently is not involved with the legal system.
	2 Caregiver has some legal problems and is currently involved in the legal system.
	3 Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

#141 MOTIVATION FOR CARE—Module Family/Caregiver (question # 135 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This item rates the desire of the caregiver to support the child/youth in care. The caregiver need not have an understanding of the child/youth's diagnosis; however, the caregiver participates in recommended or prescribed care (e.g., administering prescribed medications and cooperating with care providers).

Questions to Consider:	Ratings and Descriptions
• Do you participate in care recommended or prescribed for your child?	NA Score ‘0’ on question # 135 Family Stress
• Do you support your child’s participation in care?	0 The caregiver is engaged in the child/youth’s care and supports the child/youth in participating in care.
	1 The caregiver is willing for the child/youth to participate in care; however the caregiver may need prompts at times.
	2 The caregiver is often unwilling to support the child/youth’s care and is often uncooperative with service providers. Caregiver may need coaching or other supports to assist in supporting the child/youth’s care plan.
	3 The caregiver refuses to allow the child/youth to participate in care including taking prescribed medications or cooperating with recommended care.

#142 FINANCIAL RESOURCES—Module Family/Caregiver (question # 135 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This rating refers to the financial assets that the parents can bring to bear in addressing the multiple needs of the child/youth and family. Please rate the highest level from the past 30 days.

Questions to Consider	Ratings and Descriptions	
	NA	Score ‘0’ on question # 135 Family Stress
• Does the caregiver have sufficient financial resources to raise his/her child (ren)?	0	Caregiver has sufficient financial resources to raise the child/adolescent (e.g., child rearing).
• Does the caregiver need financial assistance?	1	Caregiver has some financial resources to help with raising the child/adolescent (e.g. child rearing).
	2	Caregiver has limited financial resources to help with raising the child/adolescent (e.g., child rearing).
	3	Caregiver has no financial resources to help with raising the child/adolescent (e.g. child rearing). Caregiver needs financial resources.

#143 TRANSPORTATION—Module Family/Caregiver (question # 135 if score ‘0’ then NA, if score 1, 2, 3 then rate here)

This rating reflects the level of unmet transportation needs that are required to ensure that the child or adolescent could effectively participate in his/her own treatment.

Questions to Consider	Ratings and Descriptions	
	NA	Score ‘0’ on question # 135 Family Stress
• Does the caregiver have reliable transportation?	0	Child/adolescent has no unmet transportation needs.
• Are there any barriers to securing transportation?	1	Child/adolescent has occasional transportation needs (e.g. appointments) but access to appropriate transportation is a challenge. These needs would be no more than weekly and not require a special vehicle. Child/adolescent with a caregiver(s) who needs transportation assistance to visit a child/adolescent would be rated here.
	2	Child/adolescent has either occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily) that do not require a special vehicle but access to transportation is difficult.
	3	Child/adolescent requires frequent (e.g. daily) transportation in a special vehicle and access to appropriate transportation is difficult.

End of Module Family/Caregiver

#144 SAFETY

This item describes the caregiver's ability to maintain the child/youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

Questions to Consider	Ratings and Descriptions
• Is the caregiver able to protect the child/youth from harm in the home?	0 No current need; no need for action or intervention. No evidence of safety <u>issues</u> . Household is safe and secure. Child/youth is not at risk from others.
• Are there individuals living in the home or visiting the home that may be abusive to the child/youth?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth is in some danger from one or more individuals with access to the home.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is in immediate danger from one or more individuals with unsupervised access.

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

Medical (Ages 0-21)

The ratings in this section identify the medical needs of the child.

Question to Consider for this Domain: What are the medical needs of the child?

#145 MEDICAL HEALTH * (Score of 1, 2, 3 requires questions 146-153 answered, if score '0' then NA on questions 146-153)

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

Questions to Consider

- Does the child/youth have any life threatening medical issues?

Ratings and Descriptions

- 0 Child's is healthy
- 1 Child has some medical problems that require medical treatment. These problems are acute and not expected to have duration of a year or more.
- 2 Child has chronic illness that requires ongoing medical intervention.
- 3 Child has life threatening or disabling medical condition

Supplemental Information: An infant with frequent apneic episodes requiring tactile stimulation or respiratory treatment or a child has who experienced frequent, uncontrolled seizures requiring respiratory treatment within the past month would be rated a 3.

#146 LIFE THREATENING (question #145 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

- Does the child/youth have any life threatening medical issues?

Ratings and Descriptions

- NA Score of '0' on #145 Medical Health
- 0 No current need; no need for action or intervention.
Child's medical condition has no implications for shortening child's life.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child's medical condition may shorten life but not until later in adulthood.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child's medical condition places child at some risk of premature death before reaching adulthood.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child's medical condition places child at imminent risk of death.

Supplemental Information: An infant with frequent apneic episodes requiring tactile stimulation or respiratory treatment or a child has who experienced frequent, uncontrolled seizures requiring respiratory treatment within the past month would be rated a 3.

#147 CHRONICITY (question #145 if score '0' then NA, if score 1, 2, 3 then rate here)

This item refers to a condition that is persistent or long-lasting in its effects or a disease that develops gradually over time and is expected to last a long time even with treatment (e.g., development of Type 2 diabetes in child who has been obese for many years).

Questions to Consider

- Does the child/youth have any chronic medical issues?

Ratings and Descriptions

NA Score of '0' on #145 Medical Health

- 0 No current need; no need for action or intervention.
Child/youth is expected to fully recover from current medical condition within the next six months to one year. Note: A child/youth with this rating does not have a chronic condition.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth's chronic condition is minor or well controlled with current medical management (e.g., an adolescent with acne).
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth's chronic condition(s) is moderate in nature with significant effects/exacerbations despite medical management. Child may experience more frequent medical visits, including ER visits, surgeries and/or hospitalizations for acute manifestation or complications of chronic condition.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth's chronic condition(s) is severe and places the child at risk for prolonged inpatient hospitalization or out of home placement (or in home care with what would be equivalent to institutionalized care).

Supplemental Information: Chronic conditions are in contrast to acute conditions which have a sudden onset; a child may fully recover from an acute condition or it may become chronic.

#148 DIAGNOSTIC COMPLEXITY (question #145 if score '0' then NA, if score 1, 2, 3 then rate here)

The items refers to the degree to which symptoms can be attributed to medical, developmental, or behavioral conditions, and/or there is an acknowledgement that symptoms/ behaviors may overlap, and are contributing to the complexity.

Questions to Consider

- How complex is the diagnosis that the child/youth has?
- Do any of the child/youth's medical issues overlap?

Ratings and Descriptions

NA Score of '0' on #145 Medical Health

- 0 No current need; no need for action or intervention.
The child's medical diagnoses are clear and there is no doubt as to the correct diagnoses; symptom presentation is clear.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in the child's symptom presentation to raise concerns that the diagnoses may not be accurate.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
It is currently not possible to accurately diagnose the child's medical condition(s).

#149 EMOTIONAL RESPONSE (question #145 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

- Is the child/youth's medical condition having any sort of emotional effect on the child/youth?

Ratings and Descriptions

- NA Score of '0' on #145 Medical Health
- 0 No current need; no need for action or intervention.
Child/youth is coping well with medical condition.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth is experiencing some emotional difficulties related to medical condition but these difficulties do not interfere with other areas of functioning.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth is having difficulties coping with medical condition. Child/youth's emotional response is interfering with functioning in other life domains.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is having a severe emotional response to medical condition that is interfering with treatment and functioning.

#150 IMPAIRMENT FUNCTIONING (question #145 if score '0' then NA, if score 1, 2, 3 then rate here)

This item refers to either a reduction in physical or mental capacity that is sufficient to interfere with managing day-to-day tasks of life.

Questions to Consider

- Does the child/youth's condition interfere with their day to day functioning?

Ratings and Descriptions

- NA Score of '0' on #145 Medical Health
- 0 No current need; no need for action or intervention.
Child/youth's medical condition is not interfering with functioning in other life domains.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth's medical condition has a limited impact on functioning in at least one other life domain.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth's medical condition is interfering in more than one life domain or is disabling in at least one.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth's medical condition has disabled child in most other life domains.

Supplemental Information: This limitation can range from a slight loss of function to a total impairment which is usually considered a disability. Some impairment may be short term while others may be permanent. Assessing the impairment can help identify the best course of treatment and whether it is responding to treatment.

#151 INTENSITY OF TREATMENT (question #145 if score '0' then NA, if score 1, 2, 3 then rate here)

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

Questions to Consider

- What intervention does the child/youth's condition require?
- How often is the intervention required?

Ratings and Descriptions

- NA Score of '0' on #145 Medical Health
- 0 No current need; no need for action or intervention.
Child/youth's medical treatment involves taking daily medication or visiting a medical professional for routine follow up no more than 2 times a year.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth's medical treatment involves taking multiple medications daily and visiting a medical professional(s) 3-4 times a year.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth's medical treatment is daily but non-invasive; treatment can be administered by a caregiver. Non-invasive treatments could include daily nebulizer treatments, chest percussion therapy, application of splints/braces and stretching exercises etc. Without a caregiver, this child's care might be provided in an alternate setting (i.e. intermediate care facility). The child could require visits every 4-6 weeks to a medical professional(s) for adjustments in medication dosing and treatment and take multiple daily medications with dosing spaced throughout the day.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth's medical treatment is daily and invasive and requires either a medical professional to administer or a well-trained caregiver. Examples of treatment provided by medical professional or well-trained caregiver include catheterization of bladder, suctioning of tracheostomy tube, provision of tube feedings etc. Without a well-trained caregiver or medical professional, this child/youth's care would be provided in a skilled alternate setting (i.e. hospital, nursing home).

#152 ORGANIZATIONAL COMPLEXITY (question #145 if score '0' then NA, if score 1, 2, 3 then rate here)

This item demonstrates how effectively organizations and medical professionals caring for a child/youth work together.

Questions to Consider

- Are there multiple organizations working on the medical needs of a child/youth?
- Do the multiple organizations communicate well?

Ratings and Descriptions

- NA Score of '0' on #145 Medical Health
- 0 No current need; no need for action or intervention.
All medical care is provided by a single medical professional.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth's medical care requires collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals.

Supplemental Information: The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration. A child/youth who receives primary and specialty care from one institution in which professionals are successfully communicating (i.e. within a tertiary medical center) would score lower than a child/youth who receives primary care from a community provider, behavioral health care from another community provider, specialty medical care from a tertiary care center and communication issues exist amongst professionals regarding the treatment plan.

#153 FAMILY STRESS (question #145 if score '0' then NA, if score 1, 2, 3 then rate here)

This item refers to the physical, emotional, or financial stress on the family due to the provision of direct care, making and coordinating appointments, or obtaining medical supplies and equipment.

Questions to Consider

- Does the child/youth's medical condition cause stress to the family?

Ratings and Descriptions

- | | |
|----|--|
| NA | Score of '0' on #145 Medical Health |
| 0 | No current need; no need for action or intervention.
Child/youth's medical condition or care is not adding stress to the family. |
| 1 | Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth's medical condition or care is a stressor on the family and family is functioning well |
| 2 | Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth's medical condition is a stressor on the family and is interfering with healthy family functioning. |
| 3 | Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth's medical condition is a severe stressor on family and is significantly impacting family functioning. |

INFANTS AND YOUTH (AGES 0-5)

The ratings in this section identify the risk behaviors of the infant/child.

Question to Consider for this Domain: What are the presenting social, emotional, and behavioral risk behaviors that the infant/child demonstrates?

CHILD RISK BEHAVIORS

#154 SELF-HARM

This item is used to describe repetitive behavior that results in physical injury to the child.

Questions to Consider

- Does the infant/child ever purposely hurt themselves?
- Does the infant/child use this behavior as a release?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
No evidence of self-harming behaviors.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Mild level of self-harm behavior or history of self-harm.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Moderate level of self-harm behavior such as head banging that cannot be impacted by caregiver and interferes with infant/child's functioning.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Severe level of self-harm behavior that puts the infant/child's safety and well-being at risk.

#155 AGGRESSIVE BEHAVIOR

This item rates whether there have been times when the infant/child hurt or threatened to hurt another infant/child.

Questions to Consider

- Have there been situations in which others have been hurt by your infant/child?
- What were the results of the situation?
- Have there been any changes to your infant/child's activities or routines?
- Has your infant/child been asked to not return to school or received any sanctions?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
No evidence of aggressive behavior towards people or animals.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The infant/child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves harm to animals or others. Caregivers have difficulty managing this behavior.

#156 INTENTIONAL MISBEHAVIOR

The infant/child should be 3 years or age or older to rate this item. This item describes behavior in which the infant/child is intentionally forcing adults to sanction them in order to achieve that sanction over other possible sanctions.

Questions to Consider

- Does the infant/child intentionally do or say things to upset others?
- Has the infant/child engaged in behavior that was insulting, rude, or obnoxious that resulted in sanctions for the youth?

Ratings and Descriptions

NA Youth over age 5

- 0 No evidence of intentional misbehavior.
Infant/child does not engage in behavior that forces adults to sanction him/her.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
This might include occasional inappropriate social behavior that forces adults to sanction the infant/child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Infant/child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Infant/child is intentionally getting in trouble in school, at home, or in the community.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the infant/child. Social behaviors are sufficiently severe that they place the infant/child at risk of significant sanctions (e.g. expulsion, removal from the community)

#157 SEXUALLY REACTIVE BEHAVIOR

Some infant/children are exposed to sexual behaviors at an early stage developmentally. Since they do not know how to understand sexuality with any maturity, these infant/children sometimes act out with sexualized behavior.

Questions to Consider

- Was the infant/child exposed to sexual behaviors?
- Does the infant/child exhibit any sexual or promiscuous behavior?

Ratings and Descriptions

NA Youth over age 5

- 0 No evidence of intentional misbehavior
No evidence of problems with sexually reactive behaviors.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Infant/child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place infant/child at great risk. A history of sexually provocative behavior would be rated here.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Infant/child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Infant/child exhibits sexual behaviors that place infant/child or others at immediate risk.

Supplemental Information: Sexually reactive behavior can be sexually aggressive as well as some infant/children who are sexually abused, then mirror that abuse by sexually abusing others. However, not all sexually reactive behavior is aggressive. They key to this item be understanding whether early exposure to sexual behaviors is a factor in the infant/child's current sexual behavior.

#158 BULLYING OTHERS

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

Questions to Consider

- Does the child bully other children?
- Is the child the leader of a group that bullies others?

Ratings and Descriptions

- NA Youth over age 5
- 0 No evidence of intentional misbehavior
Child has never engaged in bullying at school or in the community.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child has been involved with groups that have bullied other children in school or the community; however, child has not had a leadership role in these groups.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning.
Child may exhibit more frequent sexually provocative behaviors in a manner that impairs child has bullied other child in school or community. Child has either bullied the other infant/child individually or led a group that bullied child.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child has repeatedly utilized threats or actual violence to bully child in school and/or community.

#159 FIRE SETTING

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

Questions to Consider

- Does the child set fires?
- Does the child set fires that could hurt others?

Ratings and Descriptions

- NA Youth over age 5
- 0 No evidence of intentional misbehavior
No evidence of fire setting
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
History of fire setting but not in the past six months.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Recent fire setting behavior (in past six months) but not of the type that has endangered the lives or others OR repeated fire setting behavior over a period of at least two years even if not in the past six months.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).

#160 FLIGHT RISK

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

Questions to Consider

- Has the child ever run away?
- How long was the child gone?
- Where did the child run to?

Ratings and Descriptions

- NA Youth over age 5
- 0 No evidence of intentional misbehavior
Child has no history of running away or ideation of escaping from current living situation.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
This may have been a risk behavior in the past. Child has no recent history of running away but has not expressed ideation about escaping current living situation. Child may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning.
Child has run from home once or run from one treatment setting. Also rated here is an infant/child who has runaway to home (parental or relative).
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child has run from home and/or treatment settings in the recent past and present an imminent flight risk. A child who is currently a runaway is rated here.

CHILD RISK FACTORS (Ages 0-5)

#161 BIRTH WEIGHT

This item describes the infant/child's weight as compared to normal development. For a rating of 2 or more refer to Early Intervention services.

Questions to Consider

- How much did the infant weigh at birth?
- What does the infant/child weigh now?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
Infant/child is within normal range for weight and has been since birth. An infant/child 5.5 pounds or over would be rated here.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Infant/child was born underweight but is now within normal range or infant/child is slightly beneath normal range. An infant/child with a birth weight of between 3.3 pounds and 5.5 pounds would be rated here.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Infant/child is considerably underweight to the point of presenting a developmental risk to the infant/child. An infant/child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Infant/child is extremely underweight to the point of the infant/child's life being threatened. An infant/child with a birth weight of less than 2.2 pounds would be rated here.

#162 PREGNATAL CARE

This item refers to the health care and birth circumstances experienced by the infant/child in utero.

Questions to Consider

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

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
Infant/child's biological mother received adequate prenatal care that began in the first trimester. Infant/child's biological mother did not experience any pregnancy related illnesses/complications.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Infant/child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy related illness/complications.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Infant/child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness/complications.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Infant/child's biological mother had no prenatal care or had a severe pregnancy related illness/complications.

#163 LABOR AND DELIVERY

This item refers to conditions associated with, and consequences arising from complications in labor and delivery of the infant/child.
(For a rating of 1 or above refer to Early Intervention Services)

Questions to Consider

- Were there any unusual circumstances related to the labor and delivery of the infant/child as a baby?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
Infant/child and biological mother had normal labor and delivery.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Infant/child or mother had some mild problems during delivery, but infant/child does not appear affected by problems.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Infant/child or mother had problems during delivery that resulted in temporary functional difficulties for the infant/child or mother.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Infant/child had severe problems during delivery that have resulted in long term implications for development.

#164 SUBSTANCE EXPOSURE

This item refers to conditions associated with, and consequences arising from complications in labor and delivery of the infant/child.
(For a rating of 1 or above refer to Early Intervention services)

Questions to Consider

- Was the infant/child exposed to substances during the pregnancy? If so, what substances?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
Infant/child had no in utero exposure to alcohol or drugs, and there is no current exposure in the home.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Infant/child had either mild in utero exposure or there is current alcohol and/or drug use in the home. (E.g. Birth mother smoked less than six cigarettes per day, ingested alcohol fewer than four times during pregnancy).
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Infant/child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy or significant use of alcohol or tobacco would be rated here. (E.g. Birth mother smoked 6 or more cigarettes per day, ingested alcohol more than four times during the pregnancy).
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Infant/child was exposed to alcohol or drugs in utero and continues to be exposed in the home.

#165 PARENT OR SIBLING PROBLEMS

This item refers to how the infant/child's parents and older siblings have done/are doing in their respective development and behavioral health.

Questions to Consider

- Does the infant/child have a parent or sibling that has developmental or behavioral problems?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
The infant/child's parents have no developmental disabilities. The infant/child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
The infant/child's parents have no developmental disabilities. The infant/child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the infant/child has at least one healthy sibling.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
The infant/child's parents have no developmental disabilities. The infant/child has a sibling who is experiencing a significant developmental or behavioral problem.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
One or both of the infant/child's parents have been diagnosed with a developmental disability, or the infant/child has multiple siblings who are experiencing significant developmental or behavioral problems.

#166 PARENTAL AVAILABILITY

This item addresses the primary caretaker's emotional and physical availability to the infant/child in the weeks immediately following the birth. Rate maternal availability up until 12 weeks postpartum.

Questions to Consider

- Is the parent(s) or primary caretaker physically present for the infant/child?
- Is the primary caregiver experiencing stressors?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
The infant/child's primary caregiver was emotionally and physically available to the infant/child in the weeks following the birth.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
The primary caregiver experienced some minor or transient stressors which made the caregiver slightly less available to the infant/child.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
The primary caregiver experienced a moderate level of stress sufficient to make the caregiver significantly less emotionally and physically available to the infant/child in the weeks following the birth.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The primary caregiver was unavailable to the infant/child to such an extent that the infant/child's emotional or physical well-being was severely compromised.

CHILD FUNCTIONING/DEVELOPMENT (Ages 0-5)

#167 MOTOR

This rating describes the infant/child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning. A rating of 1, 2 or 3 on this item should be considered for a referral to Early Intervention services or Essential Early Education if over 3.

Questions to Consider

- How would you describe your infant/child's ability to move around and explore his/her surrounding?
- Does the infant/child tire easily from an activity?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
No evidence of fine or gross motor development problems.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Infant/child has some indicators that motor skills are challenging and there may be some concern that there is a delay.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Infant/child has either fine or gross motor skill delays.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

#168 EATING

Any challenges with eating would be rated here. For example, eating difficulties are present when an infant/child does not have a regular schedule, demonstrates distress around feeding, and refuses to eat a variety of textures. Difficulty swallowing or other types of physical challenges that interfere with eating would also be rated here.

Questions to Consider

- Does the infant/child have any difficulties with breast or formula feeding?
- Does the infant/child have any issues in the transition to solid food?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
No evidence of problems related to eating.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Problems with eating are present and impair the infant/child's functioning. Infants may be finicky eaters, spit food or overeats. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Problems with eating are present putting the infant/child at risk developmentally. The infant/child and family are very distressed and unable to overcome problems in this area.

#169 SENSORY REACTIVITY

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

Questions to Consider

- Does the infant/child have any overreaction to sensory stimulation?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
There is no evidence of sensory reactivity that is hyper or hypo reactive.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Infant/child may have a history of sensory issues or have mild issues currently that are managed by caregiver support.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Infant/child demonstrates moderate hyper/hypo reactivity to sensory input in one or more sensory areas (including but not limited to touch, sound, movement) such that impairment in functioning is present and caregiver is able to mediate effect such that infant/child is occasionally able to participate in age appropriate activities.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Infant/child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects of such and frequently prevents the infant/child from participation in age appropriate activities.

CHILD BEHAVIORAL/EMOTIONAL NEEDS (Ages 0-5)

#170 ATTACHMENT DIFFICULTIES

This item rates the relationship between the parent/primary caregiver and the infant/child.

Questions to Consider

- Are you able to comfort and soothe your infant when they are upset?
- How does your toddler react to you after a separation?

Ratings and Descriptions

NA Youth over age 5

- 0 No current need; no need for action or intervention.
No evidence of problems with attachment.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older infant/children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older infant/children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older infant/children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. An infant/child that meets the criteria and/or has a diagnosis of Reactive Attachment Disorder would be rated here.

#171 EMOTIONAL CONTROL/TEMPERAMENT

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

Questions to Consider

- Does the infant/child have trouble controlling their emotions?

Ratings and Descriptions

NA Youth over age 5

- 0 No current need; no need for action or intervention.
This level indicates a child with an easy temperament. S/he is easily calmed or distracted when angry or upset.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
This level indicates an infant/child with some mild problems being calmed, soothed or distracted when angry or upset. Infant/child may have occasional episodes of extended crying or tantrums.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
This level indicates an infant/child with a difficult temperament. Infant/child has difficulty being calmed, soothed or distracted. Persistent episodes of crying, tantrums or other difficult behaviors are observed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
This level indicates an infant/child who has significant difficulties being calmed, soothed or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums or other difficult behaviors are observed when the infant/child is angry or upset.

#172 FAILURE TO THRIVE

This item rates the presence of problems with weight gain or growth. Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.

Questions to Consider

- Does your infant/child have any problems with weight gain or growth either now or in the past?
- Do you have any concerns about your infant/child's eating habits?
- Does your infant/child's doctor have any concerns about your infant/child's growth or weight gain?
- If there have been any challenges in this area, what have you tried?

Ratings and Descriptions

NA Youth over age 5

- 0 No current need; no need for action or intervention.
No evidence of failure to thrive.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
The infant or infant/child is experiencing problems in their ability to maintain weight or growth. The infant or infant/child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75th to 25th).
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The infant/child has one or more of all the above and is currently at serious medical risk.

#173 DEPRESSION

This item refers to any symptoms of depression which may include sadness, irritable mood most of the day nearly every day, changes in eating and sleeping, and diminished interest in playing or activities that were once of interest. A rating of '2' could be a two year old who is often irritable, does not enjoy playing with toys as s/he used to, is clingy to his/her caregiver, and is having sleep issues.

Questions to Consider

FOR INFANTS:

- How would you describe your infant's mood throughout the day?

FOR TODDLERS:

- Does your toddler recover from upsetting situations or seem hard to calm down?

Ratings and Descriptions

NA Youth over age 5

- 0 No current need; no need for action or intervention.
No evidence
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in infant/child's ability to function in at least one life domain.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of disabling level of depression that makes it virtually impossible for the infant/child to function in any life domain.

#174 ANXIETY

This item describes the infant/child's level of fearfulness, worrying or other characteristics of anxiety.

Questions to Consider

- Does your infant show fear or distress in situations that you wouldn't expect?
- Does this keep your infant/child from interacting with others or following normal routines?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
No evidence of anxiety
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older infant/children may appear in need of extra support to cope with some situations but are able to be calmed.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in infant/child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older infant/children may have all of the above with persistent reluctance or refusal to cope with some situations.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of debilitating level of anxiety that makes it virtually impossible for the infant/child to function in any life domain.

#175 ATYPICAL BEHAVIORS

This item rates whether the infant/child repeats certain actions over and over again, or demonstrates behaviors that are not typical of same-age peers. Behaviors may include excessive mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations. This is important in early infant/childhood to assess due to the possible indication that this may be related to pervasive developmental disorders. Early intervention to assess the etiology of these symptoms is critical.

Questions to Consider

- Do you notice any unnecessary behaviors of the infant or infant/child?
- Do these behaviors put the infant/child at harm or harm of others?
- Does the infant/child engage in repetitive sensory behaviors?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
No evidence of atypical behaviors in the infant/child.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or reports of atypical behaviors from others that have not been observed by caregivers.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of atypical behaviors that are consistently present and interfere with the infants/infant/child's functioning on a regular basis.

#176 IMPULSIVITY/HYPERACTIVITY

This item refers to the infant/child's level of difficulty controlling activity level or actions. This item refers to both an infant/child's ability to control impulses as well as his/her activity level.

Questions to Consider

- Is the infant/child 3 years of age or older?
- Does the infant/child's activity level concern you?
- Do you or others have trouble controlling your toddler's activity?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
No evidence of impulsivity/hyperactivity
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some problems with impulsive, distractible or hyperactive behavior that places the infant/child at risk of future functioning difficulties.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the infant/child's ability to function in at least one life domain. The infant/child may run and climb excessively even with adult redirection. The infant/child may not be able to sit still even to eat and is often into things. The infant/child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others space.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of a dangerous level of impulsive and hyperactive behavior that can place the infant/child at risk of physical harm.

#177 OPPOSITIONAL BEHAVIORS

This item is intended to capture how the infant/child relates to caregivers. Oppositional behavior refers to reactions towards adults, not peers.

Questions to Consider

- How does your child react to being told what to do?
- Does your child usually follow the rules?
- Does your child become angry easily or often when interacting with authority figures?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
No evidence of oppositional behaviors
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or recent onset (past 6 weeks) of defiance towards caregivers.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning.
Clear evidence of oppositional and/or defiant behavior towards caregivers, which is currently interfering with the child's functioning in at least one life domain. Behavior is persistent and caregiver's attempts to change behavior have failed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others or problems in more than one life domain that is resulting in interference with child's social and emotional development.

#178 EATING DISTURBANCE

These symptoms include problems with eating including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating and hoarding food. These ratings are consistent with DSM-IV eating disorders.

Questions to Consider

- Does the infant/child have any disturbances in their eating?
- Is the infant/child a picky eater?

Ratings and Descriptions

- NA Youth over age 5
- 0 No current need; no need for action or intervention.
This rating is for an infant/child with no evidence of eating disturbances.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
This rating is for an infant/child with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns or hoarding of food.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with infant/child's functioning.
This rating is for an infant/child with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This infant/child may meet criteria for a DSM-IV eating disorder (anorexia or bulimia nervosa).
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
This rating is for an infant/child with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

CHILD STRENGTHS (AGES (0-5)

#179 PERSISTENCE

This item rates the infant/child's ability to keep trying a new task/skill, even when it is difficult for him/her.

Questions to Consider

- Will your infant keep trying a difficult skill, such as rolling over, walking?
- When/how does your infant show frustration?
- Does your infant/child avoid activities that are new?

Ratings and Descriptions

- NA Youth over age 5
- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Infant/child has some ability to continue an activity that is challenging. Adults can assist an infant/child to continue attempting the task or activity.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Infant/child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
Infant/child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the infant/child's ability to demonstrate persistence.

#180 CURIOSITY

This rating describes the infant/child's self-initiated efforts to discover his/her world. This item rates whether the infant/child is interested in his/her surroundings and in learning and experiencing new things.

Questions to Consider

- How would you describe your infant/child's interest in the world around them?
- Does your infant/child seem aware of changes in nearby settings?
- Is the infant/child eager to explore?

Ratings and Descriptions

- NA Youth over age 5
- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
This level indicates an infant/child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older infant/children crawl or walk to objects of interest.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
This level indicates an infant/child with good curiosity. An ambulatory infant/child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
This level indicates an infant/child with limited curiosity. Infant/child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
This level indicates an infant/child with very limited or no observable curiosity.

#181 ADAPTABILITY

This item rates how the infant/child reacts to new situations or experiences, as well as how s/he responds to changes in routines.

Questions to Consider

- How does the infant/child respond to transitions?
- How much time does it take to transition the infant/child between activities, meals, sleep, etc.?

Ratings and Descriptions

- NA Youth over age 5
- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Infant/child has a strong ability to adjust to changes and transitions.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Infant/child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Infant/child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
Infant/child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact infant/child's difficulties in this area.

#182 INTERPERSONAL / SOCIAL BEHAVIOR

This item identifies an infant/child's social and relationships with peers and adults.

Questions to Consider

- How does your infant/child interact with other infant/children and adults?
- How does your infant/child do in social settings?

Ratings and Descriptions

- | | |
|----|---|
| NA | Youth over age 5 |
| 0 | Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Significant interpersonal strengths. Infant/child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other infant/children or adults. If still an infant, infant/child exhibits anticipatory behavior when fed or held. |
| 1 | Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Moderate level of interpersonal strengths. Infant/child has formed a positive interpersonal relationship with at least one non-caregiver. Infant/child responds positively to social initiations by adults, but may not initiate such interactions by him-or herself. |
| 2 | Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Mild level of interpersonal strengths. Infant/child may be shy or uninterested in forming relationships with others, or –if still an infant-infant/child may have a temperament that makes attachment to others a challenge. |
| 3 | An area in which no current strength is identified; efforts are needed to identify potential strengths.
This level indicates an infant/child with no known interpersonal strengths. Infant/child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here. |

POTENTIALLY TRAUMATIC / ADVERSE CHILDHOOD EXPERIENCES (AGES 0-21)

All of the traumatic/adverse childhood experiences items are static indicators. In other words, these items indicate whether or not a child/youth has experienced a particular trauma. If he/she has ever had one of these experiences it would always be rated in this section, even if the experience was not currently causing problems or distress in the child/youth's life. Thus, these items are not expected to change except in the case that the child/youth has a new trauma experience or a historical trauma is identified that was not previously known.

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

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

For the Potentially Traumatic/Adverse Childhood Experiences, use the following categories and action levels:

No No evidence of any trauma of this type.

Yes Child/youth has had at least one incident, or multiple incidents, or chronic, on-going experience of this type of trauma. A suspicion that the child/youth has experienced or been exposed to this type of trauma should be rated here.

#183 SEXUAL ABUSE

This item rates whether the child/youth has experienced sexual abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Has the caregiver or child/youth disclosed sexual abuse?How often did the abuse occur?Did the abuse result in physical injury?	No There is no evidence that the child/youth has experienced sexual abuse.
	Yes Child/youth has experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Children who have experiences with secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) would also be rated here.

#184 PHYSICAL ABUSE

This item rates whether the child/youth has experienced physical abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is physical discipline used in the home? What forms?Has the child/youth ever received bruises, marks, or injury from physical discipline?	No There is no evidence that the child/youth has experienced physical abuse.
	Yes Child/youth has experienced physical abuse – mild to severe, or repeated physical abuse with intent to do harm and that causes sufficient physical harm to necessitate hospital treatment.

#185 EMOTIONAL ABUSE/NEGLECT

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">How does the caregiver talk to/interact with the child/youth?Is there name calling or shaming in the home?	No There is no evidence that child/youth has experienced emotional abuse.
	Yes Child/youth has experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention or completely ignored, or threatened/terrorized by others.

#186 PHYSICAL NEGLECT

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the child/youth receiving adequate supervision?• Are the child/youth's basic needs for food and shelter being met?• Is the child/youth allowed access to necessary medical care by caregivers?• Do the caregivers prevent the child/youth from accessing education?	No There is no evidence that the child/youth has experienced neglect.
	Yes Child/youth has experienced neglect. This includes occasional neglect (e.g., child/youth left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision of the child/youth); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

#187 DOMESTIC VIOLENCE

This item describes if the child has been exposed to domestic violence between adults at any point in the child's lifetime.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the child ever been exposed to domestic violence?	No There is NO evidence that the child has been exposed to domestic violence.
	Yes Child has been exposed or there is a suspicion that child has been exposed to domestic violence.

#188 PARENTAL INCARCERATION:

This item describes whether child's parents have ever been incarcerated during child's lifetime (include both biological and stepparents, and other legal guardians, not foster parents).

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the child/youth's parents ever been incarcerated?	No There is NO evidence that the child's parents have ever been incarcerated.
	Yes Child's parents have a history of incarceration or are currently incarcerated.

#189 HOUSEHOLD SUBSTANCE EXPOSURE

This item describes the child's exposure to substance use and abuse before birth.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Was the child/youth ever been exposed to drugs in utero?	No Child had NO exposure to alcohol or drugs while at home.
	Yes Child was exposed to alcohol or drugs while at home.

#190 FAMILY HISTORY OF MENTAL ILLNESS

This item describes the child's exposure to family members with serious mental illness.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has child been exposed to a family member with serious mental illness	No Child has no evidence of any family history of serious mental illness and/or substance related disorders
	Yes Child has evidence of family history of serious mental illness and/or substance related disorders in first degree relatives.

#191 DISRUPTION OF CAREGIVING

This items rate how the child's family system is functioning. Diminished functioning includes, but is not limited to, parent-child conflict, problems with siblings and marital difficulties.

Ratings and Descriptions	
Questions to Consider	No Child has a stable nurturing home, good relationships with family members.
• Has child had problems with family disruption?	Yes Child has significant level of family problems/disruption, including neglect, difficult separation/divorce, alcohol abuse, hostile caregiver, siblings with significant mental health, developmental or justice problems

TRAUMATIC STRESS SYMPTOMS (AGES 0-21)

The ratings in this section identify the stress symptoms that have resulted from trauma.

Question to Consider for this Domain:**#192 ADJUSTMENT TO TRAUMA**

This item covers the child's reaction to any traumatic or adverse childhood experience. This item covers Adjustment Disorders, Posttraumatic Stress Disorder and other diagnoses from DSM V that the child may have as a result of their exposure to traumatic/adverse experiences.

Ratings and Descriptions	
Questions to Consider	0 No current need; no need for action or intervention. Child has not experienced any significant trauma or has adjusted well to traumatic/adverse childhood experiences.
• Has the child or infant recently experienced a traumatic situation?	1 Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems associated with traumatic life event/s. Child has some mild problems with adjustment due to trauma that might ease with the passage of time. This may include one or mental health difficulty (such as depression, sleep problems) that may be associated with their trauma history. Child may also be in the process of recovering from a more extreme reaction to a traumatic experience.
• Does the child discuss the traumatic event?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning. Clear evidence of moderate adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but not limited to diagnoses of Posttraumatic Stress Disorder (PTSD) or Adjustment Disorder.
• What is the child's response when the event(s) are mentioned?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of severe adjustment problems associated with traumatic life event/s, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts, re-experiencing trauma (consistent with PTSD). OR Child likely meets criteria for more than one diagnosis or may have several symptoms consistent with complex trauma (e.g. problems with attachment, affect and behavioral regulation, cognition/learning.). Child has severe symptoms as a result of traumatic or adverse childhood experiences that require intensive or immediate attention .

#193 TRAUMATIC GRIEF / SEPARATION

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

Questions to Consider

- Has the child/youth ever experienced traumatic grief/separation?
- How intense is the grief experienced?

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
There is no evidence that the child/youth is experiencing traumatic grief reactions or separation from the loss of significant caregivers. Either the child/youth has not experienced a traumatic loss (e.g., death of a loved one) or the child/youth has adjusted well to separation.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning.
Child/youth is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some, but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is experiencing significant traumatic grief reactions. Child/youth exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

#194 RE-EXPERIENCING

This item rates symptoms that consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM criteria for PTSD.

Questions to Consider

- Has the child ever experienced any nightmares, flashback, intense reliving, etc. of traumatic events?

Ratings and Descriptions

- 0 No current need; no need for action or intervention.
There is no evidence that the child/youth experiences intrusive thoughts of trauma.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or evidence of some intrusive thoughts of trauma but it does not affect the child/youth's functioning. A child/youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child's functioning.
Child/youth has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere in his/her ability to function in some life domains. For example, the child/youth may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The child/youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child/youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This child/youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child/youth to function.