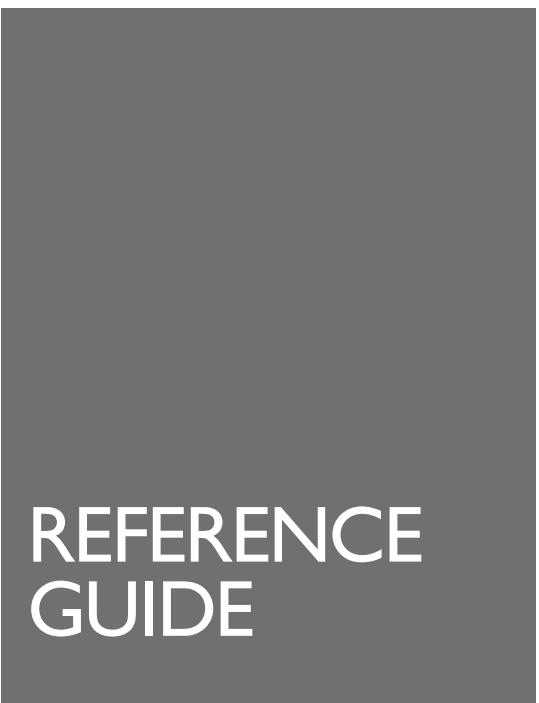

Illinois Medicaid

Comprehensive Assessment of Needs and Strengths

(IM+CANS)

Comprehensive Multisystem Lifespan Assessment

Updated: 8/1/2018



**REFERENCE
GUIDE**

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS). Along with the various Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) versions for mental health, 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 IM+CANS is an open domain tool for use in service delivery systems that address the needs and strengths of children, adolescents, adults, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is required for appropriate use.

Literary Preface/Comment regarding gender references:

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

Additionally, “individual” is being utilized in reference to “child,” “youth,” “adolescent,” “young adult” or “adult.” This is due to the broad range of ages to which this reference guide applies.

The IM+CANS is the result of a collaboration between the Illinois Departments of Healthcare and Family Services (HFS), Human Services-Division of Mental Health (DHS-DMH), and Children and Family Services (DCFS).

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INTRODUCTION

THE ILLINOIS MEDICAID-COMPREHENSIVE ASSESSMENT OF NEEDS AND STRENGTHS: COMPREHENSIVE MULTISYSTEM LIFESPAN ASSESSMENT

The Illinois Medicaid–Comprehensive Assessment of Needs and Strengths (IM+CANS) serves as the foundation of Illinois’ efforts to transform its publicly funded behavioral health service delivery system. It was developed as the result of a collaborative effort between the Illinois Departments of Healthcare and Family Services (HFS), Human Services-Division of Mental Health (DHS-DMH), and Children and Family Services (DCFS). The comprehensive IM+CANS assessment provides a standardized, modular framework for assessing the global needs and strengths of individuals who require mental health treatment in Illinois. Today, the IM+CANS incorporates:

- A complete set of core and modular CANS items, addressing domains such as Risk Behaviors, Trauma Exposures/Adverse Childhood Experiences (ACEs), Behavioral/Emotional Needs, Life Functioning, Substance Use, Developmental Disabilities, and Cultural Factors;
- A fully integrated assessment and treatment plan;
- A physical Health Risk Assessment (HRA); and,
- A population-specific addendum for youth involved with the child welfare system.

At the core of the IM+CANS is the Child and Adolescent Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA), communimetric tools that contain a set of core and modular items that identify an individual’s strengths and needs using a ‘0’ to ‘3’ scale. The items support care planning and level of care decision-making, facilitate quality improvement initiatives, and monitor the outcomes of services. Additional data fields were added to the CANS items to support a fully Integrated Assessment and Treatment Plan (IATP), placing mental health treatment in Illinois on a new pathway built around a client-centered, data-driven approach.

The IM+CANS also includes a Health Risk Assessment (HRA), developed to support a holistic, wellness approach to assessment and treatment planning by integrating physical health and behavioral health in the assessment process. The HRA is a series of physical health questions for the individual that is designed to: 1) assess general health, 2) identify any modifiable health risks that can be addressed with a primary health care provider, 3) facilitate appropriate health care referrals as needed, and 4) ensure the incorporation of both physical and behavioral health needs directly into care planning.

The IM+CANS is one part of a broader toolkit of linked assessments, developed to meet the unique needs of multiple public payer systems while also breaking down barriers to accessing behavioral health treatment. The IM+CANS is designed to reduce the duplicate collection of administrative and clinical data points needed to appropriately assess a client’s needs and strengths, while establishing a commonality of language between clients, families, providers, and payer systems.

HISTORY AND BACKGROUND OF THE CANS AND ANSA

The Child and Adolescent Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA) are multi-purpose tools 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. These tools were 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 IM+CANS, similar to the CANS and ANSA, gathers information on an individual and their parent/caregiver’s needs and strengths, when appropriate. Strengths are the individual’s assets: areas of life where they are doing well or have an interest or ability. Needs are areas where an individual requires help or serious intervention. Care providers use an assessment process to get to know the child, youth or adult client and families with whom they work and to understand their strengths and needs. The IM+CANS helps care providers decide which of an individual’s needs are the most important to address in treatment or service planning. The IM+CANS also helps

identify strengths, which can be the basis of a treatment plan. By working with the individual and family during the assessment process and talking together about the IM+CANS, care providers can develop a treatment or service plan that addresses an individual's strengths and needs while building strong engagement.

The IM+CANS is made up of domains that focus on various areas in an individual's life, and each domain is made up of a group of specific items. There are domains that address how one 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 caregiver's beliefs, preferences, and general family concerns. The provider, in collaboration with the child, youth, adult client and family, gives a number rating to each of these items. These ratings help the provider, individual and family understand where intensive or immediate action is most needed, and also where an individual has assets that could be a major part of the treatment or service plan.

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

HISTORY

The CANS and ANSA 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 and ANSA. 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 has face validity and is easy to use, while providing comprehensive information regarding clinical status.

The IM+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 individual and the parent/caregiver, looking primarily at the 30-day period prior to completion of the IM+CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: child, adolescent and adult clients, families, programs, agencies, and the complete child and adult-serving systems. It provides structured communication and critical thinking about the individual and their context. The IM+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's progress. It can also be used as a communication tool that provides a common language for all child- or adult-serving entities to discuss the individual's needs and strengths. A review of the case record in light of the IM+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 IM+CANS and their supervisors. Additional training is available for IM+CANS SuperUsers as experts of IM+CANS assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

Information noted below is based on studies done on the CANS.

Reliability

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

RATING NEEDS & STRENGTHS

The IM+CANS is easy to learn and is well liked by children, youth and adult clients, their families, providers and other partners in the services system because it is easy to understand and does not necessarily require complex scoring or calculations 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 modules provide additional questions for information in a specific area.

Each IM+CANS rating suggests different pathways for service planning. For the majority of items, there are four levels of rating with specific anchored definitions. These item level descriptions are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

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, it should be used only in the rare instances where an item does not apply to that particular child, youth or adult client. For some items (i.e., Potentially Traumatic/Adverse Childhood Experiences), rating options are 'No/Yes.' There is a rating guide provided that describes 'No' and 'Yes' ratings, and each item also has more detailed anchor descriptions for 'No' and 'Yes' ratings.

To complete the IM+CANS, an IM+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 IM+CANS form (or electronic record). This process should be done collaboratively with the individual, family and other stakeholders.

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

Ratings of '1', '2', or '3' on key core items trigger additional questions in the individualized assessment modules: Substance Use, Regulatory Functioning, School/Preschool/Daycare, Developmental Disabilities, Vocational and Career, Parenting/Caregiving, Independent Activities of Daily Living, Dangerousness, Sexually Problematic Behavior, Sexually Aggressive Behavior, Runaway, Justice/Crime and Fire Setting Needs.

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

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on the IM+CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus of strength-building activities. It is important to remember that when developing service and treatment plans for healthy Individual client 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 individual capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the IM+CANS can be used to monitor outcomes. This can be accomplished in two ways. First, IM+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. IM+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 IM+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 the ANSA and share experiences, additional items, and supplementary tools.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

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

1. **Items impact service planning.** Items were selected for the tool 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. **Item's ratings translate into Action Levels.** Each item uses a four level ('0'-‘3’) rating system. An item rated ‘2’ or ‘3’ requires action. Different action levels exist for needs and strengths (page 8 and 9).
3. **Consider culture and development.** Culture and development must be considered before establishing the action level for each item.
4. **Agnostic as to etiology.** It is descriptive tool. Rate the “what” and not the “why.” The IM+CANS describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
5. **It’s about the individual, not the service.** Ratings should describe the individual, not the individual in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., ‘2’ or ‘3’).
6. **A 30-day window is used for ratings to make sure assessments stay relevant to the individual’s present circumstances.** Action levels can be used to supersede timeframes – if it requires action and should be on your treatment plan, rate it higher!

HOW IS THE IM+CANS USED?

The IM+CANS is used in many ways to transform the lives of children, youth and adult clients and their families and to improve the programs and systems that serve them. This guide will help you to also use the IM+CANS as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting individuals and their family, this guide can be helpful in ensuring that all the information required is gathered. Most items include “Questions to Consider” which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many care providers have found it useful during initial sessions either in person or over the phone in developing the full picture of needs before treatment or service planning begins.

IT GUIDES CARE AND PLANNING

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

IT FACILITATES OUTCOMES MEASUREMENT

The IM+CANS is required to be completed every 180 days to measure change and transformation. We work with children, youth and adult clients and families, and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

The CANS allows for a shared language to talk with and about the individual and their families, creating opportunities for collaboration. Additionally, when an individual leaves a treatment program, completing a closing IM+CANS helps describe progress, measure ongoing needs and support continuity of care decisions by linking recommendations for future care that tie to current needs. It is our hope that this guide will help you to make the

most out of the IM+CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

IM+CANS: A STRATEGY FOR CHANGE

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

It is a good idea to know the IM+CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the individual 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 IM+CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Functioning Domain 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 (or your child/youth need), or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

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

MAKING THE BEST USE OF THE CANS

Children and youth as well as some adult clients have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the IM+CANS and how it will be used. The description of the IM+CANS should include teaching the individual 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. As a best practice, share with the individual and family the IM+CANS domains and items (see the IM+CANS Core Item list beginning on page 14) and encourage the family to look over the items prior to your meeting. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed IM+CANS ratings should be reviewed with each family and they should be encouraged to discuss with you any changes to the ratings, and any items that they feel need more or less emphasis.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the IM+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 personal advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did X.” But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge

when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the individual that you are with them.

- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you?” Or “Do you need me to explain that in another way?”
- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The IM+CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

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

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

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings as you summarize or give them the “total picture.” Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning. So you might close with a statement such as: “OK, now the next step is a ‘brainstorm’ where we take this information that we’ve organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let’s start...”

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IM+CANS BASIC STRUCTURE & CORE ITEMS

The IM+CANS expands depending upon the needs of the individual and the family. Basic core items are rated for all clients. Items for specific age groups are identified with the age specification after the item (e.g., 6+ indicates the item should be completed for individuals ages 6 and older). Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

IM+CANS CORE ITEMS

Potentially Traumatic/Adverse Childhood Experiences (ACEs)

- Sexual Abuse
- Physical Abuse
- Neglect
- Emotional Abuse
- Medical Trauma
- Natural or Manmade Disaster
- Witness to Family Violence
- Witness to Community/School Violence
- Victim/Witness to Criminal Activity
- War/Terrorism Affected
- Disruptions in Caregiver/Attach. Losses
- Parental Criminal Behavior

Behavioral/Emotional Needs

- Depression
- Anxiety
- Eating Disturbance
- Adjustment to Trauma*
- Regulatory (0-6)
- Failure to Thrive (0-6)
- Atypical/Repetitive Behaviors (0-6)*
- Oppositional (3-18)
- Impulsivity/Hyperactivity (3+)
- Anger Contrl/Frustration Tolerance (3+)
- Substance Use (6+)*
- Psychosis (Thought Disorder) (6+)
- Conduct/Antisocial Behavior (6+)
- Interpersonal Problems (16+)
- Mania (21+)
- Somatization (21+)

Life Functioning Domain

- Family Functioning
- Living Situation

Life Functioning Domain continued

- Residential Stability
- Social Functioning
- Recreation/Play
- Developmental/Intellectual*
- Communication
- Medical/Physical
- Medication Compliance
- Transportation
- Sleep (1+)
- Motor (0-6)
- Sensory (0-6)
- Persist./Curiosity/Adaptability (0-6)
- Elimination (0-6)
- School/Preschool/Daycare (0-21)*
- Decision-Making (3+)
- Legal (6+)*
- Sexual Development (6+)
- Job Functioning/Employment (16+)*
- Parental/Caregiving Role (16+)*
- Independent Living Skills (16+)*
- Intimate Relationships (16+)
- Basic Activities of Daily Living (21+)
- Routines (21+)
- Functional Communication (21+)
- Loneliness (21+)

Risk Behaviors Domain

- Victimization/Exploitation
- Self-Harm (0-6)
- Flight Risk (3-6)
- Suicide Risk (3+)
- Intentional Misbehavior (3+)

Risk Behaviors Domain continued

- Runaway (6-21)*
- Sexually Problematic Behavior (6+)*
- Bullying Others (6+)
- Delinquent/Criminal Behav (6+)*
- Non-Suicidal Self-Injur Behav (6+)
- Other Self-Harm (6+)
- Danger to Others (6+)*
- Fire Setting (6+)*
- Grave Disability (21+)
- Hoarding (21+)

Client Strengths Domain

- Family Strengths/Support
- Interpersonal/Social Connect.
- Natural Supports
- Spiritual/Religious
- Educational Setting
- Relationship Permanence (0-21)
- Resiliency (2+)
- Optimism (6+)
- Talents and Interests (6+)
- Cultural Identity (6+)
- Community Connection (6+)
- Involvement with Care (6+)
- Vocational (16+)
- Job History/Volunteering (16+)
- Self-Care (21+)

Cultural Factors

- Language
- Traditions and Rituals
- Cultural Stress

CAREGIVER ADDENDUM

Additional items to be completed for individuals who have a legal guardian.

Supervision	Safety
Involvement with Care	Family Stress
Knowledge	Marital/Partner Viol. In the Home
Social Resources	Military Transitions
Financial Resources	Self-Care/Daily Living Skills
Residential Stability	Employment/Educational Functioning
Medical/Physical	Legal Involvement
Mental Health	Family Relationship to the System (0-21)
Substance Use	Accessibility to Child Care (0-21)
Developmental	Empathy with Children (0-21)
Organization	

DCFS ADDENDUM

Additional items to be completed for DCFS-involved children and youth.

Parent/Guardian Safety Concerns

- Discipline
- Condition of the Home
- Frustration Tolerance
- History of Maltreatment of Children

Parent/Guardian Wellbeing Concerns

- Parent/Guardian Traumatic Reactions
- Parent/Guardian Understanding of Impact of Own Behavior on Children
- Effective Parenting Approaches
- Independent Living Skills
- Relationship/Contact with Caseworker
- Responsibility in Maltreatment
- Relationship with Abuser(s)

Parent/Guardian Permanence Concerns

- Social and Family Connections
- Involvement in Personal Treatment
- Parent/Guardian Participation in Visitation
- Commitment to Reunification

Substitute Caregiver Commitment to Permanence

- Collaboration with Other Parents/Caregivers
- Substitute Caregiver Support for Permanency Plan Goal
- Inclusion of the Youth in the Foster Family

Intact Family Services Module

- Parental/Secondary Caregiver Collaboration
- Family Conflict
- Family Communication
- Family Role Appropriateness
- Home Maintenance

Intensive Placement Stabilization Services (IPS) Module

- Child/Youth: Years in Care
- Child/Youth: Placement History
- Substitute Caregiver: Knowledge of Youth's Dev. and Needs
- Substitute Caregiver: Discipline
- Substitute Caregiver: Substitute Caregiver Management Of Emotions

IM+CANS CORE: DOMAINS AND DESCRIPTIONS OF ITEMS

I. POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (ACES)

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

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

Rate these items within the individual's lifetime.

For the **Potentially Traumatic/Adverse Childhood Experiences**, the following categories and descriptions are used*:

- | | |
|-----|---|
| No | No evidence of any trauma of this type. |
| Yes | Individual has had experience or there is suspicion the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, ongoing experiences. |

*Please note that this rating scale represents a change from previous versions of the CANS within Illinois.

SEXUAL ABUSE

This item describes whether the individual has experienced sexual abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the caregiver or individual disclosed sexual abuse?• How often did the abuse occur?• Did the abuse result in physical injury?	No There is no evidence that the individual has experienced sexual abuse.
	Yes The individual has experienced sexual abuse, or there is a suspicion that they have 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. Individuals with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

PHYSICAL ABUSE

This item describes whether the individual 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 individual ever received bruises, marks, or injury from another person?	No There is no evidence that the individual has experienced physical abuse.
	Yes The individual has experienced or there is a suspicion that they have experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

NEGLECT

This item describes whether the individual 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 individual receiving adequate supervision?• Are the individual's basic needs for food and shelter being met?• Is the individual allowed access to necessary medical care? Education?	No There is no evidence that the individual has experienced neglect.
	Yes Individual has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., individual 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 individual); 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.

EMOTIONAL ABUSE

This item describes whether the individual has experienced verbal and/or nonverbal emotional abuse, including belittling, shaming, and humiliation, calling names, making negative comparisons to others, or telling an individual they are "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards an individual 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 individual?• Is there name calling or shaming in the home?	No There is no evidence that individual has experienced emotional abuse.
	Yes Individual has experienced emotional abuse, or there is a suspicion that they have 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.

MEDICAL TRAUMA

This item describes whether the individual has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the individual had any broken bones, stitches or other medical procedures?• Has the individual had to go to the emergency room, or stay overnight in the hospital?	No There is no evidence that the individual has experienced any medical trauma.
	Yes Individual has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short-term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the individual's physical functioning. A suspicion that an individual has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

Supplemental Information: This item considers the impact of the event on the individual. It describes experiences in which the individual is subjected to medical procedures that are experienced as upsetting and overwhelming. An individual born with physical deformities who is subjected to multiple surgeries could be included. An individual who must experience chemotherapy or radiation could also be included. Individuals who experience an accident and require immediate medical intervention that results in ongoing physical limitations or deformities (e.g., burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming (e.g., shots, pills) would generally not be rated here.

NATURAL OR MANMADE DISASTER

This item describes the individual's exposure to either natural or manmade disasters.

Questions to Consider	Ratings and Descriptions
• Has the individual been present during a natural or manmade disaster?	No There is no evidence that the individual has experienced, been exposed to or witnessed natural or manmade disasters.
• Does the child watch television shows containing these themes or overhear adults talking about these kinds of disasters?	Yes Individual has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the individual has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.

WITNESS TO FAMILY VIOLENCE

This item describes exposure to violence within the individual's home or family.

Questions to Consider	Ratings and Descriptions
• Is there frequent fighting in the individual's family?	No There is no evidence the individual has witnessed family violence.
• Does the fighting ever become physical?	Yes Individual has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

WITNESS TO COMMUNITY/SCHOOL VIOLENCE

This item describes the exposure to incidents of violence the individual has witnessed or experienced in their community. This includes witnessing violence at the individual's school or educational setting.

Questions to Consider	Ratings and Descriptions
• Does the individual live in a neighborhood with frequent violence?	No There is no evidence that the individual has witnessed violence in the community or their school.
• Has the individual witnessed or directly experienced violence at their school?	Yes Individual has witnessed or experienced violence in the community or their school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the individual has witnessed or experienced violence in the community would be rated here.

VICTIM/WITNESS TO CRIMINAL ACTIVITY

This item describes the individual's exposure to criminal activity. Criminal activity includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.

Questions to Consider	Ratings and Descriptions
• Has the individual or someone in their family ever been the victim of a crime?	No There is no evidence that the individual has been victim of or a witness to criminal activity.
• Has the individual seen criminal activity in the community or home?	Yes Individual has been victimized, or there is suspicion that they have been victimized or witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or individual has witnessed the death of a family friend or loved one.

Supplemental Information: Any behavior that could result in incarceration is considered criminal activity. An individual who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. An individual who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

WAR/TERRORISM AFFECTED

This item describes the individual's exposure to war, political violence, torture or terrorism.

Questions to Consider

- Has the individual or their family lived in a war-torn region?
- How close were they to war or political violence, torture or terrorism?
- Was the family displaced?

Ratings and Descriptions

No No evidence that the individual has been exposed to war, political violence, torture or terrorism.

Yes Individual has experienced, or there is suspicion that they have experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the individual may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the individual; individual may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; individual may have been directly injured, tortured, or kidnapped in a terrorist attack; individual may have served as a soldier, guerrilla, or other combatant in their home country. Also included is an individual who did not live in war or terrorism-affected region or refugee camp, but whose family was affected by war.

Supplemental Information: Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which an individual has had one or more major changes in caregivers or caregiving, potentially resulting in disruptions in attachment. Removal from parents or loss of a child would be rated here.

Questions to Consider

- Has the individual ever lived apart from their parents/caregivers?
- What happened that resulted in the individual living apart from their parents/caregivers?

Ratings and Descriptions

No There is no evidence that the individual has experienced disruptions in caregiving and/or attachment losses.

Yes Individual has been exposed to, or there is suspicion that they have been exposed to, at least one disruption in caregiving with familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Individual may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.

Supplemental Information: Individuals who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Individuals who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital or brief juvenile detention stays, during which the individual's caregiver remains the same, would not be rated on this item.

PARENTAL CRIMINAL BEHAVIOR

This item describes the criminal behavior of both biological and step parents, and other legal guardians, but not foster parents.

Questions to Consider

- Has the individual's parent/guardian or family been involved in criminal activities or ever been in jail?

Ratings and Descriptions

No There is no evidence that individual's parents have ever engaged in criminal behavior.

Yes One or both of the individual's parents/guardians have a history of criminal behavior that resulted in a conviction or incarceration. A suspicion that one or both of the individual's parents/guardians have a history of criminal behavior that resulted in conviction or incarceration would be rated here.

II. BEHAVIORAL/EMOTIONAL NEEDS

The ratings in this section identify the behavioral health needs of the individual. While the IM+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 individual?

For the **Behavioral/Emotional Needs Domain**, the following categories and action levels are used:

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

DEPRESSION

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

Questions to Consider	Ratings and Descriptions	
	0	1
• Is individual concerned about possible depression or chronic low mood and irritability?	<i>No current need; no need for action or intervention.</i> No evidence of problems with depression.	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on functioning. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect. Brief duration of such symptoms that impair peer, family, or academic functioning, but do not lead to gross avoidance behavior.
• Have they withdrawn from normal activities?		<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Clear evidence of depression associated with either depressed mood or significant irritability. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations; dark themes in play, and demonstrate little enjoyment in play and interactions. Depression has interfered significantly in individual's ability to function in at least one life domain.
• Does the individual seem lonely or not interested in others?		<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of disabling level of depression that makes it virtually impossible for the individual to function in any life domain. This rating is given to an individual with a severe level of depression. This would include an individual 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. This level is used to indicate an extreme case of one of the disorders from the category listed above.

DEPRESSION continued

Supplemental information: Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among children, particularly young children. The main difference between depression in children and youth and depression in adults is that among children and youth it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression. Children and adults may use illicit drugs or overuse prescription drugs to self-medicate. Ratings on this item can reflect symptoms of DSM-5 Depressive Disorders (Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Persistent Depressive Disorder (Dysthymia), etc.). A child in the depressive phase of Bipolar Disorder may be rated here.

- **Major Depressive Disorder:** Characterized by discrete episodes (2 weeks in duration) involving clear-cut changes in affect (depressed/irritable mood or loss of interest or pleasure), cognition (difficulty thinking, concentrating or making decisions), and death and suicide are common.
- **Persistent Depressive Disorder (Dysthymia):** Can be diagnosed when the mood disturbance (major depressive disorder symptoms) continues for at least 1 year in children.
- **Disruptive Mood Dysregulation Disorder:** A diagnosis for children (up to 12 years old) who present with persistent irritability (chronic/persistent angry mood) and frequent episodes of extreme behavioral dyscontrol (frequent temper outbursts). Children with this symptom pattern typically develop unipolar depressive disorders or anxiety disorders, rather than bipolar disorders, in adolescence and adulthood.

The common feature of all these disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. What differs among them are issues of duration, timing, or presumed etiology (DSM-5, 2013, pg. 155).

ANXIETY

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

Questions to Consider

- Does the individual have any problems with anxiety or fearfulness?
- Are they avoiding normal activities out of fear?
- Does the individual act frightened or afraid?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <i>No current need; no need for action or intervention.</i>
No evidence of anxiety symptoms. |
| 1 | <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i>
There is a history, suspicion, or mild level of anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the DSM-5 anxiety disorders. |
| 2 | <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i>
Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the individual's ability to function in at least one life domain. |
| 3 | <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i>
Clear evidence of debilitating level of anxiety that makes it virtually impossible for the individual to function in any life domain. |

Supplemental information: As noted in the DSM-5, Anxiety Disorders share features of excessive fear (i.e. emotional response to real or perceived imminent threat) and anxiety (i.e. anticipation of future threat) and related behavioral disturbances (e.g., panic attacks, avoidance behaviors, restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, etc.) which cause significant impairment of functioning or distress. Anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation.

DSM-5 Criteria for Generalized Anxiety Disorder:

- Excessive worry occurring most days, lasting at least 6 months.
- Worry is difficult to control.

Anxiety and worry are associated with at least three of the following: (1) Restlessness or feeling keyed up or on edge; (2) Being easily fatigued; (3) Difficulty concentrating or mind going blank; (4) Irritability; (5) Muscle tension; (6) Sleep disturbance (difficulty falling/staying asleep, restless/unsatisfying sleep).

EATING DISTURBANCE

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

Questions to Consider

- How does the individual feel about their body?
- Do they seem to be overly concerned about their weight?
- Do they ever refuse to eat, binge eat, or hoard food?
- Has the individual ever been hospitalized for eating related issues?

Ratings and Descriptions

- 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.*
There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Eating disturbance impairs individual's functioning in at least one life domain. 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). The individual may meet criteria for a DSM-5 Feeding and Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, etc.) and Pica. Food hoarding also would be rated here.
For Ages 0-6: Infant/young child has problems with eating that impair their functioning. Infants may be finicky eaters, spit food or overeat. Infants may have problems with oral motor control. Young 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.*
Individual's rating disturbance is dangerous or puts their health at risk. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).
For Ages 0-6: Infant/young child has problems with eating that put them at-risk developmentally. The young child and family are very distressed and unable to overcome problems in this area.

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

ADJUSTMENT TO TRAUMA*

This item is used to describe the individual who is having difficulties adjusting to a traumatic experience, as defined by the individual. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and the behavior.

Questions to Consider

- Has the individual experienced a traumatic event?
- Do they experience frequent nightmares?
- Are they troubled by flashbacks?
- What are the individual's current coping skills?

Ratings and Descriptions

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

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

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

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

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

Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with individual's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavior symptoms, tantrums, and withdrawn behavior.

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

Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the individual to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

Supplemental Information: This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

- An individual who meets diagnostic criteria for a Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stress-Related Disorders from DSM-5 as a result of their exposure to traumatic/adverse childhood experiences would be rated a '2' or '3' on this item.
- This item should be rated '1', '2' or '3' for individuals who have any type of symptoms/needs that are related to their exposure to a traumatic/adverse event. These symptoms should also be rated in the Traumatic Stress Symptoms Module.

For Adolescent Adoptees: Most adolescents are focused on developing their sense of identity and exploring who they are and what they want to become. For adopted teens this process can be more complex as they must integrate the influences of their adoptive and birth families without always knowing fully what those influences are. Thus, for some adolescents, adjustment to trauma behaviors may be related to their adoption and should be considered when rating this item.

A rating of '1', '2' or '3' on this item triggers the completion of the [A] Traumatic Stress Symptoms Module.

REGULATORY (Age 0-6)

This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be soothed.

Ratings and Descriptions	
Questions to Consider	
<ul style="list-style-type: none"> • Does the young child have particular challenges around transitioning from one activity to another, resulting at times in the inability to engage in activities? • Does the young child exhibit severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play? • Does the young child require more adult supports to cope with frustration than other children in similar settings? • Does the young child have more distressing tantrums or yelling fits than other children? 	<p>0 <i>No current need; no need for action or intervention.</i> Strong evidence the young child is developing strong self-regulating capacities. This is indicated by the capacity to fall asleep, regular patterns of feeding and sleeping. Infants can regulate breathing and body temperature, are able to move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/pacifier to be soothed, and moving toward regulating themselves (e.g., infant can begin to calm to caregiver's voice prior to being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> At least one area of concern about an area of regulation—breathing, body temperature, sleep, transitions, feeding, crying—but caregiver feels that adjustments on their part are effective in assisting the young child to improve regulation; monitoring is needed.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Concern in one or more areas of regulation: sleep, crying, feeding, tantrums, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Concern in two or more areas of regulation, including but not limited to: difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self soothe, and/or sensitivity to environmental stressors.</p>
N/A	Individual is 6 years of age or older.

FAILURE TO THRIVE (Age 0-6)

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

Ratings and Descriptions	
Questions to Consider	
<ul style="list-style-type: none"> • Has the young child had problems with the ability to gain weight and grow? • Has the young child's growth and weight caused any medical problems? 	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of failure to thrive.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> The young child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The young child may presently be experiencing slow development in this area.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> The young child is experiencing problems in their ability to maintain weight or growth. The young 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, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th).</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> The young child has one or more of the above and is currently at serious medical risk.</p>
N/A	Individual is 6 years of age or older.

ATYPICAL/REPETITIVE BEHAVIORS* (Age 0-6)

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

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Does the young child exhibit behaviors that are unusual or difficult to understand?• Does the young child engage in certain actions repeatedly?• Are the unusual behaviors or repeated actions interfering with the young child's functioning?
	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the young child.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the young child's functioning.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the young child's functioning.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency and are disabling or dangerous.</p>
	<p>N/A Individual is 6 years of age or older.</p>

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

OPPOSITIONAL/NON-COMPLIANCE WITH AUTHORITY (Age 3-18)

This item rates the youth's relationship with authority figures. Generally, oppositional behavior is displayed in response to conditions set by a parent, teacher, or other authority figure with responsibility for and control over the youth.

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Does the youth follow their parent's rules?• Have teachers or other adults reported that the youth does not follow rules or directions?• Does the youth argue with adults when they try to get them to do something?• Does the youth do things that they have been expressly told not to do?
	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of oppositional behaviors.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> There is a history or mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the youth's functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the youth has severe problems with compliance with rules or adult instruction or authority.</p>
	<p>N/A Individual is younger than 3 years old or older than 18 years old.</p>

Supplemental Information: Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance with authority rather than inflicting damage and hurting others.

Symptoms are associated with **Oppositional Defiant Disorder** as described in the DSM-5: A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months and including 4 symptoms from any of the following categories: [continues]

OPPOSITIONAL/NON-COMPLIANCE WITH AUTHORITY continued

Supplemental Information continues:

- Angry/Irritable Mood: (1) often loses temper; (2) often touchy or easily annoyed; (3) often angry and resentful.
- Argumentative/Defiant Behavior: (4) often argues with authority figures/adults; (5) often actively defies or refuses to comply with adult's requests or rules; (6) often deliberately annoys others; (7) often blames others for their mistakes or misbehavior.
- Vindictiveness: (8) has been spiteful or vindictive at least twice in the last 6 months.

IMPULSIVITY/HYPERACTIVITY (Age 3+)

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit/Hyperactivity Disorder (AD/HD) and Impulse-Control Disorders as indicated in the DSM-5. Individuals 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), sexual behavior, fire-starting or stealing.

Ratings and descriptions	
Questions to Consider	
<ul style="list-style-type: none">• Does the individual's impulsivity put them at risk?• How has the individual's impulsivity impacted their life?• Is the individual unable to sit still for any length of time?• Do they have trouble paying attention for more than a few minutes?• Is the individual able to control themselves?• Does the individual report feeling compelled to do something despite negative consequences?	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of symptoms of loss of control of behavior.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> There is a history or evidence of mild levels of impulsivity evident in action or thought that place the individual at risk of future functioning difficulties. The individual may exhibit limited impulse control, e.g., individual may yell out answers to questions or may have difficulty waiting their turn. Some motor difficulties may be present as well, such as pushing or shoving others.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual's functioning in at least one life domain. This indicates an individual with moderate levels of impulsive behavior who may represent a significant management problem. An individual who often intrudes on others and often exhibits aggressive impulses would be rated here.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the individual at risk of physical harm. This indicates an individual 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 individual may be impulsive on a nearly continuous basis. They endanger themselves or others without thinking.</p>
N/A	Individual is younger than 3 years old.

Supplemental information: This item is designed to allow for the description of the individual's ability to control their own behavior, including impulsiveness, hyperactivity and/or distractibility. If an individual has been diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) and disorders of impulse control, this may be rated here. Individuals with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this item is reserved for those whose lack of control of behavior has placed them in physical danger during the period of the rating. Consider the individual's environment when rating (i.e., bored kids tend to be impulsive kids).

ADHD is characterized by either frequently displayed symptoms of inattention (e.g., difficulty sustaining attention, not seeming to listen when spoken to directly, losing items, forgetful in daily activities, etc.), or hyperactivity or impulsivity (e.g., fidgety, difficulty playing quietly, talking excessively, difficulty waiting their turn, etc.) to a degree that it causes functioning problems.

DSM-5 Criteria for Attention-Deficit/Hyperactivity Disorder: A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with function or development characterized by (1) and/or (2):

1. Inattention: 6 or more of the following symptoms for 6 months:
 - Often fails to give close attention to details or makes careless mistakes
 - Difficulty sustaining attention in tasks or play activities
 - Does not seem to listen when spoken to directly
 - Does not follow through on instructions and fails to finish tasks
 - Difficulty organizing tasks and activities
 - Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
 - Loses things necessary for tasks or activities
 - Easily distracted by extraneous stimuli
 - Forgetful in daily activities
2. Hyperactivity and Impulsivity: 6 or more of the following symptoms for 6 months:
 - Fidgets with or taps hands or feet or squirms in seat; leaves seat in situations when remaining seated is expected
 - Runs about or climbs where it is inappropriate
 - Unable to play or engage in leisure activities quietly
 - Often, "on the go" acting as if "driven by a motor"
 - Talks excessively; interrupts or intrudes on others; blurts out an answer before a question has been completed
 - Has difficulty waiting their turn.

ANGER CONTROL/FRUSTRATION TOLERANCE (Ages 3+)

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

For Age 3-6 This may include a demonstration of aggressive behaviors when things do not go as the young child has wished. Some sources of frustration for preschoolers can be peers, adults and new situations. **The young child should be 3 years of age or older to rate this item.**

Questions to Consider

- How does the individual control their emotions?
- Do they get upset or frustrated easily?
- Do they overreact if someone criticizes or rejects them?
- Does the individual seem to have dramatic mood swings?
- What are the young child's tantrums like? Are the tantrums age and developmentally appropriate?

Ratings and Descriptions

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

No evidence of any significant anger control problems.

For Age 3-6: Young child is able to deal with frustration in age and developmentally appropriate ways.

- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

History of or some current problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.

For Age 3-6: Young child demonstrates some difficulties dealing with frustration. They may sometimes become agitated, verbally hostile, aggressive or anxious in age and developmentally inappropriate ways when frustrated.

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

Individual's difficulties with controlling their anger are impacting functioning in at least one life domain. Their temper has resulted in significant trouble with peers, family and/or school/work. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

For Age 3-6: Young child struggles with tolerating frustration. Their reaction to frustration impairs functioning in at least one life domain. They may throw a tantrum in age and developmentally inappropriate ways when frustrated.

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

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

For Age 3-6: young child engages in severe tantrums when frustrated. Others may be afraid of the young child's tantrums or the young child may hurt themselves or others during tantrums.

- N/A Young child is younger than 3 years old.

Supplemental Information: Everyone gets angry at times. This item is intended to identify individuals who are more likely than average to become angry and lose control in such a way that it leads to problems with functioning. A '3' describes an individual whose anger has put themselves or others in physical peril within the rating period.

SUBSTANCE USE* (Age 6+)

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by an individual. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. Problems related to the use of tobacco or caffeine are also rated in this item.

Questions to Consider

- Has the individual used alcohol or drugs on more than an experimental basis?
- Do you suspect the individual has an alcohol or drug use problem?

Ratings and Descriptions

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

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

- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

Individual's substance use causes problems that might occasionally interfere with their 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 individual's functioning.*

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

SUBSTANCE USE continued

- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual 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 individual. Immediate and/or intensive interventions are indicated.
- N/A Individual is younger than 6 years old.

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

Supplemental Information: As noted in the DSM-5, the essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.

The DSM-5 identifies the diagnosis of **Substance Disorder** based on a pathological pattern of behaviors related to the use of the substance:

- Impaired Control: substance taken in larger amounts or over a longer period of time; persistent desire or unsuccessful efforts to control substance use; great deal of time spent in activities to obtain substance; cravings to use the substance.
- Social Impairment: failure to fulfill major role obligations at work/school/home; persistent or recurrent social or interpersonal problems caused or exacerbated by substance use; social/occupational/recreational activities given up or reduced due to substance use.
- Risky Use: recurrent use in physically hazardous situations; use continued despite knowledge of having persistent or recurrent physical or psychological problem caused by substance use.
- Pharmacological Criteria: Tolerance (e.g., need for increase in amount of substance to achieve desired effect; diminished effect with continued use of the same amount of substance); withdrawal (e.g., physiological symptoms that occur with the decreased use of a substance; individual is likely to use the substance to relieve the symptoms).

Specific descriptions of particular substance use disorders can be found in DSM-5.

PSYCHOSIS (THOUGHT DISORDER) (Age 6+)

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

Ratings and descriptions

- 0 *No current need; no need for action or intervention.*
No evidence of psychotic symptoms. Thought processes and content are within normal range.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Disruption in thought processes or content. Individual may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes individuals with a history of hallucinations but none currently. Use this category for individuals who are exhibiting some symptoms for schizophrenia spectrum and other psychotic disorders.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Disturbance in thought process or content that may be impairing individual's functioning in at least one life domain. Individual 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.*
Dangerous hallucinations, delusions, or bizarre behavior. Behavior may be associated with a psychotic disorder that places the individual or others at risk of physical harm.

N/A Individual is younger than 6 years old.

Supplemental information: As noted in the DSM-5, schizophrenia spectrum and other psychotic disorders include schizophrenia, other psychotic disorders and schizotypal (personality) disorder. These are identified by abnormalities in one or more of the following five domains: delusions (fixed beliefs that are not amenable to change in light of conflicting evidence), hallucinations (perception-like experiences that occur without an external stimulus), disorganized thinking (formal thought disorder), grossly disorganized or abnormal motor behavior (ranging from childlike "silliness" to unpredictable agitation, or catatonic behavior or decreased reactivity to the environment), and negative symptoms (diminished emotional expression; decreased motivation in self-initiated purposeful activities or avolition; alogia or diminished speech output; anhedonia or decreased ability to experience pleasure from positive stimuli or a degradation in the recollection of pleasure previously experienced; asociality or the apparent lack of interest in social interactions) (DSM-5, 2013 pp. 87-88).

While a growing body of evidence suggests that schizophrenia can begin as early as age nine, schizophrenia is more likely to begin to develop during the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations. Posttraumatic stress disorder secondary to sexual or physical abuse can be associated with visions of the abuser when children are falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours.

CONDUCT/ANTISOCIAL BEHAVIOR (Age 6+)

This item rates the degree to which an individual engages in behaviors that show a disregard for and violation of the rights of others such as stealing, lying, vandalism, cruelty to animals, and assault. These behaviors may be consistent with the symptoms of a Conduct Disorder or Antisocial Personality Disorder, depending on the age of the individual.

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Is the individual seen as dishonest? How does the individual handle telling the truth/lies?• Has the individual been part of any criminal behavior?• Has the individual ever shown violent or threatening behavior towards others?• Has the individual ever tortured animals?• Does the individual disregard or is unconcerned about the feelings of others (lack empathy)?
	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of serious violations of others or laws.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> There is a history or suspicion of 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 individual may have some difficulties in school/work and home behavior. Problems are recognizable but not notably deviant for age, sex and community.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual engages in antisocial behavior that impacts their functioning in at least one life domain. This could include failure to obey laws, repeated lying, conning others, sexual aggression, violence towards people, property, or animals, showing reckless disregard for one's safety and the safety of others. An individual rated at this level will likely meet criteria for a diagnosis of Conduct Disorder or Antisocial Personality Disorder, depending on the age of the individual.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual engages in dangerous conduct or antisocial behavior that places them as well as others at risk of harm. This could include frequent episodes of unprovoked, planned aggression or other antisocial behavior.</p>
N/A	Individual is younger than 6 years old.

Supplemental Information: This item includes antisocial behaviors like stealing, pathological lying, deceitfulness, vandalism, cruelty to animals, assault, and/or serious violation of rules. This dimension includes the symptoms of Conduct Disorder as specified in DSM-5. Estimates of the prevalence of conduct disorders range from 2% to 10%. Prevalence rates rise from childhood to adolescence and are higher among males than females. The course of conduct disorder is variable, with a majority of cases remitting in adulthood. Early-onset type, however, predicts a worse prognosis and an increased risk of criminal behavior and substance-related disorders in adulthood.

DSM-5 criteria for Conduct Disorder: A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social norms or rules are violated as evidenced by the presence of 3 of the 15 criteria (from any category) in the past 12 months:

- Aggression to People and Animals: (1) often bullies, threatens, or intimidates others; (2) often initiates physical fights; (3) has used a weapon that can cause serious physical harm; (4) has been physically cruel to people; (5) has been physically cruel to animals; (6) has stolen while confronting a victim; (7) has forced someone into sexual activity.
- Destruction of Property: (8) has deliberately engaged in fire setting; (9) has deliberately destroyed others' property.
- Deceitfulness or Theft: (10) has broken into someone else's house, building, or car; (11) often lies to obtain goods or favors, or to avoid obligations; (12) has stolen items of nontrivial value without confronting a victim.
- Serious Violation of Rules: (13) often stays out at night despite parental prohibitions, beginning before age 13; (14) has run away from home overnight at least twice while living in parental or parental surrogate home; (15) is often truant from school, beginning before age 13.

As noted in the DSM-5, the essential feature of Antisocial Personality Disorder is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood.

DSM-5 criteria for Antisocial Personality Disorder:

- A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more):
 - Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
 - Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
 - Impulsivity or failure to plan ahead.
 - Reckless disregard for safety of self or others.
 - Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
 - Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.
- B. The individual is at least age 18 years.
- C. There is evidence of conduct disorder with onset before age 15 years.
- D. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.

INTERPERSONAL PROBLEMS (Age 16+)

This item identifies problems with relating to other people including significant manipulative behavior, social isolation, or significant conflictual relationships. The presence of any DSM personality disorder may be rated here.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of notable interpersonal problems identified.</p>
<ul style="list-style-type: none"> • Is the individual experiencing overwhelming anger or fear around others abandoning them? • Does the individual have relationships that are often very intense but not very stable? • Is the individual being currently treated for personality disorder or have a diagnosis of one? 	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> History or evidence of some interpersonal problems; behavior is probably sub-threshold for the diagnosis of personality disorder. Mild but consistent antisocial or narcissistic behavior is rated here.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual's relationship problems are beginning to interfere with their life functioning and may warrant a DSM personality disorder diagnosis.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual's interpersonal problems have a significant impact on the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently.</p>
	<p>NA Youth is younger than 16 years old.</p>
<p>Supplemental Information: It is useful to think of interpersonal problems that manifest from personality disorders (for the purposes of the CANS, consider Criterion A-C as follows). As noted in the DSM-5, "... when personality traits are inflexible and maladaptive and cause significant functional impairment or subjective distress do they constitute personality disorders. The essential feature of a personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture and is manifested in at least two of the following areas: cognition, affectivity, interpersonal functioning, or impulse control (Criterion A). This enduring pattern is inflexible and pervasive across a broad range of personal and social situations (Criterion B) and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion C). The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood (Criterion D). The pattern is not better explained as a manifestation or consequence of another mental disorder (Criterion E) and is not attributable to the physiological effects of a substance or another medical condition (Criterion F)" (pg. 647).</p>	

MANIA (Age 21+)

This item identifies elevated/expansive mood, increase in energy, decrease in sleep, pressured speech, racing thoughts and grandiosity that are characteristic of mania.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Does the individual have periods of feeling super happy/excited for hours or days at a time? Have periods of feeling very angry/ cranky for hours or days at a time? • Does the individual have periods of time where they feel like they don't need to sleep or eat? Have extreme behavior changes? 	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of mania or manic behavior.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has a history of manic behavior, or individual with some evidence of hypomania or irritability, or that does not impact the individual's functioning.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual with manic behavior that impacts the individual's functioning or those around them. This level is used to rate individuals who meet the criteria for a bipolar disorder.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual with a level of mania that is dangerous or disabling. For example, the individual may be wildly over-spending, rarely sleeping, or pursuing a special "mission" that only they can accomplish. The manic episode rated here could include psychotic symptoms.</p>
	<p>N/A Individual is younger than 21 years old. [continues]</p>

MANIA continued

Supplemental Information: The DSM-5 notes mania as follows:

- A. A distinct period of abnormally persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).
- B. During the period of mood disturbance and increase energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:
 - Inflated self-esteem or grandiosity
 - Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
 - More talkative than usual or pressure to keep talking
 - Flight of ideas or subjective experience that thoughts are racing
 - Distractibility (e.g., attention too easily drawn to unimportant or irrelevant external stimuli)
 - Increase in goal-directed activity (either socially, at work or school, or sexually), or psychomotor agitation (i.e., purposeless non-goal-directed activity).

Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

SOMATIZATION (Age 21+)

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

Ratings and Descriptions	
Questions to Consider	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of somatic symptoms.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> There is a history, suspicion of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause that do not interfere with the individual's functioning.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches) that interfere with the individual's functioning. This individual may meet criteria for a somatoform disorder. Additionally, they could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Somatic symptoms cause significant disturbance in work, social or another area of functioning and could be dangerous or disabling to the individual. This could include significant and varied symptomatic disturbance without medical cause.</p>
N/A	Individual is younger than 21 years old.

Supplemental Information: Individuals with somatic symptom disorder typically have multiple, current, somatic symptoms that are distressing or result in significant disruption of daily life, although sometimes only one severe symptom, most commonly pain, is present. Other DSM-5 criteria include:

Excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns as manifested by at least one of the following:

1. Disproportionate and persistent thoughts about the seriousness of one's symptoms.
2. Persistently high level of anxiety about health or symptoms.
3. Excessive time and energy devoted to these symptoms or health concerns.
4. Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months) (pg. 311).

II. [A] TRAUMATIC STRESS SYMPTOMS MODULE

This module is to be completed when Behavioral/Emotional Domain, Adjustment to Trauma item is rated '1,' '2' or '3.'

These items describe dysregulated reactions or symptoms that children, youth and adult clients may exhibit to any of the variety of traumatic experiences.

Question to Consider for this Module: How is the individual responding to traumatic events?

For the **Traumatic Stress Symptoms Module**, the following categories and action levels are used:

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

EMOTIONAL AND/OR PHYSICAL DYSREGULATION

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> Individual has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> History or evidence of difficulties with affect/physiological regulation. The individual could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). The individual may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has problems with affect/physiological regulation that are impacting their functioning in some life domains, but is able to control affect at times. The individual may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The individual may exhibit marked shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The individual may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or under arousal (e.g. lack of movement and facial expressions, slowed walking and talking).</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual is unable to regulate affect and/or physiological responses. The individual may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). [continues]</p>

EMOTIONAL AND/OR PHYSICAL DYSREGULATION continued

Supplemental Information: This item is a core symptom of trauma and is particularly notable among individuals who have experienced complex trauma (or chronic, interpersonal traumatic experiences). This refers to an individual's difficulty in identifying and describing internal emotional states, problems labeling or expressing feelings, difficulty or inability in controlling or modulating their emotions, and difficulty communicating wishes and needs. Physical dysregulation includes difficulties with regulation of body functions, including disturbances in sleeping, eating and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The individual's behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

Emotional dysregulation is triggered by exposure to trauma cues or reminders where the individual has difficulty modulating arousal symptoms and returning to baseline emotional functioning or restoring equilibrium. This symptom is related to trauma, but may also be a symptom of bipolar disorder and some forms of head injury and stroke. An elevation in emotional dysregulation will also likely accompany elevations in Anger Control.

INTRUSIONS/RE-EXPERIENCING

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

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

Supplemental Information: Intrusion and re-experiencing symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder. According to the DSM-5, intrusion symptoms include: (1) Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). In children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed. (2) Recurrent distressing dreams in which the content and/or affect of the dream are related to the event(s). In children, there may be frightening dreams without recognizable content. (3) Intense or prolonged psychological distress marked by physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic events (pg. 280-281).

HYPERAROUSAL

This item includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Individual may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Questions to Consider

- Does the individual feel more jumpy or irritable than is usual?
- Does the individual have difficulty relaxing and/or have an exaggerated startle response?
- Does the individual have stress-related physical symptoms: stomachaches or headaches?
- Do these stress-related symptoms interfere with the individual's ability to function?

Ratings and Descriptions

- | | |
|-----------------------|--|
| Questions to Consider | <p>0 <i>No current need; no need for action or intervention.</i>
Individual has no evidence of hyperarousal symptoms.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i>
History or evidence of hyperarousal that does not interfere with individual's daily functioning. Individual may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i>
Individual exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Individuals who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the individual and/or caregiver and negatively impacts day-to-day functioning.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i>
Individual exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the individual and/or caregiver and impede day-to-day functioning in many life areas.</p> |
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Supplemental Information: Hyperarousal is one of the three major symptom clusters in PTSD. This item refers to an individual who experiences prolonged states of physiological arousal that might manifest behaviorally, emotionally and cognitively. Hyperaroused individuals might appear constantly on edge and/or wound up and may be easily startled.

ATTACHMENT DIFFICULTIES

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

Questions to Consider

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

Ratings and Descriptions

- | | |
|-----------------------|---|
| Questions to Consider | <p>0 <i>No current need; no need for action or intervention.</i>
No evidence of attachment problems. Caregiver-individual relationship is characterized by mutual satisfaction of needs and individual's development of a sense of security and trust. Caregiver is able to respond to individual's cues in a consistent, appropriate manner, and individual seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i>
Some history or evidence of insecurity in the caregiver-individual relationship. Caregiver may have difficulty accurately reading individual's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Individual may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Individual may have minor difficulties with appropriate physical/emotional boundaries with others.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i>
Problems with attachment that interfere with individual's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret individual's cues, act in an overly intrusive way, or ignore/avoid individual's bids for attention/nurturance. [continues]</p> |
|-----------------------|---|

ATTACHMENT DIFFICULTIES continued

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

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

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

A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:

1. The child rarely or minimally seeks comfort when distressed.
2. The child rarely or minimally responds to comfort when distressed.

B. A persistent social and emotional disturbance characterized by at least two of the following:

1. Minimal social and emotional responsiveness to others.
2. Limited positive affect.
3. Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

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

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

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

TRAUMATIC GRIEF & SEPARATION

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

Ratings and Descriptions

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

There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant caregivers. Either the individual has not experienced a traumatic loss (e.g., death of a loved one) or the individual has adjusted well to separation.

- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

Individual is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.

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

Individual is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

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

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

Questions to Consider

- Is the trauma reaction of the individual based on a grief/loss experience?
- How much does the individual's reaction to the loss impact their functioning?

TRAUMATIC GRIEF & SEPARATION continued

Supplemental Information: This item is meant to document when individuals are having a “traumatic” reaction to a separation or other type of loss. Individuals sometimes experience traumatic grief following the death of a loved one. Youth in child welfare can also experience traumatic grief. They may experience difficult feelings related to separation from their parents or other important people in their life; not all, however, experience traumatic grief. Those who experience traumatic grief may be preoccupied with the separation from their parents such that it inhibits their ability to function appropriately in one or more areas. The symptoms may be behavioral, emotional or cognitive and if it is observed that these symptoms are not diminishing or go away with normal passage of time, score this item as a ‘2’ or ‘3.’ There must be some evidence of a problematic reaction in order to rate a ‘1’ on this item.

NUMBING

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Individual has no evidence of numbing responses.
• Does the individual experience a normal range of emotions?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has history or evidence of problems with numbing. They may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
• Does the individual tend to have flat emotional responses?	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual exhibits numbing responses that impair their functioning in at least one life domain. Individual may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual exhibits significant numbing responses or multiple symptoms of numbing that put them at risk. This individual may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

DISSOCIATION

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Individual shows no evidence of dissociation.
• Does the individual seem to lose track of the present moment or have memory difficulties?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
• Is the individual frequently forgetful or caught daydreaming?	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorders or another diagnosis that is specified “with dissociative features” (see Supplemental Information below). [continues]

DISSOCIATION continued

- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Individual is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Individual shows rapid changes in personality or evidence of distinct personalities. An individual who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

Supplemental Information: This item may be used to rate Dissociative Disorders (e.g., Dissociative Identity Disorder, Dissociative Amnesia, Other Specified Dissociative Disorder, Unspecified Dissociative Disorder) but can also exist when other diagnoses are primary (e.g. PTSD with Dissociative Symptoms, Acute Stress Disorder, Depressive Disorders).

AVOIDANCE

This item describes efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

Questions to Consider

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

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Individual exhibits no avoidance symptoms.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual may have history of or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the individual may also avoid activities, places, or people that arouse recollections of the trauma.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual's avoidance symptoms are debilitating. Individual may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

III. LIFE FUNCTIONING

Life domains are the different arenas of social interaction found in the lives of individuals 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 client functioning in individual, family, peer, school, and community realms?

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

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

FAMILY FUNCTIONING

This item evaluates and rates the individual's relationships with those who are in their family. It is recommended that the description of family should come from the individual's perspective (i.e. who the individual describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the individual is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/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 their family as well as the relationship of the family as a whole.

Ratings and Descriptions	
Questions to Consider	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of problems in relationships with family members, and/or individual is doing well in relationships with family members.</p>
<ul style="list-style-type: none">• How does the individual get along with the family?• Are there problems/conflicts between family members?• Has there ever been any violence in the family?• What is the relationship like between the individual and their family?	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> History or suspicion of problems, and/or individual is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the individual. Arguing may be common but does not result in major problems.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual's problems with parents, siblings and/or other family members are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual's problems with parents, siblings, and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.</p>

Supplemental Information: Family Functioning should be rated independently of the problems the individual experienced or stimulated by the individual currently assessed. According to Illinois law, domestic violence includes: hitting, kicking, threatening, harassing, or interfering with the personal liberty of another family or household member.

LIVING SITUATION

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

Questions to Consider	Ratings and Descriptions	
• Is the individual at risk of being removed from the home or losing their placement? • Does the individual's behavior contribute to stress and tension in the home? • How does the caregiver address issues that arise between members of the household?	0	<i>No current need; no need for action or intervention.</i> No evidence of problems with functioning in current living environment. Individual and caregivers feel comfortable and safe dealing with issues that come up in day-to-day life.
	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual experiences problems with functioning in current living situation. Caregivers express some concern about individual's behavior in living situation; and/or individual and caregiver have some difficulty dealing with issues that arise in daily life.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has difficulties maintaining their behavior in this living situation, creating significant problems for others in the residence. Individual and caregivers have difficulty interacting effectively with each other much of the time. Parents of infants are concerned about irritability of infant and ability to care for infant.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual's problems with functioning in this living situation place them at immediate risk of being removed from the living situation due to their behaviors.

Supplemental Information: When a child/youth is potentially returning to biological parents, this item is rated independent of the Family Functioning item. When the child/youth lives with biological or adoptive parents, this item is rated the same as the Family Functioning item. Hospitals, shelters and detention centers do not count as "living situations." If an individual is presently in one of these places, rate the previous living situation.

RESIDENTIAL STABILITY

This item rates the current and likely future housing circumstances for the individual. If the individual lives independently, their history of residential stability can be rated.

Questions to Consider	Ratings and Descriptions	
• Is the individual staying in temporary housing, homeless shelter, transitional housing? • Does the individual speak of couch surfing or moving frequently and staying with friends?	0	<i>No current need; no need for action or intervention.</i> There is no evidence of residential instability. Individual has stable housing for the foreseeable future.
	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, some residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful is rated here.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has moved multiple times in the past year. This level also includes a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing. [continues]

RESIDENTIAL STABILITY continued

Supplemental Information: Life circumstances put people in unstable housing and may be the cause of mental health challenges, not the result of mental health challenges. A person can be moving or is homeless for numerous reasons: domestic abuse, hostile environment, neglect, current environment is detrimental to a person's recovery, unsafe housing, surrounding gang activity or dangerous neighborhood, no access to public transportation, etc. A child/youth or dependent adult may have needs regarding residential stability because of their caregiver. Regardless of the reason for unstable housing, the action levels should be used to best describe the current need of the individual.

SOCIAL FUNCTIONING

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

Questions to Consider

- Currently, how well does the individual get along with others?
- Has there been an increase in conflicts with others?
- Do they have unhealthy friendships?
- Do they tend to change friends frequently?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
No evidence of problems and/or individual 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. Individual is having some difficulty interacting with others and building and/or maintaining relationships.
Age 0-6: Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual is having some moderate problems with their social relationships. Individual often has problems interacting with others and building and maintaining relationships.
Age 0-6: Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual's disruptions in their social relationships are debilitating. Individual consistently and pervasively has problems interacting with others and building and maintaining relationships.
Age 0-6: Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

RECREATION/PLAY

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

Questions to Consider

- What activities is the individual involved in?
- Are there barriers to participation in extracurricular activities?
- How does the individual use their free time?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
No evidence of any problems with recreational functioning or play. Individual has access to sufficient activities that they enjoy and makes full use of leisure time to pursue recreational activities that support their healthy development and enjoyment.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual is doing adequately with recreational activities although at times has difficulty using leisure time to pursue recreational activities (e.g., financial, time or transportation constraints).
Age 0-6: Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual may experience some problems with recreational activities and effective use of leisure time.
Age 0-6: Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.

RECREATION/PLAY continued

- | | |
|--|---|
| | <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i>
Individual has no access to or interest in recreational activities. Individual has significant difficulties making use of leisure time.
Age 0-6: Infant spends most of time non-interactive. Toddlers and preschoolers, even with adult encouragement, cannot demonstrate enjoyment or use play to further development.</p> |
|--|---|

DEVELOPMENTAL/INTELLECTUAL*

This item describes the individual's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Ratings and Descriptions

- | | |
|-----|--|
| | <p>0 <i>No current need; no need for action or intervention.</i>
No evidence of developmental delay and/or individual has no developmental problems or intellectual disability.</p> |
| | <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i>
There are concerns about possible developmental delay. Individual may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.</p> |
| | <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i>
Individual has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.</p> |
| | <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i>
Individual has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.</p> |
| N/A | <p>Intellectual disability is suspected but not confirmed. A referral to psychological testing should occur prior to rating this item.</p> |

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

COMMUNICATION

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

Questions to Consider

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

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Individual's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the individual has any problems communicating.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual has a history of communication problems but currently is not experiencing problems.
Age 0-6: Infants may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual has limited receptive and expressive communication that interferes with their functioning.
Age 0-6: Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual has serious communication difficulties and is unable to communicate.
Age 0-6: Communication difficulties include inability to point and grunt.

Supplemental Information: Children with receptive language issues may have trouble understanding what other people say. They could also have difficulty following simple directions and organizing information they hear. Receptive language issues can be hard to spot in very young children. Expressive language issues can be easier to identify early. This is because children with expressive language issues may be late to start talking and not speak until age 2. At age 3, they may be talking but hard to understand, and the problems persist into preschool. Some children, for instance, might understand the stories read to them but not be able to describe them even in a simple way.

MEDICAL/PHYSICAL

This item rates the individual's current chronic or acute medical problems, and 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

- What is the individual's health status?
- Do they have any medical or physical problems?
- How much does the individual's physical or medical issues interfere with their life?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
There is no evidence of any medical problems or physical limitations.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual has history of or currently has well-managed physical or medical problems. This might include well-managed chronic conditions like diabetes or asthma. A person in need of a physical/medical examination would be rated here.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Chronic or acute physical or medical problems are present that interfere with the individual's functioning and activities.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual has a life-threatening illness or medical condition or severe physical limitations that are dangerous or disabling.

Supplemental Information: Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2.' The rating '3' is reserved for life threatening medical conditions.

MEDICATION COMPLIANCE

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

Questions to Consider

- Does the individual remember to take their medication? When prompted, does the individual take their medication?
- Does the individual take their prescribed medications as directed by their physician?
- Does the individual ever refuse to take prescribed medications?
- Is there concern about the individual abusing their medications?
- Does the caregiver need reminders to maintain the individual's medication compliance?

Ratings and Descriptions

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

Youth takes prescribed medications without problems, or youth is not currently on any prescribed medication.

For Age 16+: Individual takes medications as prescribed without assistance or reminders, or individual is not currently on any prescribed medication.

- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

Youth 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 Age 16+: Individual usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); they may benefit from reminders and checks to consistently take medications.

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

Youth or caregiver is sporadically non-compliant, and this may place them at medical risk. Youth may be resistant to taking prescribed medications or may tend to overuse their medications. They might comply with prescription plans for a period of time (1-2 weeks) but generally do not sustain taking medication in prescribed dose or protocol. Or, caregiver may be inconsistent in making sure the youth takes medication.

For Age 16+: Individual takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; they may benefit from direct supervision of medication.

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

Child/youth and/or caregiver is not compliant with prescribed medications, or child/youth has abused their medications to a significant degree (e.g., overdosing; using meds to a dangerous degree).

For Age 16+: Individual does not take medication(s) prescribed for management of underlying medical conditions and their underlying medical conditions are not well controlled. An individual abusing their prescribed medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here.

TRANSPORTATION

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> Individual has no transportation needs. They can get to appointments, school/work, activities, etc. consistently, and are able to access any special vehicle needs for transportation, if needed.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has occasional transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. no more than weekly and do not require a special vehicle.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has frequent transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. regularly. Individual needs transportation assistance and access to special transportation resources.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has no access to appropriate transportation and is unable to get to appointments, school/work, activities, etc. Individual needs immediate intervention and development of transportation resources.</p>

Supplemental Information: For children/youth and dependent adults, this item should be rated based on the caregiver's transportation needs.

SLEEP (Age 1+)

This item rates the individual'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. **For ages 1 to 6:** Bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age or older to rate this item.**

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of problems with sleep.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Generally, the individual gets adequate sleep but at least once a week problems arise. This may include occasionally awakening, incontinence, or having nightmares. Problems with sleep in the past are rated here. Age 1 to 6: Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual's sleep is often disrupted and they seldom obtain adequate sleep. Disrupted sleep is resulting in functioning impairment in at least one life domain. Age 1 to 6: Toddlers and preschoolers may experience difficulty falling asleep, night walking, night terrors or nightmares on a regular basis.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual is generally sleep deprived. Sleeping is almost always difficult for the individual and they are not able to get adequate sleep. Lack of sleep is putting the individual at risk. Parents or caregivers have exhausted numerous strategies for assisting the individual.</p>
N/A	Individual is younger than 12 months of age.

MOTOR (Age 0-6)

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

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Are any of young child's motor skills of concern?• Are there ways in which the young child's fine or gross motor development differs from other children?
0	<p><i>No current need; no need for action or intervention.</i></p> <p>The young child's development of fine and gross motor functioning appears normal. There is no reason to believe the young child has any problems with motor development.</p>
1	<p><i>Identified need requires monitoring, watchful waiting, or preventive activities.</i></p> <p>Young child has mild fine (e.g., using scissors) or gross motor skill deficits. They have exhibited delayed sitting, standing, or walking, but has since reached those milestones.</p>
2	<p><i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i></p> <p>Young child has moderate motor deficits. A non-ambulatory young child with fine motor skills (e.g., reaching, grasping) or an ambulatory young child with severe fine motor deficits would be rated here.</p>
3	<p><i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Young child has severe or profound motor deficits. A non-ambulatory young child with additional movement deficits would be rated here, as would any young child older than 6 months who cannot lift their head.</p>
N/A	Individual is 6 years of age or older.

SENSORY (Age 0-6)

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

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Are there any ways in which the young child's senses appear different from other children?• How would the young child's vision, hearing, smell, touch, taste, and kinesthetic senses be described?
0	<p><i>No current need; no need for action or intervention.</i></p> <p>Young child's sensory functioning appears normal. There is no reason to believe that the young child has any problems with sensory functioning.</p>
1	<p><i>Identified need requires monitoring, watchful waiting, or preventive activities.</i></p> <p>Young child has impairment on a single sense (e.g., mild hearing deficits, correctable vision problems).</p>
2	<p><i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i></p> <p>Young child has an impairment that impacts their functioning in at least one life domain, e.g., moderate impairment on a single sense or mild impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).</p>
3	<p><i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Young child has significant impairment in one or more senses (e.g., profound hearing or vision loss) that could be dangerous or debilitating without intervention.</p>
N/A	Individual is 6 years of age or older.

PERSISTENCE/CURIOSITY/ADAPTABILITY (Age 0-6)

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> Young child with exceptional curiosity and ability to continue an activity when meeting an obstacle. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Young child with good curiosity and some ability to continue an activity that is challenging. An ambulatory young child who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Young child with limited curiosity and ability to continue an activity that is challenging. This is impacting their functioning in at least one life domain. Young child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Young child with very limited or no observable curiosity and they have difficulties most of the time coping with challenging tasks that places their development at risk. Young child may seem frightened of new information or environments.</p>
N/A	Individual is 6 years of age or older.

ELIMINATION (Age 0-6)

This item refers to all dimensions of elimination.

Questions to Consider	Ratings and Descriptions	
• Does the young child have any unusual difficulties with urination or defecation (e.g. constipation)?	0	<i>No current need; no need for action or intervention.</i> There is no evidence of elimination problems.
	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Infant/young child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Infant/young child demonstrates problems with elimination on a consistent basis that is interfering with their functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Young child may experience the same issues as infants along with encopresis and enuresis.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Infant/young child demonstrates significant difficulty with elimination to the extent that they and/or the parent is in significant distress or interventions have failed.
N/A		Individual is 6 years of age or older.

Supplemental Information: Encopresis is an elimination disorder that involves repeatedly having bowel movements in inappropriate places after the age when bowel control is normally expected. Enuresis, more commonly called bed-wetting, is an elimination disorder that involves release of urine into bedding, clothing or other inappropriate places. Both disorders can occur during the day or night, can be voluntary or involuntary, and may occur together, although most often they occur separately.

Note: Elimination disorders may be caused by a physical condition, a side effect of a drug, or a psychiatric disorder.

SCHOOL/PRESCHOOL/DAYCARE (Age 0-21)*

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

Questions to Consider	Ratings and Descriptions	
• What is the child's experience in school? • Does the child have difficulties with academics, social relationships, behavior, or attendance at school?	0	<i>No current need; no need for action or intervention.</i> No evidence of problems with functioning in current school/preschool/daycare environment.
	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> History or evidence of problems with functioning in current school/preschool/daycare environment that is not interfering with functioning. Child may be enrolled in a special program.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Child is experiencing difficulties maintaining their behavior, attendance, and/or achievement in this setting.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child's problems with functioning in school/preschool/daycare environment place them at immediate risk of being removed from program due to their attendance, behaviors, achievement, or unmet needs.
N/A		Child is not in school/preschool/daycare due to age or home schooling, or individual is age 21 or older.

A rating of '1', '2' or '3' on this item triggers the completion of the [C] School/Preschool/Daycare Module.

DECISION-MAKING (Age 3+)

This item describes the individual's ability to make decisions and understanding of choices and consequences. This rating should reflect the degree to which an individual can concentrate on an issue, think through decisions, anticipate consequences of decisions, and follow through on decisions in an age-appropriate manner.

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• How is the individual's judgment and ability to make good decisions?• Do they typically make good choices for themselves?
	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of problems with judgment or poor decision-making that result in harm to development and/or well-being.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> There is a history or suspicion of problems with judgment in which the individual makes decisions that are in some way harmful to their development and/or well-being.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Problems with judgment in which the individual makes decisions that are in some way harmful to their development and/or well-being. As a result, more supervision is required.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Problems with judgment that place the individual at risk of significant physical harm. Individual is currently unable to make decisions. Therefore, individual requires intense and constant supervision.</p>
	N/A Individual is younger than 3 years old.

LEGAL* (Age 6+)

This item rates the individual's involvement with the legal (juvenile or adult) criminal justice systems due to their behavior. This item does not refer to family involvement in the legal system.

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Has the individual been arrested?• Is the individual on probation?• Are there charges pending or incarceration, or a child support order, against the adult client?• Is the individual on probation or parole?
	<p>0 <i>No current need; no need for action or intervention.</i> Individual has no known legal difficulties or involvement with the legal system.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has serious current or pending legal difficulties that place them at risk for a court ordered out of home placement, or incarceration such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).</p>
	N/A Individual is younger than 6 years old.

A rating of '1', '2' or '3' on this item triggers the completion of the [K] Justice/Crime Module.

Supplemental Information: This item indicates the individual's level of involvement with the criminal justice system, not involvement in the courts due to custody issues. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating. This issue uses the justice definition of delinquent behavior—where there are findings of guilt. Actual delinquent acts are described and rated in the Risk Behaviors domain, under the item Delinquent/Criminal Behavior.

SEXUAL DEVELOPMENT (Age 6+)

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. Sexually problematic behaviors are rated elsewhere. Sexual orientation, gender identity and expression (SOGIE) issues could be rated here only if they are leading to difficulties.

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none"> Are there concerns about the individual's healthy sexual development? Is the individual sexually active? Does the individual have less/more interest in sex than others their age? Is the individual struggling with issues related to sexual orientation or gender identity?
	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of issues with sexual development.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include concerns about SOGIE or anxiety about the reaction of others.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Moderate to serious problems with sexual development that interfere with their life functioning in other life domains.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has severe problems with sexual development.</p>
	N/A Individual is younger than 6 years old.

Supplemental Information: An individual's gaps in sexual knowledge and access to contraceptives can impact one's sexual development, preventing the individual from engaging in safe and consensual sexual activities.

JOB FUNCTIONING/EMPLOYMENT* (Age 16+)

If the individual is working, this item describes their functioning in a job setting.

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none"> Is the individual able to meet expectations at work? Do they have regular conflict at work? Are they timely and able to complete responsibilities?
	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of any problems in work environment. Individual is excelling in a job environment.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has a history of problems with work functioning, or individual may have some problems in the work environment that are not interfering with work functioning or other functional areas. The individual is functioning adequately in a job environment. An individual that is not currently working, but is motivated and is actively seeking work, could be rated here.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Some problems at work including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with their work performance. OR although not working, the individual seems interested in doing so, but may have problems with developing vocational or prevocational skills.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has problems at work in terms of attendance, performance or relationships. Individual may have recently lost a job. Work problems are placing the individual or others in danger including aggressive behavior toward peers or superiors or severe attendance problems are evidenced. Individual may be recently fired or at very high risk of firing (e.g. on notice). OR the individual has a long history of unemployment.</p>
	N/A Individual is not currently working, or is younger than 16 years old.

A rating of '1', '2' or '3' on this item will trigger the completion of the [D] Vocational and Career Module.

Supplemental Information: If the individual is receiving special vocational services, rate the individual's performance and behavior relative to their peer group. If it is planned for the individual to work in the regular economy, rate the individual's functioning compared to that peer group.

PARENTAL/CAREGIVING ROLE* (Age 16+)

This item focuses on an individual in any parental/caregiving role.

Questions to Consider	Ratings and Descriptions
• Is the individual in any roles where they care for someone else – parent, grandparent, younger sibling, or their own child?	0 <i>No current need; no need for action or intervention.</i> Individual has a parenting or caregiving role, and they are functioning appropriately in that role. An individual that does not have a parental or caregiving role would be rated here.
• How well can the individual fill that role?	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.
• Does parenting/caregiving responsibility impact the individual's life functioning?	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has responsibilities as a parent/caregiver, and they currently struggle to meet these responsibilities; these responsibilities are currently interfering with the individual's functioning in other life domains.
• Does the individual want to be more involved in parenting/caregiving?	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has responsibilities as a parent/caregiver and is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the individual to function in other life domains. The individual has the potential of abuse or neglect in their parental/caregiving role.
N/A Individual is younger than 16 years old.	

A rating of '1', '2' or '3' on this item triggers the completion of the [E] Parenting/Caregiving Module.

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

INDEPENDENT LIVING SKILLS (Age 16+)*

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

Questions to Consider	Ratings and Descriptions
• Does individual know how to take care of themselves?	0 <i>No current need; no need for action or intervention.</i> No evidence of any deficits or barriers in demonstrating developmentally appropriate responsibility or anything that could impede the development of skills to maintain one's own home. This level indicates a person who is fully capable of independent living.
• Are they responsible when left unsupervised?	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> This level indicates an individual with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. Problems are generally addressable with training or supervision.
• Are they developing skills to eventually be able to live in an apartment by themselves?	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> This level indicates an individual with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing themselves when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports. [continues]

INDEPENDENT LIVING SKILLS continued

- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
This level indicates an individual with profound impairment of independent living skills. This individual would be expected to be unable to live independently given current status. Problems require a structured living environment.
- N/A Individual is younger than 16 years old.

A rating of '1', '2' or '3' on this item will trigger the completion of [F] Independent Activities of Daily Living Module.

INTIMATE RELATIONSHIPS (Age 16+)

This item is used to rate the individual's current status in terms of romantic/intimate relationships.

Questions to Consider

- Is the individual in a romantic partnership or relationship at this time?
- What is the quality of this relationship?
- Does the individual see the relationship as a source of comfort/strength or source of distress/conflict?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Individual has a strong, positive, adaptive partner relationship with another; or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual has a generally positive partner relationship with another person. They may have had a problematic partner relationship in the past.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual's partner relationship interferes with their functioning.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual is currently involved in a negative or unhealthy relationship with another person. This relationship is either dangerous or disabling to the individual.

N/A Individual is younger than 16 years old.

BASIC ACTIVITIES OF DAILY LIVING (Age 21+)

This item aims to describe the individual'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 individual show age-appropriate self-care skills?
- Is the individual able to complete all domains of self-care as is developmentally appropriate: eating, bathing, grooming, dressing, toileting, etc.?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Individual's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the individual has any problems performing the basic activities of daily living.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual requires verbal prompting on self-care tasks or daily living skills, or individual is able to use adaptations and supports to complete self-care.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting).

N/A Individual is younger than 21 years old.

ROUTINES (Age 21+)

This item describes an individual's ability to establish a schedule and keep to it on a daily basis.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Individual is able to make and maintain routines that support a healthy lifestyle.
• Does the individual have a daily schedule that helps supports mental and physical health and wellness?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual is generally able to make and maintain routines that support a healthy lifestyle, however, there are occasional problems or a current life event has disrupted these routines temporarily.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual struggles to make and/or maintain routines to support a healthy lifestyle. The lack of routines is currently interfering with the individual's functioning in at least one life domain.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual is unable to make or maintain routines. The individual's lifestyle is chaotic and the absence of routines is preventing functioning in multiple life domains.
	N/A	Individual is younger than 21 years old.

FUNCTIONAL COMMUNICATION (Age 21+)

This item refers to using communication and interaction with others to achieve needs, goals, and desires on a daily basis, e.g. self-advocacy, asking for directions, asking appropriate questions at the doctor's office.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Individual is fully able to functionally communicate.
• Is the individual able to ask for directions, communicate their needs?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has occasional challenges fully communicating functionally, although these challenges do not interfere with the person's functioning.
• Does the individual have difficulty in achieving their goals due to communication difficulties?	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has challenges with functional communication that interfere with functioning in at least one life domain.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has notable problems with functional communication that are either dangerous or prevent them from functioning in multiple life domains.
	N/A	Individual is younger than 21 years old.

LONELINESS (Age 21+)

This item describes the individual's feelings or perception of loneliness. This is not exclusively a social isolation item as some individuals are comfortable with or seek out some level of social isolation that others might find uncomfortable.

Questions to Consider

- Does the individual express any feelings of loneliness?
- Is the individual's loneliness causing difficulties in their functioning?

Ratings and Descriptions

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

There is no evidence that the individual is experiencing any loneliness.

- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

Individual experiences some loneliness but it does not interfere with their life, or the individual might be socially isolated but not reporting any feeling of loneliness.

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

Individual has expressed a level of loneliness that is interfering with functioning in at least one life domain.

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

Individual is expressing severe loneliness. This may be either a symptom of or a cause of depression or other mental health challenges. The individual's experience of loneliness is either disabling or so severe as to create worries about the individual's personal safety.

N/A Individual is younger than 21 years old.

III. [B] DEVELOPMENTAL DISABILITIES MODULE

This module is to be completed when Life Functioning Domain, Developmental/Intellectual item, or Behavioral/Emotional Needs, Atypical/Repetitive Behaviors item is rated '1,' '2' or '3.'

Question to Consider for this Module: At what developmental level is the individual's current functioning?

For the **Developmental Disabilities Module**, the following categories and action levels are used:

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

COGNITIVE

This item rates cognitive impairment characterized by deficits in general mental abilities such as: reasoning, problem solving, planning, processing information, and abstract thinking.

Questions to Consider

- Are there concerns that the difficulties in the individual's functioning are due to developmental delays?
- Does the individual have an intellectual disability or delay?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Individual's intellectual functioning appears to be in normal range. There is no reason to believe that the individual has any problems with intellectual functioning.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual has low IQ (70 to 85) or has identified learning challenges.
Age 0-6: Infant/young child has some indicators that cognitive skills are not appropriate for age or are at the lower end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual has mild Intellectual Developmental Disorder. IQ is between 55 and 69.
Age 0-6: Infant/young child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Young children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual has moderate to profound Intellectual Developmental Disorder. IQ is less than 55.
Age 0-6: Infant/young child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/young child is completely reliant on caregiver to function.

DEVELOPMENTAL

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Individual's development appears within normal range. There is no reason to believe that the individual has any developmental problems.
• Is the individual progressing developmentally in a way similar to peers of the same age?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Evidence of a mild developmental delay.
• Has the individual been diagnosed with a developmental disorder?	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Severe developmental disorder is evident. Individual's development is at risk without intervention.

SELF-CARE/DAILY LIVING SKILLS

This item rates the individual's ability to participate in self-care activities, including eating, bathing, dressing and toileting.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Individual's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the individual has any problems performing daily living skills.
• What supports and assistance does the individual need to complete daily living skills?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual requires some assistance on self-care tasks or daily living skills at a greater level than would be expected for age. Development in this area may be slow. Age 0-6: Infants may require greater than expected level of assistance in eating and may demonstrate a lack of progression in skills.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting) and/or does not appear to be developing the needed skills in this area.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual is not able to function independently at all in this area.

AUTISM SPECTRUM

This item describes the presence of Autism Spectrum Disorder.

Questions to Consider

- Does the individual have any symptoms of Autism Spectrum Disorder?

Ratings and Descriptions

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

There is no history of Autism Spectrum symptoms.

- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

Evidence of a low end Autism Spectrum Disorder. The individual may have had symptoms of Autism Spectrum Disorder but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on development.

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

Individual meets criteria for a diagnosis of Autism Spectrum Disorder. Autism Spectrum symptoms are impairing individual's functioning in one or more areas and requires intervention.

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

Individual meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms.

SENSORY (Age 6+)

This item describes the individual's sensory functioning and development. Sensory functioning includes the ability to use all senses including vision, hearing, smell, touch, and kinesthetic.

Questions to Consider

- Does the individual have hearing or visual impairment; did they have sensory impairments in infancy?
- Does the individual become easily overwhelmed by sensory stimuli?

Ratings and Descriptions

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

The individual's sensory functioning appears normal. There is no reason to believe that the individual has any problems with sensory functioning.

- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

Individual may have a mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).

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

Individual may have a moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).

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

Individual has a significant impairment on one or more senses (e.g. profound hearing or vision loss).

N/A Individual is under 6 years of age. This item is rated for ages 0-6 in the Life Functioning Domain, Sensory item.

MOTOR (Age 6+)

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> The individual's development of fine and gross motor functioning appears normal. There is no reason to believe that individual has any problems with motor development.
• Does the individual meet motor-related developmental milestones? • Does the individual show any fine or gross motor skill difficulties?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual may have mild fine (e.g. using scissors) or gross motor skill deficits. Individual has exhibited delayed sitting, standing, or walking, but has since reached those milestones.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has moderate motor deficits. A non-ambulatory individual with fine motor skills (e.g. reaching, grasping) or an ambulatory individual with severe fine motor deficits would be rated here.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has severe or profound motor deficits. A non-ambulatory individual with additional movement deficits would be rated here.
N/A		Individual is under 6 years of age. This item is rated for ages 0-6 in the Life Functioning Needs Domain, Motor item.

REGULATORY (Age 6+)

This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Individual does not have problems with self-regulation.
• Did the individual meet developmental milestones related to self-regulation?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has profound problems with self-regulation that places their safety, wellbeing, and/or development at risk (e.g. individual cannot be soothed at all when distressed, individual cannot feed properly).
N/A		Individual is under 6 years of age. This item is rated for ages 0-6 in the Behavioral/Emotional Needs Domain, Regulatory item.

III. [C] SCHOOL/PRESCHOOL/DAYCARE MODULE (Age 0-21)

This module is to be completed when Life Functioning Domain, School/Preschool/Daycare item is rated '1,' '2' or '3.'

Note: For the school items, if the child is receiving special education services, the child's performance and behavior should be rated relative to their peer group. If it is planned for the child to be mainstreamed, then their school functioning should be rated relative to that peer group.

Questions to Consider for this Module: How well is the child functioning at school? What are their areas of need?

For the **School/Preschool/Daycare Module (Age 0-21)**, the following categories and action levels are used:

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

SCHOOL/PRESCHOOL/DAYCARE BEHAVIOR

This item rates the behavior of the child in school/preschool or school-like settings. A rating of '3' would indicate a child who is still having problems after special efforts have been made, e.g., problems in a special education class.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> Child has no behavior problems at school/preschool/daycare.</p>
• Does the child/youth participate in class? • Is the child/youth frequently disruptive to the class? • What does the youth do to disrupt the class?	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Child is behaving adequately in school/preschool/daycare, although some mild behavior problems exist. Child may have history of behavior problems.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Child is having behavioral problems at school/preschool/daycare that are interfering with their functioning. They are disruptive and may have received sanctions, including suspensions.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child's behavioral problems in school/preschool/daycare are placing them at risk. They are frequently or severely disruptive. School placement may be in jeopardy due to behavior.</p>

SCHOOL/PRESCHOOL/DAYCARE ACHIEVEMENT

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of issues in school achievement and/or child is doing well in school, passing all classes and is on track with their educational plan. Age 0-6: Young child is doing well acquiring new skills.</p>
• How is the child doing academically? In building new skills? • Are they having difficulty with any subjects or in developing new skill areas? • Are they at risk of failing any classes? Of being left back?	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Child is doing adequately in school, although some problems with achievement exist. Age 0-6: Young child is doing adequately acquiring new skills with some challenges. They may be able to compensate with extra adult support.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Child is having moderate problems with school achievement. They may be failing some subjects, and/or be at risk for failing the current grade. Age 0-6: Young child is having moderate problems with acquiring new skills. They may not be able to retain concepts or meet expectations even with adult support in some areas.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child is having severe achievement problems. They have failed most subjects, or are more than one year behind same age peers in school achievement. Age 0-6: Young child is having severe achievement problems. They may be completely unable to understand or participate in skill development in most or all areas.</p>

SCHOOL/PRESCHOOL/DAYCARE ATTENDANCE

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> Child attends school/preschool/daycare regularly.</p>
• How often does the child miss school? • Do absences interfere with their learning?	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Child has some problems attending school/preschool/daycare but generally goes to school. They may miss up to one day per week on average, or may have had moderate to severe problems during the past six months, but has been attending school regularly during the past month.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Child is having problems with school attendance that is impacting their educational functioning. They are missing at least two days each week on average.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child is generally absent from school, putting their educational development at risk.</p>

RELATIONSHIPS WITH TEACHERS

This item describes a child's relationships with teachers.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Child has good relations with teachers.
• How does the child relate to teachers? • Does the child have a strong connection with one or more teachers? • Does the child have regular conflict with teachers?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym). Historical problems with teachers would be rated here.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Child has difficult relations with teachers that notably interfere with their education.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevent child from learning and/or impacts the child development.

PRESCHOOL/DAYCARE QUALITY (Age 0-6)

This item rates the overall quality of the preschool/daycare as well as the ability of the program to meet the needs of the young child within a larger caregiving context.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Young child's preschool/daycare meets their needs.
• Is the young child growing and learning in the school environment? • Is the school setting meeting the learning needs of the young child?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Young child's preschool/daycare is marginal in its ability to meet their needs. Caregiving may be inconsistent or curriculum may be weak in areas.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Young child's preschool/daycare does not meet their needs in most areas. Caregiving may not support the young child's growth or promote further learning.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Young child's preschool/daycare is contributing to problems for them in one or more areas.
	N/A	Young child is not in preschool or daycare, or individual is 6 years of age or older.

III. [D] VOCATIONAL AND CAREER MODULE (AGE 16+)

This module is to be completed when the Life Functioning Domain, Job Functioning/Employment item is rated '1,' '2' or '3.'

Question to Consider for this Module: How is the individual functioning at work? Please rate the highest level from the past 30 days. If the individual is unemployed, rate items for the last employment experience.

For the **Vocational and Career Module (Age 16+)**, the following descriptions and action levels are used:

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

CAREER ASPIRATIONS

This item describes the degree to which an individual has ideas about what type of job they would want, or a clear idea of a career direction.

	Ratings and Descriptions
Questions to Consider	
• Does the individual have goals for their job or career development?	0 <i>No current need; no need for action or intervention.</i> Individual has clear and feasible career plans.
• Is the individual able to identify a job or career path, and do they have resources needed to get there?	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has career plans but significant barriers may exist to achieving these plans.
	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual wants to work but does not have a clear idea regarding jobs or careers.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has no career plans or aspirations.

JOB TIME

This item describes how many hours the individual currently works.

	Ratings and Descriptions
Questions to Consider	
• Does the individual work and how many hours? What is their work schedule?	0 <i>No current need; no need for action or intervention.</i> Individual works at least full-time.
	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual works more than 20 hours per week but not full-time.
	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual works less than 20 hours per week.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual is not working.

JOB ATTENDANCE

This item describes the individual's ability to consistently make it to work based on their job history.

Questions to Consider

- Has the individual experienced communication or disciplinary action for work attendance issues?
- Is the individual meeting attendance expectations?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Individual goes to work consistently as scheduled.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual has occasional problems going to work. They may sometimes call in sick when not ill.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual has difficulty consistently going to work.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual has severe job attendance problems that threaten termination or have resulted in recent firing.

JOB PERFORMANCE

This item describes the individual's prior work performance based on their job history

Questions to Consider

- What feedback has the individual received regarding their job performance?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Individual is a productive employee.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual is generally a productive employee but some performance issues exist.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual is having problems performing adequately on the job.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual has severe performance problems that threaten termination or have resulted in recent firing.

JOB RELATIONS

This item describes the individual's history of relationships in work environments.

Questions to Consider

- Are individual's relationships at the job setting a source of distress or source of strength for them?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
Individual gets along well with superiors and co-workers.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Individual is experiencing some problems with relationships at work.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual is having problems with their relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.
- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.

JOB SKILLS

This item describes whether the individual has the skills needed for their career aspirations.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Individual has significant job skills consistent with career aspirations.
• Does individual require additional job skills to maintain current employment?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual has basic job skills but they may not match career aspirations.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has limited job skills.
	3	<i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual has no job skills.

III. [E] PARENTING/CAREGIVING MODULE (AGE 16+)

This module is to be completed when the Life Functioning Domain, Parental/Caregiving Role item is rated '1,' '2' or '3.'

Question to Consider for this Module: What are the individual's needs in their current parenting/caregiving role?

For the Parenting/Caregiving Module (Age 16+), the following descriptions and action levels are used:

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

KNOWLEDGE OF NEEDS

This item is based on the individual's knowledge of the specific strengths of the child or adult in their care, and any needs experienced by the child or adult, and the individual's ability to understand the rationale for the treatment or management of these problems.

Ratings and Descriptions

- | | |
|---|---|
| Questions to Consider <ul style="list-style-type: none">• How does the individual understand the needs of the child or adult in their care?• Does the individual have the necessary information to meet the needs of the child or the adult they are caring for? | 0 <i>No current need; no need for action or intervention.</i>
Individual is fully knowledgeable about the psychological strengths and needs and limitations of the child or adult being cared for. |
| | 1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i>
Individual, while being generally knowledgeable about the child or adult being cared for, has some deficits in knowledge or understanding of the psychological condition or skills and assets of the child or adult being cared for. |
| | 2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i>
Individual does not know or understand the child or adult being cared for well. Significant deficits exist in the individual's ability to relate to the problems or strengths of the child or adult being cared for. |
| | 3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i>
Individual has little or no understanding of the condition of the child or adult being cared for. The individual is unable to cope with the child or adult being cared for given their status at the time, not because of the needs of the dependent child/adult but because the individual does not understand or accept the situation. |

SUPERVISION

This item rates the capacity of the individual to provide the level of monitoring needed by the child or adult in their care.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual set appropriate limits on the child?• Does the individual provide appropriate support to the child/adult being cared for?• Does the individual think they need help with these issues?	<p>0 <i>No current need; no need for action or intervention.</i> Individual's supervision and monitoring of child or adult in their care is appropriate and functioning well.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual's supervision is generally adequate but inconsistent.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual's supervision and monitoring are very inconsistent. They are frequently absent.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual's supervision and monitoring are nearly always absent or inappropriate.</p>

INVOLVEMENT WITH CARE

This item rates the level of involvement and follow-through the individual has in the planning and provision of behavioral health, child welfare, educational and medical services on behalf of the child or adult in their care.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the individual actively involved in helping to get services for the child/adult in their care?• Is the individual willing to follow up on recommendations for the child/adult?• Is the individual uninterested in or unwilling to become involved in child's/adult's care?	<p>0 <i>No current need; no need for action or intervention.</i> Individual is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adult in their care.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual is consistently involved in the planning and/or implementation of services for the child/adult but is not an active advocate on behalf of the child or adult in their care.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual is minimally involved in the care of the child or adult in their care. Individual may visit the child/adult when in out-of-home placement, but does not become involved in service planning and implementation.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual is unininvolved with the care of the child or adult. Individual may want child/adult out of the home or fails to visit the child/adult when in out-of-home placement.</p>

ORGANIZATION

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

Ratings and Descriptions	
Questions to Consider	<p>0 <i>No current need; no need for action or intervention.</i> Individual is well organized and efficient.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> History or evidence of individual's difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual has moderate difficulties in organizing and maintaining household to support needed services.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual is unable to organize household to support needed services. Help is needed.</p>

MARITAL/PARTNER VIOLENCE IN THE HOME

This item describes the degree of difficulty or conflict in the individual's intimate relationship and the impact on parenting and caregiving.

Ratings and Descriptions	
Questions to Consider	<p>0 <i>No current need; no need for action or intervention.</i> Individual and their spouse/partner appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual's marital difficulties and partner arguments are generally able to be kept to a minimum when dependent child or adult being cared for is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual's marital difficulties and/or partner conflicts, including frequent arguments, often escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which dependent child/adult being cared for often witnesses.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual's partner or marital difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate the difficulties experienced by the dependent child or adult being cared for, placing the child/adult at greater risk.</p>

III. [F] INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE (AGE 16+)

This module is to be completed when the Life Functioning Domain, Independent Living Skills item is rated '1,' '2' or '3.'

Question to Consider for this Module: What are the individual's current needs regarding independent activities of daily living?

For the **Independent Activities of Daily Living Module (Age 16+)**, the following descriptions and action levels are used:

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

MEAL PREPARATION

This item describes the individual's ability to prepare healthy meals for themselves.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> Individual is fully independent preparing meals. Individual is able to select and safely prepare food that is reasonably healthy.</p>
• Is the individual able to prepare meals independently? • Can the individual select reasonably healthy foods?	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual is generally independent preparing meals, but makes somewhat poor choices for eating or relies on prepared meals or fast food.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual struggles with safe meal preparation. Individual has difficulty selecting and preparing meals in appropriate portions, or using utensils, appliances, or stove properly. Individual can prepare basic foods like cereal and sandwiches but does not cook.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual is not currently unable to safely prepare meals or select appropriate portion size (too little or too much), which results in harm or danger.</p>

SHOPPING

This item describes the individual's ability to budget, select items, or plan for multiple shopping needs at one time (i.e., food, clothing, toiletries, etc.).

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> Individual can shop independently to meet all of needs.</p>
• Is the individual able to shop independently? • Does the individual demonstrate good choices when shopping?	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual can shop independently for themselves, but may struggle with spending or item selection or have some other shopping problems. [continues]</p>

SHOPPING continued

- | | |
|--|--|
| | <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i>
Individual struggles with shopping for themselves. Individual may be able to do some shopping, but challenges occur with shopping choices, habits, or expenditures that interfere with functioning.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i>
Individual is unable to shop to meet basic needs, or choices, habits or expenditures pose significant risk to well-being, health, or safety.</p> |
|--|--|

Supplemental Information: Shopping includes: preparing shopping lists (grocery and other), selecting, purchasing and transportation of items, selecting method of payment and completing money transactions. Also included is internet shopping and related use of electronic devices such as computers, cell phones and tablets.

HOUSEWORK

This item describes the individual's ability to keep a functioning and clean living space independently or seek out the necessary resources to do so.

Ratings and Descriptions

- | | |
|--|---|
| | <p>0 <i>No current need; no need for action or intervention.</i>
Individual does housework independently. Individual maintains a functioning and clean living space and takes care of challenges that happen as a routine aspect of living (e.g. clogged toilet, broken, replacing light bulbs, etc.).</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i>
Individual can maintain a reasonably clean living space but may struggle with common challenges that happen with housing.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i>
Individual has challenges with housework. Individual currently does not maintain a clean living environment or needs prompts, cues, or reminders about housework.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i>
Individual is currently not able to do housework or living environment potentially poses a health risk.</p> |
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MONEY MANAGEMENT

This item describes the individual's ability to manage finances by keeping a budget or adjusting expenses to meet all or as many needs as possible.

Ratings and Descriptions

- | | |
|--|---|
| | <p>0 <i>No current need; no need for action or intervention.</i>
Individual manages money independently. Individual appears to understand the relationship between income and expenditures and is able to keep expenditures within budget.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i>
Individual may have some challenges with aspects of money management (e.g. over spending, losing small amount of money), but these challenges do not have a notable impact on functioning.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i>
Individual has challenges with money management that notably interfere with functioning.</p> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i>
Individual is currently not able to manage money.</p> |
|--|---|

COMMUNICATION DEVICE USE

This item refers to the individual's ability to appropriately use a phone and other electronic devices such as smartphones or tablets as a means to communicate with others, including the use of email and social media; properly monitor device use and service plan; and adequately care for communication devices.

Questions to Consider

- Is the individual able to appropriately use communication devices?
- Does the individual have any challenges in using communication devices?

Ratings and Descriptions

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

Individual uses and manages communication devices appropriately and independently.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

Individual has some challenges with aspects of communication devices (e.g. boundary issues with sharing contact information, photos or personal information, losing or damaging devices multiple times); however, these challenges do not notably impact functioning.

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

Individual has challenges with communication device use. This may include technical problems using the devices or limited access to devices because of financial reasons, or it may include challenges with judgment regarding appropriate device use.

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

Individual is currently unable to use electronic communication devices or engages in dangerous or highly inappropriate activity with such devices and means of communication.

Supplemental Information: Communication management includes sending, receiving and interpreting information using a variety of systems and equipment including: writing tools, telephones, cell phones, smart phones, keyboards, audiovisual recorders, computers or tablets, communication biboards, and call lights.

HOUSING SAFETY

This item describes whether the individual's current housing circumstances are safe and accessible. Consider the individual's specific medical or physical challenges when rating this item.

Questions to Consider

- Is the individual's housing safe?
- Does the individual's house provide necessary accommodations for any medical or physical challenges?

Ratings and Descriptions

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

Current housing has no challenges with regard to fully supporting the individual's health, safety and accessibility.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

Current housing has minor challenges with regard to fully supporting the individual's health, safety and accessibility but these challenges do not currently interfere with functioning or present any notable risk to the individual or others.

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

Current housing has notable limitations with regard to supporting the individual's health, safety, and accessibility. These challenges interfere with or limit the individual's functioning.

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

Current housing is unable to meet the individual's health, safety, and accessibility needs. Housing presents a significant risk to the individual's health and well-being.

Supplemental Information: Housing safety includes: emergency maintenance; knowing and performing preventative procedures to maintain a safe environment; recognizing sudden, unexpected hazardous situations and initiating emergency action to reduce the threat to health and safety (e.g., ensuring safety when entering and exiting the home, identifying emergency contact numbers, and replacing items such as batteries in smoke alarms and light bulbs).

IV. RISK BEHAVIORS

Risk behaviors are behaviors that can get children, youth and adults in trouble or put them in danger of harming themselves or others. **Timeframes 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: Do the individual's behaviors put them at risk for serious harm?

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

- 0 No evidence of any needs.
- 1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

VICTIMIZATION/EXPLOITATION

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

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

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

SELF-HARM (Age 0-6)

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the young child or others in some jeopardy. This may include behavior that is repetitive and self-soothing (i.e., non-suicidal self-injury), including head banging, hair pulling, etc.

Questions to Consider

- Has the young child head banged or done other self-harming behaviors?
- If so, does the caregiver's support help stop the behavior?

Ratings and Descriptions

- 0 *No evidence of any needs.*
There is no evidence of self-harm behaviors.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Young child's self-harm behaviors such as head banging cannot be impacted by supervising adult and interfere with their functioning.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Young child's self-harm behavior puts their safety and well-being at risk.
- N/A Individual is 6 years of age or older. For individuals 6 years or older, rate the Non-Suicidal Self-Injury and Other Self-Harm items.

Supplemental Information: This item combines two IM+CANS items for older individuals: Self-Mutilation (Non-Suicidal Self-Injury) and Other Self Harm. Reckless and risk taking behavior should be rated in this item for young children.

FLIGHT RISK (Age 3-6)

This item refers to any planned or impulsive running or bolting behavior that presents a risk to the safety of the young child. **The young child should be between the ages of 3-6 years to rate this item.**

Questions to Consider

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

Ratings and Descriptions

- 0 *No evidence of any needs.*
Young child has no history of running away or ideation of escaping from current living situation.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
History of escape behaviors but none in the past month, or a young child who expresses ideation about escaping present living situation or has threatened to run. A young child who bolts occasionally (e.g., attempts to run from caregiver) might be rated here.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Young child has engaged in escape behaviors during the past 30 days. Repeated bolting would be rated here.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Young child has engaged in escape behaviors that placed the safety of the young child at significant risk.
- N/A Individual is younger than 3 years old OR 6 years of age or older. For individuals 6 years of age or older, rate the Runaway item.

SUICIDE RISK (Age 3+)

This item describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of an individual to end their life. A rating of '2' or '3' would indicate the need for a safety plan. **The individual should be 3 years of age or older to rate this item.** Notice the specific timeframes for each rating.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs.</i> No evidence of suicidal ideation or behaviors.
	1	<i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the past 30 days.
	2	<i>Action or intervention is required to ensure that the identified need is addressed.</i> Recent ideation or gesture but not in the past 24 hours. Recent (last 30 days), but not acute (today), suicidal ideation or gesture.
	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Current suicidal ideation and intent in the past 24 hours OR command hallucinations that involve self-harm.
	N/A	Individual is younger than 3 years old.

INTENTIONAL MISBEHAVIOR (Age 3+)

This item describes intentional behaviors that an individual 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 they live) that put the individual at some risk of consequences. It is not necessary that the individual be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the individual resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., individual feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for individuals who engage in such behavior solely due to developmental delays.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs.</i> Individual shows no evidence of problematic social behaviors that cause others to administer consequences.
	1	<i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History or evidence of problematic social behaviors that force adults to administer consequences to the individual. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
	2	<i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, that result are causing problems in the individual's life.
	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Frequent, inappropriate social behavior that forces adults to seriously and/or repeatedly sanction the individual. The inappropriate social behaviors may cause harm to others and/or place the individual at risk of significant consequences (e.g., expulsion, removal from the community).
	N/A	Individual is younger than 3 years old.

RUNAWAY (Age 6-21)*

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

Questions to Consider

- Has the youth ever run away from home, school, or any other place?
- If so, where did they go? How long did they stay away? How were they found?
- Do they ever threaten to run away?

Ratings and Descriptions

- 0 *No evidence of any needs.*
Youth has no history of running away or ideation of escaping from current living situation.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
Youth has no recent history of running away but has expressed ideation about escaping current living situation. Youth may have threatened running away on one or more occasions or has a history of running away but not in the past year.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Youth has run from home once or run from one treatment setting within the past year. Also rated here is a youth who has run away to home (parent or relative) in the past year.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Youth has run from home and/or treatment settings within the last 7 days or run from home and/or treatment setting twice or more overnight during the past 30 days and presents an imminent flight risk. A youth who is currently a runaway is rated here.
- N/A Individual is younger than 6 years old. For children younger than 6 years old, rate Flight Risk (0-6 item).

A rating of '1', '2' or '3' on this item triggers the completion of the [G] Runaway Module.

SEXUALLY PROBLEMATIC BEHAVIOR* (Age 6+)

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

Questions to Consider

- Has the individual ever been involved in inappropriate sexual activities?
- Has the individual ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?

Ratings and Descriptions

- 0 *No evidence of any needs.*
No evidence of problems with sexual behavior.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
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.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Individual'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.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.
- N/A Individual is younger than 6 years old.

A rating of '1', '2' or '3' on this item triggers the [H] Sexually Problematic Behavior Module.

BULLYING OTHERS (Age 6+)

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

Ratings and Descriptions	
Questions to Consider	
<ul style="list-style-type: none">• Are there concerns that the individual might bully others, either in-person or online?• Have there been any reports that the individual has picked on, made fun of, harassed or intimidated another person?• Does the individual hang around with other people who bully?	<p>0 <i>No evidence of any needs.</i> No evidence that the individual has ever engaged in bullying at school/work or in the community.</p> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History or suspicion of bullying, or individual has engaged in bullying behavior or associated with groups that have bullied others.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual has bullied others at school/work, in the community, or online. They have either bullied others, or led a group that bullied others.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has repeatedly utilized threats or actual violence when bullying others in school, online, and/or in the community.</p>
N/A	Individual is younger than 6 years old.

DELINQUENT/CRIMINAL BEHAVIOR* (Age 6+)

This item includes both criminal behavior and status offenses that may result from individuals failing to follow required behavioral standards (e.g., truancy, curfew violations, underage drinking/drug use, driving without a license). Sexual offenses should be included as criminal behavior. If caught, the individual could be arrested for this behavior. This category does not include drug usage for adults, but it does include drug sales and other drug related activities.

Ratings and Descriptions	
Questions to Consider	
<ul style="list-style-type: none">• Do you know of laws that the individual has broken (even if they have not been charged or caught)?• Has the individual ever been arrested?	<p>0 <i>No evidence of any needs.</i> No evidence of delinquent or criminal behavior.</p> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> There is a history or suspicion of delinquent or criminal behavior, but none in the past 30 days. Status offenses in the past 30 days would be rated here.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has been engaged in violent criminal activity during the past year that represents a significant physical risk to others in the community. Examples would include car theft, residential burglary, gang involvement, rape, armed robbery and assault.</p>
N/A	Individual is younger than 6 years old.

A rating of '1', '2' or '3' on this item triggers the completion of the [K] Justice/Crime Module.

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (SELF-MUTILATION) (Age 6+)

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

	Ratings and Descriptions
Questions to Consider	<p>0 <i>No evidence of any needs.</i> No evidence of any forms of self-injury.</p>
	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> A history of self-injurious behavior but none within the past 30 days or minor self-injuring behavior (e.g., scratching) in the last 30 days that does not require any medical attention.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Moderate self-injurious behavior in the last 30 days requiring medical assessment (cutting, burns, piercing skin with sharp objects, repeated head banging) that has potential to cause safety risk to the individual.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> One or more incidents of self-injurious behavior in the last 30 days requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the individual's health at risk.</p>
N/A	Individual is younger than 6 years old. For individuals younger than 6 years old, rate the Self-Harm (Age 0-6) item.

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

OTHER SELF-HARM (RECKLESSNESS) (Age 6+)

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

	Ratings and Descriptions
Questions to Consider	<p>0 <i>No evidence of any needs.</i> No evidence of behaviors (excluding suicide or self-injurious behavior) that place the individual at risk of physical harm.</p>
	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> There is a history or suspicion of or mild reckless or risk-taking behavior (excluding suicide or self-injurious behavior) that places individual at risk of physical harm.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Engaged in reckless or intentional risk-taking behavior (excluding suicide or self-injurious behavior) that places individual in danger of physical harm.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in reckless or intentional risk-taking behavior (excluding suicide or self-injurious behavior) that places individual at immediate risk of death.</p>
N/A	Individual is younger than 6 years old. For individuals younger than 6 years old, rate the Self-Harm (0-6) item.

Supplemental Information: Any behavior that the individual engages in that has significant potential to place them 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, unprotected sex, substance use, etc.). If the individual frequently exhibits significantly poor judgment that has the potential to place themselves in danger, but has yet to actually do so, a rating of '1' might be used to indicate the need for prevention. A rating of '3' is used for an individual that has placed themselves in significant physical jeopardy during the rating period.

DANGER TO OTHERS* (Age 6+)

This item rates the individual's actual or threatened violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan.

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Has the individual ever injured another person on purpose?• Do they get into physical fights?• Have they ever threatened to kill or seriously injure others?
0	<i>No evidence of any needs.</i> No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
1	<i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History of aggressive behavior or verbal threats of aggression towards others but no aggression during the past 30 days. History of fire setting (not in past year) would be rated here.
2	<i>Action or intervention is required to ensure that the identified need is addressed.</i> Occasional or moderate level of aggression towards others, including aggression during the past 30 days or more recent verbal threats of aggression or homicidal ideation in the last 30 days.
3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Individual is an immediate risk to others.
N/A	Individual is younger than 6 years old.

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

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

FIRE SETTING (Age 6+)*

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

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Has the individual ever played with matches, or set a fire? If so, what happened?• Did the fire setting behavior destroy property or endanger the lives of others?
0	<i>No evidence of any needs.</i> No evidence of fire setting by the individual.
1	<i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History or suspicion of fire setting but not within the past six months.
2	<i>Action or intervention is required to ensure that the identified need is addressed.</i> Recent fire setting behavior (during the past six months) but not of the type that endangered the lives of others, OR repeated fire-setting behavior over a period of at least two years, even if not within the past six months.
3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute threat of fire setting. Individual has set fires that endangered the lives of others (e.g., attempting to burn down a house).
N/A	Individual is younger than 6 years old.

A rating of '1', '2' or '3' on this item triggers the completion of the [J] Fire Setting Module.

GRAVE DISABILITY (Age 21+)

This item describes an individual's inability to provide for their basic personal needs (food, shelter, clothing) due to their mental illness.

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Does the individual have any difficulty providing for their basic needs?• Is the individual unable to provide for their basic needs to a degree that it endangers them?
0	<p><i>No evidence of any needs.</i></p> <p>No evidence of behaviors that indicate the individual has difficulty providing for basic personal needs (e.g., food, shelter, clothing).</p>
1	<p><i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i></p> <p>History of difficulty providing for basic physical needs, or currently having minor difficulty providing for needs in one area (food, shelter, clothing) but not to the extent that harm is likely.</p>
2	<p><i>Action or intervention is required to ensure that the identified need is addressed.</i></p> <p>The individual has difficulty providing for basic physical needs and is at risk of endangering themselves (e.g., eating rotten food, unable to feed self, no -- or unlivable -- housing, delusions about food or clothing, or too disorganized to feed or clothe themselves).</p>
3	<p><i>Intensive and/or immediate action is required to address the need or risk behavior.</i></p> <p>Individual is currently unable to provide for food, clothing and shelter to the extent that they have endangered themselves and there is evidence of physical harm.</p>
N/A	Individual is younger than 21 years old.

HOARDING (Age 21+)

This item describes the degree to which an individual collects material with limited to no actual value within their living environment. Ratings of '2' or higher require evidence that the hoarding behavior is limiting or preventing functioning in at least one life domain.

Ratings and Descriptions	
Questions to Consider	<ul style="list-style-type: none">• Does the individual collect material that has limited or no value?• To what degree is the individual's collection of materials interfering with their functioning?• Is the individual's collection of materials impacting their living space? To what degree?
0	<p><i>No evidence of any needs.</i></p> <p>Individual has no evidence of any problems with hoarding behavior.</p>
1	<p><i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i></p> <p>Some hoarding of items that have limited or no value but this behavior does not directly interfere with functioning beyond others in their life commenting or complaining about the behavior.</p>
2	<p><i>Action or intervention is required to ensure that the identified need is addressed.</i></p> <p>Individual keeps a significant amount of material that has limited or no value. This hoarding behavior limits functioning in at least one life domain. Individual is actively resistant to any effort to remove hoarded materials.</p>
3	<p><i>Intensive and/or immediate action is required to address the need or risk behavior.</i></p> <p>The hoarding behavior results in the collection of an amount of material that has limited or no value to the degree that there is nearly no available living space. The hoarding behavior is disabling (e.g. lost relationships, unable to leave home) or dangerous.</p>
N/A	Individual is younger than 21 years old.

IV. [G] RUNAWAY MODULE

This module is to be completed when Risk Behaviors Domain, Runaway item, is rated '1', '2' or '3'.

For the **Runaway Module**, the following categories and action levels are used:

- 0 No evidence of any needs.
- 1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

FREQUENCY OF RUNNING

This item rates how often the youth runs away.

Questions to Consider	Ratings and Descriptions			
	0	Youth has only run once in past year.		
• How often does the youth run?		1	Youth has run on multiple occasions in past year.	
		2	Youth runs run often but not always.	
		3	Youth runs at every opportunity.	

CONSISTENCY OF DESTINATION

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

Questions to Consider	Ratings and Descriptions			
	0	Youth always runs to the same location.		
• Where does the youth go when they run away?		1	Youth generally runs to the same location or neighborhood.	
		2	Youth runs to the same community, but the specific locations change.	
		3	Youth runs to no planned destination.	

SAFETY OF DESTINATION

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

Questions to Consider	Ratings and Descriptions			
	0	Youth runs to a safe environment that meets their basic needs, e.g., food, shelter.		
• Is the location generally safe?		1	Youth runs to generally safe environments; however, environments might be somewhat unstable or variable.	
• Are the youth's basic needs met in this location?		2	Youth runs to generally unsafe environments that cannot meet their basic needs.	
• Is the youth likely to be victimized or exploited while on the run?		3	Youth runs to very unsafe environments where the likelihood that they will be victimized is high.	

INVOLVEMENT IN ILLEGAL ACTS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Does the youth engage in illegal/delinquent activities while they are on the run? • If so, are these serious delinquent behaviors? 	<p>0 Youth does not engage in illegal activities while on the run beyond those involved with the running itself.</p> <p>1 Youth engages in status offenses beyond those involved with the running itself while on run (e.g., curfew violations, underage drinking).</p> <p>2 Youth engages in illegal activities while on run.</p> <p>3 Youth engages in dangerous illegal activities while on run (e.g., is sexually exploited).</p>

LIKELIHOOD OF RETURN ON OWN

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Does the youth come back on their own? • Does the youth actively hide from those looking for them? 	<p>0 Youth will return from run on their own without prompting.</p> <p>1 Youth will return from run when found but not without being found.</p> <p>2 Youth will make themselves difficult to find and/or might passively resist return once found.</p> <p>3 Youth makes repeated and concerted efforts to hide so as not to be found and/or resists return.</p>

INVOLVEMENT OF OTHERS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Are there others who help or encourage the youth to run away? 	<p>0 Youth runs by themselves with no involvement of others. Others may discourage behavior or encourage youth to return from run.</p> <p>1 Others enable youth running by not discouraging youth's behavior.</p> <p>2 Others involved in running by providing help, hiding youth.</p> <p>3 Youth is actively encouraged to run by others. Others actively cooperate to facilitate running behavior.</p>

REALISTIC EXPECTATIONS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Does the youth expect positive outcomes/benefits from running away? • Does the youth seem realistic about running away? 	<p>0 Youth has realistic expectations about the implications of their running behavior.</p> <p>1 Youth has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat 'optimistic' outcome.</p> <p>2 Youth has unrealistic expectations about the implications of their running behavior.</p> <p>3 Youth has obviously false or delusional expectations about the implications of their running behavior.</p>

PLANNING

This item rates the spontaneity of the runaway behavior.

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

IV. [H] SEXUALLY PROBLEMATIC BEHAVIOR MODULE

This module is to be completed when Risk Behaviors Domain, Sexually Problematic Behavior item, is rated '1', '2' or '3'.

For the **Sexually Problematic Behavior Module**, the following categories and action levels are used:

- 0 No evidence of any needs.
- 1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

HYPERSEXUALITY

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

Ratings and Descriptions	
Questions to Consider	<p>0 <i>No evidence of any needs.</i> Individual does not exhibit evidence of increased sexual drive or interest.</p>
	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual has history of elevated sexual drive or interest, or is exhibiting elevated sexual drive or interest, but it has not affected functioning.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Increased sex drive or interest is interfering with the individual's functioning.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Increased sex drive or interest is either dangerous or disabling to the individual.</p>

HIGH-RISK SEXUAL BEHAVIOR

This item refers to sexual behavior that places the individual at risk. This sexual behavior may or may not involve multiple partners.

Ratings and Descriptions	
Questions to Consider	<p>0 <i>No evidence of any needs.</i> No evidence of sexual behavior beyond what is developmentally appropriate.</p>
	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual has history of high-risk sexual behavior, or there is current suspicion of high-risk sexual behavior but not in the past six months.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual engages in high risk sexual behaviors that interfere with their functioning.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual engages in a dangerous level of sexual behaviors, or with partners who are abusive or otherwise physically dangerous.</p>

MASTURBATION

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

Questions to Consider

- Does the individual's masturbatory behavior place them at risk or impair their functioning?

Ratings and Descriptions

- 0 *No evidence of any needs.*
When and if an individual masturbates, it is kept safe, private, and discrete.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
History or evidence of masturbatory behavior that is private but not always discrete. For example, an individual who gets caught masturbating multiple times by a family member.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Individual engages in masturbatory behaviors that interferes with their functioning. An occasion of public masturbation might be rated here.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual engages in masturbatory behavior that places them 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.

SEXUAL AGGRESSION*

This item describes sexual behavior that could result in charges being made against the individual. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. An adult who sexually abuses a child or youth would be rated here.

Questions to Consider

- Has the individual ever been accused of being sexually aggressive or being a sexual predator?
- Has the individual ever been accused of sexually harassing others or using sexual language inappropriately?
- Has the individual had sexual contact with a younger individual?

Ratings and Descriptions

- 0 *No evidence of any needs.*
No evidence of sexually aggressive behavior.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
History of sexually aggressive behavior (but not in past year) OR sexually inappropriate non-physical behavior in the past year that troubles others such as harassing talk or language. For example, occasional inappropriate sexually aggressive/harassing language or behavior.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Individual engages in sexually aggressive behavior that impairs their functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching).
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

A rating of '1', '2' or '3' on this item triggers the completion of the [H1] Sexually Aggressive Behavior Sub-Module.

SEXUALLY REACTIVE BEHAVIOR

Sexually reactive behavior includes age-inappropriate sexualized behaviors that may place the individual at risk for victimization, and risky sexual practices. These behaviors may be a response to sexual abuse and/or other traumatic experiences.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual exhibit sexually provocative behavior?• Could the individual's sexualized behavior be a response to sexual abuse or other traumatic experiences?• Does the individual's sexual behavior place them at risk?	<p>0 <i>No evidence of any needs.</i> No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.</p> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual has a history of sexually reactive behaviors, or there is suspicion of current sexually reactive behavior. Individual may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with a single partner. This behavior does not place the individual at great risk.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual exhibits more frequent sexually provocative behaviors in a manner that impairs their functioning. Examples include engaging in promiscuous sexual behaviors or having unprotected sex with multiple partners. This would include a young child's age-inappropriate sexualized behavior.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual exhibits severe and/or dangerous sexually provocative behaviors that place them or others at immediate risk of victimization or harm.</p>

IV. [HI] SEXUALLY AGGRESSIVE BEHAVIOR SUB-MODULE

This module is to be completed when the Sexually Problematic Behavior Module, Sexual Aggression item is rated '1,' '2' or '3.'

For the **Sexually Aggressive Behavior Sub-Module**, the following categories and action levels are used:

- 0 No evidence of any needs.
- 1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

RELATIONSHIP

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.</p>
• How does the individual know the other individual involved? • Did the sexual aggression include physical harm to another person?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this individual being in the position of authority.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual is clearly victimizing at least one other person through sexually abusive behavior.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual is severely victimizing at least one other individual through sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.</p>

PHYSICAL FORCE/THREAT

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> 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>
• Does the individual use or threaten to use physical force towards others in commission of the sex act?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> 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>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm. [continues]</p>

PHYSICAL FORCE/THREAT continued

- | | |
|--|--|
| | <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i>
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> |
|--|--|

PLANNING

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

Questions to Consider

- Does the individual plan their sexual activities, or do they happen spontaneously?

Ratings and Descriptions

- | | |
|--|--|
| | <p>0 <i>No evidence of any needs.</i>
No evidence of any planning.</p> |
| | <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i>
Some evidence of efforts to get into situations where likelihood of opportunities for inappropriate sexual activity is enhanced. History of problem is rated here.</p> |
| | <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Evidence of some planning of inappropriate sexual activity. For example, an individual who looks for opportunities such as the absence of adults or others, or particular situations in which they could carry out an act of sexual aggression or inappropriate behavior.</p> |
| | <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i>
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. An individual 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> |

AGE DIFFERENTIAL

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

Questions to Consider

- What are the ages of the individuals the individual has had sex with?

Ratings and Descriptions

- | | |
|--|--|
| | <p>0 <i>No evidence of any needs.</i>
Ages of the perpetrator and victim and/or participants is essentially equivalent (less than 3 years apart).</p> |
| | <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i>
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> |
| | <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Age differential between perpetrator and victim at least 5 years, but perpetrator is less than 13 years old.</p> |
| | <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i>
Age differential between perpetrator and victim at least 5 years and perpetrator is 13 years old or older.</p> |

POWER DIFFERENTIAL

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

Questions to Consider

- Does the individual use their power to victimize others?

Ratings and Descriptions

0 *No evidence of any needs.*

No evidence of victimizing others. The sexual activity appears to be mutual and consenting. No power differential.

1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*

Although the sexual activity appears to be mutual, there is a significant power differential between parties with this individual being in the position of authority or power or history of a significant power differential.

2 *Action or intervention is required to ensure that the identified need is addressed.*

Individual is clearly using authority or power to victimize another person through sexually abusive behavior. For example: a 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.

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

Individual is clearly using authority or power to severely victimize another individual with both physical violence and sexually abusive behavior. For example: an individual beating and sexually exploiting a developmentally delayed individual.

TYPE OF SEX ACT

This item rates the kind of the sex act involved in the aggression. Rate the most serious type of aggression present.

Questions to Consider

- What was the exact act(s) involved in the individual's sexual aggression?

Ratings and Descriptions

0 Sex act(s) involve touching or fondling only.

1 Sex act(s) involve fondling plus possible penetration with fingers or oral sex.

2 Sex act(s) involve penetration into genitalia or anus with body part.

3 Sex act involves physically dangerous penetration due to differential size or use of an object.

RESPONSE TO ACCUSATION

This item rates how the individual responded to the accusation, and the remorse felt by the individual.

Questions to Consider

- Is the individual sorry for their behavior?
- Do they admit to the sex acts?

Ratings and Descriptions

0 *No evidence of any needs.*

Individual admits to behavior and expresses remorse and desire to not repeat.

1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*

Individual partially admits to behaviors and expresses some remorse.

2 *Action or intervention is required to ensure that the identified need is addressed.*

Individual admits to behavior but does not express remorse.

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

Individual neither admits to behavior nor expresses remorse. Individual is in complete denial.

IV. [I] DANGEROUSNESS MODULE

This module is to be completed when Risk Behaviors Domain, Danger to Others item, is rated '1', '2' or '3'.

For the **Dangerousness Module**, the following categories and action levels are used:

- 0 No evidence of any needs.
- 1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

Emotional/Behavioral Risks (Rate the highest level from the past 30 days)

HOSTILITY

This item rates the perception of others regarding the individual's level of anger and hostility.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> Individual appears to not experience or express hostility except in situations where most people would become hostile.</p> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual appears hostile but does not express it. Others experience individual as being angry.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual expresses hostility regularly.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual is almost always hostile either in expression or appearance. Others may experience individual as 'full of rage' or 'seething.'</p>

PARANOID THINKING

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> Individual does not appear to engage in any paranoid thinking.</p> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual believes that others are 'out to get' them. Individual has trouble accepting that these beliefs may not be accurate. Individual at times is suspicious and guarded but at other times can be open and friendly.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual believes that others plan to cause them harm. Individual is nearly always suspicious and guarded.</p>

SECONDARY GAINS FROM ANGER

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> Individual either does not engage in angry behavior, or when they do become angry, do not appear to derive any benefits from this behavior.</p>
• What happens after the individual gets angry? Do they get anything in return?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual unintentionally has benefited from angry behavior; however, there is no evidence that individual intentionally uses angry behavior to achieve desired outcomes.</p>
• Does the individual typically get what they want from expressing anger?	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, family members, teachers, co-workers, or peers.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual routinely uses angry behavior to achieve desired outcomes with parents, caregivers, family members, teachers, co-workers or peers. Others in individual's life appear intimidated.</p>

VIOLENT THINKING

This item rates the level of violence and aggression in the individual's thinking.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> There is no evidence that individual engages in violent thinking.</p>
• Does the individual report having violent thoughts?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual has some occasional or minor thoughts about violence.</p>
• Do they verbalize their violent thoughts either specifically or by using violent themes?	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has specific homicidal ideation or appears obsessed with thoughts about violence. An individual who spontaneously and frequently draws only violent images may be rated here.</p>

INTENT

This item rates the level of intent the individual has to harm others.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> There is no evidence that the individual intends to harm others.</p>
• Does the individual express any intent to harm others?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> There is history of the individual intending to harm others, but no recent intent.</p>
• Has the individual ever expressed any intent to harm others?	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual has recently expressed intent to harm others.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has expressed current intention to harm others.</p>

PLANNING

This item rates whether the individual has recently had a plan to harm others.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs.</i> There is no evidence that the individual has a plan to harm others.
• Does the individual express any intent to harm others?	1	<i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual has a vague notion of a plan, but that plan is unrealistic.
• Does the individual have a plan?	2	<i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual has a plan to harm others that is feasible.
	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has a plan that is immediately accessible and feasible.

VIOLENCE HISTORY

This item describes the individual's history with violence.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs.</i> No evidence of any history of violent behavior by the individual.
• Does the individual express any intent to harm others?	1	<i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual 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).
• Has the individual ever expressed any intent to harm others?	2	<i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual 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	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual 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.

Resiliency Factors (Rate the highest level from the past 30 days)

AWARE OF VIOLENCE POTENTIAL

This item rates the individual's insight into their risk of violence.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs.</i> Individual is completely aware of their level of risk of violence. Individual accepts responsibility for past and future behaviors and is able to anticipate future challenging circumstances. An individual with no violence potential is rated here.
• Is the individual aware of the risks of their potential to be violent?	1	<i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual is generally aware of their potential for violence. Individual is knowledgeable about their risk factors and is generally able to take responsibility. Individual may be unable to anticipate future circumstances that may challenge them.
• Is the individual concerned about these risks?		
• Can the individual predict when/where/for what reason they will get angry and/or possibly become violent?		

AWARE OF VIOLENCE POTENTIAL continued

- | | |
|--|---|
| | <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Individual has some awareness of their potential for violence. Individual may have tendency to blame others but is able to accept some responsibility for their actions.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i>
Individual has no awareness of their potential for violence. Individual may deny past violent acts or explain them in terms of justice or as deserved by the victim.</p> |
|--|---|

RESPONSE TO CONSEQUENCES

This item rates the individual's reaction when they get consequences for violence or aggression.

Questions to Consider

- How does the individual react to consequences given for violent or aggressive behavior?

Ratings and Descriptions

- | | |
|--|---|
| | <p>0 <i>No evidence of any needs.</i>
Individual is clearly and predictably responsive to identified consequences. Individual is regularly able to anticipate consequences and adjust behavior.</p> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i>
Individual is generally responsive to identified consequences; however, not all appropriate consequences have been identified or they may sometimes fail to anticipate consequences.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Individual responds to consequences on some occasions but sometimes does not appear to care about consequences of their violent behavior.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i>
Individual is unresponsive to consequences of their violent behavior.</p> |
|--|---|

COMMITMENT TO SELF CONTROL

This item rates the individual's willingness and commitment to controlling aggressive and/or violent behaviors.

Questions to Consider

- Does the individual want to change their behaviors?
- Is the individual committed to such change?

Ratings and Descriptions

- | | |
|--|---|
| | <p>0 <i>No evidence of any needs.</i>
Individual is fully committed to controlling their violent behavior.</p> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i>
Individual is generally committed to controlling their violent behavior; however, individual may continue to struggle with control in some challenging circumstances.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Individual is ambivalent about controlling their violent behavior.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i>
Individual is not interested in controlling their violent behavior at this time.</p> |
|--|---|

IV. [J] FIRE SETTING MODULE

This module is to be completed when Risk Behaviors Domain, Fire Setting item is rated '1,' '2' or '3.'

For the **Fire Setting Module**, the following categories and action levels are used:

- 0 No evidence of any needs.
- 1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

SERIOUSNESS

This item rates the severity of the fires being set.

Ratings and Descriptions	
Questions to Consider	
• Has the fire setting caused damage to property or injury to people?	0 Individual has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
• Where has the fire setting occurred?	1 Individual has engaged in fire setting that resulted only in some property damage that required repair.
	2 Individual has engaged in fire setting that caused significant damage to property (e.g. burned down house).
	3 Individual has engaged in fire setting that injured self or others.

HISTORY

This item rates the frequency with which the individual has engaged in fire setting. Please rate using timeframes provided in the descriptions.

Ratings and Descriptions	
Questions to Consider	
• How often has the individual engaged in fire setting?	0 Only one known occurrence of fire setting behavior.
• Has the individual had time periods in which they did not set fires?	1 Individual has engaged in multiple acts of fire setting in the past year.
	2 Individual has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where they did not engage in fire setting behavior.
	3 Individual has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where they did not engage in fire setting behavior.

PLANNING

This item rates the premeditation level of the fire setting.

Questions to Consider	Ratings and Descriptions
• Is the individual's fire setting typically planned or impulsive?	0 No evidence of any planning. Fire setting behavior appears opportunistic or impulsive. 1 Evidence suggests that individual places themselves 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.

USE OF ACCELERANTS

This item rates the individual's use of accelerants in the fire setting.

Questions to Consider	Ratings and Descriptions
• Does the individual use gasoline, alcohol, etc. to increase the fire's intensity? • Does the individual use paper, sticks or other physical items to increase the size of the fire?	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.

INTENTION TO HARM

This item rates the individual's intention to harm others through fire setting.

Questions to Consider	Ratings and Descriptions
• Does the individual consider safety when setting the fires? • Is there an intention to scare, injure or kill others with the fire?	0 <i>No evidence of any needs.</i> Individual did not intend to harm others with fire. They made efforts to maintain some safety. 1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual did not intend to harm others but made no efforts to maintain safety. 2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual intended to seek revenge or scare others but did not intend physical harm, only intimidation. 3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual intended to injure or kill others.

COMMUNITY SAFETY

This item rates the risk to the community due to the fire setting.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> Individual presents no risk to the community. They could be unsupervised in the community.</p>
• Does the individual consider safety when setting the fires?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual engages in fire setting behavior that represents a risk to community property.</p>
• Does the fire setting pose a significant safety risk to the community at large?	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the individual's behavior.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Individual attempts to use fires to hurt others.</p>

RESPONSE TO ACCUSATION

This item rates the response and remorse of the individual when accused of setting a fire.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> Individual admits to behavior and expresses remorse/desire to not repeat.</p>
• Is the individual sorry for setting fires?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual partially admits to behaviors and expresses some remorse.</p>
• Does the individual admit to setting fires?	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual admits to behavior but does not express remorse.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual neither admits to behavior nor expresses remorse. Individual is in complete denial.</p>

REMORSE

This item is used to rate the level of remorse and responsibility felt by the individual.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> Individual accepts responsibility for behavior and is truly sorry for any damage/risk caused. Individual is able to apologize directly to affected people.</p>
• Does the individual express remorse for any harm caused by fire setting or accept responsibility?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual accepts responsibility for behavior and appears to be sorry for any damage/risk caused. Individual is unable or unwilling to apologize to affected people.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual 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.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual accepts no responsibility and does not appear to experience any remorse.</p>

LIKELIHOOD OF FUTURE FIRE SETTING

This item rates the chance that the individual will continue to set fires in the future.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> Individual is unlikely to set fires in the future. Individual able and willing to exert self-control over fire setting.</p>
• Does the individual have control over fire setting behaviors? • How much monitoring is required to ensure that no fires are set?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual is at risk of fire setting if left unsupervised. Individual struggles with self-control.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual presents a real and present danger of fire setting in the immediate future. Individual unable or unwilling to exert self-control over fire setting behavior.</p>

IV. [K] JUSTICE/CRIME MODULE

This module is to be completed when Life Functioning Domain, Legal item, or Risk Behaviors Domain, Delinquent/Criminal Behavior item, is rated '1', '2' or '3'.

For the **Justice/Crime Module**, the following categories and action levels are used:

- 0 No evidence of any needs.
- 1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

SERIOUSNESS

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> Individual has engaged only in status violations (e.g., curfew); or no evidence of criminal behavior.</p>
• What are the behaviors/actions that have gotten the individual involved in the juvenile justice or adult criminal system?	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual has engaged in delinquent behavior.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual has engaged in criminal behavior.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has engaged in criminal behavior that places other citizens at risk of significant physical harm.</p>

HISTORY

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

Questions to Consider	Ratings and Descriptions
	<p>0 Current criminal/delinquent behavior is the first known occurrence.</p>
• How many criminal/delinquent behaviors has the individual engaged in?	<p>1 Individual has engaged in multiple criminal/delinquent acts in the past one year.</p>
• Are there periods of time in which the individual did not engage in criminal behaviors?	<p>2 Individual has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where they did not engage in criminal/delinquent behavior.</p>
	<p>3 Individual has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where they did not engage in criminal/delinquent behavior.</p>

ARRESTS

This item rates the individual's history of arrests.

Ratings and Descriptions	
Questions to Consider	0 Individual has no known arrests/detentions in past.
• How many times has the individual been arrested or detained in the past 30 days?	1 Individual has history of delinquency, but no arrests in the past 30 days.
	2 Individual has 1 to 2 arrests/detention in the last 30 days.
	3 Individual has more than 2 arrests/detentions in last 30 days.

PLANNING

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

Ratings and Descriptions	
Questions to Consider	0 No evidence of any planning. Delinquent/criminal behavior appears opportunistic or impulsive.
• Does the individual engage in pre-planned, spontaneous or impulsive criminal acts?	1 Evidence suggests that individual places themselves into situations where the likelihood of delinquent/criminal behavior is enhanced.
	2 Evidence of some planning of delinquent/criminal behavior.
	3 Considerable evidence of significant planning of delinquent/criminal behavior.

COMMUNITY SAFETY

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

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs.</i> No evidence of any risk to the community from the individual's behavior. They could be unsupervised in the community.
• Is the delinquency violent in nature? • Does the individual commit violent crimes against people or property?	1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual engages in behavior that represents a risk to community property.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the individual's behavior.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual engages in behavior that directly places community members in danger of significant physical harm.

LEGAL COMPLIANCE

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs.</i> Individual 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.</p> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Individual is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual is in partial noncompliance with standing court orders (e.g. individual is going to school/work but not attending court-ordered treatment).</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).</p>

PEER INFLUENCES

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

Questions to Consider	Ratings and Descriptions
	<p>0 Individual's primary peer social network does not engage in delinquent/criminal behavior.</p> <p>1 Individual has peers in their primary peer social network who do not engage in delinquent/criminal behavior but has some peers who do.</p> <p>2 Individual predominantly has peers who engage in delinquent/criminal behavior, but individual is not a member of a gang whose membership encourages or requires illegal behavior as an aspect of membership.</p> <p>3 Individual is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.</p>

ENVIRONMENTAL INFLUENCES

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

Questions to Consider	Ratings and Descriptions
	<p>0 No evidence that the individual's environment stimulates or exposes them to any criminal behavior.</p> <p>1 Suspicion that individual's environment might expose them to criminal behavior.</p> <p>2 Individual's environment clearly exposes them to criminal behavior.</p> <p>3 Individual's environment encourages or enables them to engage in criminal behavior.</p>

II. [L] SUBSTANCE USE MODULE

This module is to be completed when the Behavioral/Emotional Needs, Substance Use item is rated '1,' '2' or '3.'

Question to Consider for this Module: What are the details of the individual's substance use?

For the **Substance Use Module**, the following categories and action levels are used:

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

SEVERITY OF USE

This item rates the frequency and severity of the individual's current substance use.

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

DURATION OF USE

This item identifies the length of time that the individual has been using drugs or alcohol.

Questions to Consider	Ratings and Descriptions
• How long has the individual been using drugs and/or alcohol?	0 Individual has begun use in the past year.
	1 Individual has been using alcohol or drugs for at least one year but has had periods of at least 30 days where they did not have any use.
	2 Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.
	3 Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

STAGE OF RECOVERY

This item identifies where the individual is in their recovery process.

Ratings and Descriptions	
Questions to Consider	
• In relation to stopping substance use, at what stage of change is the individual?	<p>0 Individual is in maintenance stage of recovery. Individual is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.</p> <hr/> <p>1 Individual is actively trying to use treatment to remain abstinent.</p> <hr/> <p>2 Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.</p> <hr/> <p>3 Individual is in denial regarding the existence of any substance use problem.</p>

ENVIRONMENTAL INFLUENCES

This item rates the impact of the individual's community environment on their alcohol and drug use.

Ratings and Descriptions	
Questions to Consider	
• Are there factors in the individual's community that impact the individual's alcohol and drug use?	<p>0 No evidence that the individual's environment stimulates or exposes the individual to any alcohol or drug use.</p> <hr/> <p>1 Suspicion that individual's environment might expose them to alcohol or drug use.</p> <hr/> <p>2 Individual's environment clearly exposes them to alcohol or drug use.</p> <hr/> <p>3 Individual's environment encourages or enables them to engage in alcohol or drug use.</p>

PEER INFLUENCES

This item identifies the impact that the individual's social group has on their substance use.

Ratings and Descriptions	
Questions to Consider	
• What role do the individual's peers play in their alcohol and drug use?	<p>0 Individual's primary peer social network does not engage in alcohol or drug use.</p> <hr/> <p>1 Individual has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do.</p> <hr/> <p>2 Individual predominantly has peers who engage in alcohol or drug use.</p> <hr/> <p>3 Individual is a member of a peer group that consistently engages in alcohol or drug use.</p>

PARENTAL INFLUENCES (Ages 0-21)

This item rates the parent's/caregiver's use of drugs or alcohol with or in the presence of the child.

Ratings and Descriptions	
Questions to Consider	
• Does the parent(s) use substances? If so, does their use impact the child's use?	<p>0 There is no evidence that child's parents or caregivers have ever engaged in substance use.</p> <hr/> <p>1 One of child's parents or caregivers has history of substance use but not in the past year.</p> <hr/> <p>2 One or both of child's parents or caregivers have been intoxicated with alcohol or drugs in the presence of the child.</p> <hr/> <p>3 One or both of child's parents use alcohol or drugs with the child.</p>
N/A	Individual is older than 21 years old.

RECOVERY SUPPORT IN COMMUNITY (Age 21+)

Please rate the individual's participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community-based.

Questions to Consider

- Does the individual participate in recovery programs, groups or activities?

Ratings and Descriptions

0 *No evidence of any needs.*

No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups regularly and has no problems in attending the meetings.

1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*

Some problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.

2 *Action or intervention is required to ensure that the identified need is addressed.*

Problems with maintaining social connectivity through recovery support groups or activities impact the individual's functioning. Individual has attended recovery support groups in the past but is no longer attending meetings.

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

Problems with maintaining social connectivity through recovery support groups or activities place the individual at risk of danger or disability. Individual has never participated in recovery support groups or activities.

N/A Individual is younger than 21 years old.

V. CLIENT STRENGTHS

This domain describes the assets of the individual that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing an individual's strengths while also addressing their behavioral/emotional needs leads to better functioning and better outcomes than does focusing just on the individual'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 individual 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 are the individual's assets that can be used in treatment planning to support healthy development?

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

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

FAMILY STRENGTHS/SUPPORT

This item refers to the presence of a sense of family identity as well as love and communication among family members.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i></p> <p>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 individual and can provide significant emotional or concrete support.</p>
• Does the individual have good relationships with any family member?	<p>1 <i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i></p> <p>Family has some good relationships and good communication. Family members can enjoy each other's company. There is at least one family member who has a strong, loving relationship with the individual and can provide limited emotional or concrete support.</p>
• Is there potential to develop positive family relationships?	<p>2 <i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i></p> <p>Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none can provide emotional or concrete support.</p>
• Is there a family member that the individual can go to in time of need for support? That can advocate for the individual?	<p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i></p> <p>Family needs significant assistance in developing relationships and communications, or individual has no identified family. Individual is not included in normal family activities.</p>

Supplemental information: Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. The definition of family comes from the individual's perspective, or who the individual describes as their family. If you do not know this information, a definition of family that includes biological/adoptive relatives and their significant others with whom the individual is still in contact is recommended. Do not rate residential placement as "family."

INTERPERSONAL/SOCIAL CONNECTEDNESS

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

Questions to Consider

- Does the individual have the trait ability to make friends?

Ratings and Descriptions

- | | |
|----------|--|
| <p>0</p> | <p><i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i></p> <p>Individual has well-developed interpersonal skills and healthy friendships.</p> <p>Age 0-6: Young child has an easy temperament and, if old enough, is interested in and effective at initiating relationships with other children or adults. If still an infant, individual exhibits anticipatory behavior when fed or held.</p> |
| <p>1</p> | <p><i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i></p> <p>Individual has good interpersonal skills and has shown the ability to develop healthy friendships. The individual may currently have no friends but has a history of making and maintaining friendships with others.</p> <p>Age 0-6: Young child responds positively to social initiations by adults but may not initiate such interactions by themselves.</p> |
| <p>2</p> | <p><i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i></p> <p>Individual requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Individual has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.</p> <p>Age 0-6: Young child may be shy or uninterested in forming relationships with others. If still an infant, individual may have a temperament that makes attachment to others a challenge.</p> |
| <p>3</p> | <p><i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i></p> <p>There is no evidence of observable interpersonal skills or healthy friendships at this time, and/or individual requires significant help to learn to develop interpersonal skills and healthy friendships. Individual lacks social skills and has no history of positive relationships with peers and adults.</p> <p>Age 0-6: Young 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.</p> |

NATURAL SUPPORTS

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i> Individual has significant natural supports that contribute to helping support the individual's healthy development.</p>
• Who does the individual consider to be a support? • Does the individual have non-family members in their life that are positive influences?	<p>1 <i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Individual has identified natural supports that provide some assistance in supporting the individual's healthy development.</p> <p>2 <i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Individual has some identified natural supports; however, these supports are not actively contributing to the individual's healthy development.</p> <p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> Individual has no known natural supports (outside of family and paid caregivers).</p>

Supplemental Information: Natural supports are the relationships that occur in everyday life: friends, co-workers, neighbors and acquaintances, and are of a reciprocal (give-and-take) nature. Such supports help an individual to develop a sense of social belonging, dignity and self-esteem.

SPIRITUAL/RELIGIOUS

This item refers to the individual'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 individual—that adds a sense of purpose and meaning to one's life; however, an absence of spiritual and/or religious beliefs does not represent a need for the family.

Please Note: For young children age 0-6, this item should be rated for the family.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i> Individual with strong moral and spiritual strengths. Individual may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort them in difficult times.</p>
• Does the individual have spiritual beliefs that provide comfort? • Is the family involved with any religious community? Is the individual involved? • Is individual interested in exploring spirituality?	<p>1 <i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Individual is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.</p> <p>2 <i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Individual has expressed some interest in spiritual or religious belief and practices and may have little contact with religious institutions.</p> <p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> There is no evidence of identified spiritual or religious beliefs, nor does the individual show any interest in these pursuits at this time.</p>

EDUCATIONAL SETTING

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

Questions to Consider

- Is the training program, school or preschool an active partner in the individual's education?
- Is the individual's training program, school or preschool an active partner in figuring out how to best meet the individual's needs?
- Does individual like the training program, school or preschool?
- Has there been at least one year in which individual did well in the educational setting?
- When has the individual been at their best in the training program, school or preschool?

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/preschool or training program works closely with the individual and family to identify and successfully address the individual's educational needs; OR the individual excels in school/preschool or training program.
- 1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
School/preschool or training program works with the individual and family to address the individual's educational needs; OR the individual 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/preschool or training program is currently unable to adequately address the individual's needs. This level indicates an individual who is in school/preschool/training program but has a plan that does not appear to be effective
- 3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
The school/preschool or training program is unable and/or unwilling to work to identify and address individual's needs. This level indicates an individual who is either not in school/preschool or a training program or is in a setting that does not further their education.
Age 16+: The individual has dropped out of school or training program. Completing school or vocational program is required to meet the individual's career aspirations.
- N/A Individual is not currently in school/preschool or a training program and completing school or a training program is not required to meet the individual's career aspirations.

Supplemental Information: This item refers to the strengths of the educational setting that could include: vocational training program, school system, GED program, college, graduate program, post professional schooling, or the young child's preschool setting, and may or may not reflect any specific educational skills possessed by the individual. A rating of '0' would be given if the vocational training program, school or preschool is an active participant with the individual and family. A rating of '2' would be given if the vocational training program, school or preschool is not able to address the individual's needs despite an IEP, plan, etc. Issues related to vocational training program, school or preschool attendance, behavior, and achievement are rated in the School/Preschool/Daycare Module.

RELATIONSHIP PERMANENCE (Age 0-21)

This item refers to the stability and consistency of significant relationships in the individual's life. This likely includes family members but may also include other adults and/or peers.

Ratings and Descriptions	
Questions to Consider	<p>0 <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i> Individual has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Individual is involved with their parents.</p>
<ul style="list-style-type: none">• Has anyone consistently been in the individual's life since birth?• Are there other significant adults in the individual's life?• Has the individual been in multiple home placements?	<p>1 <i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Individual has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.</p>
	<p>2 <i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Individual has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.</p>
	<p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> Individual does not have any stability in relationships. Independent living or adoption must be considered.</p>
N/A	Individual is older than 21 years old.

RESILIENCY (Age 2+)

This rating is based on the individual's ability to identify and use internal strengths in managing their lives and in times of need or to support their own development. This item assesses an individual's ability to "bounce back" from or overcome adversity in their life.

Ratings and Descriptions	
Questions to Consider	<p>0 <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i> Individual can both identify and use strengths to better themselves and successfully manage difficult challenges. The individual expresses confidence in being able to handle the challenges adversity brings or has demonstrated their ability to do so over time.</p>
<ul style="list-style-type: none">• Is the individual able to recognize their skills as strengths?• Is the individual able to use their strengths to problem solve and address difficulties or challenges?	<p>1 <i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Individual can identify their strengths and is able to partially utilize them. Individual can handle the challenges adversity brings in specific situations or at certain time periods in their life or has examples in their lifetime where they have been able to do so.</p>
	<p>2 <i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i> Individual can identify strengths but is not able to utilize them effectively. An individual rated here currently has limited confidence in their ability to overcome setbacks.</p>
	<p>3 <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i> Individual is unable to identify personal strengths and is unable to overcome adverse situations in their life. An individual who currently has no confidence in their ability to overcome setbacks should be rated here.</p>
N/A	Individual is younger than 2 years old.

OPTIMISM (Age 6+)

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

Questions to Consider

- Does the individual have a generally positive outlook on things; have things to look forward to?
- How do they see themselves in the future?
- Is the individual forward looking/sees themselves as likely to be successful?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i>
Individual has a strong and stable optimistic outlook for their future. |
| 1 | <i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i>
Individual is generally optimistic about their future. |
| 2 | <i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i>
Individual has difficulty maintaining a positive view of themselves and their life. Individual's outlook may vary from overly optimistic to overly pessimistic. |
| 3 | <i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i>
There is no evidence of optimism at this time and/or individual has difficulties seeing positive aspects about themselves or their future. |

N/A Individual is younger than 6 years old.

OPTIMISM continued

Supplemental Information: There is a strong literature indicating that individuals with a solid sense of themselves and their future have better outcomes than individual who do not. A rating of '1' would be an individual who is generally optimistic. A rating of '3' would be an individual who has difficulty seeing any positives about themselves or their future.

TALENTS AND INTERESTS (Age 6+)

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

Questions to Consider

- What does the individual do with free time?
- What do they enjoy doing?
- Do they engage in any pro-social activities?
- What are the things that the individual does particularly well?

Ratings and Descriptions

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

N/A Individual is younger than 6 years old.

CULTURAL IDENTITY (Age 6+)

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

Questions to Consider	Ratings and Descriptions	
• Does the individual identify with any racial/ethnic/cultural group? • Does the individual find this group a source of support?	0	<p><i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i></p> <p>The individual has defined a cultural identity and is connected to others who support the individual's cultural identity.</p>
	1	<p><i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i></p> <p>The individual is developing a cultural identity and is seeking others to support the individual's cultural identity.</p>
	2	<p><i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i></p> <p>The individual is searching for a cultural identity and has not connected with others.</p>
	3	<p><i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i></p> <p>The individual does not express a cultural identity.</p>
	N/A	Individual is younger than 6 years old.

COMMUNITY CONNECTION (Age 6+)

This item reflects the individual's connection to people, places or institutions in their community.

Questions to Consider	Ratings and Descriptions	
• Does the individual feel like they are part of a community? • Are there activities that the individual does in the community? • Is the individual active in a community? • Is the individual a member of a community organization or group?	0	<p><i>Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</i></p> <p>Individual is well integrated into their community. They are 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 Scouts, community center) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.</p>
	1	<p><i>Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i></p> <p>Individual is somewhat involved with their community. This level can also indicate an individual with significant community ties although they may be relatively short term (e.g. past year).</p>
	2	<p><i>Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</i></p> <p>Individual has an identified community but has only limited, or unhealthy, ties to that community.</p>
	3	<p><i>An area in which no current strength is identified; efforts are needed to identify potential strengths.</i></p> <p>There is no evidence of an identified community of which individual is a member at this time.</p>
	N/A	Individual is younger than 6 years old.

Supplemental Information: Community connections are different from how the individual functions in the community. An individual's connection to the community is assessed by the degree to which they are involved with the institutions of that community which may include community centers, little league teams, jobs, after school activities, volunteer activities, neighborhood groups, religious groups, etc. Connections to a community through specific people (e.g. friends and family) could be considered an important community connection if many people who are important to the individual live in the same neighborhood. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and could be rated a '3'.

INVOLVEMENT WITH CARE (Age 6+)

This item refers to the individual's participation in planning and implementing efforts to address their identified needs.

Questions to Consider

- How does the individual understand their needs and challenges?
- Does the individual attend sessions willingly and participate fully?

Ratings and Descriptions

- 0 *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
Individual is knowledgeable of their 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.*
Individual is knowledgeable of their 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.*
Individual is at least somewhat knowledgeable of their needs but is not willing to participate in plans to address them.
- 3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
Individual is neither knowledgeable about their needs nor willing to participate in any process to address them.

N/A Individual is younger than 6 years old.

Supplemental Information: This item identifies whether the individual is an active partner in planning and implementing any treatment plan or service package. Like all ratings, this should be done in a developmentally informed way.

VOCATIONAL (Age 16+)

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

Questions to Consider

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

Ratings and Descriptions

- 0 *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
Individual is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
- 1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
Individual is working; however, the job is not consistent with developmentally appropriate career aspirations.
- 2 *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
Individual is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate an individual with a clear vocational preference.
- 3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
Individual is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates an individual with no known or identifiable vocational skill and no expression of any future vocational preferences.

N/A Individual is younger than 16 years old.

Supplemental Information: Vocational strengths are rated independently of functioning (i.e. an individual can have considerable strengths but not be doing well at the moment). Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life.

JOB HISTORY/VOLUNTEERING (Age 16+)

This item describes the individual's experience with paid employment.

Questions to Consider

- What is the general nature of the individual's job or volunteering history?
- Are there former bosses that would rehire the individual or recommend the individual for employment?

Ratings and Descriptions

- 0 *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
Individual finds meaning and takes pleasure in their work or volunteering. Individual is currently engaged in work or volunteering.
- 1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
Individual has a history of meaningful work or employment but is currently not working or is not currently experiencing pleasure or meaning from work.
- 2 *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
Individual has experienced little pleasure or meaning from their work or volunteering.
- 3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
Individual takes no pleasure or meaning from work or volunteering. May have very negative feelings associated with work based on past experiences.

N/A Individual is younger than 16 years old.

SELF-CARE (Age 21+)

This item describes the individual's ability to take care of themselves emotionally.

Questions to Consider

- Does the individual understand the importance of taking care of themselves emotionally?
- Does the individual engage in self-care activities?

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 individual understands the importance of taking care of oneself emotionally and is skilled in doing so. The individual consistently and routinely engages in self-care activities.
- 1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
The individual knows the importance of caring for oneself emotionally and has some skills in doing so. The individual engages in these activities sporadically.
- 2 *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
The individual recognizes the importance of taking care of one's self emotionally and may have some skills in doing so but has never engaged in these activities.
- 3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
The individual does not understand the importance of self-care and has never engaged in these activities; OR the individual does not value self-care and refuses to engage in these activities.

N/A Individual is younger than 21 years old.

VI. CULTURAL FACTORS

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

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

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

Please Note: For young children ages birth to six years old, please rate these items from the perspective of the family.

Question to Consider for this Domain: How does the individual's membership in a particular cultural group impact their stress and wellbeing?

For the **Cultural Factors Domain**, the following categories and action levels are used:

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

LANGUAGE

This item looks at whether the individual and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., translator). This item includes spoken, written, and sign language, as well as issues of literacy.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• What language does the family speak at home?• Does the individual or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?	<p>0 <i>No current need; no need for action or intervention.</i> No evidence that there is a need or preference for an interpreter and/or the individual and family speak and read the primary language where the individual or family lives.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual and/or family speak or read the primary language where the individual or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports. [continues]</p>

LANGUAGE continued

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

For children birth to six years old, please rate this item for the family.

Supplemental Information: This item looks at whether the individual and family need help to communicate with others. This item includes both spoken and sign language. In immigrant families, the child/youth often becomes that translator. While in some instances this might work well, it may become a burden on the child/youth if unable to translate accurately because of their understanding of the situation, or become distressing (such as during a court hearing) or inappropriate for the child/youth to do so.

TRADITIONS AND RITUALS

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No current need; no need for action or intervention.</i> Individual and family are consistently able to practice traditions and rituals consistent with their cultural identity.</p>
• What holidays does the individual celebrate? • What transitions are important to the individual? • Does the individual fear discrimination for practicing their traditions and rituals?	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Individual and family are generally able to practice traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Individual and family experience significant barriers and are sometimes prevented from practicing traditions and rituals consistent with their cultural identity.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual and family are unable to practice traditions and rituals consistent with their cultural identity.</p>

For children birth to six years old, please rate this item for the family.

CULTURAL STRESS

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

Questions to Consider

- Has the individual experienced any problems with the reaction of others to their cultural identity?
- Has the individual experienced discrimination?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <p><i>No current need; no need for action or intervention.</i></p> <p>No evidence of stress between the individual's cultural identity and current environment or living situation.</p> |
| 1 | <p><i>Identified need requires monitoring, watchful waiting, or preventive activities.</i></p> <p>Some mild or occasional stress resulting from friction between the individual's cultural identify and their current environment or living situation.</p> |
| 2 | <p><i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i></p> <p>Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. Individual needs support to learn how to manage culture stress.</p> |
| 3 | <p>Problems are dangerous or disabling; requires immediate and/or intensive action.</p> <p>Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Individual needs immediate plan to reduce culture stress.</p> |

For children birth to six years old, please rate this item for the family.

IM+CANS CAREGIVER ADDENDUM

This addendum is to be completed once every 180 days for individuals who have a legal guardian. In instances where the individual is their own guardian, the IM+CANS Caregiver Addendum should not be completed.

I. CAREGIVER RESOURCES & NEEDS DOMAIN

The items in this section represent caregivers' potential areas of need for support in providing care for the individual. Simultaneously, these items can highlight the areas in which the caregivers can be a resource for the individual. In general, it is recommended that the caregiver(s) with whom the individual is currently living be rated. If the individual has been placed temporarily, then focus on the caregiver to whom the individual will be returned. For children/youth in a long-term foster care placement, then rate the foster parent(s) as the caregiver(s). If the individual is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center, it would be more appropriate to rate the community caregivers where the individual will be placed upon discharge from congregate care. It is advised to focus on the planned permanent caregiver in this section. The caregiver rated should be noted in the record.

For situations in which an individual has multiple caregivers it is recommended to rate based on the needs of the set of caregivers as they affect the individual. For example, the supervisory capacity of a father who is not involved in monitoring or disciplining of a child/youth may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift, then his skills should be factored into the ratings of the child/youth's supervision.

Please Note: In instances where the individual is their own guardian, the Caregiver Resources & Needs domain can be skipped.

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

For the **Caregiver Resources & Needs Domain**, the following categories and action levels are used:

- 0 No evidence of any needs. This could be a potential resource for the individual.
- 1 Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.
- 2 Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.
- 3 Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.

SUPERVISION

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

Ratings and Descriptions	
Questions to Consider	
<ul style="list-style-type: none">• Does the caregiver set appropriate limits on the individual?	<p>0 <i>No evidence of any needs. This could be a potential resource for the individual.</i> No evidence caregiver needs help or assistance in monitoring or disciplining the individual, and/or caregiver has good monitoring and discipline skills.</p>
<ul style="list-style-type: none">• Does the caregiver provide appropriate support to the individual to meet the caregiver's expectations?	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i> Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.</p>
<ul style="list-style-type: none">• Does the caregiver provide appropriate support to the individual to meet the caregiver's expectations?	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i> Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.</p>
<ul style="list-style-type: none">• Does the caregiver think they need some help with these issues?	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i> Caregiver is unable to monitor or discipline the individual. Caregiver requires immediate and continuing assistance. Individual is at risk of harm due to absence of supervision or monitoring.</p>

INVOLVEMENT WITH CARE

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

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

Supplemental Information: This rating should be based on the level of involvement of the caregiver(s) in the planning and provision of child welfare, behavioral health, education, primary care, and related services.

KNOWLEDGE

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

Questions to Consider

- How does the caregiver understand the individual's needs?
- Does the caregiver have the necessary information to meet the individual's needs?

Ratings and Descriptions

- | | |
|---|--|
| 0 | <p><i>No evidence of any needs. This could be a potential resource for the individual.</i></p> <p>Caregiver is fully knowledgeable about the individual's psychological strengths and weaknesses, talents and limitations.</p> |
| 1 | <p><i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i></p> <p>Caregiver, while being generally knowledgeable about the individual, has some mild deficits in knowledge or understanding of the individual's psychological condition or their talents, skills and assets.</p> |
| 2 | <p><i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i></p> <p>Caregiver does not know or understand the individual well and significant deficits exist in the caregiver's ability to relate to the individual's problems and strengths.</p> |
| 3 | <p><i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i></p> <p>Caregiver has little or no understanding of the individual's current condition. Their lack of knowledge about the individual's strengths and needs places the individual at risk of significant negative outcomes.</p> |

Supplemental Information: This item is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that what you know, someone else should know and if they don't then it's a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this item in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with the children, youth or adults in their care. Additionally, the caregivers' understanding of the individual's diagnosis and how it manifests in the individual's behavior should be considered in rating this item.

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 individual and family.

Questions to Consider

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

Ratings and Descriptions

- | | |
|---|--|
| 0 | <p><i>No evidence of any needs. This could be a potential resource for the individual.</i></p> <p>Caregiver has significant social and family networks that actively help with caregiving.</p> |
| 1 | <p><i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i></p> <p>Caregiver has some family, friends or social network that actively help with caregiving.</p> |
| 2 | <p><i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i></p> <p>Work needs to be done to engage family, friends or social network in helping with caregiving.</p> |
| 3 | <p><i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i></p> <p>Caregiver has no family or social network to help with caregiving.</p> |

FINANCIAL RESOURCES

This item rates the financial resources that the caregiver(s) can bring to bear in addressing the multiple needs of the individual and family.

Questions to Consider

- Does the family have sufficient funds to raise or care for the individual?

Ratings and Descriptions

- | | |
|-------------------------------------|--|
| <p>0</p> <p>1</p> <p>2</p> <p>3</p> | <p><i>No evidence of any needs. This could be a potential resource for the individual.</i>
Caregiver has sufficient financial resources to raise or care for the individual.</p> <p><i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i>
Caregiver has some financial resources to raise or care for the individual. History of struggles with sufficient financial resources would be rated here.</p> <p><i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i>
Caregiver has limited financial resources to raise or care for the individual.</p> <p><i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i>
Caregiver has no financial resources to raise or care for the individual. Caregiver needs financial resources.</p> |
|-------------------------------------|--|

RESIDENTIAL STABILITY

This item rates the caregiver's current and likely future housing circumstances. It does not include the likelihood that the individual will be removed from the household.

Questions to Consider

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

Ratings and Descriptions

- | | |
|-------------------------------------|---|
| <p>0</p> <p>1</p> <p>2</p> <p>3</p> | <p><i>No evidence of any needs. This could be a potential resource for the individual.</i>
Caregiver has stable housing with no known risks of instability.</p> <p><i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i>
Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.</p> <p><i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i>
Caregiver has moved multiple times in the past year. Housing is unstable.</p> <p><i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i>
Caregiver is homeless, or has experienced periods of homelessness in the recent past.</p> |
|-------------------------------------|---|

MEDICAL/PHYSICAL

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This could be a potential resource for the individual.</i> Caregiver is generally healthy.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i> There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i> Caregiver has medical/physical problems that interfere with their capacity to provide care.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i> Caregiver has medical/physical problems that make providing care impossible at this time.</p>

MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) that might limit a caregiver's capacity for providing parenting/caregiving to the individual.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This could be a potential resource for the individual.</i> No evidence of caregiver mental health difficulties.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i> There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from, mental health difficulties.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i> Caregiver has some mental health difficulties that interfere with their capacity to provide care.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i> Caregiver has mental health difficulties that make it impossible for them to provide care at this time.</p>

Supplemental Information: Serious mental illness would be rated '2' or '3' unless the individual is in recovery.

SUBSTANCE USE

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

Questions to Consider

- Do caregivers have any substance use needs that make parenting difficult?
- Does anyone else in the family have a serious substance use need that is impacting the resources for caregiving?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <p><i>No evidence of any needs. This could be a potential resource for the individual.</i></p> <p>No evidence of caregiver substance use issues.</p> |
| 1 | <p><i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i></p> <p>There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to provide care.</p> |
| 2 | <p><i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i></p> <p>Caregiver has some substance use difficulties that interfere with their caregiving capacity.</p> |
| 3 | <p><i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i></p> <p>Caregiver has substance use difficulties that make it impossible for them to provide care at this time.</p> |

Supplemental Information: Substance-related disorders would be rated '2' or '3' unless the individual is in recovery.

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 individual difficult?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <p><i>No evidence of any needs. This could be a potential resource for the individual.</i></p> <p>Caregiver has no developmental needs.</p> |
| 1 | <p><i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i></p> <p>Caregiver has developmental challenges but they do not currently interfere with capacity to provide care.</p> |
| 2 | <p><i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i></p> <p>Caregiver has developmental challenges that interfere with their capacity to provide care.</p> |
| 3 | <p><i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i></p> <p>Caregiver has severe developmental challenges that make it impossible for them to provide care at this time.</p> |

ORGANIZATION

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Do caregivers need or want help with managing their home?• Do they have difficulty getting to appointments or managing a schedule?• Do they have difficulty getting the individual to appointments or school?	<p>0 <i>No evidence of any needs. This could be a potential resource for the individual.</i> Caregiver is well organized and efficient.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i> Caregiver has difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.</p> <p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i> Caregiver has moderate difficulty organizing and maintaining household to support needed services.</p> <p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i> Caregiver is unable to organize household to support needed services.</p>

SAFETY

This item describes the caregiver's ability to maintain the individual'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 individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the caregiver able to protect the individual from harm in the home?• Are there individuals living in the home or visiting the home that may be abusive to the individual?	<p>0 <i>No evidence of any needs. This could be a potential resource for the individual.</i> Household is safe and secure. Individual is at no risk from others.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i> Household is safe but concerns exist about the safety of the individual due to history or others who might be abusive.</p> <p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i> Individual is in some danger from one or more individuals with access to the home.</p> <p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i> Individual is in immediate danger from one or more individuals with unsupervised access.</p>

PLEASE NOTE: All referents are legally required to report suspected child abuse or neglect to the hotline.

FAMILY STRESS

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

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

MARITAL/PARTNER VIOLENCE IN THE HOME

This item describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and providing care.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How are power and control handled in the caregivers' relationship with each other?• How frequently does the individual witness caregiver conflict?• Does the caregivers' conflict escalate to verbal aggression, physical attacks or destruction of property?	<p>0 <i>No evidence of any needs. This could be a potential resource for the individual.</i> Parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.</p> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i> History of marital difficulties and partner arguments. Caregivers are generally able to keep arguments to a minimum when individual is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.</p> <p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i> Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which the individual often witnesses.</p> <p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i> Marital or partner difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate individual's difficulties or put the individual at greater risk.</p>

Supplemental Information: Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregiver partners. Since marital/partner violence is a risk factor for child abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The individual's past exposure to marital/partner violence with current or other caregivers is rated a '1'. This item would be rated a '2' if the child/youth is exposed to marital/partner violence in the household and child protective services must be called; a '3' indicates that the individual is in danger due to marital/partner violence in the household and requires immediate attention.

MILITARY TRANSITIONS

This item describes the impact of transitions related to the caregiver's military service on their caregiving.

Questions to Consider

- Is the caregiver involved in a transition experience related to military service?
- How does it affect their role as caregiver?

Ratings and Descriptions

- 0 *No evidence of any needs. This could be a potential resource for the individual.*
Caregiver is not experiencing any transitions related to military service. Caregivers not involved in military services would be rated here.
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.*
Caregiver is anticipating a transition related to military service in the near future, or a caregiver experienced a transition in the past that was challenging.
- 2 *Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.*
Caregiver is experiencing a transition related to military service.
- 3 *Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.*
Caregiver is experiencing a transition related to military service that has a major impact on their caregiving roles.

SELF-CARE/DAILY LIVING SKILLS

This item rates the caregiver's ability to participate in self-care activities or basic activities of daily living (including eating, bathing, dressing and toileting) and its impact on the caregiver's ability to provide care for the individual.

Questions to Consider

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

Ratings and Descriptions

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

EMPLOYMENT/EDUCATIONAL FUNCTIONING

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

Ratings and Descriptions	
Questions to Consider	<p>• Does the caregiver have any problems at school or work?</p> <p>• What level of support does the caregiver need to address their problems at work or school?</p> <p>• Does the caregiver need support in finding employment or attending school?</p>
	<p>0 <i>No evidence of any needs. This could be a potential resource for the individual.</i> Caregiver is gainfully employed and/or in school.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i> Mild problems with school or work functioning. Caregiver may have some problems in their work environment. Caregiver needs to be monitored and assessed further.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i> Moderate problems with school or work functioning, or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. They need an intervention to address employment and/or learning difficulties.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i> A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.</p>

LEGAL INVOLVEMENT

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

Ratings and Descriptions	
Questions to Consider	<p>• Has the caregiver been arrested?</p> <p>• Is one or more of the caregivers incarcerated or on probation?</p> <p>• Is one or more of the caregivers struggling with immigration or legal documentation issues?</p>
	<p>0 <i>No evidence of any needs. This could be a potential resource for the individual.</i> Caregiver has no known legal difficulties.</p>
	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i> Caregiver has a history of legal problems but currently is not involved with the legal system.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i> Caregiver has some legal problems and is currently involved in the legal system.</p>
	<p>3 <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i> Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.</p>

FAMILY RELATIONSHIP TO THE SYSTEM (Age 0-21)

This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children, a clinician must consider this belief and understand its impact on the family's choices. These complicated factors may translate into generalized discomfort with the formal health care system and may require the care provider to reconsider their approach.

Questions to Consider

- Does the caregiver express any hesitancy in engaging in formal services?
- How does the caregiver's hesitancy impact their engagement in care for the individual?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <i>No evidence of any needs. This could be a potential resource for the individual.</i>
The caregiver expresses no concerns about engaging with the formal helping system. |
| 1 | <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i>
The caregiver expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system. |
| 2 | <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i>
The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan. |
| 3 | <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i>
The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required. |

N/A Individual is older than 21 years old.

ACCESSIBILITY TO CHILD CARE (Age 0-21)

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

Questions to Consider

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

Ratings and Descriptions

- | | |
|---|---|
| 0 | <i>No evidence of any needs. This could be a potential resource for the individual.</i>
Caregiver has access to sufficient childcare services. |
| 1 | <i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i>
Caregiver has limited access to childcare services. Needs are met minimally by existing, available services. |
| 2 | <i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i>
Caregiver has limited access or access to limited childcare services. Current services do not meet the caregiver's needs. |
| 3 | <i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i>
Caregiver has no access to childcare services. |

N/A Individual is older than 21 years old.

EMPATHY WITH CHILDREN (Age 0-21)

This item refers to the parent/caregiver's ability to understand and respond to the joys, sorrows, anxieties and other feelings of children with helpful, supportive emotional responses.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs. This could be a potential resource for the individual.</i> Adaptive emotional responsiveness. Caregiver is emotionally empathetic and attends to child's emotional needs and consistently demonstrates this in interactions with the child.
• Is the caregiver able to empathize with the child?	1	<i>Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.</i> Caregiver can understand how the child is feeling in most situations, is generally emotionally empathetic and attends to child's emotional needs most of the time.
• Are there situations in which the caregiver is unable to empathize with the child?	2	<i>Action or intervention is required to ensure that the identified need or risk behavior is addressed, as it is currently interfering with the caregiver's ability to parent or support the individual.</i> Caregiver is often not empathetic and frequently is not able to attend to child's emotional needs. They are only able to be empathetic toward the child in some situations and at times the lack of empathy interferes with the child's growth and development.
• Is the caregiver's level of empathy impacting the child and their development?	3	<i>Identified need requires immediate or intensive action, as it is currently preventing the caregiver from effectively parenting or supporting the individual.</i> Caregiver is not empathetic and rarely attends to the child's emotional needs. Caregiver's lack of empathy is impeding the child's development.
N/A	Individual is older than 21 years old.	

IM+CANS DCFS INVOLVED YOUTH ADDENDUM

This addendum is to be completed once every 180 days for children who are involved with the child welfare system; this includes youth in care, youth receiving Intact Family Services, and youth receiving Intensive Placement Stability (IPS) services. In instances where the child is not involved with DCFS, the IM+CANS DCFS Involved Youth Addendum should not be completed.

I. [H2] SEXUALLY AGGRESSIVE BEHAVIOR SUB-MODULE – ADDITIONAL DCFS YOUTH ITEMS

This sub-module is to be completed only for DCFS involved youth when the Sexually Problematic Behavior Module, Sexual Aggression item is rated '1,' '2' or '3.'

For the **Sexually Aggressive Behavior Sub-Module**, the following categories and action levels are used:

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

TEMPORAL CONSISTENCY

Temporal consistency relates to an individual's patterns and history of sexually problematic behavior.

Questions to Consider	Ratings and Descriptions
	<ol style="list-style-type: none">0 Individual has never exhibited sexually problematic behavior or has developed this behavior only in the past three months following a clear stressor.1 Individual has been sexually problematic during the past two years, OR the individual has become sexually problematic in the past three months despite the absence of any clear stressors.2 Individual has been sexually problematic for an extended period of time (e.g., more than two years), but has had significant symptom-free periods.3 Individual has been sexually problematic for an extended period of time (e.g. more than two years) without significant symptom-free periods.

HISTORY OF SEXUALLY ABUSIVE BEHAVIOR

This item rates the quantity of sexually aggressive behaviors exhibited by the individual.

	Ratings and Descriptions
Questions to Consider	
• How many incidents have been identified and/or investigated?	0 Individual has only one incident of sexually abusive behavior that has been identified and/or investigated.
• How many victims have been identified?	1 Individual has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
	2 Individual has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
	3 Individual has more than ten incidents of sexually abusive behavior with more than one victim.

SEVERITY OF SEXUAL ABUSE

This item rates the significance and severity of the individual's own sexual abuse history.

	Ratings and Descriptions
Questions to Consider	
• Has the individual been sexually abused, either known or suspected?	0 <i>No current need; no need for action or intervention.</i> No history of any form of sexual abuse.
• If so, what was the type and intensity of abuse they endured?	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> 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.
• If so, who was the individual's abuser?	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> A moderate level of sexual abuse that may involve an individual who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> 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 individual.

PRIOR TREATMENT

This item rates the individual's experience in and the effectiveness of prior treatment.

	Ratings and Descriptions
Questions to Consider	
• Does the individual have any history of treatment for sexual aggression?	0 <i>No current need; no need for action or intervention.</i> No history of prior treatment or history of outpatient treatment with notable positive outcomes.
• If so, what type of treatment and what was it effective?	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> History of outpatient treatment that has had some degree of success.
	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> History of residential treatment where there has been successful completion of program.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> History of residential or outpatient treatment condition with little or no success.

II. PARENT/GUARDIAN SAFETY CONCERN

For the Parent/Guardian Safety Concerns Domain, the following categories and action levels are used:

- 0 No evidence of any needs. This may be a strength.
- 1 An identified need that requires monitoring, watchful waiting, or preventive activities.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive, immediate action is required to address the need.

DISCIPLINE

Discipline is defined as all parenting behaviors and strategies that support positive behavior in children.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Parent/guardian generally demonstrates an ability to discipline their children in a consistent and respectful manner. Parent/caregiver's expectations are age-appropriate and they usually are able to set age appropriate limits and to enforce them.</p> <p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Parent/guardian is often able to set age appropriate limits and to enforce them. On occasion their interventions may be too harsh, too lenient, or inconsistent. At times, their expectations of their children may be too high or too low.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Parent/guardian demonstrates limited ability to discipline their children in a consistent and age-appropriate manner and is rarely able to set age appropriate limits and to enforce them. Their interventions may be erratic and overly harsh but not physically harmful. Parent/guardian expectations of their children are frequently unrealistic.</p> <p>3 <i>Intensive, immediate action is required to address the need.</i> Significant difficulties with discipline methods. Parent/guardian disciplines their children in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful (such as shaking the child, whipping, etc.).</p>
• How does the parent/guardian discipline the child?	
• Is the parent/guardian's discipline consistent and appropriate to the situation and the child's developmental needs?	

CONDITION OF THE HOME

This item refers to the physical condition of the house or apartment in which the parent/guardian is currently living. Shelters would be rated 'Not applicable.'

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> No health or safety concerns on property.</p> <p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Some health or safety concerns on property that pose no threat and are easily correctable.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Serious substantiated health or safety hazards (e.g., overcrowding, inoperative or unsafe water and utility hazards, vermin, or other health and sanitation concerns including home where drugs are produced/sold or where there is current drug activity).</p> <p>3 <i>Intensive, immediate action is required to address the need.</i> Substantiated life-threatening health or safety hazards, e.g., living in condemned [continues]</p>
• Is the home where the child lives safe?	
• Does the parent/guardian have any difficulties with maintaining their home?	

CONDITION OF THE HOME continued

- 3 [continued] and/or structurally unsound residence, exposed wiring, potential fire/safety hazards, or vermin infestation.
- N/A Not applicable (e.g., parent/guardian is living in a shelter or is in a correctional facility).

FRUSTRATION TOLERANCE

This item refers to the parent/guardian's ability to manage frustration associated with parenting.

Questions to Consider

- How does the parent/guardian control their frustration?

Ratings and Descriptions

- 0 *No evidence of any needs. This may be a strength.*
No evidence of problems with frustration management. Parent/guardian has good coping mechanisms they rely on when tense or stressed.
- 1 *An identified need that requires monitoring, watchful waiting, or preventive activities.*
Parent/guardian has some mild problems with frustration. They may anger easily when frustrated; however, they are able to calm down following an angry outburst. Family is aware of anger potential.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Parent/guardian has problems managing frustration. Their anger when frustrated is causing functioning problems in the home and may also impact the parent/guardian in the community or at work. Family feels they are walking on eggshells around the individual.
- 3 *Intensive, immediate action is required to address the need.*
Parent/guardian becomes explosive and dangerous to others when frustrated. They demonstrate little self-control in these situations and others must intervene to restore control. Family is fearful of the individual and tries to avoid any interaction.

HISTORY OF MALTREATMENT OF CHILDREN

This item describes whether the parent/guardian has any prior history of maltreating a child in their care.

Questions to Consider

- Has the parent/guardian been involved with DCFS?
- Has the child been abused or neglected?

Ratings and Descriptions

- 0 *No evidence of any needs. This may be a strength.*
No evidence of any history of maltreatment.
- 1 *An identified need that requires monitoring, watchful waiting, or preventive activities.*
Parent's/guardian's maltreatment of children is limited to the most recent findings. They have only the current episode of DCFS involvement.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Parent/guardian has two indicated incidents of DCFS involvement.
- 3 *Intensive, immediate action is required to address the need.*
Parent/guardian has three or more indicated incidents of DCFS involvement or any episode ending in the termination of parental rights.

II. PARENT/GUARDIAN WELLBEING CONCERNS

For the Parent/Guardian Well Being Concerns Domain, the following categories and action levels are used:

- 0 No evidence of any needs. This may be a strength.
- 1 An identified need that requires monitoring, watchful waiting, or preventive activities.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive, immediate action is required to address the need.

PARENT/GUARDIAN TRAUMATIC REACTIONS

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

Questions to Consider	Ratings and Descriptions	
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Parent/guardian has adjusted to traumatic experiences without notable posttraumatic stress reactions.</p>	
• Has the parent/guardian experienced any traumas?	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Parent/guardian has some mild adjustment problems related to child's or their own traumatic experiences. Parent/guardian may exhibit some guilt about child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide childcare.</p>	
• Have they experienced any flashbacks, intense emotions and/or unexplainable fears/phobias?	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Parent/guardian has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide childcare. Parent/guardian may have nightmares or flashbacks of the trauma.</p>	
• Do these experiences impact their ability to parent?	<p>3 <i>Intensive, immediate action is required to address the need.</i> Parent/guardian has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact their ability to provide childcare. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.</p>	

PARENT/GUARDIAN'S UNDERSTANDING OF IMPACT OF OWN BEHAVIOR ON CHILDREN

This item is intended to describe the degree to which a parent/guardian has self-awareness regarding how their actions and behavior affect their children.

Questions to Consider	Ratings and Descriptions	
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Parent/guardian has a clear understanding of the impact of their behavior on children and can adjust behavior to limit negative impact.</p>	
• Does the parent's/guardian's understanding of the impact of their behavior on children shift their behavior?	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Parent/guardian has some understanding of impact of their behavior but may struggle at times to change behavior to limit negative impact. [continues]</p>	
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Parent/guardian has limited understanding of the impact of their behavior on children.</p>	
	<p>3 <i>Intensive, immediate action is required to address the need.</i> Parent/guardian has no understanding or denies any impact of their behavior on children.</p>	

EFFECTIVE PARENTING APPROACHES

This item refers to the parent's/guardian's knowledge of parenting skills and strategies and their ability to actually use these skills and strategies with their child(ren).

Ratings and Descriptions	
Questions to Consider	
• What are the parenting skills and strategies that work best for the parent/guardian?	0 <i>No evidence of any needs. This may be a strength.</i> Parent/guardian applies flexibility in parenting role; parent has knowledge of multiple parenting practices and is able to implement them effectively with their children in a manner that is consistent with the child's development and needs.
• Are the parenting practices used by the parent/guardian effective?	1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Parent/guardian has knowledge of parenting practices that are consistent with child's needs and development, but may struggle at times to effectively implement them.
• Are the parenting practices used by the parent/guardian in line with the child's development and needs?	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Parent/guardian has limited flexibility and/or knowledge of parenting practices; parenting practices are seldom effective and/or consistent with child's development and needs.
	3 <i>Intensive, immediate action is required to address the need.</i> Parent/guardian is extremely limited in their understanding of parenting practices. May be very concrete or rigid in their approach to child rearing.

INDEPENDENT LIVING SKILLS

This item focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities like money management, transportation, job readiness, housekeeping, and cooking.

Ratings and Descriptions	
Questions to Consider	
• Is the parent/guardian able to maintain the basic needs for the family? For their own care?	0 <i>No evidence of any needs. This may be a strength.</i> No evidence of any deficits that could impede maintaining own home.
	1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> 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.
	3 <i>Intensive, immediate action is required to address the need.</i> This individual is unable to live independently given their current status. Problems require a structured living environment.

RELATIONSHIP/CONTACT WITH CASEWORKER

This item describes the parent/guardian's relationship and level of responsiveness/cooperation with their child(ren)'s caseworker.

Ratings and Descriptions	
Questions to Consider	
• Does the parent/guardian maintain contact with and is responsive to the caseworker?	0 <i>No evidence of any needs. This may be a strength.</i> Parent/guardian actively stays in contact with the caseworker and consistently responds to the caseworker's input and requests.
	1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Parent/guardian does not always stay in contact with the caseworker, <u>but</u> is generally responsive to the worker's requests and input. They are generally good about following through on appointments, returning caseworker phone calls, etc. [continues]

RELATIONSHIP/CONTACT WITH CASEWORKER continued

- | | |
|--|---|
| | <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Parent/guardian is inconsistent in their response to the caseworker's requests and input.</p> |
| | <p>3 <i>Intensive, immediate action is required to address the need.</i>
Parent/guardian is unresponsive and uncooperative with the caseworker. They may be actively hostile or seek to avoid the worker.</p> |

RESPONSIBILITY IN MALTREATMENT

This item describes the degree to which the parent/guardian is aware of their role (even if only present and not directly involved) in the maltreatment of their child(ren).

Questions to Consider

- Does the parent/guardian understand their role in the child's maltreatment?
- What have they done to prevent any further maltreatment of the child?

Ratings and Descriptions

- | | |
|---|--|
| 0 | <p><i>No evidence of any needs. This may be a strength.</i>
Parent/guardian accepts responsibility for their role in prior child maltreatment and demonstrates behavior changes that reduce risk of future maltreatment.</p> |
| 1 | <p><i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i>
Parent/guardian understands their role in prior child maltreatment, but there may be some concern about their ability to translate that awareness into the prevention of future maltreatment.</p> |
| 2 | <p><i>Action or intervention is required to ensure that the identified need is addressed.</i>
Parent/guardian does not accept primary responsibility. They blame others.</p> |
| 3 | <p><i>Intensive, immediate action is required to address the need.</i>
Parent/guardian denies any role in prior child maltreatment. They may deny that maltreatment took place, or may deny any responsibility for the maltreatment.</p> |

RELATIONSHIP WITH ABUSER(S)

If the parent/guardian is not the actual abuser, this item describes the parent/guardian's current level of contact and involvement with the perpetrator of the abuse or with anyone who may have abused the child/youth in the past. If the parent is the sole abuser score a '0.'

Questions to Consider

- Does the parent/guardian have contact and/or a relationship with the individuals who were involved in any prior abuse of the child?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <p><i>No evidence of any needs. This may be a strength.</i>
Parent/guardian has no contact/relationships with individuals who were involved in earlier maltreatment of children. Anyone who had engaged in prior child maltreatment (e.g., paramour) is now out of their life.</p> |
| 1 | <p><i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i>
Parent/guardian has limited contact with individuals who were involved in earlier maltreatment of child, but they are aware of the importance of protecting children from this individual(s).</p> |
| 2 | <p><i>Action or intervention is required to ensure that the identified need is addressed.</i>
Parent/guardian remains in relationship with individuals who were involved in earlier maltreatment.</p> |
| 3 | <p><i>Intensive, immediate action is required to address the need.</i>
Parent/guardian remains in relationship with individuals who were involved in earlier maltreatment and denies any risk with these individuals, and/or parent continues to associate with individuals who could be harmful to children.</p> |

IV. PARENT/GUARDIAN PERMANENCE CONCERNS

For the **Parent/Guardian Permanence Concerns Domain**, the following categories and action levels are used:

- 0 No evidence of any needs. This may be a strength.
- 1 An identified need that requires monitoring, watchful waiting, or preventive activities.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive, immediate action is required to address the need.

SOCIAL AND FAMILY CONNECTIONS

This item refers to help that one does not have to pay for. This could include extended family, social supports, and community institutions such as churches, libraries, YMCAs, park district and other services that help the family in times of need.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Parent/guardian has sufficient social and familial supports so that there are few limitations on what can be provided for the child.</p>
• Does the parent/guardian have social and familial supports that are helpful to the family in times of need?	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Parent/guardian can access the necessary supports to help address the child's major and basic needs but some limitations exist whereby these supports are insufficient to address some family and child needs.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Parent/guardian has limited supports (e.g., a grandmother living in same town who is sometimes available to watch the child) that may not be sufficient to meet the needs of the child.</p>
	<p>3 <i>Intensive, immediate action is required to address the need.</i> Parent/guardian has severely limited supports or no social/family connections available to assist in the care and treatment of the child.</p>

INVOLVEMENT IN PERSONAL TREATMENT

This item describes the degree to which the parent/guardian participates in any suggested or mandated treatment programs.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Parent/guardian consistently participates in personal treatment and shows progress on targeted treatment issues as evidenced by documentation from treatment provider.</p>
• Does the parent/guardian participate in their personal treatment?	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Parent/guardian generally participates in personal treatment, but may sometimes miss scheduled treatment visits, <u>or</u> parent has been attending treatment but provider's documentation suggests minimal progress on targeted treatment issues.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Parent/guardian sporadically participates in personal treatment.</p>
	<p>3 <i>Intensive, immediate action is required to address the need.</i> Parent/guardian refuses to participate in personal treatment.</p>

PARENT/GUARDIAN PARTICIPATION IN VISITATION

This item describes both the parent's/guardian's attendance at visitation and their involvement in activities with their child(ren) during these visits.

Questions to Consider

- Does the parent/guardian consistently attend planned visitations and actively participate?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <i>No evidence of any needs. This may be a strength.</i>
Parent/guardian consistently adheres to all planned visitations and actively participates. |
| 1 | <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i>
Parent/guardian generally adheres to planned visitations but may sometimes miss or engage in unplanned visitation or always attends but does not actively participate with the child(ren). |
| 2 | <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Parent/guardian sporadically adheres to planned visitation. |
| 3 | <i>Intensive, immediate action is required to address the need.</i>
Parent/guardian does not participate in planned visitation. |

N/A For Intact Families.

COMMITMENT TO REUNIFICATION

This item is a global rating of the degree to which the parent/guardian appears to be committed to doing the things necessary to allow for reunification with their child(ren).

Questions to Consider

- What is the parent/guardian doing that will allow for reunification with the child?

Ratings and Descriptions

- | | |
|---|--|
| 0 | <i>No evidence of any needs. This may be a strength.</i>
Parent/guardian is doing whatever they need to accomplish in order to be reunified. |
| 1 | <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i>
Parent/guardian is generally committed to doing the required tasks in order to achieve reunification and has once or twice in the last month failed to follow through consistently (e.g., misses visits, therapy sessions, or court appearances). |
| 2 | <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Parent/guardian appears or reports being ambivalent or uncommitted to reunification at this time. |
| 3 | <i>Intensive, immediate action is required to address the need.</i>
Parent/guardian is uninterested in achieving reunification at this time. |

N/A For Intact Families

V. SUBSTITUTE CAREGIVER COMMITMENT TO PERMANENCE

This section is to be completed only for substitute caregivers.*

For the **Substitute Caregiver Commitment to Permanence Domain**, the following categories and action levels are used:

- 0 No evidence of any needs. This may be a strength.
- 1 An identified need that requires monitoring, watchful waiting, or preventive activities.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive, immediate action is required to address the need.

COLLABORATION WITH OTHER PARENTS/CAREGIVERS

This item refers to the substitute caregiver's relationship with the biological parent or other caregivers with regard to working together in child rearing activities.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Substitute caregiver works with the parent(s)/guardian(s) regarding issues of the development and wellbeing of the children. Substitute caregiver supports continual family membership, visitation, and shared parenting. Demonstrates good communication and partnership.</p> <p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Generally good substitute caregiver-parental collaboration with occasional difficulties but are willing to work towards better communication and partnership regarding the development and wellbeing of the children.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Limited adaptive collaboration. Substitute caregiver has moderate problems of communication and collaboration with parent(s) and/or caregivers with regard to issues of the development and wellbeing of the children.</p> <p>3 <i>Intensive, immediate action is required to address the need.</i> Significant difficulties with collaboration. Substitute caregiver has minimal collaboration and destructive or sabotaging communication among any parents and caregivers regarding issues related to the development and wellbeing of the children.</p>

SUBSTITUTE CAREGIVER SUPPORT FOR PERMANENCY PLAN GOAL

This item is a global rating of the degree to which the substitute caregiver is committed to facilitating progress toward permanency plan goals, including supporting the parent in doing the things necessary to allow for reunification with their child(ren).

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Substitute caregiver is completely committed to doing whatever they need to do in order to support permanency plan goals, including reunification.</p> <p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Substitute caregiver is generally committed to doing the required tasks in order to support permanency plan goals, including reunification.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Substitute caregiver is ambivalent or uncommitted to supporting permanency plan goals, including reunification, at this time. [continues]</p>

SUBSTITUTE CAREGIVER SUPPORT FOR PERMANENCY PLAN GOAL continued

- 3 *Intensive, immediate action is required to address the need.*

Substitute caregiver is uninterested in supporting the current permanency plan goals.

INCLUSION OF THE YOUTH IN THE FOSTER FAMILY

This item rates the degree to which foster family members accept and welcome the foster child as an equal member of the family.

Questions to Consider

- Does the foster family include the child in the family's activities?
- Does the foster family treat the child as an equal family member?

Ratings and Descriptions

- 0 *No evidence of any needs. This may be a strength.*

All members of the foster family view the child as an equal member. Child is included in all foster family celebrations and events, and their accomplishments and milestones are given attention equal to that of other children in the family.

- 1 *An identified need that requires monitoring, watchful waiting, or preventive activities.*

Most foster family members accept the child in a welcoming manner, celebrate their accomplishments, and include them in family events. There may be one foster family member who treats the child differently, but this has little impact on their wellbeing; or the child is occasionally left out.

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

At least one parent treats the child as an unequal member of the foster family. They are sometimes left out of foster family celebrations, trips, and events. Their milestones are not acknowledged in a manner equal to that of other children in the foster family.

- 3 *Intensive, immediate action is required to address the need.*

The child's status in the foster family is beneath that of other children in the family. They may be left behind when the foster family takes trips, and their milestones are ignored when those of other foster family members are celebrated. Some or all of the foster family members ignore or resent the child's presence in the family.

VI. INTACT FAMILY SERVICES MODULE

This module should only be completed for those children/youth involved in the DCFS Intact Family Services program. This section focuses on the family system. The first step is to define who makes up the family. Generally, it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g., divorced parents with 50:50 visitations). Consider these items as they pertain to the **ENTIRE FAMILY**.

For the Intact Family Services Module, the following categories and action levels are used:

- 0 No evidence of any needs. This may be a strength.
- 1 An identified need that requires monitoring, watchful waiting, or preventive activities.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive, immediate action is required to address the need.

PARENTAL/SECONDARY CAREGIVER COLLABORATION

This item refers to the relationship between parents (or other primary caregivers) with regard to working together in child rearing activities.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the parent work with the secondary caregivers in shared parenting?• What is the nature of the communication between the parents and the secondary caregivers?	<p>0 <i>No evidence of any needs. This may be a strength.</i> Adaptive collaboration. Parents/secondary caregivers usually work together regarding issues of the development and wellbeing of the children. They are able to negotiate disagreements related to their children.</p> <p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Mostly adaptive collaboration. Generally good parental/secondary caregiver collaboration with occasional difficulties negotiating miscommunications or misunderstanding regarding issues of the development and wellbeing of the children.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Limited adaptive collaboration. Moderate problems of communication and collaboration between two or more adult caregivers with regard to issues of the development and wellbeing of the child.</p> <p>3 <i>Intensive, immediate action is required to address the need.</i> Significant difficulties with collaboration. Minimal collaboration and destructive or sabotaging communication among any parents/secondary caregivers regarding issues related to the development and wellbeing of the child.</p> <p>N/A Not applicable. No secondary caregiver to collaborate with.</p>

FAMILY CONFLICT

This item refers to how much fighting occurs between family members. Domestic violence refers to physical fighting in which family members might get hurt (also refers to violence that occurs between family members outside the household).

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How does the family get along?• How does the family work through conflict?• Has there ever been any violence in the family?	<p>0 <i>No evidence of any needs. This may be a strength.</i> Minimal conflict. Family gets along well and negotiates disagreements appropriately.</p> <p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Some conflict. Family generally gets along fairly well but when conflicts arise resolution is difficult. [continues]</p>

FAMILY CONFLICT continued

- | | |
|--|---|
| | <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Significant conflict. Family is generally argumentative and conflict is a fairly constant theme in family communications.</p> |
| | <p>3 <i>Intensive, immediate action is required to address the need.</i>
Domestic violence. Threat or occurrence of physical, verbal or emotional altercations. Family with a current restraining order against one member would be rated here.</p> |

FAMILY COMMUNICATION

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Adaptive communication. Family members generally are able to directly communicate important information among each other. Family members can understand each other's feelings and needs.</p>
• How does the family communicate and talk to each other? • What challenges does the family have in communicating with each other?	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Mostly adaptive communication. Family members can communicate important information among each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Limited adaptive communication. Family members generally are unable to directly communicate important information among each other. Family members have difficulties understanding each other's feelings and needs.</p>
	<p>3 <i>Intensive, immediate action is required to address the need.</i> Significant difficulties with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs.</p>

FAMILY ROLE APPROPRIATENESS

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

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Adaptive boundaries. Family has strong appropriate boundaries among members. Clear inter-generational hierarchies are maintained.</p>
• What are the boundaries like within the family? • What is the nature of the family hierarchy?	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Mostly adaptive boundaries. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist.</p>
	<p>3 <i>Intensive, immediate action is required to address the need.</i> Significant difficulties with boundaries. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist.</p>

HOME MAINTENANCE

This item refers to housekeeping both in terms of cleanliness and organization, and safety from dangerous materials and/or objects (e.g. child proofing). Families living in a supported housing arrangement (e.g. shelter) would be rated "Not applicable."

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs. This may be a strength.</i> Home is clean, maintained well; poisons and medications are locked up/stored away properly and out of reach. Home is child proofed; kitchen and bathroom are functional; all utilities are operational; everyone has a bed and outlets are plugged. No concerns.
• Is the home safe and functional, organized and clean, free of hazards?	1	<i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Most precautions have been taken; no danger to the children; poisons and medication are out of reach but not locked up; home is mostly child proof; utilities are operational; minor cleaning is required, some odor present.
	2	<i>Action or intervention is required to ensure that the identified need is addressed.</i> Some precautions have been taken, but potential hazards are obvious, e.g. poisons and medication out of sight but within reach of child(ren), overloaded outlets, matches and knives accessible but out of sight. Gas, heating, electricity, or plumbing sometimes don't work because bills have not been paid or the family has not attended to repairs. Home is somewhat cluttered. House needs general cleaning, e.g. bathroom, bedrooms, kitchen, and basement. Beds are needed.
	3	<i>Intensive, immediate action is required to address the need.</i> Home is not safe. Poisons and medications are visible and accessible, no screens on second floor windows for toddlers, outlets not plugged, few precautions taken; utilities off, due to neglect of bills or needed repair. No beds for children, parent(s). No refrigerator. Home is dirty, kitchen presents odor due to spoiled food.
	N/A	Not applicable. Family is in a supported living situation.

VII. INTENSIVE PLACEMENT STABILIZATION SERVICES (IPS) MODULE

This module is to be included whenever an IM+CANS assessment is completed by an IPS agency when the child is involved with the DCFS Intensive Placement Stabilization Services (IPS) program.

For the **Intensive Placement Stabilization Services (IPS) Module**, the following categories and action levels are used:

- 0 No evidence of any needs. This may be a strength.
- 1 An identified need that requires monitoring, watchful waiting, or preventive activities.
- 2 Action or intervention is required to ensure that the identified need is addressed.
- 3 Intensive, immediate action is required to address the need.

YEARS IN CARE (Child Item)

This item captures the amount of time the child has been in the custody of the child welfare system.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Child was only recently taken into custody and has been in care for less than six months.</p>
• How long has DCFS been involved with the child and their family?	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Child has been in care for over six months but less than one year.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Child has been in care for at least a year but less than two years.</p>
	<p>3 <i>Intensive, immediate action is required to address the need.</i> Child has been in care for over two years or has been in care at least once before the current entry.</p>

PLACEMENT HISTORY (Child Item)

This item captures the number of placements that this child has experienced since being in the custody of the child welfare system.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs. This may be a strength.</i> Child has been in the same placement since entry to care.</p>
• How frequently has the child moved since entering foster care?	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Child has moved one time since entry to care or had multiple positive moves (e.g., child moved from a foster home to a relative home).</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Child has moved two times but less than four times.</p>
	<p>3 <i>Intensive, immediate action is required to address the need.</i> Child has moved four or more times since coming into care.</p>

KNOWLEDGE OF YOUTH'S DEVELOPMENT AND NEEDS (Substitute Caregiver Item)

This item is based on substitute caregiver's knowledge of the specific strengths of the child and any needs experienced by the child and their ability to understand the rationale for the treatment.

Ratings and Descriptions	
Questions to Consider	<p>0 <i>No evidence of any needs. This may be a strength.</i> Substitute caregiver is fully knowledgeable about the child's psychological strengths and needs, talents and limitations. Substitute caregiver has a working knowledge of normal child developmental stages and has realistic and age-appropriate expectations of the child.</p>
	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Substitute caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge, realistic and age-appropriate expectations or understanding of either the child's developmental and psychological condition or their talents, skills and assets.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Substitute caregiver does not know or understand the child well or has unrealistic expectations of the child. Significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.</p>
	<p>3 <i>Intensive, immediate action is required to address the need.</i> Substitute caregiver has little or no understanding of the child's current condition. The placement is unable to cope with the child given their status at the time, not because of the needs of the child but because the caregiver does not understand or accept the situation.</p>

DISCIPLINE (Substitute Caregiver Item)

Discipline is defined as all parenting behaviors and strategies that support positive behavior in children.

Ratings and Descriptions	
Questions to Consider	<p>0 <i>No evidence of any needs. This may be a strength.</i> Substitute caregiver generally demonstrates an ability to discipline the child in a consistent and respectful manner. Substitute caregiver's expectations are age-appropriate and they usually are able to set age appropriate limits and to enforce them.</p>
	<p>1 <i>An identified need that requires monitoring, watchful waiting, or preventive activities.</i> Substitute caregiver is often able to set age appropriate limits and to enforce them. On occasion their interventions may be too harsh, too lenient, or inconsistent. At times, their expectations of the child may be too high or too low.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Substitute caregiver demonstrates limited ability to discipline the child in a consistent and age-appropriate manner. They rarely can set age appropriate limits and to enforce them. Their interventions may be erratic and overly harsh but not physically harmful. Their expectations of the child are frequently unrealistic.</p>
	<p>3 <i>Intensive, immediate action is required to address the need.</i> Significant difficulties with discipline methods. Substitute caregiver disciplines the child in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful (such as shaking the child, whipping, etc.).</p>

SUBSTITUTE CAREGIVER MANAGEMENT OF EMOTIONS (Substitute Caregiver Item)

This item assesses the substitute caregivers' ability to be aware of, monitor, tolerate and manage their own emotions/reactions to child(ren) in their care. Substitute caregiver may withdraw or "shut down" when overwhelmed or lash out in anger at child unexpectedly. The stress of parenting may lead to chronic irritability, sleep or health problems, weight gain or relationship difficulties.

Questions to Consider

- How does the foster parent manage their emotions?
- What impact does the foster parent's ability to manage their emotions have on their caregiving to the child?

Ratings and Descriptions

- 0 *No evidence of any needs. This may be a strength.*

Substitute caregiver has no difficulties regulating emotional responses. Emotional responses and boundaries are appropriate to the situation and do not detract from their ability to interact with the child in a healthy way.

- 1 *An identified need that requires monitoring, watchful waiting, or preventive activities.*

Substitute caregiver has some difficulties with emotional regulation. They may have some difficulty with tolerating intense emotions and have certain child-related situations that are difficult for them to handle in a calm and appropriate manner.

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

Substitute caregiver has problems with emotional regulation that impacts their ability to parent. They may have moderate difficulty regulating emotional responses or dealing with strong emotions from the child in a calm, clear and safe way. They may show very little insight into how their behavior can affect and/or trigger the child into an extreme response to the situation.

- 3 *Intensive, immediate action is required to address the need.*

This rating is given to a substitute caregiver with severe problems with highly dysregulated emotions. They may have an inability to regulate emotional responses (feeling out of control of their emotions) and exhibit a complete inability to respond to the child in a safe, calm and appropriate way. They may exhibit extreme anger and yelling, prolonged silences, or stress related disorders as a result of overwhelming parenting stress.

APPENDICES

Table I. Developmental Health Watch: Possible Delays

Age	Normative Sensory Milestones - 1st year	Potential Signs of Delay
1 Month	<ul style="list-style-type: none"> Vision focuses 8 to 12 inches away, e.g., looks at parent's face while feeding Turns to, and looks longer at black and white or high-contrast patterns than other patterns Hearing appears to be fully mature. Attends and responds to a variety of voices and sounds (loud, moderate, high pitch, low pitch), other than very quiet sounds 	<ul style="list-style-type: none"> Sucks poorly and feeds slowly Doesn't blink when shown a bright light Doesn't focus and follow a nearby object moving side to side Rarely moves arms and legs; seems stiff
3 Months	<ul style="list-style-type: none"> Watches faces intently Follows moving objects, e.g., will track a toy that you move in front of his face Recognizes familiar objects & people at a distance, e.g., smiles at a parent walking towards her/him Starts using hands and eyes in coordination, e.g., inspects their hands, watching their movements Begins to imitate simple cooing sounds 	<ul style="list-style-type: none"> Doesn't respond to loud sounds Doesn't notice hands (by 2 mos.) Doesn't smile at the sounds of your voice (by 2 mos.) Doesn't follow moving objects with their eyes (by 2 – 3 mos.)
7 Months	<ul style="list-style-type: none"> Distance vision matures, so may notice a parent leaving the room Ability to track moving objects improves, and can follow a moving toy with both eyes Can distinguish between lumpy and smooth objects with mouth, so may respond differently to different textures of food; may show preferences 	<ul style="list-style-type: none"> Seems very stiff, with tight muscles Seems very floppy, like a rag doll Reaches with one hand only Refuses to cuddle
12 Months	<ul style="list-style-type: none"> Pays increasing attention to speech, e.g., will babble long strings in response to sentences directed at him/her by others; takes "turns" in conversations Responds to simple verbal requests, e.g., "Can you give me that book?" Finger feeds self items such as Cheerios Looks at correct picture when image is named Imitates gestures, e.g., waving 	<ul style="list-style-type: none"> Does not crawl Cannot stand when supported Does not search for objects that are hidden while they watch Says no single words ("mama" or "dada")

Potential Signs of Delay at Later Stages

Age	Potential Signs of Delay
18 months	Cannot walk. Does not speak at least fifteen words.
2 years	Does not use two-word sentences. Does not follow simple instructions.
3 to 4 years	Cannot throw a ball overhand. Cannot jump in place. Cannot stack four blocks. Resists dressing, sleeping, using the toilet.

Adapted from: Caring for Your Baby and Young Child: Birth to Age 5. 2004. American Academy of Pediatrics. 8 Jan. 2009
<http://www.aap.org/healthtopics/stages.cfm>.

Sensory Processing Issues: Some children have difficulty with taking in information through their senses, due to neurological differences. Some children are hyper-sensitive to sound, sight, touch, or smell, or to all these senses. Not being able to “tune out” or turn down a sensory input like sound can interfere with learning, interactions, and other critical components of healthy development. For other children, the challenge is that they are hypo-sensitive, which means they don’t get enough input from sight, sound, smell or touch. They may seek out brighter, louder, smellier, harder/softer stimulation, which again can interfere with learning and relationships. For other children, the challenge is with the feedback their body gets through proprioception (having to do with balance, coordination and spatial awareness). Here are some examples of typical sensory development and sensory processing issues for young children.

Table 2. Sensory Milestones

Age Range	Sensory Milestone
Ages 8-14 Months	Can process touch information more efficiently, e.g., will demonstrate reactions to touching different objects/surfaces in recognition of differences (touch of sandpaper and touch of plastic)
Ages 12-19 Months	Achieves adult sensitivity to bitter tastes, e.g., will grimace when tasting something bitter
Ages 12-22 Months	Can see about 20/60 level, gradually reaching a norm of 20/25, e.g., recognizes objects near and far, such as a speck of dust on the floor or a familiar person coming down the street

Adapted from: Sensory Development. 2003. Talaris Research Institute. 29 Jan. 2009.

Infants

Age Range	Typical Development Sensory Processing	Signs of Potential Processing Problems
1-12 months	Infant molds to adult holding him	Infant arches away from adult holding him, avoids cuddling, may prefer being held face out
	Explores toys by putting them in their mouth	Avoids putting toys in mouth
	After 6 months accepts solids and textured foods	Has difficulty with or rejects solid or textured foods
	Plays with two hands in the mid-body, moves toys hand to hand	Only uses one hand to play with toys (after 8 months)
12-18 months	Enjoys touching textures (note: most toddlers do have a brief phase where they avoid messiness)	Avoids touching textures, messy play, messy finger foods, etc.
	Accepts various clothing choices	Has difficulty with new clothes, socks with seams, tags. Won't wear shoes OR always has to wear shoes on grass, sand, etc.
	Is not excessively frightened of loud noises	Is very afraid of loud noises like thunder, vacuum cleaners, and sirens
18 months- 3 years	Adjusts to various play settings: quiet indoors, active outdoors	Intense need for active movement: swinging, rocking jumping; OR avoids movement
	Explores new play equipment with good balance and body control	Has difficulty getting on and off play equipment; may be clumsy; doesn't like feet off the ground
	Tolerates loud sounds and other unusual stimulation	Is upset by loud noises, hearing distant sounds others don't notice; has unusual reactions to light, smells, and other sensory experiences

From: http://www.hceip.org/Sensory_Observation_Guide.htm

Table 3. Motor Milestones

Age Range	Typical Development Motor Processing
By Age 1 Month	Makes jerky, quivering arm thrusts Brings hands within range of eyes and mouth Moves head from side to side while lying on stomach Keeps hands in tight fists
By Age 3 Months	Raises head and chest when lying on stomach Opens and shuts hands Pushes down on legs when feet are placed on firm surface Brings hand to mouth
By Age 7 Months	Rolls both ways (front to back, back to front) Sits with, and then without, support of her hands Supports her whole weight on her legs Reaches with one hand
By Age 12 Months	Crawls forward on belly by pulling with arms & pushing with legs Creeps on hands and knees supporting trunk on hands and knees Gets from sitting to crawling or prone (lying on stomach) position Pulls self up to standing position
By Age 2 Years	Walks alone Pulls toys behind her while walking Begins to run Might use one hand more frequently than the other
By Ages 3 to 4	Hops and stands on one foot up to five seconds Kicks ball forward Copies square shapes Uses scissors

Adapted from: Caring for Your Baby and Young Child: Birth to Age 5. 2004. American Academy of Pediatrics. 8 Jan. 2009
<http://www.aap.org/healthtopics/stages.cfm>.