
Illinois Medicaid Crisis Assessment Tool (IM-CAT)

Lifespan Behavioral Health Crisis Assessment Tool

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The Illinois Medicaid-Crisis Assessment Tool (IM-CAT) is a crisis subset of the Illinois Medicaid-Comprehensive Assessment of Needs and Strengths (IM+CANS) and an update to the Illinois Medicaid-Childhood Severity of Psychiatric Illness tool (IM-CSPI). The IM-CAT is designed to provide additional information on assessing individuals across the lifespan who are experiencing a behavioral health crisis.

The IM-CAT is based on the work of April Fernando at Chapin Hall, and integrated information from the CSPI-Early Childhood and the IM+CANS. Content experts for the early childhood population were also consulted including: Stacey Cornett, LISW, IMH-E and Kathleen Hofmans, PhD. The IM-CAT is the result of 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).

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-CAT is an open domain tool for use in service delivery systems that address the mental health 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.”

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INTRODUCTION

ILLINOIS MEDICAID-CRISIS ASSESSMENT TOOL

The Illinois Medicaid – Crisis Assessment Tool (IM-CAT) is a decision support and communication tool to allow for the rapid and consistent communication of the needs of individuals experiencing a crisis that threatens their safety or well-being or the safety of the community. It is intended to be completed by those who are directly involved with the individual. The form serves as both a decision support tool and as documentation of the identified needs of the individual served along with the decisions made with regard to treatment and placement at the time of the crisis.

The IM-CAT is composed of a subset of items from the Illinois Medicaid-Comprehensive Assessment of Needs and Strengths (IM+CANS) tool, which serves as the standardized assessment for all Illinois individuals who may access publicly-funded behavioral health services. The IM-CAT and the IM+CANS together comprise a broader toolkit of linked assessments that are designed to meet the unique needs of multiple public payer systems, while also breaking down barriers to accessing behavioral health treatment. This suite of assessments 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.

ILLINOIS MEDICAID-COMPREHENSIVE ASSESSMENT OF NEEDS AND STRENGTHS

The 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 Exposure, 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 containing a set of core and modular items that identify a client’s strengths and needs using a ‘0’ to ‘3’ scale. These individual items are referred to throughout this manual as CANS items. The CANS 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.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

The IM-CAT is a communimetric tool, and there are six key principles that should be considered when completing the ratings.

1. **Items impact service planning.** Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Items ratings translate into Action Levels.** Each item uses a four level ('0'-'3') rating system. An item rated '2' or '3' requires action.
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 a descriptive tool. Rate the "what" and not the "why." The IM-CAT 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. **Specific ratings window (e.g. 30 days) can be overridden based on action levels.** Keep the information fresh and relevant to the individual's present circumstances. Don't get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action levels override timeframes – if it requires action and should be on your treatment or safety plan, rate it higher!

RATING NEEDS

The IM-CAT is easy to learn and is well liked by individuals and 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 client and their family.

As a communimetric tool, the indicators on the IM-CAT are selected to represent the key information needed in order to decide the best intervention strategy for an individual during a time of crisis.

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

In order to enhance the reliability of the IM-CAT, anchor points have been designed to facilitate the translation of levels of each indicator into the four action levels described above. It should be noted that these anchor points represent guidelines. Since it is not feasible to exhaustively define all circumstances that might fit a particular level, the assessor may use some clinical judgment to determine the rating when no clear choice is obvious. This judgment should be guided by a decision on the appropriate level of action required for the specific indicator.

A primary goal of this tool is to further communicate with both the individual and family and for the individual's system of care. As such, consistency and reliability in the use of this tool is important. Therefore, formal training is required prior to any staff completing this tool based on an actual crisis assessment. Annual certification on the tool is also required.

Please note that a 30-day window is used. This window is just to remind the rater that the interest is in describing the individual's immediate needs in this regard. The use of the word 'history' in many of the ratings of 1 refers to lifetime history. In other words, if an individual attempted suicide five years ago but is not actively suicidal, a rating of 1 would be appropriate.

The IM-CAT includes items regarding substance use. Individual and family responses to questions about these items may suggest the likelihood of a co-occurring substance use disorder or may suggest that the individual is presenting signs, symptoms, and behaviors influenced by co-occurring issues. The purpose for these questions is not to establish the presence or specific type of a substance abuse disorder, but to alert clinicians to the impact substance use may have on the individual's crisis.

The IM-CAT is for infants, children, youth, and adults of all ages. For ease of use, the term "individual" will be used throughout the IM-CAT Reference Guide to refer to individuals at any age throughout the age range.

IM-CAT ITEM LIST

While most items are relevant for individuals at any age, some items are age-specific and should be rated as age-applicable. Items specific for an age range are noted below and in the item descriptions. Outside the specified age range, the item should be rated using the 'N/A' option.

Risk Behaviors

- 0-6: Self-Harm
- 1-6: Aggressive Behavior
- 3-6: Flight Risk
- 3+: Suicide Risk
- 3+: Judgment/Decision-Making
- 3+: Intentional Misbehavior
- 6-21: Runaway
- 6+: Sexually Problematic Behavior
- 6+: Fire Setting
- 6+: Danger to Others
- 6+: Other Self-Harm (Recklessness)
- 6+: Non-Suicidal Self-Injurious Behavior (Self-Mutilation)
- 6+: Delinquent/Criminal Behavior
- 6+: Community Safety

Behavioral/Emotional Needs

- Depression
- Anxiety
- Adjustment to Trauma
- Attachment Difficulties
- 0-6: Atypical/Repetitive Behaviors
- 0-6: Emotional Control
- 0-6: Failure to Thrive
- 3+: Anger Control/Frustration Tolerance
- 3+: Impulsivity/Hyperactivity
- 6-18: Oppositional (Non-Compliance with Authority)
- 6+: Conduct/Antisocial Behavior
- 6+: Psychosis (Thought Disorder)
- 6+: Substance Use

Functioning Needs

- Living Situation
- Family Functioning
- Social Functioning
- Developmental/Intellectual
- Medication Compliance
- 1+: Sleep
- 0-6: Feeding/Elimination
- 0-21: School/Preschool/Daycare
- 16+: Parental/Caregiving Role
- 21+: Employment

Protection

- Safety
- Marital/Partner Violence In the Home

Caregiver Resources and Needs

- Supervision
- Involvement with Care
- Social Resources
- Caregiver Residential Stability
- Health/Behavioral Health
- Family Stress
- Empathy with Children (0-21)

DOMAINS AND DESCRIPTIONS OF ITEMS

Unless otherwise specified, rate the highest level from the past 30 days based on relevant information from all sources.

For all domains, 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.

Note: Specific timeframes noted in some of the rating levels are intended to be guidelines and not rules (e.g., “not in the past 24 hours” in level 2 of Suicide Risk). Always consider the item rating within the context of the action levels described on p. 5 above. This may mean that the rating still falls in that level even though the behavior occurred outside the specified time frame.

RISK BEHAVIORS

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 at some jeopardy. This may include behavior that is repetitive and self-soothing (i.e., non-suicidal self-injury), including head banging, hair pulling, etc.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"> • Does the young child bang their head or do other self-harming behaviors? • If so, does the caregiver’s support help stop the behavior? 	0 <i>No evidence of any needs.</i> There is no evidence of self-harm behaviors.
	1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by the caregiver.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Young child’s self-harm behaviors, such as head banging, cannot be impacted by a supervising adult and interferes with their functioning.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> 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-Injurious Behaviors and Other Self-Harm items.

Supplemental Information: This item combines two IM-CAT items for the early childhood population: Non-Suicidal Self-Injurious Behavior (Self-Mutilation) and Other Self Harm (Recklessness). Reckless and risk taking behavior should be rated in this item.

AGGRESSIVE BEHAVIOR (Age 1-6)

This item rates the young child's violent or aggressive behaviors. The intention of the behavior is to cause significant bodily harm to others. A supervising adult is also taken into account in this rating, as a rating of '2' or '3' could signify a supervising adult who is not able to control the young child's violent behaviors. **The young child should be 12 months of age in order to rate this item.**

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none">• Does the young child get into frequent fights with others?• Has the young child been aggressive with caregivers?• Does the young child frequently attempt to hurt others, throw objects or attack?• Have teachers/childcare workers contacted caregiver with concerns about the young child's aggression or hitting/biting behaviors?	<p>0 <i>No evidence of any needs.</i> No evidence of aggressive behavior towards people or animals.</p> <hr/> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History, suspicion or concerns of aggressive behavior towards people or animals that have not yet interfered with functioning.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Clear evidence of aggressive behavior toward animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Young child exhibits a dangerous level of aggressive behavior involving harm to animals or others. Caregivers are unable to manage this behavior.</p> <hr/> <p>N/A Individual is younger than 12 months of age OR 6 years of age or older. For individuals 6 years or older, rate the Danger to Others item.</p>

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 3 years of age or older to rate this item.**

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none">• Has the young 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?• Does the young child suddenly bolt from the store or run into the street?	<p>0 <i>No evidence of any needs.</i> Young child has no history of running away or ideation of escaping from current living situation.</p> <hr/> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History of 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.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Young child has engaged in escape behaviors during the past 30 days. Repeated bolting would be rated here.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Young child has engaged in escape behaviors that placed the safety of the child at significant risk.</p> <hr/>
	N/A Individual is younger than 3 years old OR 6 years of age or older. For individuals 6 years 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 the 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.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none">Has the individual ever talked about a wish or plan to die or to kill themselves?Has the individual ever tried to commit suicide?	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.

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 a manner consistent with their age and development.

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?	0 <i>No evidence of any needs.</i> No evidence of problems with judgment or poor decision-making that result in harm to development and/or well-being.
	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 problems with judgment in which the individual makes decisions that are in some way harmful to their development and/or well-being. For example, an individual who has a history of hanging out with other individuals who shoplift or use substances.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Problems with judgment in which the individual makes decisions that are in some way harmful to their development and/or well-being. Individual may be struggling with thinking through problems, anticipating consequences or concentrating.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</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.
	N/A Individual is younger than 3 years old.

INTENTIONAL MISBEHAVIOR (Age 3+)

This item describes intentional behaviors that an individual engages in 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. **Note: This item was previously called Social Behavior.**

Questions to Consider

- Does the individual do or say things to upset others or get in trouble with people of authority (e.g., teachers, bosses)?
- Has the individual engaged in behavior that was insulting or rude which resulted in sanctions for the individual such as suspension, job dismissal?

Ratings and Descriptions

- 0 *No evidence of any needs.*
Individual shows no evidence of problematic social behaviors that cause others to administer consequences.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
History or evidence of problematic social behaviors that force others to administer consequences to the individual. Provocative comments or behavior in social settings aimed at getting a negative response from others might be included at this level.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Individual may be intentionally getting in trouble in school, at work, or at home and the consequences, or threat of consequences, cause problems in the individual's life.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Frequent, inappropriate social behavior that forces others to seriously and/or repeatedly administer consequences to 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.

Supplemental Information: This item refers to an individual engaging in obnoxious, inappropriate or irritating behaviors that force others to sanction them. The individual may be intentionally misbehaving in order to force others to sanction them. Examples would include a youth who intentionally tests their foster parents to see whether they will be kicked out.

- Individuals generally know the likely sanctions. Sometimes they will pick one sanction over another (e.g., kicked out of school rather than failing academically).
- In order to rate a '2' or '3' on this item, there must be clear evidence that the individual is intentionally misbehaving (rather than not having control of their behavior, which would be rated in Impulsivity/Hyperactivity) AND the individual is trying to receive a specific consequence. A rating of '2' could be an individual who, several times a week, is intentionally getting into trouble at preschool in order to have mother pick them up early.
- If it is not clear that the behavior is intentional, or what the individual stands to gain from getting in trouble, or if it is not directed at an authority figure, a rating of '1' for suspicion would be recommended. A '1' could also be used for an individual seeking attention.

RUNAWAY (Age 6-21)

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

Questions to Consider

- Has the individual 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.*
Individual 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.*
Individual has no recent history of running away but has expressed ideation about escaping current living situation. Individual 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.*
Individual has run from home once or run from one treatment setting within the past year. Also rated here is an individual who has run away to home (parental or relative) in the past year.

RUNAWAY (cont.)	
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual 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. An individual who is currently a runaway is rated here.</p>
	<p>N/A Individual is younger than 6 years old or individual is older than 21 years old. For individuals younger than 6 years old, rate Flight Risk (Age 0-6 item).</p>
<p>Supplemental Information: Factor in if an individual is unable to run due to current environment; ratings will be elevated until the issue has been addressed. Note that an individual may be running from a place or to a place; it is not necessary to distinguish for crisis assessment purposes but will be necessary to know for service planning.</p>	

SEXUALLY PROBLEMATIC BEHAVIOR (Age 6+)	
<p>This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior.</p>	
<p>Questions to Consider</p> <ul style="list-style-type: none"> Has the individual ever been involved in sexual activities or done anything sexually inappropriate? Has the individual ever had difficulties with sexualized behavior or problems with physical/sexual boundaries? 	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs.</i> No evidence of problems with sexual behavior.</p> <hr/> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> 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.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.</p> <hr/> <p>N/A Individual is younger than 6 years old.</p>

FIRE SETTING (Age 6+)	
<p>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.</p>	
<p>Questions to Consider</p> <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? 	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs.</i> No evidence of fire setting by the individual.</p> <hr/> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History or suspicion of fire setting but not within the past six months.</p> <hr/> <p>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.</p> <hr/> <p>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).</p>

FIRE SETTING continued

N/A Individual is younger than 6 years old.

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.

Questions to Consider	Ratings and Descriptions
<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? 	<p>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).</p> <hr/> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History of 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.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Occasional or moderate level of aggression towards others, including aggression during the past 30 days or more recent verbal threats of aggression or homicidal ideation in the last 30 days.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Individual is an immediate risk to others.</p>
	N/A Individual is younger than 6 years old. For individuals younger than 6 years old, rate Aggressive Behavior (Age 0-6 item).

Supplemental Information: Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others, or an 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.

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.**

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Does the individual act without thinking? • Has the individual ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)? 	<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> <hr/> <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> <hr/> <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> <hr/> <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 Self-Harm (Age 0-6 item).

OTHER SELF-HARM (RECKLESSNESS) continued

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.

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

- Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?
- Does the individual use this behavior as a release?
- Does the individual ever purposely hurt themselves (e.g., cutting)?

0 *No evidence of any needs.*

No evidence of any forms of self-injury.

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

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.

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

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.

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

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.

N/A Individual is younger than 6 years old. For individuals younger than 6 years old, rate 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.

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, vandalism, underage drinking/drug use, driving without a license). Sexual offenses should be included as delinquent/criminal behavior. If caught, the individual could be arrested for this behavior. This item does not include drug usage for adults, but it does include drug sales and other drug-related activities.

Ratings and Descriptions

0 *No evidence of any needs.*

No evidence or individual has no history of delinquent or criminal behavior.

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

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.

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

Individual has been engaged in delinquent or criminal behavior during the past year, but the behavior does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting.

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

Individual has been engaged in violent criminal activity during the past year that (continues)

Questions to Consider

- 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?

DELINQUENT/CRIMINAL BEHAVIOR continued

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
(continued) represents a significant risk to others in the community. Examples would include car theft, residential burglary, gang involvement, rape, armed robbery and assault.

N/A Individual is younger than 6 years old.

Supplemental Information: This item uses the mental health rather than the juvenile justice definition of delinquency, reflecting behaviors that we know about. Since the primary goal of the intervention is to prevent the individual from future harm, it is necessary to assess behaviors of which we are aware. The general vagueness of this item prevents placing the individual in any legal jeopardy from the assessment (i.e., no specific crimes are identified, just a level of risk).

COMMUNITY SAFETY (Age 6+)

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

Ratings and Descriptions

0 *No evidence of any needs.*
No evidence of any risk to the community from the individual's behavior. Individual could be unsupervised in the community.

1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
Individual engages in behavior that represents a risk to community property.

2 *Action or intervention is required to ensure that the identified need is addressed.*
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 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual engages in behavior that directly places community members in danger of significant physical harm.

N/A Individual is younger than 6 years old.

Supplemental Information: An individual who is only violent at home would not be rated as a community safety risk but as a danger to others.

Questions to Consider

- Is the delinquency violent in nature?
- Does the individual commit violent crimes against people or property?

BEHAVIORAL/EMOTIONAL NEEDS

Note: Information on DSM-5 diagnoses is provided for informational and descriptive purposes only. This tool should not be used for diagnostic purposes, and an individual does not need to have a specific diagnosis in order to be rated actionable on an item.

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

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

Ratings and descriptions

- 0 *No evidence of any needs.*
No evidence of problems with depression.
-
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning. Infants may appear to be withdrawn and slow to engage at times during the day. Older children 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.
-
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
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.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
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/work, friendship groups, relationships, 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.

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 adolescents and depression in adults is that among children and adolescents 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.). An individual 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 youth (up to 12 years old) who present with persistent irritability (chronic/persistent angry mood) and frequent episodes of extreme behavioral dyscontrol (frequent temper outbursts). Youth 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 *No evidence of any needs.*
No evidence of anxiety symptoms.
-
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
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 *Action or intervention is required to ensure that the identified need is addressed.*
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 *Intensive and/or immediate action is required to address the need or risk behavior.*
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).

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 behavior.

Ratings and Descriptions

- 0 *No evidence of any needs.*
No evidence that individual has experienced a traumatic life event, OR individual has adjusted well to traumatic/adverse experiences.
-
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
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.*
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 *Intensive and/or immediate action is required to address the need or risk behavior.*
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).

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?

ADJUSTMENT TO TRAUMA (cont.)

Supplemental Information: If an individual has not experienced any trauma or if the traumatic experiences no longer impact functioning, then they would be rated a '0'. This item should be rated '1', '2' or '3' for individuals who have any type of symptoms/needs that are related to exposure to a traumatic/adverse event.

- A '1' would indicate an individual who is making progress in adapting or recovering from a trauma(s) or an individual who experienced a trauma(s) where the impact on their well-being is not yet known and/or mild problems are present that we suspect are related to the trauma (watchful waiting).
- A '2' would indicate a moderate level of symptoms related to the individual's history of trauma exposure. Problems at this level may meet criterion for a DSM-5 diagnosis. Such diagnoses may be trauma-related such as Post-Traumatic Stress Disorder (PTSD) or related to one or more other diagnoses.
- A '3' indicates severe symptoms requiring immediate attention. There is likely more than one DSM diagnosis and/or another trauma-related disorder present (e.g. PTSD, complex trauma).
- An individual who meets diagnostic criteria for a Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-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.

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?	0 <i>No evidence of any needs.</i> No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the young child.
	1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</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.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the young child's functioning.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency, and are disabling or dangerous.
	N/A Individual is 6 years of age or older.

EMOTIONAL CONTROL (Age 0-6)

This item describes the young child's general mood state and ability to be soothed.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• How does the young child deal with their emotions?• Is the young child able to control their emotions in age or developmentally appropriate ways?• Does the young child respond to caregiver support when they are overwhelmed by emotions?	0 <i>No evidence of any needs.</i> Young child has no problems with emotional control.
	1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Young child has problems with emotional control that can be overcome with caregiver support.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Young child has problems with emotional control that interfere most of the time with functioning. Infants may be difficult to console most of the time and do not respond well to caregiver support. Older young children may quickly become frustrated and hit or bite others.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has a significant level of emotional control problems that are interfering with development. Caregivers are not able to mediate the effects of this.

EMOTIONAL CONTROL continued

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.

Questions to Consider

- 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?

Ratings and Descriptions0 *No evidence of any needs.*

No evidence of failure to thrive.

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

The young child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems, or the young child may presently be experiencing slow development in this area.

2 *Action or intervention is required to ensure that the identified need is addressed.*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).3 *Intensive and/or immediate action is required to address the need or risk behavior.*

The young child has one or more of all of the above and is currently at serious medical risk.

N/A Individual is 6 years of age or older.

ATTACHMENT DIFFICULTIES (Age 0-21)

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 the ability to engage in childcare or preschool?

Ratings and Descriptions0 *No evidence of any needs.*

No evidence of attachment problems. Caregiver-youth 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.

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

Some history or evidence of insecurity in the caregiver-youth 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.

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

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. Individual may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.

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

Individual is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in caregiving relationships) OR individual presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. (continues)

ATTACHMENT DIFFICULTIES continued

3 (continued) 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.

N/A Individual is 21 years of age or older.

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.

OPPOSITIONAL (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

0 *No evidence of any needs.*

No evidence of oppositional behaviors.

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

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.

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

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.

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

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.

N/A Individual is younger than 3 years old or the individual is 18 years of age or older.

Questions to Consider

- 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?

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.

- A '0' is used to indicate that a child or youth is generally compliant, recognizing that all children and youth fight authority sometimes.
- A '1' is used to indicate a problem that has started recently (in the past 6 months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention.
- A '3' should be used only for children and youth whose oppositional behavior puts them at some physical peril.

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:

- 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 (continues)

OPPOSITIONAL continued

- (continued) with adult's requests or rules; (6) often deliberately annoys others; (7) often blames others for his/her mistakes or misbehavior.
- Vindictiveness: (8) has been spiteful or vindictive at least twice in the last 6 months.

ANGER CONTROL/FRUSTRATION TOLERANCE (Age 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 child has wished. Some sources of frustration for preschoolers can be peers, adults and new situations. **The individual should be 3 years of age or older to rate this item.**

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• 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?	0 <i>No evidence of any needs.</i> No evidence of any significant anger control problems. Age 3-6: Young child is able to deal with frustration in age and developmentally appropriate ways.
	1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> 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. Age 3-6: Young child demonstrates some difficulties dealing with frustration. Young child may sometimes become agitated, verbally hostile, aggressive or anxious when frustrated.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> 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. Anger may be associated with physical violence. Others are likely quite aware of anger potential. Age 3-6: Young child struggles with tolerating frustration. Young child's reaction to frustration impairs functioning in at least one life domain. They may throw a tantrum when frustrated.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual's temper or anger control problem is dangerous. They frequently get into fights that are often physical. Others likely fear them. Age 3-6: Young child engages in severe tantrums when frustrated. Others may be afraid of young child's tantrums or the young child may hurt self or others during tantrums.
	N/A Individual 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.

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), 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?	0 <i>No evidence of any needs.</i> No evidence of symptoms of loss of control of behavior.
	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 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.

IMPULSIVITY/HYPERACTIVITY continued

Questions to Consider

- 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?

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

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

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 (AD/HD) 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 his or her 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 his/her turn.

CONDUCT/ANTISOCIAL BEHAVIOR (Age 6+)

This item rates the degree to which an individual engages in behavior that shows 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.

Questions to Consider

- 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?

Ratings and Descriptions

- 0 *No evidence of any needs.*
No evidence of serious violations of others or laws.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
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.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
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, (continues)

CONDUCT/ANTISOCIAL BEHAVIOR continued

Questions to Consider

- Does the individual disregard or is unconcerned about the feelings of others (lack empathy)?

- 2 (continued) 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 may meet criteria for a diagnosis of Conduct Disorder or Antisocial Personality Disorder, depending on their age.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.* 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 aggressive or other antisocial behavior.
- 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.

PSYCHOSIS (THOUGHT DISORDER) (Age 6+)

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

Ratings and Descriptions

Questions to Consider

- Has the individual ever talked about hearing, seeing, or feeling something that was not actually there?
- Has the individual ever done strange, bizarre, or nonsensical things?
- Does the individual have strange beliefs about things?

- 0 *No evidence of any needs.*
No evidence of psychotic symptoms. Thought processes and content are within normal range.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
Evidence of 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.*
Evidence of 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 *Intensive and/or immediate action is required to address the need or risk behavior.*
Clear evidence of dangerous hallucinations, delusions, or bizarre behavior. Behavior might be associated with some form of psychotic disorder that places the individual or others at risk of physical harm.
- N/A Individual is younger than 6 years old.

Supplemental information: 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.

Note: If an individual has a diagnosis that includes psychosis, but the crisis was not due to psychosis or the crisis did not exacerbate psychotic symptoms, a rating of ‘1’ would be appropriate for watchful waiting.

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 evidence of any needs.*
Individual has no notable substance use difficulties at the present time.
-
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
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.*
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.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
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.

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.

When completing a crisis assessment for youth under the ages of 21, the CRAFFT screening instrument may be completed and used to assist in determining the appropriate CANS rating. The CRAFFT is a substance use and abuse health screening tool recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with children under the age of 21. The term CRAFFT is an acronym based upon the key components (Car, Relax, Alone, Forget, Friends, Trouble) of the six questions which constitute the instrument. Information regarding the CRAFFT can be found at: <http://www.ceasar-boston.org/CRAFFT/>.

FUNCTIONING NEEDS

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

- Is the individual at risk of being removed from the home due to their behaviors?
- 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?

Ratings and Descriptions

- 0 *No evidence of any needs.*
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 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
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 *Action or intervention is required to ensure that the identified need is addressed.*
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 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual's problems with functioning in this living situation place them at immediate risk of being removed from living situation due to their behaviors.

Supplemental Information: 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. **Group homes and residential treatment centers are rated in this item.** Rating congregate care as a "living situation" is specific to the CAT: the purpose is to monitor this level of care for appropriateness for the individual during a crisis situation (e.g., is this level of care able to meet the individual's needs?).

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 family). In the absence of this information, consider biological and adoptive relatives and significant others with whom the individual is still in contact. When rating this item, take into account the relationship the individual has with their family as well as the relationship of the family as a whole. For youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. Foster families should only be considered if they have made a significant commitment to the youth.

Questions to Consider

- 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?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*
No evidence of problems in relationships with family members, and/or individual is doing well in relationships with family members.
-
- 1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.
-
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Individual's problems with parents, significant others, siblings, children and/or other family members are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

FAMILY FUNCTIONING continued

- 3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Individual's problems with parents, significant others, siblings, children and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.

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.

SOCIAL FUNCTIONING

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

Note: This item was previously called Peer Functioning.

Ratings and Descriptions

- 0 *No evidence of any needs.*
No evidence of problems and/or individual has developmentally appropriate social functioning.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
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.*
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 *Intensive and/or immediate action is required to address the need or risk behavior.*
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.

Questions to Consider

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

Supplemental Information: An individual who socializes with primarily younger or older individuals would be identified as having needs on this item. An individual who has conflictual relationships with peers also would be described as having needs. An isolated child with no same age friends or playmates would be rated '3'.

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.

Questions to Consider

- Does the individual's growth and development seem age-appropriate?
- Has the individual been screened for any developmental problems?

Ratings and Descriptions

- 0 *No evidence of any needs.*
No evidence of developmental delay and/or individual has no developmental problems or intellectual disability.
-
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
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.
-
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
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.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
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.
-
- N/A Intellectual disability is suspected but not confirmed. A referral to psychological testing should occur prior to rating this item.

Supplemental Information: All developmental disabilities occur on a continuum; an individual with Autism Spectrum Disorder may be designated a '0', '1', '2', or '3' depending on the significance of the disability and the impairment. Learning disability is not rated in this item. An individual with suspected low IQ or developmental delays and who has not been previously diagnosed and/or assessed would be rated here and a referral for assessment would be recommended.

MEDICATION COMPLIANCE

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

Questions to Consider

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

Ratings and Descriptions

- 0 *No evidence of any needs.*
Individual takes prescribed medications without problems, or individual is not currently on any prescribed medication.
Age 16+: Individual takes medications as prescribed without assistance or reminders.
-
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
Individual 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.
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.*
Individual or caregiver is sporadically non-compliant, and this may place individual at medical risk. Individual may be resistant to taking prescribed medications or may tend to overuse (continues)

MEDICATION COMPLIANCE continued

- 2 (continued) their medications. They might comply with prescription plans for a period of time (1-2 weeks), but generally does not sustain taking medication in prescribed dose or protocol. Or, caregiver may be inconsistent in making sure the individual takes medication.
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 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual and/or caregiver is not compliant with prescribed medications, or individual has abused their medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree).
Age 16+: Individual does not take medication(s) that have been prescribed for management of underlying medical conditions and their underlying medical conditions are not well controlled. Individual abusing medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here.

Supplemental Information: This rating includes all types of medication; however, given the nature of crisis services, problems with compliance with psychotropic medications are common needs. For younger children, the primary responsibility for medication compliance falls with caregivers. As youth transition to adulthood, they should assume greater personal responsibility for taking medications as prescribed.

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 5:** Bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age or older to rate this item.**

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Does the individual appear rested?• Are they often sleepy during the day?• Do they have frequent nightmares or difficulty sleeping?• How many hours does the individual sleep each night?	0 <i>No evidence of any needs.</i> No evidence of problems with sleep.
	1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Generally, individual gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares. 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.
	2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Individual's sleep is often disrupted and they seldom obtains a full night of 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.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual is generally sleep deprived. Sleeping is almost always difficult for the individual and they are not able to get a full night's sleep. Lack of sleep is putting the individual at risk. Parents have exhausted numerous strategies for assisting individual.
	N/A Individual is younger than 12 months.

FEEDING/ELIMINATION (Age 0-6)

This item refers to all dimensions of eating and/or elimination. Pica would be rated here.

Note: Child must be older than 18 months in order to rate Pica.

Ratings and Descriptions

- 0 *No evidence of any needs.*
Young child does not appear to have any problems with feeding or elimination.

FEEDING/ELIMINATION continued

Questions to Consider

- Did the young child have any unusual difficulties with urination or defecation?
- Did the young child have any difficulties with breast or formula feeding?

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 feeding and/or elimination (e.g. picky eating).

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

Young child has problems with feeding and/or elimination that are interfering with functioning in at least one life domain area.

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

Young child's problems with feeding and/or elimination are debilitating or placing their development at risk without intervention.

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 of these disorders can occur during the day or at 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/youth's experiences in school/preschool/daycare settings and the child/youth'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/youth's needs, and the child/youth's behavioral response to these environments.

Ratings and Descriptions

0 *No evidence of any needs.*

No evidence of problems with functioning in current school/preschool/daycare environment.

Questions to Consider

- What is the child/youth's experience in school?
- Does the child/youth have difficulties with academics, social relationships, behavior, or attendance at school?

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 in current school/preschool/daycare environment that is not interfering with functioning. Child/youth may be enrolled in a special program.

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

Child/youth is experiencing difficulties maintaining their behavior, attendance, and/or achievement in this setting.

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

Child/youth'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 Individual is not in school/preschool/daycare due to age or home schooling.

Supplemental Information: This item rates aspects of school attendance, behavior, and achievement. Problems in any one area are enough for a rating other than '0'. A rating of '3' would indicate a child/youth who is still having problems after special efforts have been made to address those challenges (e.g., problems in a special education class).

Attendance: If school is out for summer or a holiday break, rate the last 30 days in which attendance was expected. Non-attendance would be rated a '3'.

Behavior: Rate the behavior of the last 30 days that the child/youth was attending. Recent increases in school behavior problems would be rated a '2'. If the school placement is in jeopardy due to behavior (recent suspensions or expulsions), the rating would be 3.

Achievement: A child/youth having moderate problems with achievement and failing some subjects, or recent declines in school performance, would be rated a 2. A child/youth failing most subjects or who is more than one year behind their peers would be a '3'.

Note: If the child/youth is receiving special education services, rate the child's performance and behavior relative to their peer group. If it is planned for the child to be mainstreamed, rate the child's school functioning relative to that peer group.

PARENTAL/CAREGIVING ROLE* (16+)

This item focuses on an individual in any parental/caregiving role. The individual's caregiver(s) are rated elsewhere.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none">• Is the individual in any roles where he/she cares for someone else – parent, grandparent, younger sibling, or his/her own child?• How well can the individual fill that role?• Does parenting responsibility impact the individual's life functioning?• Does the individual want to be more involved in parenting?	<p>0 <i>No current need; no need for action or intervention.</i> Individual has a parenting or caregiving role, and he/she is functioning appropriately in that role. An individual that does not have a parental or caregiving role would be rated here.</p> <hr/> <p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> The individual has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.</p> <hr/> <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 individual has responsibilities as a parent/caregiver, and he/she currently struggles to meet these responsibilities, or these responsibilities are currently interfering with the individual's functioning in other life domains.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> The 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 his/her parenting/ caregiving role.</p> <hr/> <p>N/A Individual is younger than 16 years old.</p>

Supplemental Information: An individual with a child, or an individual responsible for the care of another family member (e.g., an elderly parent or grandparent) would be rated here. Include pregnancy as a parenting role. A parentified youth is not rated here.

EMPLOYMENT (21+)

This item describes the performance of the individual in work settings. In addition to traditional employment, this can include vocational settings, supported employment, sheltered workshops, long-term volunteer experiences and internships. This performance can include issues of behavior, attendance or productivity.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none">• Is the individual currently employed? Do they have any struggles at work?• If the individual is unemployed, what was their last job? Are they looking for work?• Does the individual have any vocation goals? How long have they had these goals? How confident are they of achieving these goals?	<p>0 <i>No evidence of any needs.</i> No evidence of problems related to work.</p> <hr/> <p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> 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. An individual who is not currently working, but is motivated and is actively seeking work, could be rated here.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</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 some anxiety about working.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> 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> <hr/> <p>N/A Individual is a homemaker, student, or retired or individual is younger than age 21.</p>

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.

PROTECTION

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

- 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?

Ratings and Descriptions

- 0 *No evidence of any needs.*
Household is safe and secure. Individual is at no risk from others. OR individual does not have a caregiver.
-
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
Household is safe but concerns exist about the safety of the individual due to history or others who might be abusive.
-
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Individual is in some danger from one or more individuals with access to the home.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual is in immediate danger from one or more individuals with unsupervised access.

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

Supplemental Information: This item is rated differently for the IM-CAT compared to the IM+CANS. While the IM+CANS item captures lifetime history, **this item captures information that is relevant to the current crisis**; so while any experience with safety concerns with any caregiver is rated on the IM+CANS, **on the IM-CAT only abuse or neglect with current caregivers is rated.** If an individual has a history of safety concerns with current caregivers but is not currently at risk, this item would be rated a ‘1’.

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. **Note: This item was previously called Domestic Violence.**

Questions to Consider

- 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?

Ratings and Descriptions

- 0 *No evidence of any needs.*
Individual does not have a caregiver OR 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.
-
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
History of marital difficulties and partner arguments. Parents/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.
-
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
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 individual often witnesses.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
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.

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 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 individual is exposed to marital/partner violence in the household and 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.

CAREGIVER RESOURCES AND NEEDS

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. If it is a long-term foster care placement, then rate that caregiver(s). However, if the individual is currently in a temporary setting, then it may be more appropriate to rate the community caregivers where the individual will be placed upon discharge.

In situations where there are multiple caregivers, we recommend making the ratings based on the needs of the set of caregivers as they affect the individual. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift, then his skills should be factored into the ratings of the Supervision item.

When rating multiple caregivers, the ratings should reflect the caregiver with the greatest need; so even if one caregiver doesn't have needs, an item's rating may be elevated to reflect the needs of the other caregiver.

If there is NO community caregiver, this section does not need to be completed and should be left blank.

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 the individual.

Questions to Consider

- Does the caregiver set appropriate limits on the individual?
- Does the caregiver provide appropriate support to the individual to meet the caregiver's expectations?
- Does the caregiver think they need some help with these issues?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <i>No evidence of any needs.</i>
No evidence caregiver needs help or assistance in monitoring or disciplining the individual, and/or caregiver has effective monitoring and discipline skills. |
| 1 | <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i>
Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance. |
| 2 | <i>Action or intervention is required to ensure that the identified need is addressed.</i>
Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills. |
| 3 | <i>Intensive and/or immediate action is required to address the need or risk behavior.</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. |

INVOLVEMENT WITH CARE

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

Questions to Consider

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

Ratings and Descriptions

- | | |
|---|--|
| 0 | <i>No evidence of any needs.</i>
No evidence of problems with caregiver involvement in services or interventions for the individual, and/or caregiver is able to act as an effective advocate for the individual. |
| 1 | <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</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. (continues) |

INVOLVEMENT WITH CARE continued

- 1 (continued) Caregiver is open to receiving support, education, and information.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Caregiver does not actively involve themselves in services and/or interventions intended to assist the individual.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Caregiver wishes for individual to be removed from their care.

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

SOCIAL RESOURCES

This item rates the social assets (extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the 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 *No evidence of any needs.*
Caregiver has significant social and family networks that actively help with caregiving.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
Caregiver has some family, friends or social network that actively help with caregiving.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Work needs to be done to engage family, friends or social network in helping with caregiving.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Caregiver has no family or social network to help with caregiving.

Supplemental Information: If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports.

CAREGIVER 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

- 0 *No evidence of any needs.*
Caregiver has stable housing with no known risks of instability.
- 1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruptions.
- 2 *Action or intervention is required to ensure that the identified need is addressed.*
Caregiver has moved multiple times in the past year. Housing is unstable.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Caregiver is homeless, or has experienced periods of homelessness in the recent past.

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

HEALTH/BEHAVIORAL HEALTH

This item refers to medical, physical, mental health and/or substance use problems that the caregiver(s) may be experiencing that prevent or limit their ability to provide care to the individual.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • How is the caregiver's health? • Do they have any health, mental health or substance use problems that limit their ability to care for the family? 	Ratings and Descriptions	
	0	<p><i>No evidence of any needs.</i></p> <p>Caregiver is generally healthy.</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>Caregiver is in recovery from medical, physical, mental health or substance use problems, or has mild or controlled health problems that have the potential to complicate parenting.</p>
	2	<p><i>Action or intervention is required to ensure that the identified need is addressed.</i></p> <p>Caregiver has medical, physical, mental health or substance use problems that interfere with their caregiving role.</p>
	3	<p><i>Intensive and/or immediate action is required to address the need or risk behavior.</i></p> <p>Caregiver has medical, physical, mental health or substance use problems that make it impossible for them to provide care at this time.</p>

FAMILY STRESS

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Do caregivers find it stressful at times to manage the challenges in dealing with the individual's needs? • Does the stress ever interfere with ability to care for the individual? 	Ratings and Descriptions	
	0	<p><i>No evidence of any needs.</i></p> <p>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>
	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>There is a history or suspicion of and/or caregiver has some problems managing the stress of individual's needs.</p>
	2	<p><i>Action or intervention is required to ensure that the identified need is addressed.</i></p> <p>Caregiver has notable problems managing the stress of individual's needs. This stress interferes with their capacity to provide care.</p>
	3	<p><i>Intensive and/or immediate action is required to address the need or risk behavior.</i></p> <p>Caregiver is unable to manage the stress associated with individual's needs. This stress prevents caregiver from providing care.</p>

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/youth with helpful, supportive emotional responses.

	Ratings and Descriptions
Questions to Consider	<p>0 <i>No evidence of any needs.</i> Adaptive emotional responsiveness. Caregiver is emotionally empathic and attends to child/youth's emotional needs and consistently demonstrates this in interactions with the child/youth.</p>
<ul style="list-style-type: none"> • Is the caregiver able to empathize with the child/youth? 	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> Caregiver has the ability to understand how the child/youth is feeling in most situations, is generally emotionally empathic and attends to child/youth's emotional needs most of the time.</p>
<ul style="list-style-type: none"> • Are there situations in which the caregiver is unable to empathize with the child/youth? 	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed.</i> Caregiver is often not empathic and frequently is not able to attend to child/youth's emotional needs. They are only able to be empathic toward the child/youth in some situations and at times the lack of empathy interferes with the child/youth's growth and development.</p>
<ul style="list-style-type: none"> • Is the caregiver's level of empathy impacting the child/youth and their development? 	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Caregiver is not empathic and rarely attends to the child/youth's emotional needs. Caregiver's lack of empathy is impeding the child/youth's development.</p>
	<p>N/A Individual is over age 21.</p>