Child and Adolescent Needs Needs and Strengths

[Magellan]

(CANS 1.0)

2017 REFERENCE GUIDE

ACKNOWLEDGEMENTS

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

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INTRODUCTION

THE CANS

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

SIX KEY PRINCIPLES OF THE CANS

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

HISTORY AND BACKGROUND OF THE CANS

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

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

child/youth and family during the assessment process and talking together about the cans, care providers can develop a treatment or service plan that addresses a child/youth's strengths and needs while building strong engagement.

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

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

HISTORY

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

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

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

MEASUREMENT PROPERTIES

Reliability

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

assessment is found in Lyons (2009) *Communimetrics: a Communication Theory of Measurement in Human Service Settings*.

Validity

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

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children/youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child/youth and family.

- ★ Basic core items – grouped by domain - are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area

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

Basic design for rating needs

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

Basic design for rating strengths

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

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, it should be used only in the rare instances where an

item does not apply to that particular child/youth. To complete the CANS, a CANS-trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each item and then record the appropriate rating on the CANS form (or electronic record).
Remember that the item anchor descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

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

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities. It is important to remember that when developing service and treatment plans for healthy child/youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child/youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

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

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

HOW IS THE CANS USED?

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

IT IS AN ASSESSMENT STRATEGY

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

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our

treatment. As such, when you write your treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

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

IT IS A COMMUNICATION TOOL

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

CANS: A BEHAVIOR HEALTH CARE STRATEGY

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

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

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

MAKING THE BEST USE OF THE CANS

Children/youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or service planning. When possible, share with the child/youth and family the CANS domains and items (see the CANS core item list on page 12) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

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

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes," "and"—things that encourage people to continue.
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking "If I were this person, I would do x" or "That's just like my situation, and I did "x." But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child/youth that you are with him/her.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "does that make sense to you?" Or "Do you need me to explain that in another way?"
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "OK, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

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

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

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

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

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

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

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CANS BASIC STRUCTURE

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

CORE ITEMS

Behavioral/Emotional Needs Domain
Psychosis
Impulsivity/Hyperactivity
Depression
Anxiety
Oppositional
Conduct
Anger Control
Substance Use
Adjustment to Trauma

Caregiver Needs & Resources
Supervision
Involvement with Care
Knowledge
Safety
Residential Stability
Organization
Social Resources
Mental Health/Substance Use
Medical/Physical/Developmental

Cultural Factors Domain
Language
Traditions and Rituals
Cultural Stress

Life Functioning Domain
Family Functioning
Living Situation
School Achievement
School Attendance
School Behavior
Social Functioning
Developmental/Intellectual
Decision Making
Medical/Physical
Sexual Development
Sleep

Risk Behaviors Domain
Suicide Risk
Non-Suicidal Self-Injurious Behavior
Other Self-Harm
Danger to Others
Sexually Problematic Behavior
Delinquent Behavior
Runaway

Strengths Domain
Family Strengths
Interpersonal
Educational Setting
Talents and Interests
Spiritual/Religious
Cultural Identity
Community Life
Natural Supports
Optimism
Resilience
Resourcefulness

I. BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

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

Question to consider for this domain: what are the presenting social, emotional, and behavioral needs of the child/youth?

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

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

PSYCHOSIS (THOUGHT DISORDER)

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

Questions to Consider

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

Ratings & Descriptions

0	No current need; no need for action or intervention. No evidence of psychotic symptoms. Both thought processes and content are within normal range.
1	Identified need requires monitoring, watchful waiting, or preventive activities Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes child/youth with a history of hallucinations but none currently. Use this category for a child/youth who is below the threshold for one of the DSM diagnoses listed above.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders and mania as indicated in the DSM-5. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), and sexual behavior, fire-starting or stealing. Manic behavior is also rated here.

Questions to Consider

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

Ratings & Descriptions

0 — No current need; no need for action or intervention.
No evidence of symptoms of loss of control of behavior.

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

1 — There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting their turn. Some motor difficulties may be present as well, such as pushing or shoving others.

Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

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

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

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

Ratings & Descriptions

0 — No current need; no need for action or intervention.
No evidence of problems with depression.

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

1 — History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.

Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

2 — Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.

3 — Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

ANXIETY

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

Questions to Consider

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

Ratings & Descriptions

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

OPPOSITIONAL (NON-COMPLIANCE WITH AUTHORITY)

This item rates the child/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 child/youth.

Questions to Consider

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

Ratings & Descriptions

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

CONDUCT

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

Questions to Consider

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

Ratings & Descriptions

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

ANGER CONTROL

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

Questions to Consider

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

Ratings & Descriptions

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

SUBSTANCE USE

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

Questions to Consider

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

Ratings & Descriptions

No current need; no need for action or intervention.

0 This rating is for a child/youth who has no notable substance use history or difficulties at the present time.

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

1 Child/youth has substance use problems that might occasionally interfere with his/her daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.

Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

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

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth. Immediate and/or intensive interventions are indicated.

ADJUSTMENT TO TRAUMA

This item is used to describe the child/youth who is having difficulties adjusting to a traumatic experience, as defined by the child/youth. 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.

Questions to Consider

- What was the child/youth's trauma?
- How is it connected to the current issue(s)?
- What are the child/youth's coping skills?
- Who is supporting the child/youth?

Ratings & Descriptions

No current need; no need for action or intervention.

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

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

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

Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

2 Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

2. CAREGIVER NEEDS & RESOURCES DOMAIN

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

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

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

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

SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their child/youth.

Questions to Consider

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

Ratings & Descriptions

No current need; no need for action or intervention.

0 No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.

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

1 Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.

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

2 Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.

INVOLVEMENT WITH CARE

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

Questions to Consider

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

Ratings & Descriptions

No current need; no need for action or intervention.

0 No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child/youth.

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

1 Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active or fully effective advocate on behalf of the child/youth. Caregiver is open to receiving support, education, and information.

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

2 Caregiver does not actively involve him/herself in services and/or interventions intended to assist.

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

Caregiver wishes for child/youth to be removed from his/her care.

KNOWLEDGE

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

Questions to Consider

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

Ratings & Descriptions

No current need; no need for action or intervention.

0 No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.

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

1 Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition or his/her talents, skills and assets.

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

2 Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has little or no understanding of the child/youth's current condition. His/her knowledge problems about the child/youth's strengths and needs place the child/youth at risk of significant negative outcomes.

SAFETY

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

Questions to Consider

- Is the caregiver able to protect the child/ youth from harm in the home?
- Are there individuals living in the home or visiting the home that may be abusive to the child/youth?

Ratings & Descriptions

0 — No current need; no need for action or intervention.
No evidence of safety issues. Household is safe and secure. Child/youth is at no risk from others.

1 — Identified need requires monitoring, watchful waiting, or preventive activities.
Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.

2 — Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth is in some danger from one or more individuals with access to the home.

3 — Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is in immediate danger from one or more individuals with unsupervised access.

RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and does not include the likelihood that the child or youth 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?
- Has family lost their housing?

Ratings & Descriptions

0 — No current need; no need for action or intervention.
Caregiver has stable housing with no known risks of instability.

1 — Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.

2 — Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has moved multiple times in the past year. Housing is unstable.

3 — Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has experienced periods of homelessness in the past six months.

ORGANIZATION

This rating should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities (e.g., returning phone calls, getting to appointments and managing a schedule).

Questions to Consider

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

Ratings & Descriptions

0 — No current need; no need for action or intervention.
Caregiver(s) is well organized and efficient.

1 — Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver(s) has some difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager or other involved individuals.

2 — Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver(s)' difficulty organizing or maintaining household interferes with his/her ability to support needed services and related activities.

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

		Caregiver(s) is unable to organize household to support needed services.

SOCIAL RESOURCES

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

Questions to Consider

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

Ratings & Descriptions

0	No current need; no need for action or intervention. Caregiver has significant social and family networks that actively help with caregiving.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has some family, friends or social network that actively helps with caregiving.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.

MENTAL HEALTH/SUBSTANCE USE

This item refers to any serious mental health issues, including substance use among caregivers that might limit their capacity for parenting/caregiving to the child/youth.

Questions to Consider

- Do caregivers have any mental health or substance use needs that make parenting difficult?
- Is there any evidence of transgenerational trauma that is impacting the caregiver or the child/youth's ability to give care effectively?

Ratings & Descriptions

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

MEDICAL/PHYSICAL/DEVELOPMENTAL

This item includes medical, physical, and developmental challenges faced by the caregiver.

Questions to Consider

- How is the caregiver's health?
- Does the caregiver have any health problems that limit their ability to care for the family?
- Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?

Ratings & Descriptions

No current need; no need for action or intervention.

0 Caregiver has no medical, physical, or developmental limitations that impact parenting or the provision of assistance or attendant care.

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

1 Caregiver has a history of medical, physical, or developmental limitations that are not interfering with parenting or the provision of assistance or attendant care (e.g. minor difficulty with walking or movement, a well-managed condition such as lupus, diabetes, or migraines).

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

2 Caregiver medical, physical, or developmental limitations prevent or interfere with parenting or the provision of needed assistance or attendant care (e.g. significant problems with walking or movement, a severe medical condition such as cancer).

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

3 Caregiver is unable to parent or provide any needed assistance or attendant care due to medical, physical, or developmental problems, creating a dangerous situation for the child/youth.

3. CULTURAL FACTORS DOMAIN

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

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

Question to Consider for this Domain: How does the child/youth's membership in a particular cultural group impact his or her stress and wellbeing?

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

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

LANGUAGE

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

Questions to Consider

- What language does the family speak at home?
- Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family's care?
- Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?

Ratings & Descriptions

No current need; no need for action or intervention.

0 No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read English.

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

1 Child/youth and/or family speak or read English, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

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

2 Child/youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.

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

Child/youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention; no such individual is available from among natural supports.

TRADITIONS AND RITUALS

This item rates the child/youth and family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Hanukkah, Christmas etc. This also may include daily activities that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

Questions to Consider

- What holidays does the child/youth celebrate?
- What traditions are important to the child/youth?
- Does the child/youth fear discrimination for practicing the child/youth's traditions and rituals?

Ratings & Descriptions

No current need; no need for action or intervention.

0 Child/youth and family are consistently able to practice traditions and rituals consistent with their cultural identity.

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

1 Child/youth and family are generally able to practice traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

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

2 Child/youth and family experience significant barriers and are sometimes prevented from practicing traditions and rituals consistent with their cultural identity.

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

Child/youth and family are unable to practice traditions and rituals consistent with their cultural identity.

CULTURAL STRESS

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

Questions to Consider

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

Ratings & Descriptions

No current need; no need for action or intervention.

0 No evidence of stress between the child/youth's cultural identity and current living situation and environment.

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

1 Some mild or occasional stress resulting from friction between the child/youth's cultural identify and his/her current living situation and environment.

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

2 Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.

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

Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.

4. LIFE FUNCTIONING DOMAIN

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

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

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

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

FAMILY FUNCTIONING

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

Questions to Consider

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

Ratings & Descriptions

No current need; no need for action or intervention.

0 No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.

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

1 History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems.

Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

2 Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

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

3 Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

LIVING SITUATION

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

Questions to Consider

- How has the child/youth been behaving and getting along with others in the current living situation?

Ratings & Descriptions

0	No current need; no need for action or intervention. No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has moderate to severe problems with functioning in current living situation. Child/youth has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being removed from living situation due to his/her behaviors.

SCHOOL ACHIEVEMENT

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

Questions to Consider

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

Ratings & Descriptions

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

SCHOOL ATTENDANCE

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

Questions to Consider

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

Ratings & Descriptions

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

SCHOOL BEHAVIOR

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

Questions to Consider

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

Ratings & Descriptions

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

SOCIAL FUNCTIONING

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

Questions to Consider

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

Ratings & Descriptions

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

DEVELOPMENTAL/INTELLECTUAL

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

Ratings & Descriptions

No current need; no need for action or intervention.

0 No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.

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

1 There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.

Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

2 Child/youth 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.

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

3 Child/youth 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.

DECISION MAKING

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

Questions to Consider

- How is the child/youth's judgment and ability to make good decisions?
- Does the child/youth typically make good choices for the child/youth?

Ratings & Descriptions

No current need; no need for action or intervention.

0 No evidence of problems with judgment or decision making that result in harm to development and/or well-being.

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

1 There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to his/her development and/or well-being.

Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

2 Problems with judgment in which the child/youth makes decisions that are in some way harmful to his/her development and/or well-being. As a result, the child/youth requires more supervision than expected for his/her age.

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

3 Child/youth makes decisions that would likely result in significant physical harm to self or others. Therefore, child/youth requires intense and constant supervision, over and above that expected for child/youth's age.

MEDICAL/PHYSICAL

This item describes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider

- Does the child/ youth have anything that limits the child/youth's physical activities?
- How much does this interfere with the child/youth's life?

Ratings & Descriptions

0	No current need; no need for action or intervention. No evidence that the child/youth has any medical or physical problems, and/or he/she is healthy.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has *serious* medical or physical problems that require medical treatment or intervention. Or child/youth has a *chronic* illness or a physical challenge that requires *ongoing* medical intervention.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has *life-threatening* illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

SEXUAL DEVELOPMENT

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

Questions to Consider

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

Ratings & Descriptions

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

SLEEP

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

Questions to Consider

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

Ratings & Descriptions

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

5. RISK BEHAVIORS DOMAIN

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

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

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

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

SUICIDE RISK

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

Questions to Consider

- Has the child/youth ever talked about a wish or plan to die or to kill the child/youth's self?
- Has the child/youth ever tried to commit suicide?

Ratings & Descriptions

0	No evidence of any needs. No evidence of suicidal ideation.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. 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	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Recent ideation or gesture. Recent, but not acute, suicidal ideation or gesture.
3	Intensive and/or immediate action is required to address the need or risk behavior. Current ideation and intent OR command hallucinations that involve self-harm.

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (SELF-MUTILATION)

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

Questions to Consider

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

Ratings & Descriptions

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 or suspicion of self-injurious behavior.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put child/youth health at risk.

OTHER SELF-HARM (RECKLESSNESS)

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

Questions to Consider

- Does the child/youth act without thinking?
- Has the child/youth ever talked about or acted in a way that might be dangerous to the child/youth's self? (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?

Ratings & Descriptions

0	No evidence of any needs. No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.
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 or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places child/youth in danger of physical harm.
3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places child/youth at immediate risk of death.

DANGER TO OTHERS

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

Questions to Consider

- Has the child/youth ever injured another person on purpose?
- Does the child/youth get into physical fights?
- Has the child/youth ever threatened to kill or seriously injure others?

Ratings & Descriptions

0	No evidence of any needs. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.
3	Intensive and/or immediate action is required to address the need or risk behavior. Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

SEXUALLY PROBLEMATIC BEHAVIOR

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

Questions to Consider

- Has the child/youth ever been accused of being sexually aggressive towards another child/youth?
- Has the child/youth had sexual contact with a younger individual?

Ratings & Descriptions

0	No evidence of any needs. No evidence of problems with sexual behavior over the past year.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth's problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age-inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here.
3	Intensive and/or immediate action is required to address the need or risk behavior. Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.

DELINQUENT BEHAVIOR

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

Questions to Consider

- Do you know of laws that the child/youth has broken (even if the child/youth has not been charged or caught)?
- Has the child/youth ever been arrested?

Ratings & Descriptions

0	No evidence of any needs. No evidence or no history of delinquent behavior.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History or suspicion of delinquent behavior, but none in the recent past. 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; need is interfering with child/youth's functioning. Current delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.
3	Intensive and/or immediate action is required to address the need or risk behavior. Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place child/youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.

RUNAWAY

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

Questions to Consider

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

Ratings & Descriptions

0	No evidence of any needs. Child/youth has no history of running away or ideation of escaping from current living situation.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Child/youth has no recent history of running away but has expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the past year.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has run from home once or run from one treatment setting within the past year. Also rated here is a child/youth who has run away to home (parental or relative) in the past year.
3	Intensive and/or immediate action is required to address the need or risk behavior. Child/youth has run from home and/or treatment settings within the last 7 days or run from home and/or treatment setting twice or more overnight during the past 30 days. A child/youth who is currently a runaway is rated here.

6. STRENGTHS DOMAIN

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

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

For the **Child/Youth Strengths Domain,** the following categories and action levels are used:

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

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

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

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

FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as his/her family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/youth is still in contact.

Questions to Consider

- Does the child/youth have good relationships with any family member?
- Is there potential to develop positive family relationships?
- Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth?

Ratings & Descriptions

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

0 Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.

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

1 Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support.

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

2 Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.

3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

INTERPERSONAL

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

Questions to Consider

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

Ratings & Descriptions

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

EDUCATIONAL SETTING

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

Questions to Consider

- Is the school an active partner in the child/youth's education?
- Does the child/youth like school?
- Has there been at least one year in which the child/youth did well in school?
- When has the child/youth been at their best in school?

Ratings & Descriptions

NA	Child/youth is not in school.
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs; OR the child/youth excels in school.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. School works with the child/youth and family to address the child/youth's educational needs; OR the child/youth likes school.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The school is currently unable to adequately address the child/youth's academic or behavioral needs.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.

TALENTS AND INTERESTS

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

Questions to Consider

- What does the child/youth do with free time?
- What does the child/youth enjoy doing?
- Is the child/youth engaged in any pro-social activities?
- What are the things that the child/youth does particularly well?

Ratings & Descriptions

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

SPIRITUAL/RELIGIOUS

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

Questions to Consider

- Does the child/youth have spiritual beliefs that provide comfort?
- Is the family involved with any religious community? Is the child/youth involved?
- Is child/youth interested in exploring spirituality?

Ratings & Descriptions

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

CULTURAL IDENTITY

This item refers to whether the child/youth is experiencing any difficulties or barriers to his/her cultural identity, or connecting to others sharing his/her cultural identity. This cultural identity may be defined by a number of factors including race, religion, ethnicity, lifestyle, geography, or sexual orientation, gender identity and expression (SOGIE). This item measures extent to which feelings related to cultural identity cause stress or influence the behavior of the child/youth.

Questions to Consider

- Does the child/youth identify with any racial/ ethnic/cultural group?
- Does the child/youth find this group a source of support?

Ratings & Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth has struggled in the past with his/her group or subgroup membership, but is presently comfortable with his/her identity or there are mild issues related to identity.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth expresses some distress or conflict about his/her SOGIE/racial/ethnic/cultural identity that interferes with the child/youth or family's functioning. Child/youth may have a cultural identity but is not connected with others who share this culture.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/youth expresses significant distress or conflict about his/her SOGIE/racial/ethnic/cultural identity. Child/youth may reject his/her cultural group identity, which severely interferes with the child/youth or family's functioning and/or requires immediate action.

COMMUNITY LIFE

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

Questions to Consider

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

Ratings & Descriptions

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

NATURAL SUPPORTS

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

Questions to Consider

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

Ratings & Descriptions

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

OPTIMISM

This item rates the child/youth's sense of their own future. This rates the child/youth's future orientation.

Questions to Consider

- Does the child/youth have a generally positive outlook on things; have things to look forward to?
- How does the child/youth see herself/himself in the future?
- Is the child/youth forward looking/sees herself/himself as likely to be successful?

Ratings & Descriptions

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

RESILIENCE

This item refers to the child/youth's ability to recognize his/her internal strengths and use them in times of stress and in managing daily life. Resilience also refers to the child/youth's ability to bounce back from stressful life events.

Questions to Consider

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

Ratings & Descriptions

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

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

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

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

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

2 Child/youth has limited ability to recognize and use his/her internal strengths in overcoming or the ability to bounce back to effectively to support healthy development, problem solving or dealing with stressful life events.

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

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

RESOURCEFULNESS

This item refers to the child/youth's ability to identify and use external/environmental strengths in managing daily life.

Questions to Consider

- Does the child/youth have external or environmental strengths?
- Does the child/youth use their external or environmental strengths to aid in their well-being?

Ratings & Descriptions

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

0 Child/youth is quite skilled at finding the necessary resources required to aid him/her in managing challenges.

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

1 Child/youth has some skills at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.

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

2 Child/youth has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.

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

3 Child/youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

7. INDIVIDUALIZED ASSESSMENT MODULES

[A] TRAUMA MODULE

Traumatic/Adverse Childhood Experiences

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

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

No	No evidence of any trauma of this type.
Yes	Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

Rate the following items within the youth's lifetime.

SEXUAL ABUSE
This item describes whether or not the child/youth has experienced sexual abuse.

Questions to Consider
- Has the caregiver or child/youth disclosed sexual abuse?
- How often did the abuse occur?
- Did the abuse result in physical injury?

Ratings & Descriptions

No	There is no evidence that the child/youth has experienced sexual abuse.
Yes	Child/youth has experienced sexual abuse, or there is a suspicion that he/she has experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Child/youth with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

PHYSICAL ABUSE
This item describes whether or not the child/youth has experienced physical abuse.

Questions to Consider
- Is physical discipline used in the home? What forms?
- Has the child/youth ever received bruises, marks, or injury from discipline?

Ratings & Descriptions

No	There is no evidence that the child/youth has experienced physical abuse.
Yes	Child/youth has experienced or there is a suspicion that he/she has experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

NEGLECT

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

Questions to Consider

- Is the child/youth receiving adequate supervision?
- Are the child/youth's basic needs for food and shelter being met?
- Is the child/youth allowed access to necessary medical care? Education?

Ratings & Descriptions

No	There is no evidence that the child/youth has experienced neglect.
Yes	Child/youth has experienced neglect, or there is a suspicion that he/she has experienced neglect. This includes occasional neglect (e.g., child/youth left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision of the child/youth); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

EMOTIONAL ABUSE

This item describes whether or not the child/youth has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling names, making negative comparisons to others, or telling a child/youth that he or she is "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child/youth and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

Questions to Consider

- How does the caregiver talk to/interact with the child/youth?
- Is there name calling or shaming in the home?

Ratings & Descriptions

No	There is no evidence that child/youth has experienced emotional abuse.
Yes	Child/youth has experienced emotional abuse, or there is a suspicion that he/she has experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention or completely ignored, or threatened/terrorized by others.

MEDICAL TRAUMA

This item describes whether or not the child/youth has experienced medically-related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider

- Has the child/youth had any broken bones, stitches or other medical procedures?
- Has the child/youth had to go to the emergency room, or stay overnight in the hospital?

Ratings & Descriptions

No	There is no evidence that the child/youth has experienced any medical trauma.
Yes	Child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning. A suspicion that a child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

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

NATURAL OR MANMADE DISASTER
This rating describes the child/youth's exposure to either natural or manmade disasters.

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

WITNESS TO FAMILY VIOLENCE
This item describes whether or not the child/youth has witnessed violence within the child/youth's home or family.

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

WTNESS TO COMMUNITY/SCHOOL VIOLENCE
This item describes whether or not the child/youth has witnessed incidents of violence in his/her community. This includes witnessing violence at the child/youth's school or educational setting.

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

VICTIM/WITNESS TO CRIMINAL ACTIVITY

This item describes whether or not the child/youth has been exposed to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.

Questions to Consider

- Has the child/youth or someone in his/her family ever been the victim of a crime?
- Has the child/youth seen criminal activity in the community or home?

Ratings & Descriptions

No	There is no evidence that the child/youth has been victim or a witness to criminal activity.
Yes	Child/youth has been victimized, or there is suspicion that he/she has been victimized or has witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or child/youth has witnessed the death of a family friend, loved one.

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

WAR/TERRORISM AFFECTED

This item describes whether or not the child/youth has been exposed to war, political violence, torture or terrorism.

Questions to Consider

- Has the child/youth or his/her family lived in a war torn region?
- How close was she/he to war or political violence, torture or terrorism?
- Was the family displaced?

Ratings & Descriptions

No	No evidence that the child/youth has been exposed to war, political violence, torture or terrorism.
Yes	Child/youth has experienced, or there is suspicion that he/she has experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the child/youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the child/youth; child/youth may have spent an extended amount of time in a refugee camp, or feared for his/her own life during war or terrorism due to bombings or shelling very near to him/her; child/youth may have been directly injured, tortured, or kidnapped in a terrorist attack; child/youth may have served as a soldier, guerrilla, or other combatant in his/her home country; child/youth who did not live in war or terrorism-affected region or refugee camp, but family was affected by war.

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

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item describes whether or not a child/youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

Questions to Consider

- Has the child/youth ever lived apart from his/her parents/caregivers?
- What happened that resulted in the child/ youth living apart from his/her parents/ caregivers?

Ratings & Descriptions

No	There is no evidence that the child/youth has experienced disruptions in caregiving and/or attachment losses.
Yes	Child/youth has been exposed to, or there is suspicion that he/she has been exposed to, at least one disruption in caregiving (this includes placement in foster or other out-of-home care such as residential care facilities). Child/youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.

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

PARENTAL CRIMINAL BEHAVIOR

This item describes whether or not the child/youth has had caregivers involved in criminal behavior. This includes both biological and stepparents, and other legal guardians, but not foster parents.

Questions to Consider	Ratings & Descriptions	
• Has the child/youth's parents/guardian or family been involved in criminal activities or ever been in jail?	No	There is no evidence that child/youth's parents/guardians have ever engaged in criminal behavior.
	Yes	One or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in a conviction or incarceration. A suspicion that one or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in conviction or incarceration would be rated here.

Traumatic Stress Symptoms

Rate the following items within the last 30 days.

ADJUSTMENT TO TRAUMA

This item describes the child/youth's reaction to any of a variety of traumatic experiences—such as emotional, physical, or sexual abuse, disasters, neglect, separation from family members, witnessing violence in their home or community, or victimization or murder of family members or close friends.

Questions to Consider

- Has the child/youth experienced a traumatic event?
- Does she/he experience frequent nightmares?
- Is she/he troubled by flashbacks?
- What are the child/youth's current coping skills?

Ratings & Descriptions

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

Supplemental Information: This 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.

- If a child/youth has not experienced any trauma or if their traumatic experiences no longer impact their functioning, then he/she would be rated a '0'.
- A '1' would indicate a child/youth who is making progress in adapting or recovering from a trauma(s) or a child/youth who experienced a trauma(s) where the impact on his/her 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 child/youth's history of trauma exposure. Problems at this degree may meet criterion for a DSM-5 diagnosis. Such diagnoses may be trauma-related such as Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.
- 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).
- A child/youth who meets diagnostic criteria for a Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stress-Related Disorders from DSM-5 as a result of their exposure to traumatic/adverse childhood experiences would be rated a '2' or '3' on this item.
- This item should be rated '1', '2' or '3' for child/youth who have any type of symptoms/needs that are related to their exposure to a traumatic/adverse event. These symptoms should also be rated in the other Traumatic Stress Symptoms in this section.

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

EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This item describes whether or not child/youth has difficulties with arousal regulation or expressing emotions and energy states.

Questions to Consider

- Does the child/youth have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?
- Does the child/youth have extreme or unchecked emotional reactions to situations?

Ratings & Descriptions

0	Child/youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
2	Child/youth has problems with affect/physiological regulation that are impacting his/her functioning in some life domains, but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child/youth may exhibit marked shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or under arousal (e.g. lack of movement and facial expressions, slowed walking and talking).
3	Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states).

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

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

INTRUSIONS/RE-EXPERIENCING

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

Questions to Consider

- Does the child/youth think about the traumatic event when he/she does not want to?
- Do reminders of the traumatic event bother the child/youth?

Ratings & Descriptions

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

Supplemental Information: Intrusion symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

HYPERAROUSAL

This item describes a prolonged state of physiological arousal which may appear as difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Child/youth may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Questions to Consider

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

Ratings & Descriptions

0	Child/youth has no evidence of hyperarousal symptoms.
1	History or evidence of hyperarousal that does not interfere with his/her daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.
2	Child/youth exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Child/youth who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the child/youth and/or caregiver and negatively impacts day-to-day functioning.
3	Child/youth exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child/youth and/or caregiver and impede day-to-day functioning in many life areas.

Supplemental Information: Hyperarousal is one of the three major symptom clusters in PTSD. This item refers to a child/youth who experiences prolonged states of physiological arousal that might manifest behaviorally, emotionally and cognitively. Hyperaroused children/youth might appear constantly on edge and/or wound up, and may be easily startled.

TRAUMATIC GRIEF & SEPARATION

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

Questions to Consider

- Is the trauma reaction of the child/youth based on a grief/loss experience?
- How much does the child/youth's reaction to the loss impact his/her functioning?

Ratings & Descriptions

0	There is no evidence that the child/youth is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child/youth has not experienced a traumatic loss (e.g., death of a loved one) or the child/youth has adjusted well to separation.
1	Child/youth is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.
2	Child/youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3	Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair his/her functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

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

NUMBING

This item describes the child/youth's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Questions to Consider

- Does the child/youth experience a normal range of emotions?
- Does the child/youth tend to have flat emotional responses?

Ratings & Descriptions

0	Child/youth has no evidence of numbing responses.
1	Child/youth has history or evidence of problems with numbing. He/she may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
2	Child/youth exhibits numbing responses that impair his/her functioning in at least one life domain. Child/youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	Child/youth exhibits significant numbing responses or multiple symptoms of numbing that put him/her at risk. This child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

DISSOCIATION

Symptoms included in this item are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.

Questions to Consider

- Does the child/youth seem to lose track of the present moment or have memory difficulties?
- Is the child/youth frequently forgetful or caught daydreaming?

Ratings & Descriptions

0	Child/youth shows no evidence of dissociation.
1	Child/youth has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	Child/youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorders or another diagnosis that is specified "with dissociative features" (see Supplemental Information below).
3	Child/youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day-to-day functioning. Child/youth is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child/youth shows rapid changes in personality or evidence of distinct personalities. Child/youth who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

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

AVOIDANCE

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

Questions to Consider

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

Ratings & Descriptions

0	Child/youth exhibits no avoidance symptoms.
1	Child/youth may have history or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
2	Child/youth exhibits avoidance symptoms that interfere with his/her functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.
3	Child/youth's avoidance symptoms are debilitating. Child/youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

[B] SUBSTANCE USE DISORDER (SUD) MODULE

Rate the following items within the last 30 days unless specified by anchor descriptions.

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

Questions to Consider

- Is the child/youth currently using substances? If so, how frequently?
- Is there evidence of physical dependence on substances?

Ratings & Descriptions

0	Child/youth is currently abstinent and has maintained abstinence for at least six months.
1	Child/youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Child/youth actively uses alcohol or drugs but not daily.
3	Child/youth uses alcohol and/or drugs on a daily basis.

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

Questions to Consider

- How long has the child/youth been using drugs and/or alcohol?

Ratings & Descriptions

0	Child/youth has begun use in the past year.
1	Child/youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the child/youth did not have any use.
2	Child/youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Child/youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

STAGE OF RECOVERY
This item identifies where the child/youth is in the child/youth's recovery process.

Questions to Consider

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

Ratings & Descriptions

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

PEER INFLUENCES
This item identifies the impact that the child/youth's social group has on the child/youth's substance use.

Questions to Consider

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

Ratings & Descriptions

0	Child/youth's primary peer social network does not engage in alcohol or drug use.
1	Child/youth has peers in the child/youth's primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Child/youth predominantly has peers who engage in alcohol or drug use but child/youth is not a member of a gang.
3	Child/youth is a member of a peer group that consistently engages in alcohol or drug use.

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

Questions to Consider

- Does the caregiver use substances? If so, does the caregiver's use impact the child/youth's use?

Ratings & Descriptions

0	There is no evidence that child/youth's caregivers have ever engaged in substance abuse.
1	One of child/youth's caregivers has history of substance abuse but not in the past year.
2	One or both of child/youth's caregivers have been intoxicated with alcohol or drugs in the presence of the child/youth.
3	One or both of child/youth's caregivers use alcohol or drugs with the child/youth.

ENVIRONMENTAL INFLUENCES
This item rates the impact of the child/youth's community environment on their alcohol and drug use.

Questions to Consider

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

Ratings & Descriptions

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

[C] VIOLENCE MODULE

Historical Risk factors:

Rate the following items within the lifetime.

HISTORY OF PHYSICAL ABUSE
This item rates the history of physical abuse the child/youth has experienced.

Questions to Consider

- Has the child/youth ever been physically abused?

Ratings & Descriptions

0	No evidence of a history of physical abuse.
1	Child/youth has experienced corporal punishment.
2	Child/youth has experienced physical abuse on one or more occasions from caregiver or parent.
3	Child/youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care.

HISTORY OF VIOLENCE
This item rates the child/youth's history of violence.

Questions to Consider

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

Ratings & Descriptions

0	No evidence of any history of violent behavior by the child/youth.
1	Child/youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, or physical fights in which no one was injured (e.g. shoving, wrestling).
2	Child/youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
3	Child/youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

WITNESS TO DOMESTIC VIOLENCE
This item rates the extent of domestic violence the child/youth has witnessed.

Questions to Consider

- Has the child/youth ever witnessed violence in the home?
- Has a family member needed to be hospitalized or passed away?

Ratings & Descriptions

0	No evidence that child/youth has witnessed domestic violence.
1	Child/youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury.
2	Child/youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.
3	Child/youth was a witness to murder or rape of a family member.

WITNESS TO ENVIRONMENTAL VIOLENCE
This item rates the extent of violence the child/youth has witnessed in their community/environment.

Questions to Consider

- Has the child/youth ever witnessed violence in their environment?

Ratings & Descriptions

0	No evidence that child/youth has witnessed violence in the child/youth's environment and child/youth does not watch an excessive amount of violent media.
1	Child/youth has not witnessed violence in the environment but watches an excessive amount of violent media including movies and video games.
2	Child/youth has witnessed at least one occasion of violence in the child/youth's environment.
3	Child/youth has witnessed a murder or rape.

Emotional/Behavioral Risks:

Rate the following items within the last 30 days.

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

Questions to Consider

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

Ratings & Descriptions

0	Child/youth appears to be able to manage frustration well. No evidence of problems with frustration management.
1	Child/youth has some mild problems with frustration. The child/youth may anger easily when frustrated; however, the child/youth is able to calm self down following an angry outburst.
2	Child/youth has problems managing frustration. The child/youth's anger when frustrated is causing functioning problems in school, at home, or with peers.
3	Child/youth becomes explosive and dangerous to others when frustrated. The child/youth demonstrates little self-control in these situations and others must intervene to restore control.

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

Questions to Consider

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

Ratings & Descriptions

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

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

Questions to Consider

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

Ratings & Descriptions

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

SECONDARY GAINS FROM ANGER
This item is used to rate the presence of anger to obtain additional benefits.

Questions to Consider

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

Ratings & Descriptions

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

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

Questions to Consider

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

Ratings & Descriptions

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

Resiliency Factors:

Rate the following items within the last 30 days.

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

Questions to Consider

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

Ratings & Descriptions

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

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

Questions to Consider

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

Ratings & Descriptions

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

COMMITMENT TO SELF CONTROL
This item rates the child/youth's willingness and commitment to controlling aggressive and/or violent behaviors.

Questions to Consider

- Does the child/youth want to change the child/youth's behaviors?
- Is the child/youth committed to such change?

Ratings & Descriptions

0	Child/youth is fully committed to controlling the child/youth's violent behavior.
1	Child/youth is generally committed to controlling the child/youth's violent behavior; however, child/youth may continue to struggle with control in some challenging circumstances.
2	Child/youth is ambivalent about controlling the child/youth's violent behavior.
3	Child/youth not interested in controlling the child/youth's violent behavior at this time.

TREATMENT INVOLVEMENT
This item rates the child/youth and/or family's involvement in their treatment.

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

[D] DEVELOPMENTAL NEEDS (DN) MODULE

COGNTIVE
This item rates the child/youth's IQ and cognitive functioning.

Questions to Consider

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

Ratings & Descriptions

0	Child/youth's intellectual functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning.
1	Child/youth has low IQ (70 to 85) or has identified learning challenges.
2	Child/youth has mild mental retardation. IQ is between 55 and 70.
3	Child/youth has moderate to profound mental retardation. IQ is less than 55.

COMMUNICATION
This item rates the child/youth's ability to communicate with others via expression and reception.

Questions to Consider

- Is the child/youth vocal about their needs and wants?
- Has the child/youth ever been diagnosed with a communication disorder?

Ratings & Descriptions

0	Child/youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.
1	Child/youth has receptive communication skills but limited expressive communication skills
2	Child/youth has both limited receptive and expressive communication skills.
3	Child/youth is unable to communicate.

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

Questions to Consider

- Is the child/youth progressing developmentally in a way similar to peers of the same age?
- Has the child/youth been diagnosed with a developmental disorder?

Ratings & Descriptions

0	Child/youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
3	Severe developmental disorder.

SELF-CARE/DAILY LIVING SKILLS

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

Questions to Consider	Ratings & Descriptions	
• Does the child/youth show age appropriate self-care skills? • Is the child/youth able to groom themselves?	0	Child/youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child/youth has any problems performing daily living skills.
	1	Child/youth requires verbal prompting on self-care tasks or daily living skills.
	2	Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
	3	Child/youth requires attendant care on more than one self-care tasks (e.g. eating, bathing, dressing, toileting).

[E] JUVENILE JUSTICE (JJ) MODULE

Rate the following item over a lifetime.

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

Questions to Consider
- How long has the child/youth been involved in the juvenile justice system??

Ratings & Descriptions

0	Current delinquent/criminal behavior is the first known occurrence.
1	Child/youth has engaged in multiple delinquent acts in the past one year.
2	Child/youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where the child/youth did not engage in delinquent behavior.
3	Child/youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where the child/youth did not engage in criminal or delinquent behavior.

Rate the following items within the last 30 days.

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

Questions to Consider
- What are the behaviors/actions that have gotten the child/youth involved in the juvenile justice or adult criminal system?

Ratings & Descriptions

0	Child/youth has engaged only in status violations (e.g. curfew).
1	Child/youth has engaged in delinquent behavior.
2	Child/youth has engaged in criminal behavior.
3	Child/youth has engaged in delinquent criminal behavior that places other citizens at risk of significant physical harm.

ARRESTS

Questions to Consider
- Has the child/youth ever been arrested?
- How many times?

Ratings & Descriptions

0	Child/youth has no known past arrests.
1	Child/youth has history of delinquency, but no arrests in the past 30 days.
2	Child/youth has 1 to 2 arrests in the last 30 days.
3	Child/youth has more than 2 arrests in the last 30 days.

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

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

Ratings & Descriptions

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

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

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

Ratings & Descriptions

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

LEGAL COMPLIANCE

Questions to Consider
- Is the child/youth compliant with their punishment?

Ratings & Descriptions

0	Child/youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, retraining orders) or no court orders are currently in place.
1	Child/youth is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
2	Child/youth is in partial non-compliance with standing court orders (e.g. child/youth is going to school but not attending court-ordered treatment).
3	Child/youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

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

Questions to Consider
- Do the child/youth's friends also engage in criminal behavior?
- Are the members of the child/youth's peer group involved in the criminal justice system or on parole/probation?

Ratings & Descriptions

0	Child/youth's primary peer social network does not engage in delinquent behavior.
1	Child/youth has peers in the child/youth's primary peer social network who do not engage in delinquent behavior but has some peers who do.
2	Child/youth predominantly has peers who engage in delinquent behavior but child/youth is not a member of a gang.
3	Child/youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

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

Questions to Consider
- Have the child/youth's parent(s) ever been arrested?
- If so, how recently has the child/youth seen his parent(s)?

Ratings & Descriptions

0	There is no evidence that child/youth's parents have ever engaged in criminal behavior.
1	One of child/youth's parents has history of criminal behavior but child/youth has not been in contact with this parent for at least one year.
2	One of child/youth's parents has history of criminal behavior and child/youth has been in contact with this parent in the past year.
3	Both of child/youth's parents have history of criminal behavior.

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

Questions to Consider
- Does the child/youth live in a neighborhood/community with high levels of crime?
- Is the child/youth a frequent witness or victim of such crime?

Ratings & Descriptions

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

[F] RUNAWAY MODULE

FREQUENCY OF RUNNING
This item describes how often the child/youth runs away.

Questions to Consider
- How often does the child/youth run away?

Ratings & Descriptions

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

CONSISTENCY OF DESTINATION
This item describes whether or not the child/youth runs away to the same place, area, or neighborhood.

Questions to Consider
- Does the child/youth always run to the same spot?

Ratings & Descriptions

0	Child/youth always runs to the same location.
1	Child/youth generally runs to the same location or neighborhood.
2	Child/youth runs to the same community but the specific locations change.
3	Child/youth runs to no planned destination.

SAFETY OF DESTINATION
This item describes how safe the area is where the child/youth runs.

Questions to Consider
- Does the child/youth run to safe locations?

Ratings & Descriptions

0	Child/youth runs to a safe environment that meets the child/youth's basic needs (e.g. food, shelter).
1	Child/youth runs to generally safe environments; however, they might be somewhat unstable or variable.
2	Child/youth runs to generally unsafe environments that cannot meet the child/youth's basic needs.
3	Child/youth runs to very unsafe environments where the likelihood that the child/youth will be victimized is high.

INVOLVEMENT IN ILLEGAL ACTIVITIES
This item describes what type of activities the child/youth is involved in while on the run and whether or not they are legal activities.

Questions to Consider

- When the child/youth runs, is the child/youth involved in illegal acts?

Ratings & Descriptions

0	Child/youth does not engage in illegal activities while on run beyond those involved with the running itself.
1	Child/youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking).
2	Child/youth engages in delinquent activities while on run.
3	Child/youth engages in dangerous delinquent activities while on run (e.g. prostitution).

LIKELIHOOD OF RETURN ON OWN
This item describes whether or not the child/youth returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (e.g. police).

Questions to Consider

- Does the child/youth usually return home on their own?

Ratings & Descriptions

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

INVOLVEMENT WITH OTHERS
This item describes whether or not others help the child/youth to run away.

Questions to Consider

- Are others involved in the running activities?

Ratings & Descriptions

0	Child/youth runs by self with no involvement of others. Others may discourage behavior or encourage child/youth to return from run.
1	Others enable child/youth's running by not discouraging child/youth's behavior.
2	Others are involved in running by providing help to the child/youth so that they will not be found.
3	Child/youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

REALISTIC EXPECTATIONS
This item describes what the child/youth's expectations are for when they run away.

Questions to Consider

- Does the child/youth have realistic expectations when they run away?

Ratings & Descriptions

0	Child/youth has realistic expectations about the implications of their running behavior.
1	Child/youth has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat 'optimistic' outcome.
2	Child/youth has unrealistic expectations about the implications of their running behavior.
3	Child/youth has obviously false or delusional expectations about the implications of their running behavior.

PLANNING
This item describes how much planning the child/youth put into running away or if the child/youth runs spontaneously.

Questions to Consider	Ratings & Descriptions	
•Does the child/youth plan when they run away?	0	Running behavior is completely spontaneous and emotionally impulsive.
	1	Running behavior is somewhat planned but not carefully.
	2	Running behavior is planned.
	3	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.