Tennessee Child and Adolescent Needs and Strengths

CANS Comprehensive 2.0

(Ages 0 to 21)

Tennessee Department of Children's Services| Assessment | February 2018

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A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths (CANS). Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of 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.

The Tennessee Child and Adolescent Needs and Strengths 2.0 is the result of collaboration between the Tennessee Department of Children's Services, the Vanderbilt Center of Excellence for Children in State Custody (COE), Chapin Hall Center for Children at the University of Chicago, and the Praed Foundation. Special thanks to the following individuals who contributed to the development of the TN CANS 2.0:

For specific permission to use this tool, please contact the Praed Foundation. For more information on the TN CANS 2.0 contact:

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

Richard A. Epstein, PhD, MPH
Research Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
repstein@chapinhall.org
www.chapinhall.org

Praed Foundation
http://praedfoundation.org
praedfoundation@yahoo.com

ChapinHall at the University of Chicago
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INTRODUCTION

THE TENNESSEE CANS 2.0

Since the Department of Children's Services took the placement function over from the twelve (12) independent CSA's some years ago, there was no uniform standard for identifying and addressing the placement, treatment and permanency needs of youth. The absence of a common classification system that takes into account setting, needs, and strengths left regions to develop their own determining process for whether children need involvement of a private agency, whether children could be served in their own homes or communities, and whether children and families were making progress. DCS needed a tool which fits the conversion from a child focused system to family focused system, from deficit based to strength based, and from culturally blind to culturally competent. The Child and Adolescent Needs and Strengths (CANS) has been chosen by DCS as the assessment which best exemplifies that the transition, produces the least stigma or label for children and families served, and provides a communication basis for understanding the permanency and treatment needs of youth and families.

HISTORY AND BACKGROUND

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

The CANS is made up of domains that focus on various areas in a youth's life, and each domain is made up of a group of specific items. There are domains that address how the 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, in collaboration with the youth and family, gives a number rating to each of these items. These ratings help the provider, youth and family understand where intensive or immediate action is most needed, and also where a 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 youth's strengths and needs. Each section in the CANS is merely the output of a comprehensive assessment process and is documented alongside narratives, developed by the care provider, youth and family that can provide more information about the youth.

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service

interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of this measurement approach has been that it has face validity and is easy to use, while providing 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 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: children, youth and families, programs and agencies, child serving systems. It provides structured communication and critical thinking about the 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 youth's progress. It can also be used as a communication tool that provides a common language for all youth-serving entities to discuss the 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 SuperUsers as experts of CANS assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

Reliability

Evidence from reliability studies indicates that individuals working with youth and families can complete the CANS reliably. A number of individuals from different backgrounds have been trained to use the CANS assessment reliably including mental health providers, child welfare caseworkers, probation officers, and family advocates. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.78 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). 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 the ability to measure youth and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service use and costs, and to evaluate outcomes of services (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009).

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 complex scoring or calculations in order to be meaningful to the child and family.

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

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

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances. For those items where the 'N/A' rating is available, the N/A rating should be used only in the rare instances where an item does not apply to that particular child or youth.

For some items (i.e., Potentially Traumatic/Adverse Childhood Experiences), rating options are 'No/Yes'. There is a rating guide provided that describes 'No' and 'Yes' ratings, and each item also has more detailed anchor descriptions for 'No' and 'Yes' ratings.

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

Ratings of '1', '2', or '3' on identified items trigger additional questions in the individualized assessment modules: Traumatic Stress Symptoms, Juvenile Justice, 0-4 Years Old, Transition to Adulthood, Community Risk, and Commercially Sexually Exploited.

The CANS is an information integration tool, intended to include multiple sources of information (e.g., 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, youth and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for 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 and 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 percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing item ratings within each of the domains (Symptoms, Risk Behaviors, 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 has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The CANS is auditable, and audit reliabilities demonstrate that the CANS tool is reliable at the item level. Validity is demonstrated with the CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

The CANS 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.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

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

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

HOW IS THE CANS USED?

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

IT IS AN ASSESSMENT STRATEGY

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

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

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

IT FACILITATES OUTCOMES MEASUREMENT

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

IT IS A COMMUNICATION TOOL

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

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

CANS: A STRATEGY FOR CHANGE

The CANS is an excellent strategy in addressing children and youth's 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 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 Domain Functioning or Youth Behavioral/Emotional Needs, Youth Risk Behaviors or Youth Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

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

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the 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. As a best practice, share with the youth and family the CANS domains and items (see the CANS Core Item list beginning on page 14) and encourage the family to look over the items prior to your meeting. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting

or a process. A copy of the completed CANS ratings should be reviewed with each family and they should be encouraged to discuss with you any changes to the ratings, and any items that they feel 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 or youth that you are with them.
- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "does that make sense to you"? "Or do you need me to explain that in another way"?
- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds 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 their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

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

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

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

References

Anderson, R.L., Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health, 17*, 259-265.

American Psychiatric Association (APA) (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. (DSM-5).* Washington DC: American Psychiatric Publishing.

Chor, BKH, McClelland, GM, Weiner, DA, Jordan, N, Lyons, JS (2012) Predicting Outcomes of Children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Child and Youth Services Review, 34*, 2345-2352.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., Lyons, J.S. (2013). Patterns of out of home decision making. *Child Abuse & Neglect 37*, 871-882.

Chor, B.K.H., McClellean, G.M., Weiner, D.A., Jordan, N., Lyons, J.S. (2014). Out of home placement decision making and outcomes in child welfare: A longitudinal study. Administration and Policy in Mental Health and Mental Health Services Research, 41, published online March 28.

Cordell, K.D., Snowden, L.R., & Hosier, L. (2016). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Child and Youth* Services Review, 60, 129-135.

Epstein, R.A., Schlueter, D., Gracey, K.A., Chandrasekhar, R. & Cull, M.J. (2015) Examining placement disruption in Child Welfare, *Residential Treatment for Children & Youth, 32*(3), 224-232.

Israel, N., Accomazzo, S., Romney, S., & Slatevski, D. (2015). Segregated Care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth, 32*(3), 233-250.

Lardner, M. (2015). Are restrictiveness of care decisions based on youth level of need? A multilevel model analysis of placement levels using the Child and Adolescent Needs and Strengths assessment. *Residential Treatment for Children & Youth, 32*(3), 195-207.

Lyons, J.S. (2004). *Redressing the Emperor: Improving the children's public mental health system*. Praeger Publishing, Westport, Connecticut.

Lyons, J.S. (2009). *Communimetrics: A communication theory of measurement in human service settings.* New York: Springer.

Lyons, J.S. Weiner, D.A. (2009). (Eds.) *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management.* New York: Civic Research Institute.

Tennessee Cans 2.0 Basic Structure

The Child and Adolescent Needs and Strengths expands depending upon the needs of youth and the family. Basic core items are rated for all youth and parents or unpaid caregivers. Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

Core Items

Caregiver Resources & Needs
- Adjustment to Trauma Experiences
- Medical/Physical
- Developmental
- Mental Health
- Substance Use
- *Parental Criminal Activity*
- Supervision
- Discipline
- Involvement in Caregiving Functions
- Knowledge
- Safety
- Organization
- Social Resources
- Residential Stability

Youth Traumatic Experiences
- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Neglect
- Medical Trauma
- Witness to Family/School/ Community Violence
- Natural or Manmade Disaster
- War/Terrorism Affected
- Victim/Witness to Criminal Activity
- Disruptions in Caregiving/ Attachment Losses

Youth Strengths
- Family Strengths/Support
- Interpersonal/Social Connectedness
- Educational Setting
- Vocational
- Optimism
- Talents and Interests
- Spiritual/Religious
- Cultural Identity
- Community Life
- Relationship Permanence
- Resiliency
- Natural Supports

Youth Life Functioning
- Family Functioning
- Living Situation
- Social Functioning
- Developmental/Intellectual
- Recreational
- *Legal*
- Medical/Physical
- Sleep
- Sexual Development
- School Attendance
- School Behavior
- School Achievement

Cultural Factors
- Language
- Traditions and Rituals
- Cultural Stress

Youth Behavioral/Emotional Needs
- Psychosis (Thought Disorder)
- Attention/Concentration
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional Behavior
- Conduct
- Substance Use
- Attachment Difficulties
- Eating Disturbances
- Anger Control

Youth Risk Behaviors
- Suicide Risk
- Non-Suicidal Self-Injurious Behavior
- Other Self-Harm
- Danger to Others
- *Runaway*
- Fire Setting
- *Sexually Reactive Behavior*
- Sexual Aggression
- *Delinquent Behavior*
- Decision-Making
- Intentional Misbehavior
- Bullying Others
- *Victimization/Exploitation*

1. Caregiver Resources & Needs

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

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

Questions to consider for this domain: What are the resources and needs of the youth's caregiver(s)?

Does the youth have a caregiver? ☐ YES ☐ NO. If no, then skip this section.

ADJUSTMENT TO TRAUMA EXPERIENCES

This rating covers the reactions of individuals to a variety of traumatic experiences. For example, this dimension covers both adjustment disorders and post-traumatic stress disorder as they are described in the DSM-5.

Questions to Consider

- Has the caregiver experienced a traumatic event?
- What are the caregiver's current coping skills?

Ratings and Descriptions

0	No current need; no need for action or intervention There is no evidence that the caregiver has experienced trauma, or there is evidence that the caregiver has adjusted well to his or her traumatic experiences.
1	Identified need requires monitoring, watchful waiting, or preventive activities. The caregiver has adjustment problems and exhibits some signs of distress or has a history of having difficulty adjusting to traumatic experiences.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning The caregiver has marked adjustment problems and is symptomatic in response to a traumatic event (e.g., anger, depression, and anxiety).
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver has post-traumatic stress difficulties. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post-Traumatic Stress Disorder.

MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to parent the youth. This item does not rate depression or other mental health issues.

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?

Ratings and Descriptions

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

DEVELOPMENTAL

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

Questions to Consider

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

Ratings and Descriptions

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

MENTAL HEALTH

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

Questions to Consider

- Do caregivers have any mental health needs that make parenting difficult?
- Does anyone else in the family have serious mental health needs that the caregiver is taking care of?

Ratings and Descriptions

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

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

SUBSTANCE USE

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

Questions to Consider

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

Ratings and Descriptions

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

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

PARENTAL CRIMINAL ACTIVITY*

This item refers to the caregiver's current and/or prior history of prior misdemeanor or felony charges and/or convictions.

Questions to Consider

- Has the youth's parents/guardian or family been involved in criminal activities or even been in jail?

Ratings and Descriptions

0 No current need; no need for action or intervention
There is no evidence that the caregiver has ever engaged in criminal activity.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The caregiver has a history of criminal activity, but the youth has not been in contact with the caregiver for at least 1 year or there is evidence that the criminal involvement is entirely in the caregivers past and the caregiver is not actively involved in criminal activity.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The caregiver has recently been involved in criminal activity and the youth has been in contact with the caregiver in the past year or the caregiver has a history of involvement in criminal activity and there is no evidence that they have stopped this involvement.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The caregiver is currently engaged in criminal activity, for example is presently involved in a criminal case that has not been adjudicated.

*** A rating of '1', '2' or '3' on this item triggers the completion of the Traumatic Stress Symptoms Module (pg. 62).**

SUPERVISION

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence caregiver needs help or assistance in monitoring or providing structure for the youth, and/or caregiver has good monitoring and supervision skills.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.

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

DISCIPLINE

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

Questions to Consider

- How does the caregiver discipline the youth?
- Is the caregiver's discipline consistent and appropriate to the situation and the youth's developmental needs?

Ratings and Descriptions

0 No current need; no need for action or intervention
Caregiver generally demonstrates an ability to discipline their children in a consistent and respectful manner. Parent/caregiver's expectations are age-appropriate and they usually are able to set age appropriate limits and to enforce them.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver is often able to set age appropriate limits and to enforce them. On occasion their interventions may be too harsh, too lenient, or inconsistent. At times, the expectations of their children may be too high or too low.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver demonstrates limited ability to discipline their children in a consistent and age-appropriate manner, and is rarely able to set age appropriate limits and to enforce them. The interventions may be erratic and overly harsh but not physically harmful. Parent/guardian expectations of their children are frequently unrealistic.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Significant difficulties with discipline methods. Caregiver disciplines the children in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful (such as shaking the child, whipping, etc.).

INVOLVEMENT IN CAREGIVING FUNCTIONS

This item refers to the degree to which the caregiver is actively involved in being a parent/caregiver.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention
There is no evidence that the caregiver is not involved with caregiving functions. The caregiver is actively and fully involved in daily family life.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The caregiver is generally involved in daily family life. They may occasionally be less involved for brief periods of time because they are distracted by internal stressors and/or other external events or responsibilities or there is a history of caregiver un-involvement.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The caregiver is mostly uninvolved in daily family life. They may not interact with their children on a daily basis.

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

KNOWLEDGE

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the youth's psychological strengths and weaknesses, talents and limitations.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver, while being generally knowledgeable about the youth, has some mild deficits in knowledge or understanding of the youth's psychological condition, talents, skills and assets.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver does not know or understand the youth well and significant deficits exist in the caregiver's ability to relate to the 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 youth's current condition. Caregiver's lack of knowledge about the youth's strengths and needs place the youth at risk of significant negative outcomes.

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

SAFETY

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of safety issues. Household is safe and secure. Youth is not at risk from others.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Household is safe but concerns exist about the safety of the 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.
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.
Youth is in immediate danger from one or more individuals with unsupervised access.

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.

Questions to Consider

- Does the caregiver need or want help with managing the home?
- Does the caregiver have difficulty getting to appointments or managing a schedule?
- Does the caregiver have difficulty getting the youth to appointments or school?

Ratings and Descriptions

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

Ratings and 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 or friend or social network that actively helps with caregiving.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.

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	Ratings and Descriptions	
• Is the family's current housing situation stable? • Are there concerns that they might have to move in the near future?	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 Family is homeless, or has experienced homelessness in the recent past.

2. Youth Traumatic Experiences

All of the youth traumatic experiences items are static indicators. In other words, these items indicate whether or not a youth has experienced a particular trauma. If they youth 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.

Question to consider for this domain: Has the youth experienced adverse life events that may impact their behavior?

Please rate these items within the youth's lifetime.

PLEASE NOTE: If <u>any</u> Youth Traumatic Experiences item is identified '1', '2' or '3', the Traumatic Stress Symptoms Module (pg. 62) should be completed.

SEXUAL ABUSE
This item describes the youth's experience of sexual abuse.

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

Ratings and Descriptions

0	No current need; no need for action or intervention There is no evidence that youth has experienced sexual abuse.
1	Identified need requires monitoring, watchful waiting, or preventive activities There is a suspicion that the youth has experienced sexual abuse with some degree of evidence or the youth has experienced sexual abuse including, but not limited to, direct exposure to sexually explicit materials. Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation. Youth who have experienced secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) also would be rated here, if the abuse is not current, did not occur recently, or involve the type of incident that would otherwise be rated at the '2' or '3' action level.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has experienced one or more incidents of sexual abuse that are not recent incidents and it is unclear whether or not treatment was sought for the youth, that the alleged perpetrator does not live in the home or have legal or unrestrained access to the youth, or where the alleged perpetrator is of similar age and protective measures have been taken by the parent/caregiver.
3	Problems are dangerous or disabling; requires immediate and/or intensive action Youth has experienced severe, chronic sexual abuse with multiple episodes or lasting over an extended period of time, sexual abuse significant enough to cause physical injury and/or require medical attention, or a single incident where the alleged perpetrator resides in the home and has legal or unrestrained access to the youth.

PHYSICAL ABUSE

This item describes the youth's experience of physical abuse.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention

There is no evidence that the youth has experienced physical abuse.

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

There is a suspicion that the youth has experienced physical abuse but no confirming evidence. Age appropriate spanking that does not leave a mark or bruise would be rated here. The threat of physical harm without actual harm inflicted would also be rated here.

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

Youth has experienced a level of physical abuse that may include one or more incidents of physical punishment (e.g. hitting, punching) when the parent/caretaker uses physical discipline or intentional harm that results in injuries, such as bruises or marks. Physical punishment that includes the use of items such as belts or paddles or that is done out of anger by the caretaker would be rated here.

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

Youth has experienced severe and repeated physical abuse with the intent to do harm and/or that causes sufficient physical harm to necessitate medical attention. Unexplained injuries for non-accidental trauma such as hemorrhages, subdural hematoma and breaks, as well as disorders such as Munchausen by Proxy Syndrome qualify here.

EMOTIONAL ABUSE

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

Questions to Consider

- How do the members of the family talk to/interact with each other?
- Is there name calling or shaming in the home?

Ratings and Descriptions

0 No current need; no need for action or intervention

There is no evidence that the youth has experienced emotional abuse.

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

The youth has experienced occasional emotional abuse. For instance, may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support or attention.

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

The youth has experienced emotional abuse characterized by abuse over an extended period of time or a one-time extreme incident (e.g. a six year old being forced to wear diapers publically by a parent frustrated with bedwetting). For instance, the youth may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.

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

The youth has experienced severe and repeated emotional abuse over an extended period of time. For instance, the youth is completely ignored by caregivers, or threatened / terrorized by others.

NEGLECT

This rating describes whether or not the 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

- Are the youths' basic needs for food and shelter being met?
- Is the youth allowed access to necessary medical care? Education?

Ratings and Descriptions

0 No current need; no need for action or intervention

There is no evidence that the youth has experienced neglect.

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

The youth has experienced neglect such as a caregiver's failure to provide adequate expectations or supervision. For instance, youth may have been left at home alone for a number of hours without adult supervision.

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

The youth has experienced neglect, including failure to provide adequate supervision (for instance, youth may have been left at home alone overnight) and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action.

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

The youth has experienced neglect, including multiple and prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. The neglect places the youth in a situation that requires actions and/or decisions beyond the youth's maturity, physical ability and/or mental ability.

MEDICAL TRAUMA

This item rates the youth's experience of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention

There is no evidence that the child has experienced any medical trauma.

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

Youth has had a medical experience that was mildly overwhelming, including events that were acute in nature and did not result in ongoing medical needs and associated distress such as minor surgery, stitches or bone setting.

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

Youth has had a medical experience that was perceived as moderately emotionally or mentally overwhelming. Such events might include acute injuries and moderately invasive medical procedures such as major surgery that require only short term hospitalization.

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

Youth has had a medical experience that was perceived as extremely emotionally or mentally overwhelming. The event itself may have been life threatening and may have resulted in chronic health problems that alter the youth's physical functioning.

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

WITNESS TO FAMILY, SCHOOL, COMMUNITY VIOLENCE

This rating describes the severity of exposure to family, school or community violence.

Questions to Consider

- Has any the youth ever been the victim of a crime?
- Has the youth seen criminal activity in his/her community, school or home?

Ratings and Descriptions

0 No current need; no need for action or intervention

There is no evidence that youth has witnessed or experienced violence in his or her family, school or community.

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

The youth has witnessed occasional fighting or other forms of violence in his or her family, school or community. Youth has not been directly impacted by the violence and exposure has been limited.

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

Youth has witnessed multiple instances of family, school, or community violence and/or the significant injury of others, or has had family members or friends injured as a result of violence, or is the direct victim of violence that was not life threatening.

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

The youth has witnessed or experienced severe and/or repeated instances of family, school or community violence and/or the death of another person as a result of the violence, or is the direct victim of violence that was life threatening, or has experienced chronic or ongoing impact as a result of the violence (e.g., family member injured and no longer able to work).

NATURAL OR MANMADE DISASTER

This rating describes the youth's exposure to either natural or manmade disasters.

Questions to Consider

- Has the youth been present during a natural or man-made disaster?
- Does the youth watch television shows containing these themes or overhear adults talking about these kinds of disasters?

Ratings and Descriptions

0 No current need; no need for action or intervention

There is no evidence that youth has been exposed to natural or man-made disasters.

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

Youth has been exposed to disasters second-hand (i.e. on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as a fire or earthquake or manmade disaster, including car accident, plane crashes, or bombings.

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

Youth has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a youth may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down.

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

Youth has been directly exposed to multiple and severe natural or manmade disasters, and/or 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. house burns down, caregiver or youth loses job).

WAR/TERRORISM AFFECTED

This rating describes the degree of severity of exposure to war, political violence, torture or terrorism.

Questions to Consider

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

Ratings and Descriptions

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

There is no evidence that youth has been exposed to war, political violence, torture or terrorism.

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

Youth did not live in war or terrorism-affected region or refugee camp, but family was affected by war. Family members directly related to the youth may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war. This does not include children who have lost one or both parents during the war.

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

Youth has been affected by war, terrorism or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Youth may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of youth. Youth may have spent an extended amount of time in a refugee camp.

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

Youth has experienced the direct effects of war or terrorism. Youth may have feared for his/her own life during war or terrorism due to bombings or shelling very near to him/her. Youth may have been directly injured, tortured, kidnapped or injured in a terrorist attack. Youth may have served as a soldier, guerrilla, or other combatant in his/her home country.

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).

VICTIM/WITNESS TO CRIMINAL ACTIVITY

This rating describes the severity of exposure 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 youth or someone in their family ever been the victim of a crime?
- Has the youth seen criminal activity the community or home?

Ratings and Descriptions

0 No current need; no need for action or intervention.
There is no evidence that youth has been victimized or witnessed significant criminal activity.

1 Identified need requires monitoring, watchful waiting, or preventive activities
There is a strong suspicion or evidence that the youth is a witness of significant criminal activity.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth has witnessed multiple criminal activities and/or is a direct victim of criminal activity or witnessed the victimization of a family or friend.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth has been exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm, or youth has witnessed the death of a loved one.

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

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which a youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
There is no evidence that the Individual has experienced disruptions in caregiving and/or attachment losses.

1 Identified need requires monitoring, watchful waiting, or preventive activities
Individual may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (i.e., individual's care shifted from biological mother to paternal grandmother). Individual may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Individual has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the individual has had at least one disruption involving placement with an unknown caregiver. Individuals who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Individual has been exposed to multiple/repeated placement changes (i.e., 3+

placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has negatively impacted various domains of an individual's life (i.e., loss of community, school placement, peer group). Examples would include an individual in several short-term unknown placements (i.e., moved from emergency foster care to additional foster care placements and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification).

Supplemental Information: 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 youth's caregiver remains the same, would not be rated on this item. Death of a caregiver would also be captured in this item.

3. Youth Strengths

This domain describes the assets of the youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a 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 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 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 are the youth's assets that can be used in treatment planning to support healthy development?

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 youth's perspective (i.e., who the youth describes as family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the youth is still in contact.

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

INTERPERSONAL/SOCIAL CONNECTEDNESS

This item is used to identify a youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a 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 youth have the trait ability to make friends?
- Do you feel that the youth is pleasant and likable?
- Do adults or other children like them?

Ratings and Descriptions

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Significant interpersonal strengths. 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.
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.
Youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. 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 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 youth and family, as well as, the level of support the youth receives from the school. Rate according to how much the school is an effective partner in promoting youth's functioning and addressing youth's needs in school.

Questions to Consider

- Is the school an active partner in the youth's education?
- Is the youth's school an active partner in figuring out how to best meet the youth's needs?
- Does the youth like school?
- Has there been at least one year in which the youth did well in school?
- When has the youth been at their best in school?

Ratings and Descriptions

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
The school works closely with the youth and family to identify and successfully address the youth's educational needs; OR the 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 youth and family to address the youth's educational needs; OR the 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 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 youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the youth's needs and/or there is no school to partner with at this time.

NA Youth is not in school.

Supplemental Information: This rating refers to the strengths of the school system or the youth's preschool setting, and may or may not reflect any specific educational skills possessed by the child or youth. A rating of '0' would be given if the school is an active participant with the youth and family. A rating of '2' would be given if the school is not able to address the youth's needs despite an IEP, etc. Issues related to school attendance, behavior, and achievement are rated in the School Attendance, School Behavior and School Achievement items.

VOCATIONAL

Generally this rating is reserved for adolescents and is not applicable for children under 14. Computer skills would be rated here. Scoring of this item supplements Ansell-Casey assessment.

Questions to Consider

- Does the youth know what he/she wants to 'be when he/she grows up?'
- Has the youth ever worked or is the youth developing prevocational skills?
- Does the youth have plans to go to college or vocational school, for a career?

Ratings and Descriptions

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
This level indicates an adolescent with vocational skills who is currently working in a natural environment.

1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
This level indicates an adolescent with pre-vocational and some vocational skills but limited work experience.

2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
This level indicates an adolescent with some pre-vocational skills but who is not presently working in any area related to those skills. This also may indicate a child or youth with a clear vocational preference.

3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
This level indicates an adolescent with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.

NA This item can be rated not applicable when a youth is under 14 years old.

Supplemental Information: Vocational strengths are rated independently of functioning (i.e. a youth can have considerable strengths but not be doing well at the moment). Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life. A rating of '1' would indicate that the youth has some vocational skills or work experience. A rating of '3' would indicate that the youth needs significant assistance in developing those skills.

OPTIMISM

This rating should be based on the youth's or adolescent's sense of themselves in their own future. This rates the youth's future orientation.

Questions to Consider

- Does the youth have a generally positive outlook on things; have things to look forward to?
- How does the youth see themselves in the future?

Ratings and Descriptions

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Youth has a strong and stable optimistic outlook for their future.

1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Youth is generally optimistic about their future.

2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Youth has difficulty maintaining a positive view of themselves and their life. 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 youth has difficulties seeing

positive aspects about themselves or their future.

Supplemental Information: The literature indicates that kids with a solid sense of themselves and their future have better outcomes than youth who do not. A rating of '1' would be a youth who is generally optimistic. A rating of '3' would be a youth who has difficulty seeing any positives about themselves or their future.

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

Ratings and Descriptions

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

Youth has a talent that provides pleasure and/or self-esteem. 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.

Youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a youth with a notable talent. For example, a 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.

Youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide with any benefit.

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

There is no evidence of identified talents, interests or hobbies at this time and/or youth requires significant assistance to identify and develop talents and interests.

SPIRITUAL/RELIGIOUS

This item refers to the 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 youth; however an absence of spiritual/religious beliefs does not represent a need for the family.

Questions to Consider

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

Ratings and Descriptions

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

Youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the youth in difficult times.

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

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.

Youth has expressed some interest in spiritual or religious belief and practices.

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

There is no evidence of identified spiritual or religious beliefs, nor does the youth show any interest in these pursuits at this time.

CULTURAL IDENTITY

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

Questions to Consider

- Does the youth identify with any racial/ ethnic/cultural group? Does the youth find this group a source of support?
- Does the youth ever feel conflicted about her/his SOGIE/racial/ethnic/ cultural identity?
- Does the youth openly denigrate members of her/his own group?

Ratings and Descriptions

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

The youth has defined a cultural identity and is connected to others who support the youth's cultural identity.

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

The youth is developing a cultural identity and is seeking others to support the youth's cultural identity.

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

The youth is searching for a cultural identity and has not connected with others.

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

The youth does not express a cultural identity.

COMMUNITY LIFE

This item reflects the youth's connection to people, places or institutions in the community. This connection is measured by the degree to which the 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 youth live in the same neighborhood.

Questions to Consider

- Does the youth feel like she or he is part of a community?
- Are there activities that the youth does in the community?
- Is the youth a member of a community organization or group?

Ratings and Descriptions

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

Youth is well integrated into their community. The youth is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.

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

Youth is somewhat involved with their community. This level can also indicate a 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.

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 youth is a member at this time.

Supplemental Information: Community connections are different from how the youth functions in the community. Youth who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and could be rated a '3'.

RELATIONSHIP PERMANENCE

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

Questions to Consider

- Has anyone consistently been in the youth's life since birth?
- Are there other significant adults in the youth's life?
- Has the youth been in multiple home placements?

Ratings and Descriptions

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

Youth has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Youth is involved with their parents.

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

Youth has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.

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

Youth has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

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

Youth does not have any stability in relationships.

RESILIENCY

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

Questions to Consider

- Is the youth able to recognize their skills as strengths?
- Is the youth able to use their strengths to problem solve and address difficulties or challenges?

Ratings and Descriptions

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

Youth is able to both identify and use strengths to better oneself and successfully manage difficult challenges. The youth expresses confidence in being able to handle the challenges adversity brings or has demonstrated an ability to do so over time.

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

Youth is to identify most of one's strengths and is able to partially utilize them. The youth is able to handle the challenges adversity brings in specific situations or at certain time periods in life, or has examples when the youth was able to do so.

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

Youth is able to identify strengths but is not able to utilize them effectively. A youth currently has limited confidence in the ability to overcome setbacks.

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

Youth is not yet able to identify personal strengths and has no known evidence of being able to overcome adverse life situations. A youth who currently has no confidence in the ability to overcome setbacks should be rated here.

NATURAL SUPPORTS

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

Questions to Consider

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

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth has significant natural supports that contribute to helping support the 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. Youth has identified natural supports that provide some assistance in supporting the 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. Youth has some identified natural supports however the youth is not actively contributing to the youth's healthy development.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Youth has no known natural supports (outside of family and paid caregivers).

4. Youth Life Functioning

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 youth and family are experiencing.

Question to consider for this domain: How is the youth functioning in individual, family, peer, school, and community realms?

FAMILY FUNCTIONING

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

Questions to Consider

- How does the youth get along with the family?
- Are there problems between family members?
- Has there ever been any violence in the family?
- What is the relationship like between the youth and their family?

Ratings and Descriptions

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

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

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

History or suspicion of problems. 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 youth. Arguing may be common but does not result in major problems.

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

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

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

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.

Supplemental Information: Family Functioning should be rated independently of the problems the youth experienced or stimulated by the youth currently assessed.

LIVING SITUATION

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

Questions to Consider

- Is the youth at risk of being removed from the home?
- Does the youth's behavior contribute to stress and tension in the home?
- How does the caregiver address issues that arise between members of the household?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of problem with functioning in current living environment. 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.
Youth experiences mild problems with functioning in current living situation. Caregivers express some concern about youth's behavior in living situation, and/or 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 youth's functioning.
Youth has moderate to severe problems with functioning in current living situation. Youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. 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.
Youth has profound problems with functioning in current living situation. Youth is at immediate risk of being removed from living situation due to problematic behaviors.

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

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 youth is doing currently. Strengths are longer-term assets.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of problems and/or 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. 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 youth's functioning.
Youth is having some problems with social relationships that interfere with functioning in other life domains.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth is experiencing significant disruptions in social relationships. Youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the youth's social relationships presents imminent danger to the youth's safety, health, and/or development.

Supplemental Information: Social functioning is different from Interpersonal (Youth Strengths Domain) in that functioning is a description of how the youth is doing currently; interpersonal strengths are longer-term assets.

DEVELOPMENTAL/INTELLECTUAL

This item describes the youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. 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 youth's growth and development seem age appropriate?
- Has the youth been screened for any developmental problems?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of developmental delay and/or youth has no developmental problems or intellectual disability.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There are concerns about possible developmental delay. 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.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. 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.

RECREATIONAL

This item rates the youth's access to and use of leisure activities.

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of any problems with recreational functioning. Youth has access to sufficient activities that the youth enjoys and makes full use of leisure time to pursue recreational activities that support their healthy development and enjoyment.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Youth is doing adequately with recreational activities although at times has difficulty using leisure time to pursue recreational activities.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth may experience some problems with recreational activities and effective use of leisure time.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has no access to or interest in recreational activities. Youth has significant difficulties making use of leisure time.

LEGAL*

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

Questions to Consider

- Has the youth been arrested?
- Is the youth on probation?
- Are there charges pending against the youth?

Ratings and Descriptions

0 No current need; no need for action or intervention.
Youth has no known legal difficulties or involvement with the court system.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Youth has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth has serious current or pending legal difficulties that place them at risk for a court ordered out of home placement, or incarceration (ages 18 to 21) such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).

*** A rating of '1', '2' or '3' on this item triggers the completion of the Delinquency Module (pg. 67).**

Supplemental Information: This item indicates the youth's level of involvement with the juvenile justice system, not involvement in the courts due to custody issues. Family involvement with the courts is not rated here—only the identified youth's involvement is relevant to this rating. This issue uses the juvenile justice definition of delinquent behavior—where there are findings of guilt. Actual delinquent acts are described and rated elsewhere.

MEDICAL/PHYSICAL

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

Questions to Consider

- Is the youth generally healthy?
- Does the youth have any medical problems?
- How much does this interfere with their life?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence that the youth has any medical or physical problems, and/or the youth is healthy.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
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 youth's functioning.
Youth has serious medical or physical problems that require medical treatment or intervention. Or 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.
Youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to youth's safety, health, and/or development.

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

SLEEP

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
Youth gets a full night's sleep each night.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Youth has some problems sleeping. Generally, 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 youth's functioning.
Youth is having problems with sleep. Sleep is often disrupted and youth seldom obtains a full night of sleep.

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

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

Questions to Consider

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

Ratings and 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 the youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Moderate to serious problems with sexual development that interferes with the 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, sexual aggression, or victim of sexual exploitation.

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

- How often does the youth miss school
- Do absences interfere with their learning?

Ratings and Descriptions

0 No current need; no need for action or intervention.
Youth attends school regularly.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Youth has a history of attendance problems, OR 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 youth's functioning.
Youth's problems with school attendance are interfering with academic progress.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth is generally absent from school.

SCHOOL BEHAVIOR

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

Questions to Consider

- Does the youth participate in class?
- Is the youth frequently disruptive to the class?
- What does the youth do to disrupt the class?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of behavioral problems at school, OR youth is behaving well in school.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to either relationship with either teachers or peers.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth's behavior problems are interfering with functioning at school. The youth is disruptive and may have received sanctions including suspensions.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth is having severe problems with behavior in school. The youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

SCHOOL ACHIEVEMENT

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

Questions to Consider

- How is the youth doing academically in school? In building new skills?
- Is the youth having difficulty with any subjects or in developing new skill areas?
- Is the youth at risk of failing any classes? Of being left back?
- Has the teacher or other school personnel spoken to parents about the youth's performance?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of issues in school achievement and/or youth is doing well in school.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
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 youth's functioning.
Youth is having moderate problems with school achievement. The youth may be failing some subjects.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth is having severe achievement problems. The youth may be failing most subjects or has been retained (held back) a grade level. Youth might be more than one year behind same-age peers in school achievement.

5. Cultural Factors

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family's primary language, and/or ensure that a 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.

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

It is it important to remember when using the CANS that the family should be defined from the individual 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 youth's membership in a particular cultural group impact his or her stress and wellbeing?

LANGUAGE

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

Questions to Consider

- What language does the family speak at home?
- Is there a youth interpreting for the family?
- Does the youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence that there is a need or preference for an interpreter and/or the youth and family speak and read the primary language where the youth or family lives.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Youth and/or family speak or read the primary language where the youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

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

TRADITIONS AND RITUALS

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

Questions to Consider

- What holidays does the youth celebrate?
- What transitions are important to the youth?
- Does the youth fear discrimination for practicing their traditions and rituals?

Ratings and Descriptions

0 No current need; no need for action or intervention.
Youth and/or family consistently practice their chosen traditions and rituals consistent with their cultural identity.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Youth and/or family generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

CULTURAL STRESS

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of stress between the youth's cultural identity and current living situation.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some mild or occasional stress resulting from friction between the youth's cultural identity and current living situation.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Youth needs support to learn how to manage culture stress.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Youth needs immediate plan to reduce culture stress.

6. Youth Behavioral / Emotional Needs

The ratings in this section identify the behavioral health needs of the 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 youth?

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

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

Ratings and 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. Youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes youth with a history of hallucinations but none currently. Use this category for youth who are below the threshold for one of the DSM diagnoses listed above.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Evidence of disturbance in thought process or content that may be impairing the youth's functioning in at least one life domain. 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 youth or others at risk of physical harm.

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

Note: if a child has a diagnosis that includes psychosis, but psychotic symptoms did not lead to the crisis or the crisis did not exacerbate psychotic symptoms, a rating of '1' (watchful waiting) would be appropriate.

ATTENTION/CONCENTRATION

Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of DSM-5 Attention Deficit Hyperactivity Disorder (ADHD). Inattention/distractibility not related to opposition would also be rated here.

Questions to Consider

- Does the youth have attention or concentration difficulties that are not appropriate for the youth's age?
- Is the youth's distractibility interfering with their functioning?

Ratings and descriptions

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

No evidence of attention or concentration problems. Youth is able to stay on task in an age-appropriate manner.

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

Youth with evidence of mild problems with attention or concentration. The youth may have some difficulties staying on task for an age-appropriate time period in school or play.

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

Youth with moderate attention problems. In addition to problems with sustained attention. Youth may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. Youth who meets DSM-5 diagnostic criteria for ADHD would be rated here.

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

Youth with severe impairment of attention or concentration. Youth with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.

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

Questions to Consider

- Does the youth's impulsivity put them at risk?
- How has the youth's impulsivity impacted their life?
- Is the child unable to sit still for any length of time?
- Is the youth able to control themselves?
- Does the youth report feeling compelled to do something despite negative consequences?

Ratings and descriptions

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

No evidence of symptoms of loss of control of behavior.

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

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

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

Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the youth's functioning in at least one life domain. This indicates a youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A 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 youth at risk of physical harm. This indicates a 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 youth may be impulsive on a nearly continuous basis. The youth endangers self or others without thinking.

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

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

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

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

DEPRESSION

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

Questions to Consider

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

Ratings and descriptions

0	No current need; no need for action or intervention. No evidence of problems with depression.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in 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 youth to function in any life domain. This rating is given to a youth with a severe level of depression. This would include a 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.

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

Disorder may be rated here.

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

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

Ratings and 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 youth's functioning. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the 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 youth to function in any life domain.

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

DSM-5 Criteria for Generalized Anxiety Disorder:

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

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

OPPOSITIONAL (Non-compliance with Authority)

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

Questions to Consider

- Does the youth follow the parent's rules?
- Have teachers or other adults reported that the youth does not follow rules or directions?
- Does the youth argue with adults when they try to get them to do something?
- Does the youth do things that the youth has been expressly told not to do?

Ratings and 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. 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 youth's functioning.
Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the youth's functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.

3 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 youth has severe problems with compliance with rules or adult instruction or authority.

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

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

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

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

Vindictiveness: (8) has been spiteful or vindictive at least twice in the last 6 months.

CONDUCT

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of serious violations of others or laws.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the 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.

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

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

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

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

Ratings and Descriptions

0	No current need; no need for action or intervention. Youth has no notable substance use difficulties at the present time.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. 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. 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 youth.

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

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

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

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

ATTACHMENT DIFFICULTIES

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention

No evidence of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and youth's development of a sense of security and trust. Caregiver is able to respond to youth cues in a consistent, appropriate manner, and youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.

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

Some history or evidence of insecurity in the caregiver-youth relationship. Caregiver may have difficulty accurately reading youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Youth may have minor difficulties with appropriate physical/emotional boundaries with others.

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

Problems with attachment that interfere with youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret youth cues, act in an overly intrusive way, or ignore/avoid youth bids for attention/nurturance. Youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.

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

Youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Youth is considered at ongoing risk due to the nature of their attachment behaviors. Youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

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

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

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

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

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

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

EATING DISTURBANCE

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

Questions to Consider

- How does the youth feel about his/ her body?
- Does the youth seem to be overly concerned about their weight?
- Does the youth ever refuse to eat, binge eat, or hoard food?
- Has the youth ever been hospitalized for eating related issues?

Ratings and Descriptions

0 No current need; no need for action or intervention. No evidence of eating disturbances.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Eating disturbance impairs youth's functioning in at least one life domain. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). The youth may meet criteria for a DSM-5 Feeding and Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, etc.). Food hoarding also would be rated here.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth's eating disturbance is dangerous or puts their health at risk. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

Supplemental Information: Anorexia Nervosa is characterized by refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. Repeated bingeing and getting rid of the extra calories from bingeing by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterize Bulimia Nervosa.

ANGER CONTROL

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of any anger control problems.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
History, suspicion of, or evidence of some problems with controlling anger. Youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth's difficulties with controlling anger are impacting functioning in at least one life domain. Youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth's temper or anger control problem is dangerous. Youth frequently gets into fights that are often physical. Others likely fear the youth.

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

7. Youth Risk Behaviors

Risk behaviors are 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: Do the youth's behaviors put them at risk for serious harm?

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

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of suicidal ideation.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Recent ideation or gesture. Recent, but not acute, suicidal ideation or gesture.
3	Problems are dangerous or disabling; requires immediate and/or intensive action Current ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation and intent.

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This rating includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the 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 youth use this behavior as a release?
- Does the youth ever purposely hurt themselves (e.g., cutting)?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of any forms of self-injury.
1	Identified need requires monitoring, watchful waiting, or preventive activities. A history or suspicion of self-injurious behavior.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with 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 the youth's health at risk.

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

OTHER SELF-HARM (RECKLESSNESS)

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of behaviors (other than suicide or self-mutilation) that place the youth at risk of physical harm.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history, suspicion or mild behavior (other than suicide or self-mutilation) that places youth at risk of physical harm such as reckless and dangerous risk-taking behavior.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the 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 the youth at immediate risk of death.

Supplemental Information: Any behavior that the youth engages in that has significant potential to place them in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g., reckless driving, subway surfing, unprotected sex, substance use, etc.). If the youth frequently exhibits significantly poor judgment that has the potential to place themselves in danger, but has yet to actually do so, a rating of '1' might be used to indicate the need for prevention. A rating of '3' is used for youth that have placed themselves in significant physical jeopardy during the rating period.

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).

1 Identified need requires monitoring, watchful waiting, or preventive activities.
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 youth's functioning.
Occasional or moderate level of aggression towards others. 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. Youth is an immediate risk to others.

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

RUNAWAY*

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
Youth has no history of running away or ideation of escaping from current living situation.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Youth has no recent history of running away and has not expressed ideation about escaping current living situation. Youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth has run from home once or run from one treatment setting. Also rated here is a youth who has runaway to home (parental or relative).

3 Intensive and/or immediate action is required to address the need or risk behavior.
Youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A youth who is currently a runaway is rated here.

***A rating of '1', '2' or '3' on this item triggers the completion of the Commercially Sexually Exploited Module (pg. 74).**

FIRE SETTING

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

Questions to Consider

- Has the youth ever played with matches, or set a fire? If so, what happened?
- Did the fire setting behavior destroy property or endanger the lives of others?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of fire setting by the youth.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of fire setting but not within the past six months.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Recent fire setting behavior (during the past six months) but not of the type that endangered the lives of others, OR repeated fire-setting behavior over a period of at least two years, even if not within the past six months.

3 Intensive and/or immediate action is required to address the need or risk behavior.
Acute threat of fire setting. Youth has set fires that endangered the lives of others (e.g., attempting to burn down a house).

SEXUALLY REACTIVE BEHAVIOR*

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

Questions to Consider

- Does the youth exhibit sexually provocative behavior?
- Could the youth's sexualized behavior be a response to sexual abuse or other traumatic experiences?
- Does the youth's sexual behavior place them at risk?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Youth has a history of sexually reactive behaviors, or there is suspicion of current sexually reactive behavior. Youth may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior is does not place the youth at great risk.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth exhibits more frequent sexually provocative behaviors in a manner that impairs their functioning. Examples include engaging in promiscuous sexual behaviors or having unprotected sex with multiple partners. This would include a young child's age-inappropriate sexualized behavior.

3 Intensive and/or immediate action is required to address the need or risk behavior.
Youth exhibits severe and/or dangerous sexually provocative behaviors that place them or others at immediate risk of victimization or harm.

***A rating of '1', '2' or '3' on this item triggers the completion of the Commercially Sexually Exploited Module (pg. 74).**

SEXUAL AGGRESSION

This item is intended to describe both aggressive sexual behavior and sexual behavior in which the child/youth takes advantage of a younger or less powerful child. Both the severity and recency of the behavior should inform the rating of this item.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of any needs. No evidence of sexually aggressive behavior.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.

3 Intensive and/or immediate action is required to address the need or risk behavior.
Youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

DELINQUENT BEHAVIOR*

This rating includes both criminal behavior and status offenses that may result from youth failing to follow required behavioral standards (e.g., truancy, curfew violations, sexual offenses driving without a license).

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention
No evidence or no history of delinquent behavior.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the 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 the youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.

***A rating of '1', '2' or '3' on this item triggers the completion of the Delinquency Module (pg. 67).**

DECISION-MAKING (JUDGMENT)

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of problems with judgment or decision making that result in harm to development and/or well-being.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or suspicion of problems with judgment in which the youth makes decisions that are in some way harmful to the youth's development and/or well-being.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Problems with judgment in which the youth makes decisions that are in some way harmful to the youth's development and/or well-being. As a result, more supervision is required than expected for the youth's age.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth makes decisions that would likely result in significant physical harm to self or others. Therefore, youth requires intense and constant supervision, over and above that expected for the youth's age.

INTENTIONAL MISBEHAVIOR

This rating describes intentional behaviors that a youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the youth lives) that put the youth at some risk of consequences. It is not necessary that the youth be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for youth who engage in such behavior solely due to developmental delays.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention
Youth shows no evidence of problematic social behaviors that cause adults to administer consequences.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some problematic social behaviors that force adults to administer consequences to the youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth may be intentionally getting in trouble in school or at home and the consequences or threat of consequences is causing problems in the youth's life.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the youth. The inappropriate social behaviors may cause harm to others and/or place the youth at risk of significant consequences (e.g. expulsion from school, removal from the community).

BULLYING OTHERS

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

Questions to Consider

- Are there concerns that the youth might bully other children?
- Have there been any reports that the youth has picked on, made fun or, harassed or intimidated another person?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence that the youth has ever engaged in bullying at school or in the community.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of bullying, or youth has engaged in bullying behavior or associated with groups that have bullied other children.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
Youth has bullied other children in school or in the community. The youth has either bullied the other children, or led a group that bullied other children.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Youth has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.

VICTIMIZATION/EXPLOITATION*

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

Questions to Consider

- Has the youth ever been bullied or the victim of a crime?
- Has the youth traded sexual activity for goods, money, affection or protection?
- Has the youth been a victim of human trafficking?
- Is the youth parentified or has taken on parental responsibilities and has this impacted their functioning?

Ratings and Descriptions

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

No evidence that the youth has experienced victimization or exploitation. The youth may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Youth is not presently at risk for re-victimizations or exploitation.

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

Suspicion or history of victimization or exploitation, but the youth has not been victimized to any significant degree in the past year. Youth is not presently at risk for re-victimization or exploitation.

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

Youth has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.

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

Youth has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, sexual activity) or living in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members.

***A rating of '1', '2' or '3' on this item triggers the completion of the Commercially Sexually Exploited Module (page 74).**

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

Optional Module 1: Traumatic Stress Symptoms

PLEASE NOTE: This module should be completed if Caregiver Resources & Needs, Parental Criminal Activity item (pg. 17) is rated '1', '2' or '3' for any caregiver, or if <u>any</u> item in the Youth Trauma Experiences domain (pg. 22) is rated '1', '2', or '3'.

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

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

ADJUSTMENT TO TRAUMA

This item describes the 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 youth experienced a traumatic event?
- Does the youth experience frequent nightmares?
- Is the youth troubled by flashbacks?
- What are the youth's current coping skills?

Ratings and Descriptions

0	No evidence that youth has experienced a traumatic life event, or youth has adjusted well to traumatic/adverse experiences.
1	The youth has experienced a traumatic event and there are some changes in their behavior that are managed and/or controlled by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. 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, jumpiness, behavior problems or problems with attachment. Adjustment is interfering with youth's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavior symptoms, tantrums, and withdrawn behavior.
3	Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma.

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.

- A '2' would indicate that 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 from DSM-5.
- A '3' indicates severe symptoms requiring immediate attention; these symptoms are consistent with PTSD. There is likely more than one DSM diagnosis and/or another trauma related disorder (see above, complex trauma) present.
- This item should be rated '1, 2 or 3'for 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.

TRAUMATIC GRIEF

This rating describes the level of traumatic grief the 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 youth based on a grief/loss experience?
- How much does the youth's reaction to the loss impact their functioning?

Ratings and Descriptions

0	There is no evidence that the youth is experiencing traumatic grief from the loss/ separation of significant caregivers. Either the youth has not experienced a traumatic loss (e.g., death of a loved one) or the youth has adjusted well to separation.
1	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	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	Youth is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss/ separation. Symptoms require immediate or intensive intervention.

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

INTRUSIONS/RE-EXPERIENCING

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

Questions to Consider

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

Ratings and Descriptions

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

Supplemental Information: Intrusion symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder. Sexual play with adults are behaviors initiated by the youth where the youth allows themselves to touch or be touched by an adult for the purpose of sexual gratification (for example, rubbing against an adult, lap sitting, prolonged hugging, physical holds).

HYPERAROUSAL

This includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. 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 youth feel more jumpy or irritable than is usual?
- Does the youth have difficulty relaxing and/or have an exaggerated startle response?
- Does the youth have stress-related physical symptoms: stomach or headaches?
- Do these stress-related symptoms interfere with the youth's ability to function?

Ratings and Descriptions

0	Youth has no evidence of hyperarousal symptoms.
1	History or evidence of hyperarousal that does not interfere with their daily functioning. Youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.
2	Youth exhibits one significant symptom or a combination of two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Youth who frequently manifest distress-related physical symptoms such as stomach aches and headaches would be rated here. Symptoms are distressing for the youth and/ or caregiver and negatively impacts day-to-day functioning.
3	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, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the 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 who experiences prolonged states of physiological arousal that might manifest behaviorally, emotionally and/or cognitively. Hyper aroused children might appear constantly on edge and/or wound up, and may be easily startled.

AVOIDANCE

These symptoms include 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 youth make specific and concerted attempts to avoid sights, sounds, smells, activities, places or people that are related to the trauma experience?

Ratings and Descriptions

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

NUMBING

This item describes 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 youth experience a normal range of emotions?
- Does the youth tend to have flat emotional responses?

Ratings and Descriptions

0	Youth has no evidence of numbing responses.
1	Youth has history or evidence of problems with numbing. The youth may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
2	Youth exhibits numbing responses that impair their functioning in at least one life domain. 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	Youth exhibits significant numbing responses or multiple symptoms of numbing that put them at risk. This youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

Supplemental Information: Numbing may also include behavioral numbing where youth engage in high-risk behaviors in order to numb physical or emotional pain.

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

Ratings and Descriptions

0	Youth shows no evidence of dissociation.
1	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	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	Youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Youth is frequently forgetful or confused about things the youth should know about (e.g., no memory for activities or whereabouts of previous day or hours). Youth shows rapid changes in personality or evidence of more than one distinct personality. 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).

EMOTIONAL AND/OR PHYSICAL DYSREGULATION

Youth has difficulties with arousal regulation or expressing emotions and energy states. This item should be rated in the context of what is normative for a youth's age and developmental stage.

Questions to Consider

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

Ratings and Descriptions

0 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 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 youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.

2 Youth has problems with affect/physiological regulation that are impacting their functioning in some life domains, but is able to control affect at times. The youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The 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 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 Youth is unable to regulate affect and/or physiological responses. The 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). The youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e. emotionally "shut down"). The youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

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

Emotional dysregulation may be triggered by exposure to trauma cues or reminders where the 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.

Optional Module 2: Delinquency

PLEASE NOTE: This module should be completed when the Youth Life Functioning, Legal item (pg. 40), or Youth Risk Behavior, Delinquent Behavior item (pg. 59) is rated '1', '2', or '3'.

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

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

1 Mild problems; requires monitoring, watchful waiting, or preventive activities.

2 Moderate problems; requires action or intervention to ensure that the need is addressed.

3 A dimension that indicates significant problems; requires immediate or intensive action.

SERIOUSNESS

This item rates the seriousness of the youth's delinquent offenses.

Questions to Consider

- What are the behaviors/actions that have made the youth involved in the juvenile justice or adult criminal system?

Ratings and Descriptions

0	Youth has engaged only in status violations (e.g., curfew); or no evidence of delinquent behavior.
1	Youth has engaged in delinquent behavior.
2	Youth has engaged in delinquent behavior.
3	Youth has engaged in delinquent behavior that places other citizens at risk of significant physical harm.

HISTORY

This item rates the youth's history of delinquency. Please rate using time frames provided in the descriptions.

Questions to Consider

- How many delinquent behaviors has the youth engaged in?
- Are there periods of time in which the youth did not engage in delinquent behaviors?

Ratings and Descriptions

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

ARRESTS

This item rates the youth's history of arrests.

Questions to Consider

- How many times has the youth been arrested or detained in the past 30 days?

Ratings and Descriptions

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

PLANNING

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

Questions to Consider

- Does the youth engage in preplanned or spontaneous or impulsive delinquent acts?

Ratings and Descriptions

0	No evidence of any planning. Delinquent behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places themselves 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 delinquent behavior of the youth puts the community's safety at risk.

Questions to Consider

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

Ratings and Descriptions

0	No evidence of any risk to the community from the youth's behavior. The youth could be unsupervised in the community.
1	Youth engages in behavior that represents a risk to community property.
2	Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in behavior that directly places community members in danger of significant physical harm.

LEGAL COMPLIANCE

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

Questions to Consider

- Is the youth compliant with the terms of their probation?
- Is the youth attending appointments, school, etc.?
- Is the youth actively or frequently violating probation?

Ratings and Descriptions

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

PEER INFLUENCES

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

Questions to Consider

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

Ratings and Descriptions

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

ENVIRONMENTAL INFLUENCES

This item rates the influence of community criminal behavior on the youth's behavior.

Questions to Consider

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

Ratings and Descriptions

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

COMMUNITY RISK

Question	NO	YES
Is the youth 13 years of age or younger at first juvenile court referral?	☐	☐
Has the youth had 4 or more total referrals to intake?	☐	☐
Has the youth had 1 or more referrals for violent / assaultive offenses?	☐	☐
Has the youth had 2 or more prior out of home placements of any type?	☐	☐

SIBLING DELINQUENT/CRIMINAL BEHAVIOR

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

Questions to Consider

- Do the youth's siblings also engage in delinquent/criminal behavior?
- Are the youth's siblings involved in the juvenile/criminal justice system or on parole/probation?

Ratings and Descriptions

0	None of the youth's siblings have been in custody/incarcerated or on probation/parole in the past 3 years.
1	At least one of the youth's siblings have been in custody/incarcerated or on probation/parole in the past 3 years.

Optional Module 3: Transition to Adulthood

PLEASE NOTE: This module should be completed for youth ages 18-21, or when issues of transition to adulthood are relevant.

For the Transition to Adulthood Module, the following categories and action levels are used:

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

NEEDS

INDEPENDENT LIVING SKILLS

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

Questions to Consider

- Does youth know how to take care of themselves?
- Is the youth responsible when left unsupervised?
- Is the youth developing skills to eventually be able to live in an apartment by themselves?
- Or, if living on their own, how well can they maintain the home?

Ratings and Descriptions

0	No evidence of any deficits or barriers in demonstrating developmentally appropriate responsibility or anything that could impede the development of skills to maintain one's own home and/or this level indicates a person who is fully capable of independent living.
1	This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. Problems are generally addressable with training or supervision.
2	This level indicates a person with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing themselves when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.
3	This level indicates a person with profound impairment of independent living skills. This youth would be expected to be unable to live independently given current status. Problems require a structured living environment.

YOUTH RESIDENTIAL STABILITY

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

Questions to Consider

- Is the youth staying in temporary housing, homeless shelter, transitional housing?
- Does the youth speak of couch surfing or moving frequently and staying with friends?
- Is the youth looking for new housing due to eviction, being "kicked out of family home," or running away from family home?

Ratings and Descriptions

0	There is no evidence of residential instability. Youth has stable housing for the foreseeable future.
1	Youth has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, some residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the youth found stressful is rated here.
2	Youth has moved multiple times in the past year. This level also includes a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.
3	Youth has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

YOUTH TRANSPORTATION

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

Questions to Consider

- Does youth have reliable transportation?
- Are there any barriers to transportation?

Ratings and Descriptions

0	The youth has no transportation needs.
1	The youth has occasional transportation needs (e.g. appointments). These needs would be no more than weekly and do not require a special vehicle.
2	The youth has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.
3	The youth requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

YOUTH PARENTAL/CAREGIVING ROLE

This item focuses on a youth in any parental/caregiving role.

Questions to Consider

- Is the youth in any roles where the youth cares for someone else – parent, grandparent, younger sibling, or their own youth?
- How well can the youth fill that role?
- Does parenting responsibility impact the youth's life functioning?

Ratings and Descriptions

0	Youth has a parenting or caregiving role, and the youth is functioning appropriately in that role. A youth that does not have a parental or caregiving role would be rated here.
1	The youth has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.
2	The youth has responsibilities as a parent/caregiver, and the youth is currently struggles to meet these responsibilities, or these responsibilities are currently interfering with the youth's functioning in other life domains.
3	The youth has responsibilities as a parent/caregiver, and the person is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the youth to function in other life domains. The youth has the potential of abuse or neglect in their parenting/caregiving role.

Supplemental Information: A youth with a son or daughter, or a youth responsible for the care of another family member (e.g., a parent or grandparent) would be rated here. Include pregnancy as a parenting role. A parentified youth is rated elsewhere.

INTIMATE RELATIONSHIPS

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

Questions to Consider

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

Ratings and Descriptions

0	Youth has a strong, positive, adaptive partner relationship with another; or the youth has maintained a positive partner relationship in the past but is not currently in an intimate relationship.
1	Youth has a generally positive partner relationship with another person. The youth may have had a problematic partner relationship in the past.
2	Youth's partner relationship interferes with their functioning.
3	Youth is currently involved in a negative or unhealthy relationship with another person. This relationship is either dangerous or disabling to the youth.

MEDICATION COMPLIANCE

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

Questions to Consider

- Does the youth remember to take their medication?
- When prompted, does the youth take their medication?
- Does the youth take their prescribed medications as directed by their physician?
- Does the youth ever refuse to take prescribed medications?
- Is there concern that the youth is abusing their medications?

Ratings and Descriptions

0	The youth takes medications as prescribed without assistance or reminders.
1	The youth usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); the youth may benefit from reminders and checks to consistently take medications.
2	The youth takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; the youth may benefit from direct supervision of medication.
3	Youth is not compliant with prescribed medications, or youth has abused his or her medications to a significant degree (e.g., overdosing; using meds to a dangerous degree).

YOUTH EDUCATIONAL ATTAINMENT

This rates the degree to which the youth has completed their planned education.

Questions to Consider

- Does the youth have educational goals?
- How is the youth doing in meeting their educational goals?

Ratings and Descriptions

0	Youth has achieved all educational goals, OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.
1	Youth has set educational goals and is currently making progress towards achieving them.
2	Youth has set educational goals but is currently <u>not</u> making progress towards achieving them.
3	Youth has no educational goals and lack of educational attainment is interfering with youth's lifetime vocational functioning

STRENGTHS

JOB SKILLS

Questions to Consider

- Does youth require additional job skills to maintain current employment?

Ratings and Descriptions

0	Youth has significant job skills consistent with career aspirations.
1	Youth has basic job skills but the youth may not match career aspirations.
2	Youth has limited job skills.
3	Youth has no job skills.

CAREER ASPIRATIONS

Questions to Consider

- Does the youth have goals for their job or career development?
- Is the youth able to identify a job or career path, and does the youth have resources needed to get there?

Ratings and Descriptions

0	Youth has clear and feasible career plans.
1	Youth has career plans but significant barriers may exist to achieving these plans.
2	Youth wants to work but does not have a clear idea regarding jobs or careers.
3	Youth has no career plans or aspirations.

YOUTH INVOLVEMENT WITH CARE

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

Questions to Consider

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

Ratings and Descriptions

0	Youth is knowledgeable of their needs and helps direct planning to address them.
1	Youth is knowledgeable of their needs and participates in planning to address them.
2	Youth is at least somewhat knowledgeable of their needs but is not willing to participate in plans to address them.
3	Youth is neither knowledgeable about their needs nor willing to participate in any process to address them.

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

Optional Module 4: Commercially Sexually Exploited

PLEASE NOTE: This module should be rated if the case is a known CSE case or Youth Trauma Experiences, Sexual Abuse item (pg. 22) is rated '1', '2', or '3', or Youth Risk Behaviors, Runaway item (pg. 57), or Sexually Reactive Behavior item (pg. 58), or Victimization/Exploitation item (pg. 61) is rated '1', '2', or '3'.

PART 1: CSE RISK

Is Victimization/Exploitation rated '2' or '3'?

☐ NO. Complete remaining questions in this section to determine CSE risk.

☐ YES. Case is a known CSE case and is HIGH RISK. Skip the rest of the questions in this section and go to
Part 2: CSE Specific Needs.

Is Victimization/Exploitation rated '1'?

☐ NO (0 points)

☐ YES (1 point)

☐ Age of first exploitation experience is less than 12 years old (1 point)

Is Sexual Abuse rated '1', '2', or '3'?

☐ NO (0 points)

☐ YES (1 point)

☐ Age of first sexual abuse experience is less than 6 years old (1 point)

UNPROTECTED INTERCOURSE

This item is used to describe the degree to which the youth uses standard protection from sexually transmitted infections (STIs) during intercourse.

Questions to Consider	Ratings and Descriptions	
• Does the youth use protection during intercourse? • How consistent is the youth's use of protection during intercourse?	0	Youth always uses protection during intercourse.
	1	Youth generally uses protection during intercourse. Youth may occasionally forget or act impulsively engaging in intercourse even when protection is not readily available.
	2	Youth sometimes uses protection during intercourse. Youth may only use protection in situations where the youth is very concerned about risks.
	3	Youth never uses protection during intercourse.
	N/A	Child is under 13 and was not asked this question.

PERCEPTION OF DANGEROUSNESS

This item is used to describe the degree to which the youth is aware of the dangerousness of their exploitation situation and behavior.

Questions to Consider

- Is the youth aware of the dangerousness of their situation?
- Does the youth take any steps to protect themselves while on the street?

Ratings and Descriptions

0	Youth is fully aware of the dangerousness of their situation and behavior. Youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.
1	Youth is partially aware of the dangerousness of their situation and behavior. Youth generally fails to take precautions.
2	Youth is unaware of the dangerousness of their situation and behavior.
3	Youth actively minimizes the dangerousness of their situation and behavior.
N/A	Child is under 13 and was not asked this question.

PART 2: CASE SPECIFIC NEEDS

The items below should be considered in service planning for CSE youth. In addition to actionable items from the CANS (particularly Risk Behaviors), other domains that should be included are: Traumatic Stress Symptoms Module (pg. 62), Transition to Adulthood Module (pg. 70).

TRAUMA BONDING (STOCKHOLM SYNDROME)

This item is used to describe the degree to which the youth is aware of the dangerousness of their exploitation situation and behavior.

Questions to Consider

- Does the youth recognize that their exploiter is not operating in the youth's best interest?

Ratings and Descriptions

0	Youth recognizes that their pimp or other exploiter is not operating in the best interests of the youth.
1	Youth suspects that their pimp or other exploiter may not be operating in the best interests of the youth.
2	Youth believes that the pimp or other exploiter is operating in their best interests.
3	Youth actively defends and justifies the behavior of their pimp or other exploiter to protect them from accusations of exploitation.

KNOWLEDGE OF EXPLOITATION

This item describes the degree to which the youth is aware that the youth is being exploited.

Questions to Consider

- Is the youth aware of that the youth is being exploited?

Ratings and Descriptions

0	Youth understands that the youth is currently being exploited
1	Youth has some understanding that the youth might currently be exploited; however, the youth is unsure.
2	Youth is unaware of their exploitation.
3	Youth actively denies and/or rationalizes their exploitation.