

Nevada —
Child and Adolescent Needs and
Strengths
(NV-CANS)

Ages 7+

2016
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Nevada Child and Adolescent Needs and Strengths (NV-CANS). 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.

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INTRODUCTION

HISTORY AND BACKGROUND OF THE CANS

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

The CANS gathers information on youth's and parents'/caregivers' needs and strengths. Strengths are the youth's assets: areas of life where he or she is 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 youth 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 NV-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.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of this measurement approach has been that it 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 child-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 the CANS can be completed reliably by individuals working with youth and families. A number of individuals from different backgrounds have been trained to use the CANS assessment reliably including mental health providers, child welfare case workers, 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 youth and family.

- ★ Basic core items – grouped by domain - are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment 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 descriptions. These item level descriptions are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

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

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 NV-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 NV-CANS form (or electronic record).

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

Ratings of 1, 2, or 3 on key core items trigger additional questions in the individualized assessment modules: Substance Use, Transition to Adulthood, Sexual Identity, Developmental Disabilities, Dangerousness, Sexually Aggressive Behaviors, Problematic Sexual Behavior, Runaway, and Juvenile Justice.

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 of strength-building activities. It is important to remember that when developing service and treatment plans for healthy youth/family 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 items 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 is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

HOW IS THE CANS USED?

The CANS is used in many ways to transform the lives of children, 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, measuring ongoing needs, and supporting continuity of care decisions by linking recommendations for future care to current needs.

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

CANS: A BEHAVIOR HEALTH CARE STRATEGY

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

It is a good idea to know the 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 Behavioral/Emotional Needs, Risk Behaviors or Child 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 shift into something like --“you know, he only gets angry when he is in Mr. S’s classroom,”-- you can follow that and ask some questions about situational anger, and then explore other school related issues.

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 serving 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 10) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family 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 him/her.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? Or “do you need me to explain that in another way”?
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying

“Ok, it sounds likeis that right? Would you say that is something that you feel needs to be watched, or is help needed?”

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

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

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

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

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

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

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CANS BASIC STRUCTURE

The Child and Adolescent Needs and Strengths 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 (noted in italics below).

CORE ITEMS

Potentially Traumatic/Adverse

Childhood Experiences

Sexual Abuse
Physical Abuse
Emotional Abuse
Neglect
Medical Trauma
Witness to Family Violence
Exposure to Violence (Non-Family)
Trafficked
War/Terrorism Affected
Victim/Witness to Criminal Activity
Parental Criminal Behavior
Disruptions in Caregiving/Attachment Losses
Systems Induced-Trauma
Natural and/or Manmade Disaster

Behavioral/Emotional Needs

Psychosis (Thought Disorder)
Depression
Anxiety
Oppositional (Comply with Authority)
Conduct
Attention
Impulsivity/Hyperactivity
Anger Control
Substance Use
Eating Disturbance
Behavioral Regression
Somatization
Attachment Difficulties
Adjustment to Trauma
Emotional and/or Physical Regulation

Life Functioning Domain

Family Functioning
Living Situation
Social Functioning
Developmental/Intellectual
Communication
Recreational
Medical/Physical
Sleep
Sexual Development
Activities of Daily Living
School Behavior
School Achievement
School Attendance
Decision-Making
Transition to Adulthood

Youth Strengths Domain

Family Strengths/Support
Interpersonal/Social Connectedness
Educational Setting
Optimism
Talents and Interests
Spiritual/Religious
Youth Involvement with Care
Natural Supports
Peer Influences
Vocational
Resilience
Community Life
Cultural Identity

Cultural Factors Domain

Language
Traditions and Rituals
Family Cultural Stress
Cultural Stress

Risk Factors & Behaviors

Suicide Risk
Non-Suicidal Self-Injurious Behavior
Other Self-Harm (Recklessness)
Danger to Others
Sexual Aggression
Problematic Sexual Behavior
Runaway
Delinquent Behavior
Intentional Misbehavior
Bullying Others
Victimization/Exploitation

Caregiver Resources & Needs Domain

Medical/Physical
Mental Health/Post-traumatic Reactions
Substance Use
Developmental
Supervision
Involvement with Care
Organization
Understanding of Child's Needs
Social Resources
Residential Stability
Family Stress
Access to Public Resources
Transportation
Community Safety
Marital/Partner Violence

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

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

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

Rate these items within the youth’s lifetime.

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

- | | |
|-----|---|
| No | No evidence of any trauma of this type. |
| Yes | Youth has had at least one incident, or multiple incidents, or chronic, on-going experience of this type of trauma. A suspicion that the youth has experienced or been exposed to this type of trauma should be rated here. |

SEXUAL ABUSE

This item rates whether the youth has experienced 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

- | | |
|-----|--|
| No | There is no evidence that the youth has experienced sexual abuse. |
| Yes | Youth has experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Children who have experiences with secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) would also be rated here. |

PHYSICAL ABUSE

This item rates whether the youth as experienced physical abuse.

Questions to Consider

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

Ratings and Descriptions

- | | |
|-----|--|
| No | There is no evidence that the youth has experienced physical abuse. |
| Yes | Youth has experienced physical abuse – mild to severe, or repeated physical abuse with intent to do harm and that causes sufficient physical harm to necessitate hospital treatment. |

EMOTIONAL ABUSE

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

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

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

MEDICAL TRAUMA

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

| Questions to Consider | Ratings and Descriptions |
|---|---|
| <ul style="list-style-type: none">◆ 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? | <p>No There is no evidence that the youth has experienced any medical trauma.</p> <p>Yes Youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short term hospitalization; or events that may have been life threatening and may have resulted in chronic health problems that alter the youth’s physical functioning.</p> |

Supplemental Information: This item describes experiences in which the youth is subjected to medical procedures that are experienced as upsetting and overwhelming. Examples include a youth born with physical deformities who is subjected to multiple surgeries; or a youth who undergoes chemotherapy or radiation. Common medical procedures, which are generally not welcome/unpleasant but are not emotionally or psychologically overwhelming are not rated here.

WITNESS TO FAMILY VIOLENCE

This item rates the violence within the youth's home or family.

Questions to Consider

- ◆ Is there frequent fighting in the youth's family?
- ◆ Does the fighting ever become physical?

Ratings and Descriptions

- No There is no evidence that youth has witnessed family violence.
-
- Yes Youth has witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

EXPOSURE TO VIOLENCE (NON-FAMILY)

This item describes the severity of exposure to violence outside the home or family.

Questions to Consider

- ◆ Does the youth live in a neighborhood with frequent violence?
- ◆ Has the youth been exposed to violence at his/her school setting?

Ratings and Descriptions

- No No evidence that the youth has witnessed violence outside the home (e.g., community or school setting).
-
- Yes The youth has witnessed or experienced violence in the community or in his/her school, such as: fighting; severe and repeated instances of violence and/or the death of another person in his/her community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work).

TRAFFICKED

This item rates the youth's experience of human trafficking – the movement of children for the purposes of forced labor or sexual exploitation. Sexual abuse of children without movement would be rated under Victimization/Exploitation.

Questions to Consider

- ◆ Has the youth ever been moved for the purpose of being exploited?
- ◆ Has the youth even been used for illicit activities such as pornography, trafficking drugs, etc.?

Ratings and Descriptions

- No There is no evidence that youth has experienced human trafficking.
-
- Yes Youth has experienced human trafficking, including: being moved within a country, or across borders, whether by force or not, with the purpose of exploiting the youth. Exploitation could include forced labor (including the use of children for armed conflict), the sexual exploitation of a youth for pornography or pornographic performances, offering a youth for illicit activities such as the production or trafficking of drugs, etc. These activities, by their nature or the circumstances in which they are carried out, are likely to harm the health or safety of the youth.

WAR/TERRORISM AFFECTED

This item rates the youth's experience of exposure to war, political violence, torture or terrorism.

Questions to Consider

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

Ratings and Descriptions

- No There is no evidence that the youth has been exposed to war, political violence, torture or terrorism.
- Yes Youth has experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been psychically or psychologically disabled from the war and are unable to adequately care for the youth; youth may have spent an extended amount of time in a refugee camp, or feared for his/her own life during war or terrorism due to bombings or shelling very near to him/her; 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. Youth who did not live in war or terrorism-affected region or refugee camp, but family was affected by war would be rated here.

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 item rates the youth's experience 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 his/her family ever been the victim of a crime?
- ◆ Has the youth seen criminal activity in his/her community or home?

Ratings and Descriptions

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

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

PARENTAL CRIMINAL BEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

- No There is no evidence that youth's parents have ever engaged in criminal behavior.
- Yes One or both of the youth's parents/guardians have history of criminal behavior that may or may not have resulted in a conviction or incarceration.

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item rates the youth's exposure to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses, potentially resulting in disruptions in attachment.

| Questions to Consider | Ratings and Descriptions |
|--|--|
| ◆ Has the youth ever lived apart from his/her parents/caregivers? | No There is no evidence that the youth has experienced disruptions in caregiving and/or attachment losses. |
| ◆ What happened that resulted in the youth living apart from his/her parents/caregivers? | Yes Youth has been exposed to at least one disruption in caregiving familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent. |

Supplemental Information: 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.

SYSTEMS-INDUCED TRAUMA

This item rates the youth's experiences of trauma related to involvement in the public child, youth, and family serving systems, including child welfare, mental and physical health, and legal systems. These experiences include but are not limited to removal from the home, out-of-home placement(s) and/or multiple placements and relationship disruption, multiple school placements, and disruption of familial and community relationships. Loss related to system involvement should be captured here. Some of these losses may be concrete, such as people, medical records, prescriptions, familiar toys/clothes/ surroundings and housing. Abstract losses to be considered include interrupted development, exposure to legal processes (including testifying against perpetrator), cultural connectedness, and witnessing of parental humiliation by a person in authority.

Direct system-induced trauma would include any experience of neglect and/or abuse by system supervised caregivers or others at the placement (e.g., abuse by other children in placement setting), repeated, insensitive, or humiliating interviews or evaluations, separation from siblings in placement, and/or no contact with significant extended family members and/or community relationships.

| Questions to Consider | Ratings and Descriptions |
|--|--|
| ◆ Has the youth had any involvement with child welfare, mental and physical health, and legal systems? | No No evidence that the youth has had any involvement in public child, youth and family serving systems. |
| ◆ Has the youth exited and reentered the system repeatedly? | Yes The youth has had involvement or there is suspicion of involvement in the public child, youth and family serving systems. This includes single to repeated and/or a significant degree of involvement. |

NATURAL OR MANMADE DISASTER

This item rates the youth's exposure to either natural or manmade disasters.

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

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.

Please Note: Information on DSM-5 diagnoses is provided for informational and descriptive purposes only. The CANS is not intended to be used for diagnostic purposes, and a youth does not need to have a specific diagnosis or meet diagnostic criteria in order to be rated actionable (a '2' or '3' on an item).

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

Rate the highest level from the past 30 days based on relevant information from all sources.

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

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

PSYCHOSIS (THOUGHT DISORDER)

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

Questions to Consider

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

Ratings and Descriptions

- 0 No evidence of psychotic symptoms. Both thought processes and content are within normal range.
- 1 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 exhibiting some symptoms for schizophrenia spectrum and other psychotic disorders.
- 2 Evidence of disturbance in thought process or content that may be impairing his/her 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 Clear evidence of dangerous hallucinations, delusions, or bizarre behavior. Behavior 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.

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 dimension 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 she/he withdrawn from normal activities?
- ◆ Does the youth seem lonely or not interested in others?

Ratings and Descriptions

- 0 No evidence of problems with depression.
- 1 History or suspicion of depression or mild to moderate 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 gross avoidance behavior.
- 2 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 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. This level is used to indicate an extreme case of one of the disorders from the category listed above.

Supplemental information: Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among children, particularly young children. The main difference between depression in children and adolescents and depression in adults is that among children and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression. Youth 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.). Children in the depressive phase of Bipolar Disorder may be rated here.

ANXIETY

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

Questions to Consider

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

Ratings and Descriptions

- 0 No evidence of anxiety symptoms.
- 1 There is a history, suspicion, or mild level of anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the DSM-5 Anxiety Disorders.
- 2 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 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.

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 child or adolescent.

Questions to Consider

- ◆ Does the youth follow her/his parents' 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 her/him to do something?
- ◆ Does the youth do things that she/he has been expressly told not to do?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No evidence of oppositional behaviors. |
| 1 | There is a history or mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school. |
| 2 | 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 | 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 instructions. A youth rated at this level would be a severe case of Oppositional Defiant Disorder. Youth repeatedly ignores 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' indicates that a youth is generally compliant, recognizing that all children and youth fight authority sometimes.
- A '1' indicates a problem that has recently started (in the past 6 months) that is not causing significant functional impairment, or a problem that is beginning to resolve through successful intervention.
- A '3' is used for youth whose oppositional behavior puts them at some physical peril.

CONDUCT

This item rates the degree to which a youth engages in behavior that is consistent with the symptoms 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 criminal activity?
- ◆ 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 evidence of serious violations of others or laws. |
| 1 | There is a history or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community. |
| 2 | 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 | Evidence of a severe level of conduct problems, as described above, that places the youth or community at significant risk of physical harm due to these behaviors. This rating indicates a youth with a severe conduct disorder. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior. |

Supplemental Information: These symptoms include antisocial behaviors like theft/shoplifting, pathological lying, deceitfulness, vandalism, cruelty to animals, assault and/or serious violations 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.

ATTENTION

Problems with attention and staying on task would be rated here.

Questions to Consider

- ✦ Can the youth stay on task?
- ✦ Is the youth's inability to stay on task interfering with school?

Ratings and Descriptions

- 0 This rating is used to indicate a youth that is able to pay attention and stay on task at a level consistent with age and developmental level.
- 1 This rating is used to indicate a youth with evidence of mild problems with attention. The youth may occasionally have difficulty staying on task for an age appropriate time period.
- 2 This rating is used to indicate a youth with evidence of moderate problems with attention. The youth frequently has difficulty staying on task for an age appropriate time period.
- 3 This rating is used to indicate a youth with evidence of major problems with attention. The youth is unable to stay on task for an age appropriate time period.

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) and 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

- ✦ Is the youth unable to sit still for any length of time?
- ✦ Does she/he have trouble paying attention for more than a few minutes?
- ✦ Is the youth able to control his/herself (behavior, talking)?

Ratings and Descriptions

- 0 No evidence of symptoms of loss of control of behavior.
- 1 There is a history or evidence 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 his/her turn. Some motor difficulties may be present as well, such as pushing or shoving others.
- 2 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 moderate levels of impulsive behavior who may represent a significant management problem. A youth who often intrudes on others and often exhibits aggressive impulses would be rated here.
- 3 Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that can place 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. He or she endangers self or others without thinking.

Supplemental Information: This item is designed to allow for the description of the youth's ability to control his/her own behavior, including impulsiveness, hyperactivity and/or distractibility. If a youth has been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD) and disorder of impulse control, these may be rated here. Youth 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 youth'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.

ANGER CONTROL

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

Questions to Consider

- ◆ How does the youth control his/her emotions?
- ◆ Does he/she get upset or frustrated easily?
- ◆ Does he/she overreact if someone criticizes or rejects him/her?
- ◆ Does the youth seem to have dramatic mood swings?

Ratings and Descriptions

- 0 No evidence of any significant anger control problems.
- 1 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 Youth's difficulties with controlling his/her anger are impacting functioning in at least one life domain. His/her temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
- 3 Youth's temper or anger control problem is dangerous. He/she frequently gets into fights that are often physical. Others likely fear him/her.

SUBSTANCE USE*

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a youth. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders.

Questions to Consider

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

Ratings and Descriptions

- 0 Youth has no notable substance use history or difficulties at the present time.
- 1 Youth has substance use problems that might occasionally interfere with his/her daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.
- 2 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 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. Immediate and/or intensive interventions are indicated.

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

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

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 s/he seem to be overly concerned about his/her weight?

Ratings and Descriptions

- 0 No evidence of eating disturbances.
- 1 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.

EATING DISTURBANCE continued

Questions to Consider

- ◆ Does she/he ever refuse to eat, binge eat, or hoard food?
- ◆ Has the youth ever been hospitalized for eating related issues?

- 2 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 Youth's eating disturbance is dangerous or puts his/her 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.

BEHAVIORAL REGRESSION

This rating describes shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.

Questions to Consider

- ◆ Is the youth displaying behaviors that were more typical of when he/she was younger?
- ◆ Is the behavior pathological or in line with environmental changes?

Ratings and Descriptions

- 0 This rating is given to a youth with no evidence of behavioral regression.
- 1 This rating is given to a youth with some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate).
- 2 This rating is given to a youth with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
- 3 This rating is given to a youth with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.

SOMATIZATION

Symptoms in this item include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

Questions to Consider

- ◆ Has the youth had a complete physical exam?
- ◆ Does the youth have consistent medical care?
- ◆ What needs of the youth have been previously identified?
- ◆ Is the physical complaint a function of development or communication?

Ratings and Descriptions

- 0 There is no evidence of unexplained somatic symptoms.
- 1 There are some somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
- 2 There are somatic problems that are impairing youth's functioning in one life domain, or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This youth may meet criteria for a somatoform disorder. Additionally, the youth could manifest any conversion symptoms here (e.g., pseudo-seizures, paralysis).

SOMATIZATION continued

- 3 This rating indicates a youth with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

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 youth have separation anxiety issues that interfere with ability to engage in school?

Ratings and Descriptions

- 0 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 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 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 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 his/her attachment behaviors. Youth may have experienced chronic, inadequate care or significant early separation from or loss of caregiver, or may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

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

- ◆ What was the youth’s trauma?
- ◆ How is it connected to the current issue(s)?
- ◆ What are the individual’s coping skills?
- ◆ Who is supporting the youth?

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 his/her behavior that are controlled by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
- 2 Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with youth’s functioning in at least one life domain. 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 (consistent with PTSD).

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

- If a youth has not experienced any trauma or if their traumatic experiences no longer impact their functioning, then he/she would be rated a ‘0’.
- A ‘1’ would indicate a youth who is making progress in adapting or recovering from a trauma(s) or a youth who experienced a trauma(s) where the impact on his/her well-being is not yet known and/or mild problems are present that we suspect are related to the trauma (watchful waiting).
- A ‘2’ would indicate a moderate level of symptoms related to the youth’s history of trauma exposure. Problems at this degree may meet criterion for a DSM diagnosis. Such diagnoses may be trauma related such as Posttraumatic Stress Disorder (PTSD) or related to one or more other diagnoses.
- A ‘3’ indicates severe symptoms requiring immediate attention. There is likely more than one DSM diagnosis and/or another trauma related disorder present (e.g. PTSD, complex trauma).

EMOTIONAL AND/OR PHYSICAL REGULATION

These symptoms are characterized by difficulties with arousal regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyperaroused, or quickly fluctuating energy level.

The individual may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The individual's behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

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?
- ◆ Has the youth's developmental age been considered with regard to presenting behaviors?

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 his/her 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.

LIFE FUNCTIONING DOMAIN

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

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

Rate the highest level from the past 30 days based on relevant information from all sources.

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

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

FAMILY FUNCTIONING

This item evaluates and rates the youth's relationships with those who are in his/her family. It is recommended that the description of family should come from the youth's perspective (i.e. who the youth describes as his/her 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 his/her 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 his/her family?

Ratings and Descriptions

- 0 No evidence of problems in relationships with family members, and/or youth is doing well in relationships with family members.
- 1 History or suspicion of problems, and/or youth is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with youth. Arguing may be common but does not result in major problems.
- 2 Youth's problems with parents, siblings and/or other family members are impacting his/her functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.
- 3 Youth's problems with parents, siblings, and/or other family members are debilitating, placing him/her at risk. This would include problems of domestic violence, absence of any positive relationships, etc.

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

LIVING SITUATION

This item refers to how the youth is functioning in his/her current living arrangement, which could be with a relative, in a foster home, etc. (If youth is living with the family, ratings for Family Functioning and Living Situation would be the same.)

| Questions to Consider | Ratings and Descriptions |
|---|--|
| <ul style="list-style-type: none">◆ 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? | 0 No evidence of problem with functioning in current living environment. Youth and caregivers feel comfortable and safe dealing with issues that come up in day-to-day life. |
| | 1 Youth experiences 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 Youth has difficulties maintaining his/her behavior in this living situation creating significant problems for others in the residence. Youth and caregivers have difficulty interacting effectively with each other much of the time. |
| | 3 Youth's problems with functioning in this living situation place him/her at immediate risk of being removed from living situation due to his/her 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 – current status in getting along with others in his/her life. It includes age appropriate behavior and the ability to make and sustain relationships during the past 30 days.

| Questions to Consider | Ratings and Descriptions |
|--|---|
| <ul style="list-style-type: none">◆ Currently, how well does the youth get along with others?◆ Has there been an increase in peer conflicts?◆ Does she/he have unhealthy friendships?◆ Does she/he tend to change friends frequently? | 0 No evidence of problems and/or youth has developmentally appropriate social functioning. |
| | 1 History or evidence of problems with youth's social functioning or has a history of problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations. |
| | 2 Youth is having some moderate problems with his/her social relationships. Youth often has problems interacting with others and building and maintaining relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support. |
| | 3 Youth consistently and pervasively has problems interacting with others and building and maintaining relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk. |

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 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 evidence of developmental delay and/or youth has no developmental problems or intellectual disability.
- 1 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 Youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
- 3 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.
- NA Intellectual disability is suspected but not confirmed. A referral to psychological testing should occur prior to rating this item as NA.

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

Supplemental Information: This item rates the presence of intellectual or developmental disabilities only and does not refer to broader issues of healthy development. Note that learning disability in and of itself would not be rated in this item. Youth with suspected low IQ or developmental delays who has not been previously diagnosed and/or assessed would be rated here and a referral for assessment would be recommended.

COMMUNICATION

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

Questions to Consider

- ◆ Is the youth able to understand others' communications?
- ◆ Is the youth able to communicate to others?

Ratings and Descriptions

- 0 Youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the youth has any problems communicating.
- 1 Youth has a history of communication problems but currently is not experiencing problems.
- 2 Youth has limited receptive and expressive communication that interferes with his/her functioning.
- 3 Youth has serious communication difficulties and is unable to communicate.

RECREATION

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 his/her free time?

Ratings and Descriptions

- 0 No evidence of any problems with recreational functioning or play. Youth has access to sufficient activities that he/she enjoys and makes full use of leisure time to pursue recreational activities that support his/her healthy development and enjoyment.
- 1 Youth is doing adequately with recreational activities although at times has difficulty using leisure time to pursue recreational activities.
- 2 Youth may experience some problems with recreational activities and effective use of leisure time.
- 3 Youth has no access to or interest in recreational activities. Youth has significant difficulties making use of leisure time.

MEDICAL/PHYSICAL

This item rates the youth's health status, as well as physical limitations, including chronic conditions that impair eating, breathing, vision, hearing, mobility, or other functions.

Questions to Consider

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

Ratings and Descriptions

- 0 Youth has no current health problems, chronic conditions or physical limitations.
- 1 Youth has a physical condition(s) or medical issues that place mild limitations on activities.
- 2 Youth has a physical condition(s) or medical issues that notably impact activities. Sensory disorders such as blindness, deafness, or significant motor difficulties could be rated here.
- 3 Youth has severe medical issues or multiple physical conditions that put him/her at risk.

SLEEP

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.

Questions to Consider

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

Ratings and Descriptions

- 0 No evidence of problems with sleep.
- 1 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. Problems with sleep in the past are rated here. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
- 2 Youth's sleep is often disrupted and he/she seldom obtains a full night of sleep. Disrupted sleep is resulting in functioning impairment in at least one life domain. Toddlers and preschoolers may experience difficulty falling asleep, night walking, night terrors or nightmares on a regular basis.
- 3 Youth is generally sleep deprived. Sleeping is almost always difficult for the youth and s/he is not able to get a full night's sleep. Lack of sleep is putting the youth at risk. Parents have exhausted numerous strategies for assisting youth.

SEXUAL DEVELOPMENT*

This item looks at broad issues of sexual development including sexual behavior or sexual concerns, and the reactions of others to any of these factors. Sexually abusive behaviors are rated elsewhere. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.

| Questions to Consider | Ratings and Descriptions |
|--|--|
| <ul style="list-style-type: none">◆ Are there concerns about the youth's healthy sexual development?◆ Is the youth sexually active?◆ Does she/he have less/more interest in sex than other children his/her age? | 0 No evidence of issues with the sexual development. |
| | 1 History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include concerns about sexual identity or anxiety about the reaction of others. |
| | 2 Moderate to serious problems with sexual development that interferes with youth's life functioning in other life domains. |
| | 3 Youth has severe problems with sexual development. |

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

ACTIVITIES OF DAILY LIVING

This item rates the ability of the individual to perform activities of daily living (e.g., self-care, including feeding, bathing, dressing, grooming; work; and leisure activities).

| Questions to Consider | Ratings and Descriptions |
|---|---|
| <ul style="list-style-type: none">◆ Is the youth able to perform activities of daily living as age-appropriate?◆ Are there areas where the youth is having problems?◆ How do these problems impact the youth's functioning (and not other people's personal preferences)? | 0 No evidence of problems with activities of daily living. The youth is fully independent across these areas, as developmentally appropriate. |
| | 1 Mild problems with activities of daily living. The individual is generally good with such activities but may require some adult support to complete some specific developmentally appropriate activities. |
| | 2 Moderate problems with activities of daily living. The individual has difficulties with developmentally appropriate activities. |
| | 3 Severe problems with activities of daily living. The individual requires significant and consistent adult support to complete developmentally appropriate activities. |

SCHOOL BEHAVIOR

This item rates the behavior of the youth in school or school-like settings. (e.g., private schools, home-school, after school programs).

| Questions to Consider | Ratings and Descriptions |
|---|--|
| <ul style="list-style-type: none">◆ How is the youth behaving in school?◆ Has s/he had any detentions or suspensions?◆ Has s/he needed to go to an alternative placement? | 0 No evidence of behavior problems at school or other educational settings. Youth is behaving in an appropriate manner. |
| | 1 Youth has mild behavioral problems that may be related to relationships with teachers and/or peers. These behavioral problems may result in a single detention. |
| | 2 Youth has moderate behavioral problems. He/she is disruptive and may receive multiple detentions and/or suspensions. |
| | 3 Youth has severe behavior problems resulting in severe and frequent classroom disruptions. Current behaviors may result in out of school and/or alternative placement. |

SCHOOL ACHIEVEMENT

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

Questions to Consider

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

Ratings and Descriptions

- 0 Youth performs at or above grade level, passes all classes and is on track to meet his/her educational goals.
- 1 Youth performs at or slightly below grade level, does well in school and has some identified learning issues.
- 2 Youth performs below grade level and may be failing some subjects. Youth is at risk for failing current grade.
- 3 Youth performs more than one year behind same-age peers academically. Youth has severe school achievement problems and may fail most subjects. Youth is not expected to pass current grade.

SCHOOL ATTENDANCE

This item rates the behavior of the youth in school or school-like settings. If school, day care or other educational setting is not in session, rate the last 30 days it was in session.

Questions to Consider

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

Ratings and Descriptions

- 0 No evidence of attendance problems. Youth attends school, day care, or other educational setting regularly and arrives on time.
- 1 Youth has some problems consistently attending school, day care or other educational setting. The youth may generally attend school, he/she may occasionally have absences and/or multiple tardy infractions. Additionally, the youth may have a history of moderate to severe attendance problems in past six months, but attends regularly and arrives to school timely (measured within the last 30 days).
- 2 Youth has moderate problems with school attendance. He/she may have multiple absences or tardy infractions per week resulting in referrals and/or school detention.
- 3 Youth has truancy issues and/or refuses to attend school. Parents may not be aware of these issues. A school-aged youth that is NOT enrolled in school may be rated here.

DECISION-MAKING

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

Questions to Consider

- ◆ How is the youth's judgment and ability to make good decisions?
- ◆ Does she/he typically make good choices for him/herself?

Ratings and Descriptions

- 0 No evidence of problems with judgment or decision-making that result in harm to development and/or well-being.
- 1 There is a history or suspicion of problems with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being.
- 2 Problems with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being. As a result, the youth requires more supervision than expected for his/her age.
- 3 Youth makes decisions that would likely result in significant physical harm to self or others. Youth requires intense and constant supervision, over and above that expected for youth's age.

TRANSITION TO ADULthood*

| | Ratings and Descriptions | |
|-------------------------|--------------------------|--|
| Question to Consider | 0 | Youth is under 14 years of age. |
| ✦ How old is the youth? | 1 | Youth is 14 years old or older, or youth is younger than 14 but transition issues are relevant (e.g., youth is in a parenting role). |

***A rating of '1' on this item triggers the Transition to Adulthood Module.**

YOUTH STRENGTHS DOMAIN

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?

Rate the highest level from the past 30 days based on relevant information from all sources

For the Youth Strengths Domain, use the following categories and action levels:

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

FAMILY STRENGTHS/SUPPORT

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

Questions to Consider

- ◆ 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?

Ratings and Descriptions

- 0 Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the youth and is able to provide significant emotional or concrete support. Youth is fully included in family activities.
- 1 Family has some good relationships and good communication. Family members are able to enjoy each other’s company. There is at least one family member who has a strong, loving relationship with the youth and is able to provide limited emotional or concrete support.
- 2 Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.
- 3 Family needs significant assistance in developing relationships and communications, or youth has no identified family. Youth is not included in normal family activities.

Supplemental Information: Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the youth’s perspective (i.e., who the youth describes as his/her family). If you do not know this information, a definition of family that includes biological/adoptive relatives and their significant others with whom the youth is still in contact is recommended. Do not rate residential placement as “family.”

INTERPERSONAL/SOCIAL CONNECTEDNESS

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

| | | |
|---|---------------------------------|--|
| <p>Questions to Consider</p> <ul style="list-style-type: none">◆ 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 him/her? | <p>Ratings and Descriptions</p> | |
| | 0 | Youth has an easy temperament and, if old enough, is interested in and effective at initiating relationships with other children or adults. If still an infant, youth exhibits anticipatory behavior when fed or held. |
| | 1 | Youth responds positively to social initiations by adults, but may not initiate such interactions by him- or herself. |
| | 2 | Youth may be shy or uninterested in forming relationships with others. If still an infant, youth may have a temperament that makes attachment to others a challenge. |
| | 3 | Youth does not exhibit any age-appropriate social gestures (e.g., social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here. |

EDUCATIONAL SETTING

This item refers to the strengths of the school system/training program, and may or may not reflect any specific educational skills possessed by the youth.

| | | |
|--|---------------------------------|---|
| <p>Questions to Consider</p> <ul style="list-style-type: none">◆ Is the school an active partner in the youth's education?◆ Does youth like school?◆ Has there been at least one year in which she/he did well in school?◆ When has the youth been at her/his best in school? | <p>Ratings and Descriptions</p> | |
| | 0 | The school/preschool or training program works closely with the youth and family to identify and successfully address the youth's educational needs; OR the youth excels in school/preschool or training program. |
| | 1 | School/preschool or training program works with the youth and family to address the youth's educational needs; OR the youth likes school. |
| | 2 | The school/preschool or training program is currently unable to adequately address the youth's needs. This level indicates a youth who is in school/preschool training program but has a plan that does not appear to be effective. |
| | 3 | The school/preschool or training program is unable and/or unwilling to work to identify and address youth's needs. This level indicates a youth who is either not in school/preschool or a training program or is in a setting that does not further his/her education. |
| | NA | The youth is not in school. |

Supplemental Information: This rating refers to the strengths of the school system or training program, and may or may not reflect any specific educational skills possessed by the youth. A rating of '2' would be given if the school is not able to address the youth's needs despite an IEP, etc.

OPTIMISM

This rating should be based on the youth's sense of him/herself in his/her own future. This rates the youth's future orientation.

Questions to Consider

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

Ratings and Descriptions

- 0 Youth has a strong and stable optimistic outlook for his/her future.
- 1 Youth is generally optimistic about his/her future.
- 2 Youth has difficulty maintaining a positive view of him/herself and his/her life. Youth's outlook may vary from overly optimistic to overly pessimistic.
- 3 There is no evidence of optimism at this time and/or youth has difficulties seeing positive aspects about him/herself or his/her future.

Supplemental Information: There is a strong literature indicating 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 him/herself or his/her 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 s/he enjoy doing?
- ◆ Is s/he engaged in any pro-social activities?
- ◆ What are the things that the youth does particularly well?

Ratings and Descriptions

- 0 Youth has a talent that provides him/her with pleasure and/or self-esteem. Youth with significant creative/artistic strengths would be rated here.
- 1 Youth has a talent, interest, or hobby that has the potential to provide him/her with pleasure and self-esteem. A youth with a notable talent (e.g., involved in athletics or plays a musical instrument, etc.) would be rated here.
- 2 Youth has expressed interest in developing a specific talent, interest or hobby even if he/she has not developed that talent to date.
- 3 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 and/or 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 | This level indicates a youth with strong moral and spiritual strengths. Youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times. |
| | 1 | Youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community. |
| | 2 | Youth has expressed some interest in spiritual or religious belief and practices, and may have little contact with religious institutions. |
| | 3 | There is no evidence of identified spiritual or religious beliefs, nor does the youth show any interest in these pursuits at this time. |

YOUTH INVOLVEMENT WITH CARE

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

| | | |
|---|--------------------------|---|
| Questions to Consider ◆ How does youth understand his/her needs and challenges? ◆ Does the youth attend sessions willingly and participate fully? | Ratings and Descriptions | |
| | 0 | Youth is knowledgeable of his/her needs and helps direct planning to address them. |
| | 1 | Youth is knowledgeable of his/her needs and participates in planning to address them. |
| | 2 | Youth is at least somewhat knowledgeable of his/her needs but is not willing to participate in plans to address them. |
| | 3 | Youth is neither knowledgeable about his/her 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. Expectations for involvement in planning are lower for children than for adolescents. Small children are not expected to participate so a '3' rating is OK to mean no evidence or not identified. Remember the absence of a strength is not a need.

NATURAL SUPPORTS

Refers to unpaid helpers or supports 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 his/her life that are positive influences? | Ratings and Descriptions | |
| | 0 | Youth has significant natural supports that contribute to the youth's healthy development. |
| | 1 | Youth has identified natural supports that provide some assistance in the youth's healthy development. |
| | 2 | Youth has some identified natural supports, however, they are not actively contributing to the youth's healthy development. |
| | 3 | Youth has no known natural supports (outside of family and paid caregivers). |

PEER INFLUENCES

This item rates the influence of the youth's peers on each other.

Questions to Consider

- ◆ Does the youth have friends? Do the friends demonstrate good judgment?
- ◆ Are the individual's current friends court-involved?
- ◆ Are they otherwise involved in their community?

Ratings and Descriptions

- 0 Individual's primary peer social network is a strong positive influence on each other.
- 1 Youth has peers in his/her primary peer social network who engage in prosocial behavior most of the time.
- 2 Youth has some peers who engage in prosocial behavior but individual is not a primary member of this group.
- 3 Youth rarely spends time with prosocial peers and/or could be gang-involved.

VOCATIONAL

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

Questions to Consider

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

Ratings and Descriptions

- 0 Youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
- 1 Youth is working; however, the job is not consistent with developmentally appropriate career aspirations.
- 2 Youth is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate a youth with a clear vocational preference.
- 3 Youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a youth with no known or identifiable vocational skill and no expression of any future vocational preferences.

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.

RESILIENCE

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

Questions to Consider

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

Ratings and Descriptions

- 0 Youth recognizes and uses his/her strengths for healthy development, problem solving, or rebounding from stressful life events.
- 1 Youth recognizes his/her strengths, but is not yet able to use them effectively in support of his/her healthy development, problem solving or rebounding from stressful life events.
- 2 Youth has limited ability to recognize and use his/her strengths effectively in support of his/her healthy development, problem solving or rebounding from stressful life events.
- 3 Youth is not yet able to identify personal strengths and who has no known evidence of being able to overcome adverse situations in her/his life. A youth who currently has no confidence in her/his ability to overcome setbacks should be rated here.

COMMUNITY LIFE

This item reflects the youth's connection to people, places or institutions in his or her 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 s/he is part of a community?
- ◆ Are there activities that the youth does in the community?

Ratings and Descriptions

- 0 Youth is well integrated into his/her community. He/she is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
- 1 Youth is somewhat involved with his/her community. This level can also indicate a youth with significant community ties although they may be relatively short term (e.g. past year).
- 2 Youth has an identified community but has only limited, or unhealthy, ties to that community.
- 3 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. A youth's connection to the community is assessed by the degree to which she/he is involved with the institutions of that community. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and could be rated a '3'.

CULTURAL IDENTITY

Cultural identity refers to the child'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?

Ratings and Descriptions

- 0 The youth has defined a cultural identity and is connected to others who support the youth's cultural identity.
- 1 The youth is developing a cultural identity and is seeking others to support the youth's cultural identity.
- 2 The youth is searching for a cultural identity and has not connected with others.
- 3 The youth does not express a cultural identity.

CULTURAL FACTORS DOMAIN

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, socio-economic status and/or geography. Literature exploring issues of health care disparity states that race and/or ethnic group membership may be a primary influence on health outcomes.

It is important to remember when using the 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?

Rate the highest level from the past 30 days based on relevant information from all sources.

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

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

LANGUAGE

This item concerns any language-related needs that a youth or the family might have that affect their participation in services. This item includes spoken, written, and sign language, as well as addresses issues of literacy.

Questions to Consider

- ♦ What language does the family speak at home?
- ♦ Is there a youth interpreting for the family in situations that may compromise the youth or family’s care?
- ♦ 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 evidence that there is a need or preference for an interpreter or bilingual services and/or the youth and family speak, hear, and read English.
- 1 Youth and/or family speak or read English, but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
- 2 Youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention; qualified individual can be identified within natural supports.
- 3 Youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention; no such individual is available from among natural supports.

Supplemental Information: This item looks at whether the youth and family need help to communicate with others in English. This item includes both spoken and sign language. In immigrant families, the youth often becomes that translator. While in some instances, 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 it may 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 traditions are important to the youth?
- ◆ Does the youth fear discrimination for practicing his/her traditions and rituals?

Ratings and Descriptions

- 0 Youth and family are consistently able to practice traditions and rituals consistent with their cultural identity.
- 1 Youth and family are generally able to practice traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.
- 2 Youth and family experience significant barriers and are sometimes prevented from practicing traditions and rituals consistent with their cultural identity.
- 3 Youth and family are unable to practice traditions and rituals consistent with their cultural identity.

FAMILY CULTURAL STRESS

All individuals are members of multiple identifiable cultural groups. This item describes possible problems that children, adolescents, or the family may experience with the relationship between their cultural membership and the predominant culture in which they live. This can include but should not be limited to concerns with language, ritual, discrimination, identity, and group membership.

Questions to Consider

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

Ratings and Descriptions

- 0 No evidence of stress for the family or individuals within the family that results from cultural identity and the communities in which they function.
- 1 Some evidence of mild or occasional stress resulting from friction between the family's, or individuals within the family's, cultural identity and the communities in which they function.
- 2 The family is experiencing cultural stress from friction between the family's, or individuals within the family's, cultural identity and current communities, and that is causing some problems with functioning.
- 3 The family is experiencing a high level of cultural stress between the family's, or individuals within the family's, cultural identity and communities in which they function that is making functioning very difficult under the present circumstances.

CULTURAL STRESS

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

| Questions to Consider | Ratings and Descriptions |
|--|---|
| ◆ Has the youth experienced any problems with the reaction of others to his/her cultural identity? | 0 No evidence of stress between the youth's cultural identity and current living situation. |
| ◆ Has the youth experienced discrimination? | 1 Some mild or occasional stress resulting from friction between the youth's cultural identity and his/her current living situation. |
| | 2 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 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. |

RISK FACTORS & BEHAVIORS

This section identifies factors that can increase a youth’s likelihood of mental health and other difficulties developing and well as current behaviors that place the child at risk. Time frames in this section can change (particularly for ratings 1 and 3) away from the standard 30-day rating window.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the Risk Factors & Behaviors use the following categories and action levels:

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

SUICIDE RISK

This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a youth to end his/her life. A rating of 2 or 3 would indicate the need for a safety plan. Notice the specific time frames for each rating.

Questions to Consider

- ♦ Has the youth ever talked about a wish or plan to die or to kill him/herself?
- ♦ Has she/he ever tried to commit suicide?

Ratings and Descriptions

- 0 No evidence of suicidal ideation.
- 1 History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the past 30 days.
- 2 Recent ideation or gesture but not in the past 24 hours. Recent (last 30 days), but not acute (today), suicidal ideation or gesture.
- 3 Current ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation and intent in the past 24 hours.

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 ever purposely hurt him/herself (e.g., cutting)?

Ratings and Descriptions

- 0 No evidence of any forms of self-injury.
- 1 A history of self-injurious behavior but none within the past 30 days or minor self-injuring behavior (i.e., scratching) in the last 30 days that does not require any medical attention.
- 2 Moderate self-injurious behavior in the last 30 days requiring medical assessment (cutting, burns, piercing skin with sharp objects, repeated head banging) that has potential to cause safety risk to youth.
- 3 One or more incidents of self-injurious behavior in the last 30 days requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put youth’s health at risk.

Supplemental Information: Suicidal behavior with intent to die is not self-injury. Carving and cutting on the body are common examples of self-injury 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-injury 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 him/herself? (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?

Ratings and Descriptions

- 0 No evidence of behaviors that place the youth at risk of physical harm.
- 1 History of behavior (excluding suicide or self-injurious behavior) that places youth at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the youth.
- 2 Engaged in behavior (excluding suicide or self-injurious behavior) that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
- 3 Engaged in reckless or intentional risk-taking behavior (excluding suicide or self-injurious behavior) that places him/her at immediate risk of death.

Supplemental Information: Any behavior that the youth engages in that has significant potential to place him/her 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 her/himself 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 a youth that has placed him/herself in significant physical jeopardy during the rating period.

DANGER TO OTHERS*

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

Questions to Consider

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

Ratings and Descriptions

- 0 No evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
- 1 History of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days. History of fire setting (not in past year) would be rated here.
- 2 Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression. Homicidal ideation in the last 30 days would be rated here.
- 3 Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child or youth is an immediate risk to others.

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

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

SEXUAL AGGRESSION*

This item describes both aggressive sexual behavior and sexual behavior in which the youth takes advantage of a younger or less powerful individual. The severity and recency of the behavior provide important information needed to rate this item.

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|--|--|
| <p>Questions to Consider</p> <ul style="list-style-type: none">◆ Has the youth ever been accused of being sexually aggressive towards another youth?◆ Has the youth had sexual contact with a younger individual? | <p>Ratings and Descriptions</p> <p>0 No evidence of sexually aggressive behavior.</p> <hr/> <p>1 History of sexually aggressive behavior (but not in past year) OR sexually inappropriate non-physical behavior in the past year that troubles others such as harassing talk or language.</p> <hr/> <p>2 Youth engages in sexually aggressive behavior that impairs his/her functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching). Frequent disrobing would be rated here only if it was sexually provocative.</p> <hr/> <p>3 Youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.</p> |
|--|--|

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

PROBLEMATIC SEXUAL BEHAVIOR*

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

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|---|--|
| <p>Questions to Consider</p> <ul style="list-style-type: none">◆ Has the youth ever been involved in sexual activities or done anything sexually inappropriate?◆ Has the youth ever had difficulties with sexualized behavior or problems with physical/sexual boundaries? | <p>Ratings and Descriptions</p> <p>0 No evidence of problems with sexual behavior over the past year.</p> <hr/> <p>1 History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here.</p> <hr/> <p>2 Youth's problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age inappropriate sexualized behavior, or lack of physical/sexual boundaries, is rated here.</p> <hr/> <p>3 Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.</p> |
|---|--|

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

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 she/he go? How long did s/he stay away? How was she/he found?
- ◆ Does s/he ever threaten to run away?

Ratings and Descriptions

- 0 Youth has no history of running away or ideation of escaping from current living situation.
- 1 Youth has no recent history of running away but has expressed ideation about escaping current living situation. Youth may have threatened running away on one or more occasions or has a history of running away but not in the past year.
- 2 Youth has run from home once or run from one treatment setting within the past year. Also rated here is a youth who has runaway to home (parental or relative) in the past year.
- 3 Youth has run from home and/or treatment settings within the last 7 days or run from home and/or treatment setting twice or more overnight during the past 30 days. A youth who is currently a runaway is rated here.

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

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, driving without a license). Sexual offenses should be included as criminal behavior. If caught, the youth could be arrested for this behavior.

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 evidence or has no history of delinquent behavior
- 1 There is a history or suspicion of delinquent behavior, but none in the past 30 days. Status offenses in the past 30 days would be rated here.
- 2 Moderate level of delinquent behavior including high likelihood of acts in the past 30 days (e.g., vandalism, shoplifting).
- 3 Serious recent acts of delinquent activity in the past 30 days that place others at risk of significant loss or injury, or place 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 Juvenile Justice Module.**

INTENTIONAL MISBEHAVIOR

This rating describes intentional behaviors that a youth engages in to force others to sanction her/him. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which she/he lives) that put the youth at some risk of sanctions. It is not necessary that the youth be able to articulate that the purpose of his/her misbehavior is to provide sanctions/reactions 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 | Youth shows no evidence of problematic social behaviors that cause adults to sanction him/her. |
| 1 | History or evidence of problematic social behaviors that force adults to sanction the youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level. |
| 2 | Youth may be intentionally getting in trouble in school or at home and the sanctions or threat of sanctions that result are causing problems in the youth's life. |
| 3 | Frequent, inappropriate social behavior that forces adults to seriously and/or repeatedly sanction the youth. Social behaviors are sufficiently severe (e.g., cause harm to others) that they place the youth at risk of significant sanctions (e.g., expulsion, removal from the community). |

Supplemental Information: This item refers to a youth engaging in obnoxious, inappropriate or irritating behaviors that force adults to sanction him/her. The youth may be intentionally misbehaving in order to force the adult to sanction him/her. Examples would include a youth who intentionally test his/her foster parents to see whether they will kick him/her out of their home.

- Youth generally know the likely sanctions as a result of their behavior. Sometimes they will pick one sanction over another (e.g., kicked out of school rather than failing academically).
- In order to rate a '2' or '3', there must be clear evidence that the youth is intentionally misbehaving (rather than not having control of his/her behavior; this would be rated Impulsivity/Hyperactivity) AND the youth is trying to receive a specific consequence.
- If the youth has received, or is in danger of receiving, a consequence, a rating of '3' would be appropriate.
- If it is not clear that the behavior is intentional, or what the youth stands to gain from getting into trouble, or if it is not directed at an adult, a rating of '1' for suspicion would be recommended.
- A '1' would also be used for a youth seeking attention.

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

- ◆ Have there been any reports that the youth has picked on, made fun or, harassed or intimidated another person?
- ◆ Are there concerns that the youth might bully other children?
- ◆ Does the youth hang around with other people who bully?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No evidence that the youth has ever engaged in bullying at school or in the community. |
| 1 | History or suspicion of bullying, or youth has engaged in bullying behavior or associated with groups that have bullied other children. |
| 2 | Youth has bullied other children in school or in the community. He/she has either bullied the other children, or led a group that bullied other children. |
| 3 | Youth has repeatedly utilized threats or actual violence when bullying others in school and/or in the community. |

VICTIMIZATION/EXPLOITATION

This item describes a 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 youth who are currently being bullied at school or in their community. It would also include youth who are victimized in other ways (e.g., sexual abuse, sexual exploitation, inappropriate expectations based on his/her level of development, a 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?

Ratings and Descriptions

- 0 No evidence that the youth has been victimized or exploited. She/he 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-victimization or exploitation.
- 1 Suspicion or history of victimization or exploitation, but the youth has not been victimized to any significant degree in the past year. He/she is not presently at risk for re-victimization or exploitation.
- 2 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 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 in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members.

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 him/her. This includes commercial sexual exploitation in which a third party receives payment for the sexual exploitation of the youth.

CAREGIVER RESOURCES & NEEDS DOMAIN

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.

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

Rate the highest level from the past 30 days based on relevant information from all sources.

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

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

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 she/he have any health problems that limit his/her ability to care for the family?

Ratings and Descriptions

- 0 Caregiver is generally healthy.
- 1 History or suspicion of, or caregiver is in recovery from, medical/physical problems.
- 2 Caregiver has medical/physical problems that interfere with his or her capacity to parent.
- 3 Caregiver has medical/physical problems that make parenting impossible at this time.

MENTAL HEALTH/POST-TRAUMATIC REACTIONS

This item refers to any mental health issues (not including substance abuse) that might limit a caregiver's capacity for providing parenting/caregiving to the youth. Post-traumatic reactions experienced by the caregiver, including emotional numbing and avoidance, nightmares, and flashbacks that are related to his/her own or his/her youth's traumatic experiences are also rated here.

Questions to Consider

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

Ratings and Descriptions

- 0 No evidence of caregiver mental health difficulties, or caregiver has adjusted to traumatic experiences without notable post-traumatic stress reactions.
- 1 There is a history, suspicion or some evidence of mental health difficulties including problems related to his/her own or his/her youth's traumatic experiences. Caregiver may exhibit some reactions about his/her own trauma or his/her youth's trauma that is interfering with provision of providing care.
- 2 Caregiver has mental health difficulties that interfere with his or her capacity to parent or makes providing care difficult. This may include caregiver's difficulties related to traumatic experiences.
- 3 Caregiver has mental health difficulties that make it impossible for him/her to parent at this time. These difficulties could be associated with traumatic experiences.

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?
- ◆ Is he/she receiving any services for the substance use problems?

Ratings and Descriptions

- 0 No evidence of caregiver substance use issues.
- 1 There is a history, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in his/her ability to parent.
- 2 Caregiver has some substance use difficulties that interfere with his or her capacity to parent.
- 3 Caregiver has substance use difficulties that make it impossible for him/her to parent at this time.

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

DEVELOPMENTAL

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

Questions to Consider

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

Ratings and Descriptions

- 0 Caregiver has no developmental needs.
- 1 Caregiver has developmental challenges; they do not currently interfere with parenting.
- 2 Caregiver has developmental challenges that interfere with her/his capacity to parent.
- 3 Caregiver has severe developmental challenges that make it impossible for her/him to parent at this time.

SUPERVISION

This item rates the caregiver's capacity to parent by providing effective supervision, monitoring and effective discipline as needed by the youth. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their 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 he or she needs some help with these issues?

Ratings and Descriptions

- 0 No evidence caregiver needs help or assistance in monitoring or disciplining the youth, and/or caregiver has good monitoring and discipline skills.
- 1 Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.
- 2 Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
- 3 Caregiver is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Youth is at risk of harm due to absence of supervision or monitoring.

INVOLVEMENT WITH CARE

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

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 evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child.
- 1 Caregiver is *consistently involved* in the planning and/or implementation of services for the youth but is *not an active advocate* on behalf of the youth. Caregiver is open to receiving support, education, and information.
- 2 Caregiver does not actively involve him/herself in services and/or interventions intended to assist.
- 3 Caregiver wishes for child to be removed from their care.

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

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

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

Ratings and Descriptions

- 0 Caregiver is well organized and efficient.
- 1 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 Caregiver has moderate difficulty organizing and maintaining household to support needed services.
- 3 Caregiver is unable to organize household to support needed services.

UNDERSTANDING OF THE YOUTH'S NEEDS (KNOWLEDGE)

This rating should be based on caregiver's knowledge of the specific strengths of the youth and any needs experienced by the youth and his/her ability to understand the rationale for the treatment.

| Questions to Consider | Ratings and Descriptions |
|--|---|
| <ul style="list-style-type: none">◆ Does the caregiver understand the youth's current mental health diagnosis and/or symptoms?◆ Does the caregiver's expectations of the youth reflect an understanding of the youth's mental or physical challenges? | 0 Caregiver is fully knowledgeable about the youth's psychological strengths and weaknesses, talents and limitations. |
| | 1 Caregiver, while being generally knowledgeable about the youth, has some mild deficits in knowledge or understanding of the youth's psychological condition or his/her talents, skills and assets. |
| | 2 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 Caregiver has little or no understanding of the youth's current condition. His/her knowledge problems about the youth's strengths and needs place the youth at risk of significant negative outcomes. |

SOCIAL RESOURCES

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

| Questions to Consider | Ratings and Descriptions |
|--|---|
| <ul style="list-style-type: none">◆ Does family have extended family or friends who provide emotional support?◆ Can they call on social supports to watch the youth occasionally? | 0 Caregiver has a solid social network of family, friends and community connections that is available to help the family and the youth. |
| | 1 Caregiver has an adequate social network available to help the family and youth. |
| | 2 Caregiver has a limited social network available to help with the family and youth. |
| | 3 Caregiver has no social network to help with the family and youth. |

RESIDENTIAL STABILITY

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

| Questions to Consider | Ratings and Descriptions |
|--|---|
| <ul style="list-style-type: none">◆ Is the family's current housing situation stable?◆ Are there concerns that they might have to move in the near future?◆ Has family lost their housing? | 0 Caregiver has stable housing with no known risks of instability. |
| | 1 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 Caregiver has moved multiple times in the past year. Housing is unstable. |
| | 3 Caregiver has experienced periods of homelessness in the past six months. |

FAMILY STRESS

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

| | | |
|--|---------------------------------|---|
| Questions to Consider ◆ Do caregivers find it stressful at times to manage the challenges in dealing with the youth's needs? ◆ Does the stress ever interfere with ability to care for the youth? | Ratings and Descriptions | |
| | 0 | No evidence of caregiver having difficulty managing the stress of the youth's needs and/or caregiver is able to manage the stress of youth's needs. |
| | 1 | There is a history or suspicion and/or caregiver has some problems managing the stress of youth's needs. |
| | 2 | Caregiver has notable problems managing the stress of youth's needs. This stress interferes with his/her capacity to provide care. |
| | 3 | Caregiver is unable to manage the stress associated with youth's needs. This stress prevents caregiver from parenting. |

ACCESS TO PUBLIC RESOURCES

This item refers to the family's access to resources (including youth care and/or respite care) that sufficiently meet the needs of the children in the family.

| | | |
|---|---------------------------------|--|
| Questions to Consider ◆ Are resources able to meet the potentially complex needs of the family and/or children? | Ratings and Descriptions | |
| | 0 | Family has access to sufficient public resources that match the children's and/or family's needs. |
| | 1 | Family has limited access to public resources that match the children's and/or family's needs, and needs are met minimally by existing, available resources. |
| | 2 | Family has limited access to public resources that match the children's and/or family's needs, and current resources do not meet their needs. |
| | 3 | Family has no access to public resources that match the needs of the children and/or the family. |

Supplemental Information:

- If a family requires state-sponsored assistance, this item should be rated either a '2' or a '3.'
- Professionals and families should share their understanding of the word "sufficient."
- If transportation is the issue, then the Transportation item should be rated as well.

TRANSPORTATION

This rating reflects the caregiver's ability to provide appropriate transportation for his/her youth.

| | | |
|--|---------------------------------|---|
| Questions to Consider ◆ Does the caregiver have reliable transportation? ◆ Are there any barriers to securing transportation? | Ratings and Descriptions | |
| | 0 | Youth and his/her caregiver have no transportation needs. Caregiver is able to get the youth to appointments, school, activities, etc. consistently. |
| | 1 | Youth and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting the youth to appointments, school, activities, etc. no more than weekly. |
| | 2 | Youth and his/her caregiver have frequent transportation needs (e.g. appointments). Caregiver has difficulty getting the youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting youth and access to transportation resources. |
| | 3 | Youth and his/her caregiver have no access to appropriate transportation and is unable to get the youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources. |

COMMUNITY SAFETY

This item refers to the community that the family lives in. You should consider both immediate and larger community when rating this item.

Questions to Consider

- ◆ Are there resources available to the family?

Ratings and Descriptions

- 0 There are no safety concerns in the neighborhood and community. Community is a positive influence for the family.
- 1 There are minor safety concerns in the neighborhood and community, but it does not put the family or members of the family at risk.
- 2 There are moderate safety concerns in the neighborhood and/or community that pose a risk to the family or members of the family.
- 3 There are significant safety concerns in the neighborhood and/or community that put the family or members of the family at immediate risk.

MARITAL/PARTNER VIOLENCE IN THE HOME

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

Questions to Consider

- ◆ How do caregivers manage conflict between them?
- ◆ How are power and control handled in the caregivers' relationship with each other?
- ◆ How frequently does the youth witness caregiver conflict?
- ◆ Does the caregivers' conflict escalate to verbal aggression, physical attacks or destruction of property?

Ratings and Descriptions

- 0 Parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
- 1 History of marital difficulties and partner arguments. Parents/caregivers are generally able to keep arguments to a minimum when youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
- 2 Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which youth often witnesses.
- 3 Marital or partner difficulties often escalates to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate youth's difficulties or put the youth at greater risk.

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 Household is safe and secure. Youth is at no risk from others.
- 1 Household is safe but concerns exist about the safety of the youth due to history or others who might be abusive.
- 2 Youth is in some danger from one or more individuals with access to the home.
- 3 Youth is in immediate danger from one or more individuals with unsupervised access.

INDIVIDUALIZED ASSESSMENT MODULES

SUBSTANCE USE MODULE

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

Rate the highest level from the past 30 days based on relevant information from all sources.

For the Substance Use Module, use the following categories and action levels:

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

SEVERITY OF USE

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

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

DURATION OF USE

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

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

STAGE OF RECOVERY

This item identifies where the youth is in his/her recovery process.

Questions to Consider

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

Ratings and Descriptions

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

Supplemental information: Motivational interviewing describes the Stages of Change as a continuum:

- Pre-contemplation: Not currently considering change
- Contemplation: Ambivalent about change
- Preparation: Some experience with change/trying to change
- Action: Practicing change
- Maintenance: Continued commitment to sustaining new behavior
- Relapse: Resumption of old behaviors

PEER INFLUENCES

This item identifies the impact that the youth's social group has on his/her substance use.

Questions to Consider

◆ What role do the youth's peers play in his/her alcohol and drug use?

Ratings and Descriptions

- 0 Youth's primary peer social network does not engage in alcohol or drug use.
- 1 Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
- 2 Youth predominantly has peers who engage in alcohol or drug use.
- 3 Youth is a member of a peer group that consistently engages in alcohol or drug use.

PARENTAL INFLUENCES

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

Questions to Consider

◆ Does the parent(s) use substances? If so, does his/her use impact the youth's use?

Ratings and Descriptions

- 0 There is no evidence that youth's parents have ever engaged in substance abuse.
- 1 One of youth's parents has history of substance abuse.
- 2 One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.
- 3 One or both of youth's parents use alcohol or drugs with the youth.

ENVIRONMENTAL INFLUENCES

This item rates the impact of the youth's community environment on his/her alcohol and drug use.

Questions to Consider

- ◆ Are there factors in the youth's community that impact the youth's alcohol and drug use?

Ratings and Descriptions

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

TRANSITION TO ADULTHOOD MODULE

This module is to be completed when the Life Functioning Domain, Transition to Adulthood item is rated 1.

The following items are designed primarily for youth 14 years of age and older; however, these items should also be rated for any child/youth if it is felt that transition issues apply (e.g., youth less than 14 years old in a parenting role).

Rate the highest level from the past 30 days based on relevant information from all sources.

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

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

INDEPENDENT LIVING SKILLS

This item focuses on the presence or absence of skills and impairments in independent living abilities or the readiness to take on those responsibilities.

| | | |
|--|--------------------------|---|
| <p>Questions to Consider</p> <ul style="list-style-type: none"> ◆ Is the youth in line with typical development? ◆ Are the tasks being requested in line with the youth's abilities? | Ratings and Descriptions | |
| | 0 | Individual is fully capable of independent living. No evidence of any deficits or barriers that could impede maintaining own home. |
| | 1 | Individual has mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet, etc. Problems with money management may occur at this level. These problems are generally addressable with training or supervision. |
| | 2 | Individual has moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports. |
| | 3 | Youth has profound impairment of independent living skills. He/she is unable to live independently given his/her current status. Problems require a structured living environment. |

YOUTH TRANSPORTATION

This rating reflects the youth's ability to access appropriate transportation.

| | | |
|--|--------------------------|--|
| <p>Questions to Consider</p> <ul style="list-style-type: none"> ◆ Does the youth have reliable transportation? ◆ Are there any barriers to transportation? | Ratings and Descriptions | |
| | 0 | Youth has no transportation needs. Youth is able to get to appointments, school, activities, etc. consistently. |
| | 1 | Youth has occasional transportation needs (e.g. appointments). Youth has difficulty getting to appointments, school, activities, etc. no more than weekly. |
| | 2 | Youth has frequent transportation needs (e.g. appointments). Youth has difficulty getting to appointments, school, activities, etc. regularly (e.g., once a week). Youth needs assistance with access to transportation resources. |
| | 3 | Youth has no access to appropriate transportation and is unable to get to appointments, school, activities, etc. Youth needs immediate intervention and development of transportation resources. |

PARENTAL/CAREGIVING ROLE

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

Questions to Consider

- Is the youth in any roles where he/she cares for someone else – parent, grandparent, younger sibling, or his/her 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 he/she 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 he/she 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 his/her 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., an elderly parent or grandparent) would be rated here. Include pregnancy as a parenting role. A parentified youth is rated in the Victimization/Exploitation item (Risk Factors & Behaviors Domain).

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 adult, or he/she 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 youth. The relationship may, at times, impede the youth's healthy development.
- 2 Youth has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where he/she was overly dependent on his/her partner. Youth may or may not be currently involved in any partner relationship with another youth.
- 3 Youth is currently involved in a negative or domestically violent relationship or a relationship where he/she is totally dependent on his/her partner.

MEDICATION COMPLIANCE

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

| Questions to Consider | Ratings and Descriptions |
|---|--|
| <ul style="list-style-type: none">Does the youth remember to take his/her medication? When prompted, does the youth take his/her medication?Does the youth ever refuse to take prescribed medications? | 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); he/she 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; he/she may benefit from direct supervision of medication. |
| | 3 The youth does not take medication(s) prescribed for management of underlying medical conditions and his/her underlying medical conditions are not well controlled. Youth abusing medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here. |

YOUTH EDUCATIONAL ATTAINMENT

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

| Questions to Consider | Ratings and Descriptions |
|---|--|
| <ul style="list-style-type: none">Does the youth have educational goals?How is the youth doing in meeting his/her educational goals? | 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. |

JOB FUNCTIONING

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

| Questions to Consider | Ratings and Descriptions |
|--|---|
| <ul style="list-style-type: none">Is the youth able to meet expectations at work?Does he/she have regular conflict at work?Is he/she timely and able to complete responsibilities? | 0 No evidence of any problems in work environment. Youth is excelling in a job environment. |
| | 1 Youth has some mild problems at work (e.g., tardiness, conflict). He/she is functioning adequately in a job environment. |
| | 2 Youth has moderate problems at work. He/she has problems with his/her development of vocational or prevocational skills. |
| | 3 Youth has severe problems at work in terms of attendance, performance or relationships. Youth may have recently lost job. |
| | NA Youth is not currently working. |

TRANSITION TO ADULT SERVICES SYSTEM

Successful transition to an adult services system requires cooperation between the client and those professionals representing him/her. This item rates the client's readiness for transition, including paperwork/referrals, scheduled appointments, and intakes.

| Questions to Consider | Ratings and Descriptions |
|--|--|
| <ul style="list-style-type: none">◆ Does someone else (supervisor/natural support) need to become involved? Contacted?◆ Who is responsible for this process/individual steps?◆ Is anyone concerned about the process/timeframes? | 0 No evidence that there are any barriers to successful transition. |
| | 1 Client and professional are progressing towards successful transition but require significant support/monitoring to meet timeframes/requirements. |
| | 2 Client and professional are waiting for paperwork/referral, etc. There is some concern that timeframes, and thus youth needs, will not be met. |
| | 3 Transition at this time is not likely, as the appropriate steps have not been completed or will not be completed in time, placing the youth at risk. |
| | NA Client is not transitioning to adult services system. |

ACCESSIBILITY TO CHILD CARE RESOURCES AND/OR RESPITE

This item refers to the youth's access to appropriate childcare for his/her child(ren).

| Questions to Consider | Ratings and Descriptions |
|--|--|
| <ul style="list-style-type: none">◆ What is your understanding of the terms "sufficient" and "affordable"?◆ How do your definitions compare to that of the youth's? | 0 Youth has access to sufficient/affordable child care resources and/or respite. |
| | 1 Youth has limited access to sufficient/affordable child care resources and/or respite. Needs are met minimally by existing, available resources. |
| | 2 Youth has limited access to sufficient/affordable child care resources and/or respite. Current resources do not meet the individual's needs. |
| | 3 Youth has no access to child care resources and/or respite. |
| | NA Youth is not a parent or caregiver. |

FINANCIAL RESOURCES

This item rates the financial resources that the youth can bring to bear in addressing his/her needs.

| Questions to Consider | Ratings and Descriptions |
|---|---|
| <ul style="list-style-type: none">◆ Are the financial issues related to desire? If so, do not rate them here.◆ Are financial limitations creating barriers to the youth attending college?◆ Does the youth struggle to pay for food and shelter, but is able to keep up with current trends? If so, do not rate this. | 0 Youth has sufficient financial resources to meet his/her current needs. |
| | 1 Youth has some financial resources that meet the majority of his or her current needs. |
| | 2 Youth has limited financial resources and needs substantial assistance to meet his/her needs. |
| | 3 Youth has no financial resources and is unable to meet his/her needs. |
| | |

YOUTH RESIDENTIAL STABILITY

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

| Questions to Consider | Ratings and Descriptions |
|---|---|
| ◆ Is the youth staying in temporary housing, homeless shelter, transitional housing? | 0 There is no evidence of residential instability. Youth has stable housing for the foreseeable future. |
| ◆ Does the youth speak of couch surfing or moving frequently and staying with friends? | 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. |
| ◆ Is he/she looking for new housing due to eviction, being "kicked out of family home," or running away from family home? | 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. |

SEXUAL IDENTITY MODULE

This module is to be completed when Life Functioning Domain, Sexual Development is rated 1, 2 or 3.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the Sexual Identity Module, use the following categories and action levels:

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

SEXUAL ORIENTATION

This item rates the youth's identification as lesbian, gay, bisexual, transgender, questioning (LGBTQ), or straight.

Questions to Consider

- ◆ Does the youth identify as lesbian, gay, bisexual, transgender, questioning, or straight?
- ◆ Has the youth ever been at risk for hurting him/herself due to confusion or stress regarding sexual orientation?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Youth has a clear and consistent sexual orientation and is connected to others who support his/her orientation. |
| 1 | Youth is experiencing some confusion or is struggling with issues related to his/her sexual orientation. |
| 2 | Youth has significant struggles with his/her sexual orientation. Youth may have identified as LGBTQ, however he/she is not connected with others who support him/her. |
| 3 | Youth is experiencing significant problems due to conflict regarding his/her sexual orientation that are preventing functioning in at least one life domain (i.e., school, family/home, etc.). This conflict may be internal and/or may be attributed to, or exacerbated by, external factors within the community, home, or school environment. |

GENDER IDENTITY

This item rates a youth's self-perception of gender.

"Biological sex refers to a person's physical anatomy and is used to assign gender at birth. Gender identity refers to a person's deeply felt sense of being male, female, both, or neither. An individual's gender identity may or may not be congruent with that person's biological sex."

<http://cssr.berkeley.edu/cwscmsreports/documents/Information%20Guidelines%20P4.pdf>

Questions to Consider

- ◆ How does the youth identify with his/her physical gender?
- ◆ Is the youth confused or distressed about his/her gender?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Youth has a clear and developmentally appropriate gender identity. A youth who is comfortable with his/her self-perceived gender would be rated here. |
| 1 | Youth is experiencing some concerns about gender identity. |
| 2 | Youth is experiencing confusion and distress about gender identity. |
| 3 | Youth is experiencing significant confusion about his/her gender identity that is placing him/her in significant personal or interpersonal conflict. Youth is at considerable risk of harm (from self or others) because of confusion or the confusion is disabling the youth in a least one life domain (i.e., school, family/home, etc.). |

CAREGIVER ACCEPTANCE

This item rates the degree of caregiver support and acceptance of the individual's sexual orientation and/or gender identity.

Questions to Consider

- ◆ Is the youth's primary caregiver supportive or accepting of the youth's sexual orientation and/or gender identity?

Ratings and Descriptions

- 0 Primary caregiver(s) are fully supportive of the youth and accepting of the youth's sexual orientation and/or gender identity.
- 1 Primary caregiver(s) are generally (but not fully) supportive of the youth and accepting of the youth's sexual orientation and/or gender identity. Caregiver may be accepting but not supportive.
- 2 Primary caregiver(s) are not supportive or accepting of the youth's sexual orientation or the primary caregiver(s) have no knowledge of the youth's sexual orientation and/or gender identity.
- 3 Primary caregiver(s) is rejecting of the youth's sexual orientation and/or gender identity.

OTHER ADULT SUPPORTS

This item rates the degree of support that an individual has from significant adults who are accepting of his/her sexual orientation and/or gender identity.

Questions to Consider

- ◆ Does the youth have any adults who accept his/her sexual orientation and/or gender identity and support him/her?

Ratings and Descriptions

- 0 Youth has multiple significant adult supports who are accepting of the youth's sexual orientation and/or gender identity.
- 1 Youth has at least one significant adult support who is accepting of the youth's sexual orientation and/or gender identity.
- 2 Youth has no current significant adult supports, however, they have generally positive relationships with adults some of whom are supportive and accepting of the youth's sexual orientation and/or gender identity.
- 3 Youth has no adult relationships that are supportive and/or accepting of the youth's sexual orientation and/or gender identity.

PEER CONNECTIONS

This item rates the degree of stable and long-standing connections that an individual has from peers who share his/her sexual orientation and/or gender identity.

Questions to Consider

- ◆ Does the youth know of others who share his/her sexual orientation and/or gender identity?
- ◆ How strong are the youth's connections with others?

Ratings and Descriptions

- 0 Youth has significant (stable and long-standing) multiple peer connections who share the youth's sexual orientation and/or gender identity.
- 1 Youth has at least one stable and long standing peer connection who shares the youth's sexual orientation and/or gender identity.
- 2 Youth knows others who share the youth's sexual orientation and/or gender identity but does not have any stable or long-standing relationships.
- 3 Youth is isolated for others who share the youth's sexual orientation and/or gender identity.

OPPORTUNITIES FOR OPENNESS

Perceived stigma—the expectation that one will be rejected and discriminated against—leads to a state of continuous vigilance and concealment of one’s sexual orientation, identity and/or gender identity that can affect one’s health. This item rates the degree to which an individual is able to be open in all aspects of life.

Questions to Consider

- ◆ How open is the youth able to be about his/her sexual orientation and/or gender identity?
- ◆ What impact does stigma regarding his/her sexual orientation and/or gender identity have on the youth?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Youth is generally able to be open in all aspect of life. |
| 1 | Youth has significant opportunities to be open and can be most of the time |
| 2 | Youth has limited opportunities for openness. |
| 3 | Youth feels dramatically restricted and feels unable to be open. |

TARGETED FOR SEXUAL ORIENTATION/GENDER IDENTITY

LGBT youth report experiencing elevated levels of harassment, victimization, and violence. School-based victimization due to known or perceived identity has been documented. This item rates the degree to which the individual has been targeted for physical or emotional abuse due to his/her sexual orientation and/or gender identity.

Questions to Consider

- ◆ Does the youth note having difficulties at school or with peers due to his/her sexual orientation, identity and/or gender identity?
- ◆ What is the impact of physical and/or emotional abuse to the youth due to his/her sexual orientation and/or gender identity?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Youth has never been targeted for physical or emotional abuse due to sexual orientation and/or gender identity and expression. |
| 1 | History or suspicions that the youth has been targeted for physical or emotional abuse in the past due to sexual orientation and/or gender identity and expression, but not recently. |
| 2 | Youth is being targeted for physical or emotional abuse due to sexual orientation and/or gender identity and expression. |
| 3 | Youth is being targeted with an extreme and dangerous level of physical or emotional abuse due to sexual orientation and/or gender identity and expression. |

DEVELOPMENTAL DISABILITIES MODULE

This module is to be completed when Life Functioning Domain, Developmental/Intellectual item and/or Activities in Daily Living item, is rated 1, 2 or 3.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the Developmental Disabilities Module, use the following categories and action levels:

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

COGNITIVE

This item identifies the youth's intellectual or cognitive capacity.

Questions to Consider

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

Ratings and Descriptions

- 0 Youth's intellectual functioning appears to be in normal range. There is no reason to believe that the youth has any problems with intellectual functioning.
- 1 Youth has low IQ (70 to 85) or has identified learning challenges.
- 2 Youth has mild Intellectual Developmental Disorder. IQ is between 55 and 69.
- 3 Youth has moderate to profound Intellectual Developmental Disorder. IQ is less than 55.

DEVELOPMENTAL

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

Questions to Consider

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

Ratings and Descriptions

- 0 Youth's development appears within normal range. There is no reason to believe that the youth has any developmental problems.
- 1 Evidence of a mild developmental delay.
- 2 Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
- 3 Severe developmental disorder is evident. Youth's development is at risk without intervention.

SENSORY

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

Questions to Consider

- ◆ Does the youth have hearing or visual impairment; did he/she have sensory impairments in infancy?
- ◆ Does the youth become easily overwhelmed by sensory stimuli?

Ratings and Descriptions

- 0 The youth's sensory functioning appears normal. There is no reason to believe that the youth has any problems with sensory functioning.
- 1 Youth may have a mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
- 2 Youth may have a moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
- 3 Youth has a significant impairment on one or more senses (e.g. profound hearing or vision loss).

MOTOR

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

Questions to Consider

- ◆ Does the youth meet motor related developmental milestones?
- ◆ Does the youth show any fine or gross motor skill difficulties?

Ratings and Descriptions

- 0 The youth's development of fine and gross motor functioning appears normal. There is no reason to believe that youth has any problems with motor development.
- 1 Youth may have mild fine (e.g. using scissors) or gross motor skill deficits. Youth has exhibited delayed sitting, standing, or walking, but has since reached those milestones.
- 2 Youth has moderate motor deficits. A non-ambulatory youth with fine motor skills (e.g. reaching, grasping) or an ambulatory youth with severe fine motor deficits would be rated here.
- 3 Youth has significant delays in fine or gross motor development that could, without any intervention, negatively impact his/her development. Examples include: a non-ambulatory child with additional motor deficits; a child older than 6 months who cannot lift his/her head.

SELF-CARE/DAILY LIVING SKILLS

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

Questions to Consider

- ◆ What supports and assistance does the youth need to complete daily living skills?

Ratings and Descriptions

- 0 Youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the youth has any problems performing daily living skills.
- 1 Youth requires some assistance on self-care tasks or daily living skills at a greater level than would be expected for age. Development in this area may be slow.
- 2 Youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting) and/or does not appear to be developing the needed skills in this area.
- 3 Youth is not able to function independently at all in this area.

AUTISM SPECTRUM

This item describes the presence of Autism Spectrum Disorder.

| | | |
|--|--------------------------|---|
| Questions to Consider ◆ Does the youth have any symptoms of Autism Spectrum Disorder? | Ratings and Descriptions | |
| | 0 | There is no history of Autism Spectrum symptoms. |
| | 1 | Evidence of a low end Autism Spectrum Disorder. The youth may have had symptoms of Autism Spectrum Disorder but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on the youth's development. |
| | 2 | This rating indicates a youth who meets criteria for a diagnosis Autism Spectrum Disorder. Autism Spectrum symptoms are impairing youth's functioning in one or more areas and intervention is required. |
| | 3 | This rating indicates a youth who meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms. |

REGULATORY PROBLEMS

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

| | | |
|--|--------------------------|--|
| Questions to Consider ◆ Did the youth meet developmental milestones related to self-regulation? | Ratings and Descriptions | |
| | 0 | Youth does not have problems with self-regulation. |
| | 1 | Youth has mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability). |
| | 2 | Youth has moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation). |
| | 3 | Youth has profound problems with self-regulation that place his/her safety, wellbeing, and/or development at risk (e.g. youth cannot be soothed at all when distressed, youth cannot feed properly). |

DANGEROUSNESS MODULE

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

Rate the highest level from the past 30 days based on relevant information from all sources.

For the Dangerousness Module, use the following categories and action levels:

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

Emotional/Behavioral Risks

HOSTILITY

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

Questions to Consider
 ♦ Does the youth seem hostile frequently or in inappropriate environments/ situations?

Ratings and Descriptions

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

PARANOID THINKING

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

Questions to Consider
 ♦ Does the youth seem suspicious?
 ♦ Is there any evidence of paranoid thinking/beliefs?
 ♦ Is the youth very guarded?

Ratings and Descriptions

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

SECONDARY GAINS FROM ANGER

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

Questions to Consider

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

Ratings and Descriptions

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

VIOLENT THINKING

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

Questions to Consider

- ◆ Does the youth report having violent thoughts?
- ◆ Does she/he verbalize his/her violent thoughts either specifically or by using violent themes?

Ratings and Descriptions

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

Resiliency Factors

AWARE OF VIOLENCE POTENTIAL

This item rates the youth's insight into his/her risk of violence.

Questions to Consider

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

Ratings and Descriptions

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

RESPONSE TO CONSEQUENCES

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

| | | |
|---|--------------------------|---|
| Questions to Consider ♦ How does the youth react to consequences given for violent or aggressive behavior? | Ratings and Descriptions | |
| | 0 | Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and adjust behavior. |
| | 1 | Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences. |
| | 2 | Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior. |
| | 3 | Youth is unresponsive to consequences for his/her violent behavior. |

COMMITMENT TO SELF CONTROL

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

| | | |
|---|--------------------------|---|
| Questions to Consider ♦ Does the youth want to change his/her behaviors? ♦ Is the youth committed to such change? | Ratings and Descriptions | |
| | 0 | Youth is fully committed to controlling his/her violent behavior. |
| | 1 | Youth is generally committed to controlling his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances. |
| | 2 | Youth is ambivalent about controlling his/her violent behavior. |
| | 3 | Youth is not interested in controlling his/her violent behavior at this time. |

SEXUALLY AGGRESSIVE BEHAVIORS MODULE

This module is to be completed when the Risk Factors & Behaviors Domain, Sexual Aggression item is rated 1, 2 or 3.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the Sexually Aggressive Behaviors Module, use the following categories and action levels:

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

RELATIONSHIP

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

| | | | | | | | | | | | | | | | |
|---|---|---|---|-------|--|---|--|-------|--|---|---|-------|--|---|---|
| <p>Questions to Consider</p> <ul style="list-style-type: none"> ◆ How does the youth know the other children involved? ◆ Is there a power differential between parties? ◆ Did the sexual aggression include physical harm to another person? | <p>Ratings and Descriptions</p> <table border="0"> <tr> <td style="padding-right: 10px;">0</td> <td>No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>1</td> <td>Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this youth or adolescent being in the position of authority.</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>2</td> <td>Youth is clearly victimizing at least one other youth with sexually abusive behavior.</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>3</td> <td>Youth is severely victimizing at least one other youth with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.</td> </tr> </table> | 0 | No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential. | <hr/> | | 1 | Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this youth or adolescent being in the position of authority. | <hr/> | | 2 | Youth is clearly victimizing at least one other youth with sexually abusive behavior. | <hr/> | | 3 | Youth is severely victimizing at least one other youth with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior. |
| 0 | No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential. | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | |
| 1 | Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this youth or adolescent being in the position of authority. | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | |
| 2 | Youth is clearly victimizing at least one other youth with sexually abusive behavior. | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | |
| 3 | Youth is severely victimizing at least one other youth with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior. | | | | | | | | | | | | | | |

PHYSICAL FORCE/THREAT

This item rates the level of physical force involved in the sexual aggression. Please rate the highest level from the most recent episode of sexual behavior.

| | | | | | | | | | | | | | | | |
|--|---|---|--|-------|--|---|---|-------|--|---|---|-------|--|---|---|
| <p>Questions to Consider</p> <ul style="list-style-type: none"> ◆ Did the sex act include physical force or the threat of force? If so, how intense was that force? ◆ Was the victim physically harmed or at risk of serious harm? | <p>Ratings and Descriptions</p> <table border="0"> <tr> <td style="padding-right: 10px;">0</td> <td>No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>1</td> <td>Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>2</td> <td>Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>3</td> <td>Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.</td> </tr> </table> | 0 | No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it. | <hr/> | | 1 | Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act. | <hr/> | | 2 | Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm. | <hr/> | | 3 | Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force. |
| 0 | No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it. | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | |
| 1 | Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act. | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | |
| 2 | Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm. | | | | | | | | | | | | | | |
| <hr/> | | | | | | | | | | | | | | | |
| 3 | Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force. | | | | | | | | | | | | | | |

PLANNING

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

Questions to Consider

- ◆ Does the youth plan his/her sexual activities, or do they happen spontaneously?

Ratings and Descriptions

- 0 No evidence of any planning.
- 1 Some evidence of efforts to get into situations where likelihood of opportunities for inappropriate sexual activity is enhanced. History of problems is rated here.
- 2 Evidence of some planning of inappropriate sexual activity. For example, a youth who looks for opportunities such as the absence of adults or particular situations in which he/she could carry out an act of sexual aggression or inappropriate behavior.
- 3 Considerable evidence of inappropriate or predatory sexual behavior in which victim and/or scenario is identified prior to the act, and the act is premeditated. A youth who has considered and weighed multiple factors relating to grooming, environment, absence or presence of others and timing, indicating a high degree of planning, would be rated here.

AGE DIFFERENTIAL

This item rates the extent of the difference in age between the youth and the victim of his/her aggression. Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

Questions to Consider

- ◆ What are the ages of the individuals with whom the youth has had sex?

Ratings and Descriptions

- 0 Ages of the perpetrator and victim and/or participants is essentially equivalent (less than 3 years apart).
- 1 Age differential between perpetrator and victim and/or participants is 3 to 4 years. A history of significant age differential would be rated here.
- 2 Age differential between perpetrator and victim is at least 5 years, but perpetrator is less than 13 years old.
- 3 Age differential between perpetrator and victim is at least 5 years and perpetrator is 13 years old or older

TYPE OF SEX ACT

This item rates the kind of sex act involved in the aggression. Rate the most serious type of aggression of all episodes rather than focusing on the most recent episode.

Questions to Consider

- ◆ What was the exact sex act(s) involved in the youth's aggression?

Ratings and Descriptions

- 0 Sex act(s) involve touching or fondling only.
- 1 Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
- 2 Sex act(s) involve penetration into genitalia or anus with body part.
- 3 Sex act(s) involve physically dangerous penetration due to differential size or use of an object.

POWER DIFFERENTIAL

This item rates the extent of the difference in power between the youth and the victim of his/her aggression. Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

| | | |
|--|--------------------------|---|
| Questions to Consider ◆ Does the youth use his/her power to victimize others? | Ratings and Descriptions | |
| | 0 | No evidence of victimizing others. The sexual activity appears to be mutual and consenting. No power differential. |
| | 1 | Although the sexual activity appears to be mutual, there is a significant power differential between parties with this youth being in the position of authority or power, or history of a significant power differential. |
| | 2 | Youth is clearly using authority or power to victimize another individual with sexually abusive behavior. For example: a youth sexually abusing a younger child while babysitting. This would not include physical violence, but may include coercion and threats of physical harm to the victim or loved ones. |
| | 3 | Youth is clearly using authority or power to severely victimize another individual with both physical violence and sexually abusive behavior. For example: a youth beating and sexually exploiting a developmentally delayed individual. |

RESPONSE TO ACCUSATION

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

| | | |
|---|--------------------------|--|
| Questions to Consider ◆ Is the youth sorry for his/her behavior? ◆ Does he/she admit to the sex acts? | Ratings and Descriptions | |
| | 0 | Youth admits to behavior and expresses remorse and desire to not repeat. |
| | 1 | Youth partially admits to behaviors and expresses some remorse. |
| | 2 | Youth admits to behavior but does not express remorse. |
| | 3 | Youth neither admits to behavior nor expresses remorse. Youth is in complete denial. |

TEMPORAL CONSISTENCY

Temporal consistency relates to a youth's patterns and history of sexually problematic behavior.

| | | |
|---|--------------------------|---|
| Questions to Consider ◆ How long has the youth exhibited sexually problematic behavior(s)? | Ratings and Descriptions | |
| | 0 | Youth has never exhibited sexually problematic behavior or has developed this behavior only in the past three months following a clear stressor. |
| | 1 | Youth has had sexually problematic behavior during the past two years, OR the youth's behavior has become sexually problematic in the past three months despite the absence of any clear stressors. |
| | 2 | Youth has had sexually problematic behavior for an extended period of time (e.g. more than two years), but has had significant symptom-free periods. |
| | 3 | Youth has had sexually problematic behavior for an extended period of time (e.g. more than two years) without significant symptom-free periods. |

HISTORY OF SEXUALLY ABUSIVE BEHAVIOR

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

| | | |
|---|--------------------------|---|
| Questions to Consider ◆ How many incidents have been identified and/or investigated? ◆ How many victims have been identified? | Ratings and Descriptions | |
| | 0 | Youth has only one incident of sexually abusive behavior that has been identified and/or investigated. |
| | 1 | Youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated. |
| | 2 | Youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim. |
| | 3 | Youth has more than ten incidents of sexually abusive behavior with more than one victim. |

SEVERITY OF SEXUAL ABUSE

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

| | | |
|--|--------------------------|--|
| Questions to Consider ◆ Has the youth been sexually abused, either known or suspected? ◆ If so, what was the type and intensity of abuse he/she endured? ◆ If so, who was youth's abuser? | Ratings and Descriptions | |
| | 0 | No history of any form of sexual abuse. |
| | 1 | History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis, OR by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence. |
| | 2 | A moderate level of sexual abuse which may involve a youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity. |
| | 3 | A severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the youth. |

PRIOR TREATMENT

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

| | | |
|---|--------------------------|--|
| Questions to Consider ◆ Does the youth have any history of treatment for sexual aggression? ◆ If so, what type of treatment and what was the effectiveness of each treatment? | Ratings and Descriptions | |
| | 0 | No history of prior treatment or history of outpatient treatment with notable positive outcomes. |
| | 1 | History of outpatient treatment that has had some degree of success. |
| | 2 | History of residential treatment where there has been successful completion of program. |
| | 3 | History of residential or outpatient treatment condition with little or no success. |

PROBLEMATIC SEXUAL BEHAVIOR MODULE

This module is to be completed when Risk Factors & Behaviors Domain, Sexual Behavior item is rated 1, 2 or 3.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the Sexual Behavior Module, use the following categories and action levels:

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

HYPERSEXUALITY

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

Questions to Consider

- ◆ Does the youth have more interest in sex or sexual activity than is developmentally appropriate?
- ◆ Is the youth's interest in sex or sexual activity interfering with his/her functioning?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Youth does not exhibit evidence of increased sexual drive or interest. |
| 1 | Youth has history of elevated sexual drive or interest, or is exhibiting elevated sexual drive or interest but it has not affected functioning. |
| 2 | Increased sex drive or interest is interfering with the youth's functioning. |
| 3 | Increased sex drive or interest is either dangerous or disabling to the youth. |

HIGH RISK SEXUAL BEHAVIOR

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

Questions to Consider

- ◆ Is the youth's sexual activity developmentally normative and healthy?
- ◆ Does the youth's sexual activity put him/her at risk for abuse, unwanted pregnancy or sexually transmitted infections?

Ratings and Descriptions

- | | |
|---|--|
| 0 | No evidence of sexual behavior beyond what is developmentally appropriate. |
| 1 | Youth has history of high risk sexual behavior, or there is current suspicion of high risk sexual behavior but not in the past six months. |
| 2 | Youth engages in high risk sexual behaviors that interfere with his/her functioning. |
| 3 | Youth engages in a dangerous level of sexual behaviors, or with partners who are abusive or otherwise physically dangerous. |

MASTURBATION

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

| | | |
|--|--------------------------|--|
| Questions to Consider ◆ Does youth's masturbatory behavior place him/her at risk or impair his/her functioning? | Ratings and Descriptions | |
| | 0 | When and if a youth masturbates, it is kept safe, private, and discreet. |
| | 1 | History or evidence of masturbatory behavior that is private but not always discreet – e.g., a youth who gets caught masturbating multiple times by caregiver. |
| | 2 | Youth engages in masturbatory behaviors that interfere with his/her functioning. An occasion of public masturbation might be rated here. |
| | 3 | Youth engages in masturbatory behavior that places him/her at high risk for significant sanctions, negatively impacts or traumatizes others, or has a potential for physical self-harm. Multiple public masturbations would be rated here. |

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 him/her at risk? | Ratings and Descriptions | |
| | 0 | No evidence of problems with sexually reactive behaviors. |
| | 1 | 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 does not place the youth at great risk. |
| | 2 | Youth exhibits more frequent sexually provocative behaviors in a manner that impairs his/her 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 | Youth exhibits severe and/or dangerous sexually provocative behaviors that place him/her or others at immediate risk of victimization or harm. |

RUNAWAY MODULE

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

Rate the highest level from the past 30 days based on relevant information from all sources.

For the Runaway Module, use the following categories and action levels:

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

FREQUENCY OF RUNNING

This item rates how often the youth runs away.

Questions to Consider

- ◆ How often does the youth run?

Ratings and Descriptions

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

CONSISTENCY OF DESTINATION

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

Questions to Consider

- ◆ Where does the youth go when she/he runs away?

Ratings and Descriptions

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

SAFETY OF DESTINATION

This item rates the safety of the location(s) to which the youth runs away.

Questions to Consider

- ◆ Is the location generally safe?
- ◆ Are the youth's basic needs met in this location?
- ◆ Is the youth likely to be victimized or exploited while on the run?

Ratings and Descriptions

- 0 Youth runs to a safe environment that meets his/hers basic needs, e.g., food, shelter.
- 1 Youth runs to generally safe environments; however, environments might be somewhat unstable or variable.
- 2 Youth runs to generally unsafe environments that cannot meet his/her basic needs.
- 3 Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.

INVOLVEMENT IN ILLEGAL ACTS

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

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

LIKELIHOOD OF RETURN ON OWN

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

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

INVOLVEMENT OF OTHERS

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

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

REALISTIC EXPECTATIONS

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

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

PLANNING

This item rates the spontaneity of the runaway behavior.

Questions to Consider

- ◆ Is the youth impulsively running away?
- ◆ Does the youth have a plan and, if so, is that plan carefully thought out?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Running behavior is completely spontaneous and emotionally impulsive. |
| 1 | Running behavior is somewhat planned but not carefully. |
| 2 | Running behavior is planned. |
| 3 | Running behavior is carefully planned and orchestrated to maximize likelihood of not being found. |

JUVENILE JUSTICE MODULE

This module is to be completed when Risk Factors & Behaviors Domain, Delinquent Behavior item is rated 1, 2 or 3.

Rate the highest level from the past 30 days based on relevant information from all sources.

For the Juvenile Justice Module, use the following categories and action levels:

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

SERIOUSNESS

This item rates the seriousness of the youth’s criminal offenses.

| | |
|--|---|
| <p>Questions to Consider</p> <ul style="list-style-type: none"> ◆ What are the behaviors/ actions that have made the youth involved in the juvenile justice or adult criminal system? | <p>Ratings and Descriptions</p> <ul style="list-style-type: none"> 0 Youth has engaged only in status violations (e.g., curfew); or no evidence of criminal behavior. 1 Youth has engaged in delinquent behavior. 2 Youth has engaged in criminal behavior. 3 Youth has engaged in criminal 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.

| | |
|---|---|
| <p>Questions to Consider</p> <ul style="list-style-type: none"> ◆ How many criminal/delinquent behaviors has the youth engaged in? ◆ Are there periods of time in which the youth did not engage in criminal behaviors? | <p>Ratings and Descriptions</p> <ul style="list-style-type: none"> 0 Current criminal/delinquent behavior is the first known occurrence. 1 Youth has engaged in multiple criminal/delinquent acts in the past one year. 2 Youth has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior. 3 Youth has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal/delinquent behavior. |
|---|---|

ARRESTS

This item rates the youth's history of arrests.

| | | |
|--|--------------------------|---|
| Questions to Consider ♦ What is the youth's history of arrests? | 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 criminal acts.

| | | |
|---|--------------------------|---|
| Questions to Consider ♦ Does the youth engage in preplanned or spontaneous or impulsive criminal acts? | Ratings and Descriptions | |
| | 0 | No evidence of any planning. Delinquent/criminal behavior appears opportunistic or impulsive. |
| | 1 | Evidence suggests that youth places him/herself into situations where the likelihood of delinquent/criminal behavior is enhanced. |
| | 2 | Evidence of some planning of delinquent/criminal behavior. |
| | 3 | Considerable evidence of significant planning of delinquent/criminal behavior. Behavior is clearly premeditated. |

COMMUNITY SAFETY

This item rates the level to which the criminal 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. He/she 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 his/her 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 serious and/or 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 criminal behavior?
- ◆ Are the members of the youth's peer group involved in the 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 his/her 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 delinquent or criminal 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 him/her to any criminal behavior. |
| 1 | Mild problems in the youth's environment that might expose him/her to criminal behavior. |
| 2 | Moderate problems in the youth's environment that clearly expose him/her to criminal behavior. |
| 3 | Severe problems in the youth's environment that stimulate him/her to engage in criminal behavior. |