San Francisco Health Network
Community Behavioral Health Services
Children, Youth, and Families System of Care

Child and Adolescent Needs and Strengths SAN FRANCISCO

CANS - SF 3.0

Ages 6 through 20 Years-Old

2024
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

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

Literary Preface/Comment regarding gender references:

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

Additionally, "child/youth" is being utilized in reference to "child", "youth", "adolescent", or "young adult." This is due to the broad range of ages to which this manual applies.

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INTRODUCTION

The CANS

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

SIX KEY PRINCIPLES OF THE CANS

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.

2. **Each item uses a 4-level rating system that translates into action**. Different action levels exist for needs and strengths. For a description of these action levels please see below.

3. **Rating should describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e. '2' or '3').

4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child/youth but would be for an older child/youth or child/youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/ youth's developmental age.

5. **The ratings are generally "agnostic as to etiology".** In other words, this is a descriptive tool; it is about the "what" not the "why". Only one item, Adjustment to Trauma, has any cause-effect judgments.

6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth's present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

The CANS-SF 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-SF 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-SF gathers information on children/youth and parents/caregivers' strengths and needs. Strengths are the child/youth's assets: areas of life where they are doing well or has an interest or ability. Needs are areas where a child/youth requires help or intervention. Care providers use an assessment process to get to know the child/youth and the families with whom they work and to understand their strengths and needs. The CANS-SF helps care providers decide which of a child/youth's needs are the most important to address in a treatment or service planning. The CANS-SF also helps identify strengths, which can be the basis of a treatment or service plan. By working with the child/youth and family during the assessment process and talking together about the CANS-SF, care providers can develop a treatment or service plan that addresses a child/youth's strengths and needs while building strong engagement.

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

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

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric 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 is face valid and easy to use, yet it provides comprehensive information regarding clinical status.

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

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

Validity

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

RATING NEEDS and STRENGTHS

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

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

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

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength preset	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 child/youth.

To complete the CANS-SF, a CANS trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the CANS-SF electronic record (or form). This process should be done collaboratively with the child/youth, family, and other stakeholders.

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see page 6). The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS-SF is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS-SF supports the belief that children, child/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 child/youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS-SF and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, child/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-SF assessment. A rating of '2' or '3' on a CANS-SF need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy children and child/youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child/youth and child/youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS-SF can be used to monitor outcomes. This can be accomplished in a couple ways:

(1) On a client-level, care providers can compare two CANS assessments for a client and easily track areas that have changed across two timepoints. CANS items that are initially rated a '2' or '3' (i.e., actionable item) are monitored over time to determine what items moved to a rating of '0' or '1' (resolved need, built strength). In the San Francisco county, the San Francisco Department of Public Health (SF-DPH) Behavioral Health Services (BHS) Quality Management (QM) and Child, Youth, and Family (CYF-SOC) developed a "CANS Strengths and Needs: Two Timepoint Traffic Light Report" that care providers can use to visualize an individual client's change in strengths and needs over time. This report can be used as a 'storyboard' for a client and a care provider, so they can collaboratively reflect on what other needs and strengths to target, as they continue to 're-author' the client's story and their narrative changes over time (Rubio, Farahmand, Epstein, & Bleecker, 2018).

(2) On a program- and/or system-level, CANS items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who have at least a 1-point drop in the rating (i.e., might indicate a resolved need or built strength). In the San Francisco county, the SFDPH QM and CYF-SOC also developed a report called "CANS Item Level Performance Report" to allow programs to track the progress of their clients collectively. The goal of this report is to visualize the areas of Needs and Strengths that changed for the children/youth served by each program. Each program is then encouraged to use this 'storyboard' for data reflection activities (Rubio, Farahmand, Epstein, Baize, & Soltani; 2018) in clinical supervision and/or staff meetings to reflect on: (a) the strengths and needs of their child/youth clients; (b) the progress children, youth, and families are making in treatment relative to those strengths/needs; and (c) practice improvement – in what ways interventions can be adapted or trainings can be tailored relative to those strengths/needs.

(3) Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Life Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS-SF 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-SAN FRANCISCO USED?

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

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful 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') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs, Impacts on Functioning, or Risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the CANS and organizations complete the CANS every 6 months to measure change and transformation. We work with children, 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

When a client leaves a treatment program, a closing CANS may be completed to define progress, measure ongoing needs, and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary integrated with CANS ratings, provides a picture of how much progress has been made, and allowing for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our child/youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS-SF 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-SF and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the child/youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS-SF 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/youth Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust

your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

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

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 CANS-SF and how it will be used. The description of the CANS-SF should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the child/youth and family the CANS domains and items (see the CANS-SF Core Item list on page 12) and encourage the family to look over the items prior to your meeting with them. The best time 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-SF ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

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

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

Often, people will make comments about other people's observations such as "well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "so your mother feels that when he does X, that is obnoxious. What do YOU think?" The CANS-SF is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have the child/youth's 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 strengths we can build. So let's start….."

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CANS-SF BASIC STRUCTURE

The Child and Adolescent Needs and Strengths - San Francisco basic core items are noted below. These are the CANS Domains and Modules, and items, that are required of care providers to assess for their child/youth clients. Fifty (50) of these items are included in the California CANS (core 50). Next to the item is the page number in this manual where you will find a description of the item and the rating scale.

CORE ITEMS for Children and Youth ages 6 through 20

A rating of '1', '2', or '3' on these items trigger the completion of specific Individualized Assessment Modules

BEHAVIORAL or EMOTIONAL NEEDS DOMAIN (PRESENTATION)

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

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

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

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

PSYCHOSIS (THOUGHT DISORDER)

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

Questions to Consider

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

Ratings and Descriptions

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

IMPULSIVITY/HYPERACTIVITY

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

DEPRESSION

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

Questions to Consider

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

Ratings and Descriptions

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

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

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.

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

ANXIETY

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of anxiety symptoms.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

OPPOSITIONAL (Non-compliance with Authority)

This item rates the child/youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance to authority rather than on seriously breaking social rules, norms and laws.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of oppositional behaviors.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.

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

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

CONDUCT

This item rates the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder. These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault. This item refers to the child/youth's capacity to comply with societal rules.

Questions to Consider

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

Ratings and Descriptions

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

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

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

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

SUBSTANCE USE

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

Questions to Consider

- Has the child/youth used alcohol or drugs on more than an experimental basis?
- Do you suspect that the child/youth may have an alcohol or drug use problem?
- Has the child/youth been in a recovery program for the use of alcohol or illegal drugs?
- Do you have any concerns that the other kids that your child/ youth hangs out with from school use alcohol or drugs?

Ratings and Descriptions

0 No current need; no need for action or intervention.
Child/youth has no notable substance use difficulties at the present time.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.

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

***A rating of '1', '2' or '3' on this item triggers the Substance Use Disorder Module (page 61).**

SOMATIZATION

These symptoms include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

Questions to Consider

- Does the child/youth often complain of medical symptoms without medical cause?
- Is there a significant issue that is causing the child/youth to have somatic complaints?

Ratings and Descriptions

0 No current need; no need for action or intervention.
This rating is for a child/youth with no evidence of unexplained somatic symptoms.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
This rating indicates a child/youth with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
This rating indicates a child/youth with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child/youth may meet criteria for a somatoform disorder. Additionally, the child/youth could manifest any conversion symptoms here (e.g., pseudo-seizures, paralysis).

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
This rating indicates a child/youth with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

ANGER CONTROL

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

ADJUSTMENT TO TRAUMA

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.

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

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain

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

***A rating of '1', '2' or '3' on this item triggers the Trauma Module (page 21).**

EATING DISTURBANCES

These symptoms relate to problems with eating including disturbances in appetite and intake as well as eating disturbances related to body image, (refusal to maintain normal body weight and recurrent episodes of binge eating).

Questions to Consider

- Is the child/youth preoccupied with body image, weight, excessive exercise, refusal to eat, over-eating and/or binging and purging?
- Has the child/youth deliberately been trying to limit the amount of food they eat to influence their shape or weight?
- Has thinking about shape or weight made it very difficult for the child/youth to concentrate on things they are interested in?

Ratings and Descriptions

0 No current need; no need for action or intervention.
This rating is for a child/youth with no evidence of eating disturbances.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
This rating is for a child/youth with a mild level of eating disturbance. This includes a child/youth that has a poor appetite or is a picky eater, or a child/youth that frequently overeats. This could also include some preoccupation with weight, calorie intake, or body size or type. This could also include some binge eating patterns.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
This rating is for a child/youth with a moderate level of eating disturbance. This includes a child/youth whose appetite/intake or lack thereof requires intervention (refuses to eat, consistently overeating). This could also 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).

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
This rating is for a child/youth with a more severe form of an eating disturbance. This could include significantly low weight/restricted intake/or excessive binge-purge behaviors (at least once per day), leading to a need for hospitalization.

ATTACHMENT DIFFICULTIES

This item rates the level of difficulties the child/youth has with attachment and their ability to form relationships.

Questions to Consider

- Does the child/youth go to people they know well for comfort?
- Does the child/youth struggle with separating from caregiver/s?
- Does the child/youth approach or attach to strangers?

Ratings and Descriptions

0 No evidence of any needs.

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

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

Some history or evidence of insecurity in the caregiver-child/youth relationship. Caregiver may have difficulty accurately reading child/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/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. Child/youth may have minor difficulties with appropriate physical/emotional boundaries with others.

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

Problems with attachment that interfere with child/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid child/youth bids for attention/nurturance. Child/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 Intensive and/or immediate action is required to address the need or risk behavior.

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

TRAUMA MODULE (ABUSE OR TRAUMA HISTORY)

This domain is to be completed when the Adjustment to Trauma item in the Behavioral/Emotional Needs, (page 18) is rated '1,' '2' or '3.'

TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES SUB-MODULE

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

0	Indicates a dimension where there is no evidence of any trauma of this type.
1	Indicates a dimension where a single event or one incident trauma occurred, or suspicion exists of trauma experiences.
2	Indicates a dimension on which the child has experienced multiple traumas or multiple incidents.
3	Indicates a dimension which describes repeated, chronic, on-going and/or severe trauma with medical and physical consequences.

Rate the following items within the child/youth's lifetime. *A rating of 1, 2, or 3 on any item triggers the Traumatic Stress Symptoms Module (page 28).

SEXUAL ABUSE
This item rates the severity and frequency of sexual abuse.

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

Ratings and Descriptions

0	There is no evidence that child/youth has experienced sexual abuse.
1	Child/youth has experienced one episode of sexual abuse or there is a suspicion that child/youth has experienced sexual abuse but no confirming evidence.
2	Child/youth has experienced repeated sexual abuse.
3	Child/youth has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

***A rating of 1, 2, or 3 on this item triggers the Sexual Abuse Module (page 63).**

PHYSICAL ABUSE
This includes one or more episodes of aggressive behavior usually resulting in physical injury to the child/youth. It also includes contact that is intended to cause feelings of intimidation, pain, injury or other physical suffering or bodily harm.

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

Ratings and Descriptions

0	There is no evidence that child/youth has experienced physical abuse.
1	Child/youth has experienced one episode of physical abuse or there is a suspicion that child/youth has experienced physical abuse but no confirming evidence.
2	Child/youth has experienced repeated physical abuse.
3	Child/youth has experienced severe and/or repeated physical abuse that causes sufficient physical harm to necessitate hospital or medical treatment.

EMOTIONAL ABUSE

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

Questions to Consider

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

Ratings and Descriptions

0	There is no evidence that child/youth has experienced emotional abuse.
1	Child/youth has experienced mild emotional abuse. For instance, child or youth may experience some insults or is occasionally referred to in a derogatory manner by caregivers.
2	Child/youth has experienced emotional abuse over an extended period of time (at least one year). For instance, child/youth may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
3	Child/youth has experienced severe and repeated emotional abuse over an extended period of time (at least one year). For instance, child/youth is completely ignored by caregivers, or threatened/terrorized by others.

NEGLECT

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

Questions to Consider

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

Ratings and Descriptions

0	There is no evidence that child/youth has experienced neglect.
1	Child/youth has experienced minor or occasional neglect. Child/youth may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of child/youth.
2	Child/youth has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
3	Child/youth has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

MEDICAL TRAUMA

This item rates the child/youth's experience of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries. This item considers the impact of the event on the child/youth. It describes experiences in which the child/youth is subjected to medical procedures that are experienced as upsetting and overwhelming. A child/youth born with physical deformities who is subjected to multiple surgeries could be included. A child/youth who must experience chemotherapy or radiation could also be included. A child/youth who experiences an accident and require immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be in included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for children or child/youth (e.g., shots, pills) would generally not be rated here.

Questions to Consider

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

Ratings and Descriptions

0	There is no evidence that child/youth has experienced any medical trauma.
1	Child/youth has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
2	Child/youth has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
3	Child/youth has experienced life threatening medical trauma.

WITNESS TO FAMILY VIOLENCE

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

Questions to Consider

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

Ratings and Descriptions

0	There is no evidence that child/youth has witnessed family violence.
1	Child/youth has witnessed one episode of family violence.
2	Child/youth has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
3	Child/youth has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

WITNESS TO COMMUNITY VIOLENCE

This item rates the severity and frequency of incidents of violence the child/youth has witnessed in their community.

Questions to Consider

- Does the child/youth live in a neighborhood with frequent violence?
- Did the violence result in significant injury to others in the community?

Ratings and Descriptions

0	There is no evidence that child/youth has witnessed or experienced violence in the community.
1	Child/youth has witnessed occasional fighting or other forms of violence in the community. Child/youth has not been directly impacted by the community violence (e.g., violence not directed at self, family, or friends) and exposure has been limited.
2	Child/youth has witnessed the significant injury of others in their community, or has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence/criminal activity that was not life threatening, or has witnessed/experienced chronic or ongoing community violence.
3	Child/youth has witnessed or experienced the death of another person in their community as a result of violence, or is the direct victim of violence/criminal activity in the community that was life threatening, or has experienced chronic/ongoing impact as a result of community violence (e.g., family member injured and no longer able to work).

WITNESS TO SCHOOL VIOLENCE
This item rates the severity and frequency of incidents of violence the child/youth has witnessed in their school.

Questions to Consider
- Has the child/youth witnessed or directly experienced violence at their school?

Ratings and Descriptions

0	There is no evidence that child/youth has witnessed violence in the school setting.
1	Child/youth has witnessed occasional fighting or other forms of violence in the school setting. Child/youth has not been directly impacted by the violence (e.g., violence not directed at self or close friends) and exposure has been limited.
2	Child/youth has witnessed the significant injury of others in their school setting, or has had friends injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to minor injury, or has witnessed ongoing/chronic violence in the school setting.
3	Child/youth has witnessed the death of another person in their school setting, or has had friends who were seriously injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to significant injury or lasting impact.

NATURAL OR MAN-MADE DISASTER
This rating describes the child/youth's exposure to either natural or man-made disasters. This includes disasters such as a fire or earthquake or man-made disaster; car accident, plane crashes, or bombings.

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

Ratings and Descriptions

0	There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or man-made disasters.
1	Child/youth has been indirectly affected by or second hand exposure to a natural or man-made disaster (i.e., on television, hearing others discuss disasters).
2	Child/youth has experienced a natural or man-made disaster which has had a notable impact on their well-being. Child/youth has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a child may observe a caregiver who has been injured in a car accident or fire or watch their neighbor's house burn down.
3	Child/youth has experienced life threatening natural or man-made disaster. Child/youth has been directly exposed to a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g., house burns down, caregiver loses job).

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

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

Questions to Consider

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

Ratings and Descriptions

0	There is no evidence that the child/youth has experienced disruptions in caregiving and/or attachment losses.
1	Child/youth may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (i.e. child shifted from care of biological mother to paternal grandmother). Child/youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent
2	Child/youth has experienced 2 or more disruptions in caregiving with known alternative caregivers, or the child/youth has had at least one disruption involving placement with an unknown caregiver. Children or child/youth who have been placed in foster or out-of-home care such as residential treatment facilities would be rated here
3	Child/youth has experienced multiple/repeated placement changes (i.e. 3 or more placements with a known caregiver or 2 or more with an unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a child's life (i.e. loss of community, school placement, peer group). Examples would include a child in several short-term unknown placements (i.e. moved from emergency foster care to additional foster care placement and/or multiple transitions in and out of the family-of-origin (i.e. several cycles of removal and reunification).

PARENTAL CRIMINAL BEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

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

WAR/TERRORISM AFFECTED

To score the combined item, simply use the highest rating from the two items (War Affected, Terrorism Affected). For instance, if you rated "War Affected" a '3' and "Terrorism Affected" a '1', the score for the item "War/Terrorism Affected" would be a '3.'

WAR AFFECTED

This rating describes the degree of severity of exposure to war, political violence, or torture. Violence or trauma related to Terrorism is not included here.

Questions to Consider

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

Ratings and Descriptions

0	There is no evidence that child/youth has been exposed to war, political violence, or torture.
1	Child/youth did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child/youth may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war, or both. This does not include children/youth who have lost one or both parents during the war.
2	Child/youth has been affected by war or political violence. They may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Child/youth may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of child. Child/youth may have spent extended amount of time in refugee camp.
3	Child/youth has experienced the direct effects of war. Child/youth may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped. Some may have served as soldiers, guerrillas or other combatants in their home countries.

TERRORISM AFFECTED

This rating describes the degree to which a child/youth has been affected by terrorism. 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).

Questions to Consider

- Has the child/youth or their family lived in an area that has experienced an act of terrorism?
- How close were they to the act of terrorism?
- Was the family displaced as a result of the act of terrorism?

Ratings and Descriptions

0	There is no evidence that child has been affected by terrorism or terrorist activities.
1	Child/youth's community has experienced an act of terrorism, but the child was not directly impacted by the violence (e.g. child lives close enough to site of terrorism that they may have visited before or child/youth recognized the location when seen on TV, but child/youth's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.
2	Child/youth has been affected by terrorism within their community, but did not directly witness the attack. Child/youth may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of child's daily life may be disrupted due to attack (e.g. utilities or school), and child/youth may see signs of the attack in neighborhood (e.g. destroyed building). Child/youth may know people who were injured in the attack.
3	Child/youth has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

VICTIM/WITNESS TO CRIMINAL ACTIVITY

This rating describes the severity of exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery. Any behavior that could result in incarceration is considered criminal activity. A child/youth who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charged could be filed would be rated here and on the appropriate abuse-specific items. A child/youth who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

Questions to Consider

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

Ratings and Descriptions

0	There is no evidence that the child/youth has been victim or a witness to criminal activity.
1	Child/youth is a witness of significant criminal activity.
2	Child/youth is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Child/youth is a victim of criminal activity that was life threatening or caused significant physical harm; or child/youth witnessed the death of a family friend, loved one.

TRAUMATIC STRESS SYMPTOMS SUB-MODULE

This module is triggered by a rating of 1, 2, or 3 on any item in the Traumatic/Adverse Childhood Experiences Sub-Module. Rate the following items within the last 30 days.

EMOTIONAL AND/OR PHYSICAL DYSREGULATION

Child/youth has difficulties with arousal regulation or expressing emotions and energy states. This item is a core symptom of trauma and is notable among children/youth who have experienced complex trauma (or chronic, interpersonal traumatic experiences). This refers to a child/youth's difficulty in identifying and describing internal emotional states, problems labeling or expressing feelings, difficulty or inability in controlling or modulating his/her emotions, and difficulty communicating wishes and needs. Physical dysregulation includes difficulties with regulation of body functions, including disturbances in sleeping, eating and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The child/youth's behavior likely reflects his/her difficulty with affective and physiological regulation, especially for younger children/ youth. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities. Emotional dysregulation is often a pattern of repeated dysregulation that is triggered by exposure to trauma cues or reminders where the child/youth has difficulty modulating arousal symptoms and returning to baseline emotional functioning or restoring equilibrium. This symptom is related to trauma, but may also be a symptom of bipolar disorder and some forms of head injury and stroke. An elevation in emotional dysregulation will also likely accompany elevations in Anger Control on the CANS.

Questions to Consider

- Does the child/youth have emotional or behavioral reactions that seem out of proportion to the situation?
- Does the child/youth have extreme or unchecked emotional reactions to situations?

Ratings and Descriptions

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

Child/youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.

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

History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints. .

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

Child/youth has problems with affect/physiological regulation that are impacting their functioning in some life domains, but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child/youth may exhibit marked shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or

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

Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The child/youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child/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 child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

INTRUSIONS/RE-EXPERIENCING

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

Questions to Consider

- Does the child/youth experience intrusions?
- If so, when and how often do they occur?
- Does the child/youth have difficulties functioning related to these intrusive thoughts and re-experiencing?

Ratings and Descriptions

0 No current need; no need for action or intervention. There is no evidence that child/youth experiences intrusive thoughts of trauma.

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

History or evidence of some intrusive thoughts of trauma but it does not affect the child/youth's functioning. A child/youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.

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

Child/youth has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere in their ability to function in some life domains. For example, the child/youth may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The child/youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.

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

Child/youth has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child/youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This child/youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child/youth to function.

HYPERAROUSAL

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention. Child/youth has no evidence of hyperarousal symptoms.

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
History or evidence of hyperarousal that does not interfere with their daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.

2 Action or intervention is required to ensure that the identified need is addressed.
Child/youth exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Child/youth who frequently manifest distress-related physical symptoms such as stomach aches and headaches would be rated here. Symptoms are distressing for the child/youth and/ or caregiver and negatively impacts day-to-day functioning.

3 Intensive and/or immediate action is required to address the need or risk behavior.
Child/youth exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child/youth and/or caregiver and impede day-to-day functioning in many life areas.

TRAUMATIC GRIEF & SEPARATION

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention. There is no evidence that the child/youth is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child/youth has not experienced a traumatic loss (e.g., death of a loved one) or the child/youth has adjusted well to separation.

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
Child/youth is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.

2 Action or intervention is required to ensure that the identified need is addressed.
Child/youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

3 Intensive and/or immediate action is required to address the need or risk behavior.
Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

NUMBING

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention. Child/youth has no evidence of numbing responses.

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
Child/youth has history or evidence of problems with numbing. They may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).

2 Action or intervention is required to ensure that the identified need is addressed.
Child/youth exhibits numbing responses that impair their functioning in at least one life domain. Child/youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.

3 Intensive and/or immediate action is required to address the need or risk behavior.
Child/youth exhibits significant numbing responses or multiple symptoms of numbing that put them at risk. This child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

DISSOCIATION

This item rates the level of dissociative states the child/youth may experience.

Questions to Consider

- Does the child/youth ever enter a dissociative state?
- Does the child/youth often become confused about who or where they are?
- Has the child/youth been diagnosed with a dissociative disorder

Ratings and Descriptions

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

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
Child/youth has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.

2 Action or intervention is required to ensure that the identified need is addressed.
Child/youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorders or another diagnosis that is specified "with dissociative features"

3 Intensive and/or immediate action is required to address the need or risk behavior.
Child/youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child/youth is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child/youth shows rapid changes in personality or evidence of distinct personalities. Child/youth who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

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

Questions to Consider

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

Ratings and Descriptions

0	No evidence of any needs. Child/youth exhibits no avoidance symptoms.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Child/youth may have history or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
2	Action or intervention is required to ensure that the identified need is addressed. Child/youth exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.
3	Intensive and/or immediate action is required to address the need or risk behavior. Child/youth's avoidance symptoms are debilitating. Child/youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

RISK BEHAVIORS DOMAIN

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

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

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

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

SUICIDE RISK

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

Questions to Consider

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

Ratings and Descriptions

0	No evidence of any needs. No evidence of suicidal ideation.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.
2	Action or intervention is required to ensure that the identified need is addressed. Recent ideation or gesture. Recent, but not acute, suicidal ideation or gesture.
3	Intensive and/or immediate action is required to address the need or risk behavior. Current ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation and intent.

***A rating of '1', '2' or '3' on this item triggers the Suicide Risk Module (page 65).**

OTHER SELF-HARM (RECKLESSNESS)

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

Questions to Consider

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

Ratings and Descriptions

0	No evidence of any needs. No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. There is a history, suspicion or mild behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm such as reckless and dangerous risk-taking behavior.
2	Action or intervention is required to ensure that the identified need is addressed. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.
3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

DANGER TO OTHERS

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

Questions to Consider

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

Ratings and Descriptions

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

***A rating of '1', '2' or '3' on this item triggers the Violence Module (page 66).**

SEXUAL AGGRESSION

This item is intended to describe both aggressive sexual behavior and sexual behavior in which the child/youth takes advantage of a younger or less powerful child/youth. The severity and recency of the behavior provide the information needed to rate this item.

Questions to Consider

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

Ratings and Descriptions

0	No evidence of any needs. No evidence of sexually aggressive behavior.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.
2	Action or intervention is required to ensure that the identified need is addressed. Child/youth engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.
3	Intensive and/or immediate action is required to address the need or risk behavior. Child/youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

***A rating of '1', '2' or '3' on this item triggers the Sexually Aggressive Behavior Module (page 71).**

RUNAWAY

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

Questions to Consider

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

Ratings and Descriptions

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

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

DELINQUENT BEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

0	No evidence of any needs. No evidence or no history of delinquent behavior.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.
2	Action or intervention is required to ensure that the identified need is addressed. Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.
3	Intensive and/or immediate action is required to address the need or risk behavior. Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child/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 (page 77).**

FIRE SETTING

This item refers to behavior involving the intentional setting of fires that might be dangerous to the child/youth or others. This includes both malicious and non-malicious fire-setting. This does NOT include the use of candles or incense or matches to smoke or accidental fire-setting.

Questions to Consider

- Has the child/youth ever started a fire?
- Has the incident of fire setting put anyone at harm or at risk of harm?

Ratings and Descriptions

0	No evidence of any needs. No evidence of fire setting by the child/youth.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of fire setting but not in the recent past.
2	Action or intervention is required to ensure that the identified need is addressed. Recent fire setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.
3	Intensive and/or immediate action is required to address the need or risk behavior. Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

***A rating of '1', '2' or '3' on this item triggers the Fire Setting Module (page 80).**

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

0	No evidence of any needs. No evidence of any forms of self-injury.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. A history or suspicion of self-injurious behavior.
2	Action or intervention is required to ensure that the identified need is addressed. Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

INTENTIONAL MISBEHAVIOR

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

Questions to Consider

- Does the child/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 child/youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the child/youth such as suspension, job dismissal, etc.?

Ratings and Descriptions

0	No evidence of any needs. Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
2	Action or intervention is required to ensure that the identified need is addressed. Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the child/youth's life.
3	Intensive and/or immediate action is required to address the need or risk behavior. Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).

LIFE DOMAIN FUNCTIONING (IMPACT ON FUNCTIONING)

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

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

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

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of problems in relationships with family members, and/or the child/youth is doing well in relationships with family members.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with children/youth. Arguing may be common but does not result in major problems.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of family violence, absence of any positive relationships, etc.

LIVING SITUATION

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of problem with functioning in current living environment. The child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
The child/youth has moderate to severe problems with functioning in current living situation. The child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child/youth has profound problems with functioning in the current living situation. The child/youth is at immediate risk of being removed from living situation due to problematic behaviors.

RECREATIONAL

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

Questions to Consider

- Does the child/youth have things that they like to do with free time?
- Things that give the child/youth pleasure?
- Activities that are a positive use of the child/youth's extra time?
- Does the child/youth often claim to be bored or have nothing to do?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of any problems with recreational functioning. The child/youth has access sufficient activities that the child/youth enjoys.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child/youth is doing adequately with recreational activities although some problems may exist.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
The child/youth is having moderate problems with recreational activities. The child/youth may experience some problems with effective use of leisure time.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child/youth has no access to or interest in recreational activities. The child/youth has significant difficulties making use of leisure time.

DEVELOPMENTAL/INTELLECTUAL

This item describes the child/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 (ASDs). Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of developmental delay and/or the child/youth has no developmental problems or intellectual disability.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There are concerns about possible developmental delay. The child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
The child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder (If available, FSIQ 55-69). IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder (ASD) with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

LEGAL

This item indicates the child/youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here. Only the identified child/youth's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.

Questions to Consider

- Has the child/youth ever admitted that the child/youth has broken the law?
- Has the child/youth ever been arrested?
- Has the child/youth ever been in detention?

Ratings and Descriptions

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

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

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

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

MEDICAL/PHYSICAL

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

Questions to Consider

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

Ratings and Descriptions

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

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
The child/youth has serious medical or physical problems that require medical treatment or intervention. Or the child/youth has a chronic illness or a physical challenge that requires ongoing medical intervention.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child/youth has a life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

SEXUAL DEVELOPMENT

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of issues with sexual development.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Moderate to serious problems with sexual development that interferes with the child/youth's life functioning in other life domains.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or being a victim of sexual exploitation.

SCHOOL BEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

SCHOOL ACHIEVEMENT

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

Questions to Consider

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

Ratings and Descriptions

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

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child/youth is doing adequately in school although some problems with achievement exist.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
The child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.

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

SCHOOL ATTENDANCE

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

Questions to Consider

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

Ratings and Descriptions

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

SOCIAL FUNCTIONING

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

Questions to Consider

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

Ratings and Descriptions

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

DECISION MAKING

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

SLEEP

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child/youth gets a full night's sleep each night.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child/youth has some problems sleeping. Generally, the child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening, bed wetting or having nightmares.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth is having problems with sleep. Sleep is often disrupted and the child/youth seldom obtains a full night of sleep.

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

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 child/youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

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

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

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

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

1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

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

LANGUAGE

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence that there is a need or preference for an interpreter and/or the child/youth and/or family speak and read the primary language where the child/youth or family lives.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. A translator or a family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.

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

TRADITIONS AND RITUALS

This item rates the child/youth and family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, 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 child/youth celebrate?
- What traditions are important to the child/youth?
- Does the child/youth fear discrimination for practicing the child/youth's traditions and rituals?

Ratings and Descriptions

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

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

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

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

CULTURAL STRESS

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

A rating of '1', '2' or '3' on this item triggers: (a) the CULTURAL STRESS MODULE on page 64, and (b) the CULTURAL INFLUENCES item on the next page.

CULTURAL STRESS INFLUENCES

Using the ADDRESSING framework (Hays, 2008), find below multiple group memberships and cultural identities that might have influenced the child/youth client's experience of cultural stress. Although you may not ask every client questions about all of the categories, please select from the list below those that apply to the child/youth's cultural stress.

- Race/Ethnicity
- Sexual Orientation
- Gender Identity
- Religion
- Language
- Age
- Socio-Economic Status
- Ability/Disability - Please indicate/specify area(s):
  - Physical
  - Developmental
  - Emotional/Behavioral
  - Cognitive, Learning
  - Other: Please Specify_____
- Other: Please Specify _____

STRENGTHS DOMAIN

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

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

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

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

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

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

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

FAMILY STRENGTHS

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

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

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

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

Family needs significant assistance in developing relationships and communications, or the child/youth has no identified family. The child/youth is not included in normal family activities.

INTERPERSONAL

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

Questions to Consider

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

Ratings and Descriptions

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

EDUCATIONAL SETTING

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

Questions to Consider

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

Ratings and Descriptions

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

TALENTS AND INTERESTS

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

Questions to Consider

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

Ratings and Descriptions

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

The child/youth has a talent that provides pleasure and/or self-esteem. The child/youth with significant creative/artistic/athletic strengths would be rated here.

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

The child/youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.

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

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

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

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

SPIRITUAL/RELIGIOUS

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

The child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.

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

The child/youth has expressed some interest in spiritual or religious beliefs and practices.

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

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

RELATIONSHIP PERMANENCE

This rating refers to the stability of significant relationships in the child/youth's life. This likely includes family members but may also include other individuals.

Questions to Consider

- Does the child/youth have relationships with adults that have lasted their lifetime?
- Is the child/youth in contact with both parents?
- Are there relatives in the child/youth's life with whom the child/youth has long-lasting relationships?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The child/youth who has very stable relationships. Family members, friends, and community have been stable for most of the child/youth's life and are likely to remain so in the foreseeable future. The child/youth is involved with both parents.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. The child/youth who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The child/youth who has had at least one stable relationship over the child/youth's lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. The child/youth who does not have any stability in relationships. Independent living or adoption must be considered.

CULTURAL IDENTITY

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

Questions to Consider

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

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The child/youth has defined a cultural identity and is connected to others who support the child/youth's cultural identity.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. The child/youth is developing a cultural identity and is seeking others to support the child/youth's cultural identity.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The child/youth is searching for a cultural identity and has not connected with others.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. The child/youth does not express a cultural identity.

COMMUNITY LIFE

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

The child/youth is somewhat involved with their community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.

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

The child/youth has an identified community but has only limited, or unhealthy, ties to that community.

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

There is no evidence of an identified community of which the child/youth is a member at this time.

NATURAL SUPPORTS

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

Questions to Consider

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

Ratings and Descriptions

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

The child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.

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

The child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.

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

The child/youth has some identified natural supports however the child/youth is not actively contributing to the child/youth's healthy development.

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

The child/youth has no known natural supports (outside of family and paid caregivers).

RESILIENCY

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

Questions to Consider

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

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The child/youth's internal strength in overcoming or the ability to bounce back is a core part of identity and associated with a well-developed and recognizable set of supports and strengths for dealing with challenges.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. The child/youth uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The child/youth has limited ability to recognize and use internal strengths in overcoming or the ability to bounce back to effectively support the child/youth's healthy development, problem solving, or dealing with stressful life events.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. The child/youth is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.

OPTIMISM

This rating should be based on the child/youth's sense of self in their own future. This rates the child/youth's future orientation.

Questions to Consider

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

Ratings and Descriptions

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

CAREGIVER RESOURCES & NEEDS DOMAIN

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

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

For **Caregiver Resources and 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.

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 provide care for the child/youth. This item does not rate depression or other mental health issues.

Questions to Consider

- How is the caregiver's health?
- Does the caregiver have any health problems that limit their ability to care for the family?

Ratings and Descriptions

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

MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity to provide care for the child/youth.

Questions to Consider

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

Ratings and Descriptions

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

SUBSTANCE USE

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

Questions to Consider

- Do caregivers have any substance use needs that make parenting difficult?
- Is the caregiver receiving any services for the substance use problems?

Ratings and Descriptions

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

SUPERVISION

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

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

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

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

Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. The child/youth is at risk of harm due to absence of supervision or monitoring.

INVOLVEMENT WITH CARE

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

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

Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist.

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

Caregiver wishes for the child/youth to be removed from their care.

KNOWLEDGE

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

Questions to Consider

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

Ratings and Descriptions

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

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

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.

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

ORGANIZATION

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services.

Questions to Consider

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

Ratings and Descriptions

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

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has moderate difficulty organizing and maintaining household to support needed services.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver is unable to organize household to support needed services.

SOCIAL RESOURCES

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

Questions to Consider

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

Ratings and Descriptions

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

RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and <u>does not</u> include the likelihood that the child/youth or child/youth will be removed from the household.

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. Caregiver has stable housing with no known risks of instability.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has moved multiple times in the past year. Housing is unstable.
3	Problems are dangerous or disabling; requires immediate and/or intensive action Family is homeless, or has experienced homelessness in the recent past.

SAFETY

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

All referrants are legally required to report suspected child/youth abuse or neglect.

MARITAL/INTIMATE PARTNER VIOLENCE

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

Questions to Consider

- What stresses do you experience in your intimate partner relationship?
- How does your partner treat you?
- Have there been situations in your relationship where you have felt afraid? Do you feel safe in your relationship?
- People in relationships sometimes fight. What happens when you and your partner disagree? How has this affected your parenting or ability to care for your child?

Ratings and Descriptions

0 No current need; no need for action or intervention.
The parent/caregiver(s) 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 Identified need requires monitoring, watchful waiting, or preventive activities.
Mild to moderate level of family problems including marital difficulties and partner arguments. The parent/caregivers are generally able to keep arguments to a minimum when the child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression, the use of verbal aggression by one partner to control the other or significant destruction of property. The child/youth often witnesses these arguments between caregivers, the use of verbal aggression by one partner to control the other or significant destruction of property.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Profound level of caregiver or marital/intimate partner violence that often escalates to the use of physical aggression by one partner to control the other. These episodes may exacerbate the child/youth's difficulties or put the child/youth at greater risk.

All referrants are legally required to report suspected child/youth abuse or neglect.

DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to provide care for the child/youth.

Questions to Consider

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

Ratings and Descriptions

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

INDIVIDUALIZED (OPTIONAL) ASSESSMENT MODULES

Note: the following modules are optional for use by children/youth care providers in San Francisco CYF-SOC. Some of the modules are triggered by a rating of '1', '2', or '3' in CANS items in the required modules.

[A] SUBSTANCE USE DISORDER (SUD) MODULE

This module can be completed when the Substance Use item in the Behavioral/Emotional Needs domain (page 17) is rated '1,' '2,' or '3.'

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

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

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

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

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

STAGE OF RECOVERY

This item identifies where the child/youth is in their recovery process.

Questions to Consider

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

Ratings and Descriptions

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

PEER INFLUENCES

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

Questions to Consider

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

Ratings and Descriptions

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

PARENTAL/CAREGIVER INFLUENCES

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

Questions to Consider

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

Ratings and Descriptions

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

ENVIRONMENTAL INFLUENCES

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

Questions to Consider

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

Ratings and Descriptions

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

[B] SEXUAL ABUSE MODULE

This module can be completed when the Sexual Abuse item in the Trauma Module (page 21) is rated '1,''2,' or '3'. Rate the following items within the child/youth's lifetime.

EMOTIONAL CLOSENESS TO PERPETRATOR
This item rates the relationship the child/youth had with the person who abused them.

Questions to Consider

- What is the relationship between the perpetrator and the child/youth?

Ratings and Descriptions

0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child/youth at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child/youth at the time of the event but was not an immediate family member.
3	Perpetrator was an immediate family member (e.g. parent, sibling).

FREQUENCY OF ABUSE
Please rate using time frames provided in the anchors

Questions to Consider

- How often does/did the abuse occur?

Ratings and Descriptions

0	Abuse occurred only one time.
1	Abuse occurred two times.
2	Abuse occurred two to ten times.
3	Abuse occurred more than ten times.

DURATION
This item rates the duration of the abuse.

Questions to Consider

- How long has the abuse been happening?

Ratings and Descriptions

0	Abuse occurred only one time.
1	Abuse occurred within a six-month time period.
2	Abuse occurred within a six-month to one year time period.
3	Abuse occurred over a period of longer than one year.

FORCE
This item rates the level of force that was involved in the sexual abuse.

Questions to Consider

- Is physical force used during the abuse?

Ratings and Descriptions

0	No physical force or threat of force occurred during the abuse episode(s).
1	Sexual abuse was associated with threat of violence but no physical force.
2	Physical force was used during the sexual abuse.
3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

REACTION TO DISCLOSURE
This item rates how others responded to the abuse and how supportive they were upon disclosure.

Questions to Consider

- How does the child/youth react when the abuse is disclosed?

Ratings and Descriptions

0	All significant family members are aware of the abuse and supportive of the child/youth coming forward with the description of the child/youth's abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child/youth for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
2	Significant split among family members in terms of their support of the child/youth for coming forward with the description of the child/youth's experience.
3	Significant lack of support from close family members of the child/youth for coming forward with the description of the child/youth's abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

[C] CULTURAL STRESS MODULE

This module can be completed when Cultural Stress in the Cultural Factors domain (page 46) is rated '1,"2,' or '3'.

DISCRIMINATION/BIAS
This item refers to any experience of discrimination or bias that is purposeful or accidental, direct, or indirect. Discrimination may be based on gender, race, ethnicity, socioeconomic status, religion, sexual orientation, skin shade/color/complexion, linguistic ability, body shape/size, etc. Any statement of discrimination by an individual should be acknowledged and respected. Children/youth's and families' feelings are what matters. These feelings can impact how an individual or family function and creates stress for the individual and/or family, which can correlate with depression and/or poor health outcomes. The presence of such discrimination or experiences may present a barrier to accessing supports or services that may be helpful to the individual or family. When families report feelings of discrimination providers can discuss those feelings and how they impact functioning, create an advocacy statement in the treatment plan, or assist the family in finding a better fit for necessary services.

Questions to Consider

- Has the child/youth or their family experienced racism, sexism, or any other kind of discrimination?
- Has the discrimination impacted the child/youth's life?

Ratings and Descriptions

0	No current need; no need for action or intervention. No report of experiences of discrimination that impacts the child/youth's or family's ability to function and/or creates stress.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth or family reports experiences of discrimination that occurred recently or in the past, but it is not currently causing any stress or difficulties for the child/youth or family.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth or family reports experiences of discrimination that are currently interfering with the child/youth's or family's functioning.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth or family reports experiences of discrimination that substantially and immediately interferes with the child/youth's or family's functioning daily and requires immediate action.

CULTURAL DIFFERENCES WITHIN FAMILY

Sometimes individual members within a family have different backgrounds, values and/or perspectives This might occur in a family where an individual is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the individual's experience of discrimination. Additionally, this may occur in families where the parents are first generation immigrants to the United States. The individual may refuse to adhere to certain cultural practices, choosing instead to participate more in popular U.S. culture.

Questions to Consider

- Do the parents and the child/youth have different understandings of appropriate behaviors that are rooted in cultural traditions?
- Do the family and child/youth understand and respect each other's perspectives?
- Do the family and child/youth have conflicts that result from different cultural perspectives?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of conflict, stress or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth and family have struggled with cultural differences in the past but are currently managing them well or there are mild issues of disagreement.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth and family experience difficulties managing cultural differences within the family that negatively impacts the functioning of the individual.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth and family experience difficulties managing cultural differences within the family that negatively impacts the functioning of the individual.

CULTURAL CONGRUENCE

This item refers to a family's child rearing practices, understanding of child development and early intervention in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider

- How does the family's culture impact their child rearing practices?
- Are there cultural differences in the caregiver's child rearing practices that differ from that of the majority culture?

Ratings and Descriptions

0 No current need; no need for action or intervention.
The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child/youth.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child/youth at risk.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child/youth.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The family has cultural differences related to child rearing practices, child development, and early intervention that is considered abusive or neglectful and may result in intervention.

KNOWLEDGE CONGRUENCE

This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider

- How does the family describe the child/youth's needs?
- Do members of the family disagree on how they see the needs of the child/youth?

Ratings and Descriptions

0 No current need; no need for action or intervention.
There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child/youth is congruent with the prevailing professional/helping cultural perspective(s).

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Small or mild differences between the family's explanation and the prevailing professional/ helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Significant disagreements in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions.

HELP SEEKING CONGRUENCE

This item refers to a family's approach to help seeking behavior in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider

- Has the family reached out to professional or other resources to support the needs of their child/youth?
- Are there disagreements in the family in whom to seek for support and how?

Ratings and Descriptions

0 No current need; no need for action or intervention.
There is no evidence of differences/disagreements between the family's approach to help seeking and the prevailing professional/helping cultural view(s), i.e., the family's approach is congruent with prevailing professional/helping cultural perspective(s) on help seeking behavior.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some differences between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s), but these differences do not interfere with the child/youth and/or family's ability to meet its needs.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Disagreement between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those working with them.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Significant disagreements in terms of help seeking beliefs and/or behaviors between the family and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

EXPRESSION OF DISTRESS

This item refers to a child/youth's or family's style of expressing distress in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider

- How does the child/youth and/or family react to distressing situations?
- What kind of support do they have?
- What are their social resources?

Ratings and Descriptions

0 No current need; no need for action or intervention.
There is no evidence of differences/disagreements between the way the family expresses distress and the prevailing professional/helping cultural view(s), i.e., family's style of expressing distress is congruent with prevailing professional/helping cultural perspective(s).

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some differences between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) but these disagreements do not interfere with the family's ability to meet its needs.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Disagreement between the way the family expresses distress and the prevailing professional/ helping cultural perspective(s) creates challenges for the family and/or those who work with them.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Disagreement in terms of the way the family expresses distress and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

APPREHENSIVENESS TO SERVICES

This item describes the degree to which the child/youth's or family's apprehension to engage with the formal health care system creates a barrier for receipt of care. Additionally, the professionals' relationship with the child/youth or family may require the care professional to reconsider their approach. For example, a child/youth or family member who refuses to see a psychiatrist due to their belief that medications are over-prescribed for members of their community. A care professional must consider this experience and understand its impact on the family's choices.

Supplemental Information: There are situations and instances when people may be apprehensive to engage with the formal behavioral health care, child welfare or other helping systems. Children/ youth and families, as well as providers, bring their cultural experiences to the treatment relationship. Members of some cultural groups may be accustomed to the use of traditional healers or self-management of behavioral health issues or are simply distrustful of Western medicine. Undocumented individuals may be fearful of interaction with the health care system because of their legal status. These complicated factors may translate into generalized discomfort with the formal child or adult serving systems.

Questions to Consider

- Does the child/youth or family have concerns about the services they may receive?
- Have other members of the family received services?
- What was the child/youth or family's previous experience in receiving care?

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child/youth or family expresses no concerns about engaging with the formal helping system.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child/youth or family expresses hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with formal helping system.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth's or family's apprehension notably interferes with engagement with the formal helping system. Significant discussion and possible revisions to the treatment plan are required.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child/youth's or family's apprehension currently prevents them from engaging with the formal helping system, including the treatment team. The development of an alternate plan may be required.

[D] LGBTQIA+ MODULE

This module can be completed when **Cultural Stress** in the Cultural Factors domain (page 46) is rated '1,"2,' or '3' and **Sexual Orientation** is selected as one of the Cultural Stress influences.

CHOSEN FAMILY SUPPORT
This item rates the degree of support that a child/youth has from their chosen or identified family.

Questions to Consider

- Does the child/youth have an identified chosen family?
- Who makes up the child/youth's identified chosen family?

Ratings and Descriptions

0	No current need; no need for action or intervention. Child/youth has a well-developed and supportive group of people who function as a chosen.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has at least one close friend who functions as a chosen family.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth can identify one or more people in their life with whom they would like to have a family-like relationship but currently those relationships are not at that level of caring and support.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth cannot identify any possible chosen family members.

OTHER ADULT SUPPORTS
This item rates the degree of support that a child/youth has from significant adults who are accepting of their sexual orientation.

Questions to Consider

- Does the child/youth have significant adults who are accepting of their sexual orientation?

Ratings and Descriptions

0	No current need; no need for action or intervention. Child/youth has multiple significant adult supports who are accepting of their sexual orientation.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has at least one significant adult support who is accepting of their sexual orientation.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth has no current significant adult supports; however, they have generally positive relationships with adults some of whom are supportive and accepting of their sexual orientation.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has no adult relationships that are supportive and/or accepting of their sexual orientation.

PEER CONNECTIONS
This item rates the degree of stable and long-standing connections that a child/youth has with peers who share their sexual orientation.

Questions to Consider

- Does the child/youth have connections with peers who share their sexual orientation?
- How stable are the child/youth's connections with peers who share their sexual orientation?

Ratings and Descriptions

0	No current need; no need for action or intervention. Child/youth has significant stable and long-standing multiple peer connections who share their sexual orientation.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has at least one stable and long standing peer connection orientation.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth knows others who shares their sexual orientation but does not have any stable or long-standing relationships with them.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is isolated from peers who share their sexual orientation.

OPPORTUNITIES FOR OPENNESS
This item rates the degree to which a child/youth can be their authentic self in all aspects of life.

Questions to Consider

- Is the child/youth able to be their authentic self with regard to their sexual orientation?
- Does the child/youth have opportunities for openness and to be themselves?

Ratings and Descriptions

0	No current need; no need for action or intervention. Child/youth is generally able to express their authentic identity and can be open in all aspects of their life.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has significant opportunities to be open and can be most of the time.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth has limited opportunities for openness.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth feels dramatically restricted and feels unable to be open.

COMING OUT

This item rates the degree to which a child/youth has come out regarding their sexual orientation to the significant people in their life and feels safe with these people.

Supplemental Information: Studies note that children/youth who disclosed their sexual orientation to more people in their support networks were less likely to have high levels of distress related to their sexual orientation. Disclosure of identity, however, is a multifaceted issue, and may also lead to harassment and victimization.

Questions to Consider

- Has the young person shared their sexual orientation with the significant people in their life?

Ratings and Descriptions

0	No current need; no need for action or intervention. Child/youth has come out with regard to their sexual orientation with all significant people in their life.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has come out with regard to their sexual orientation with most but not all significant people in their life.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth has come out with regard to their sexual orientation with some people, but no significant people in their life.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has not yet come out with regard to their sexual orientation.

CAREGIVER AFFIRMATION

This item rates the degree of caregiver support and acceptance of a child/youth's sexual orientation.

Supplemental Information: Studies have found that family acceptance of the youth's sexual orientation during adolescence predicted more positive health outcomes, such as increased self- esteem, social support, and general health status, and protected against depression, substance abuse, and suicidal ideation and behaviors among LGBTQIA+ youth. Research also suggests that family rejection may be associated with negative mental health outcome.

Questions to Consider

- Are the caregivers aware of the child/youth's sexual orientation?
- Are the child/youth's caregivers supportive of their sexual orientation? Are they affirming?

Ratings and Descriptions

0	No current need; no need for action or intervention. Primary caregiver(s) are fully supportive of the child/youth and affirming of their sexual orientation.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Primary caregiver(s) are generally (but not fully) supportive of the child/youth and their sexual orientation. Caregiver may be accepting but not supportive.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Primary caregiver(s) are not supportive, accepting nor affirming of the child/youth's sexual orientation which is impacting their functioning, OR the primary caregiver(s) has no knowledge of the child/youth's sexual orientation.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Primary caregiver(s) is rejecting of the child/youth's sexual orientation. This is impacting the child/youth's functioning in a way that could be dangerous or disabling to them.

EXPERIENCED NEGATIVITY

This item rates the degree to which the child/youth has experienced negativity from others and/or the environment in which they live due to their sexual orientation.

Questions to Consider

- Has the child/youth experienced any negativity from others due to their sexual orientation?
- What impact has the negativity regarding their sexual orientation had on the child/youth?

Ratings and Descriptions

0 No current need; no need for action or intervention.
Child/youth has no experience of negativity from others towards their sexual orientation. People in the child/youth's world are supportive, affirming, safe and non-biased.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth has experience with negativity from others toward their sexual orientation. Child/youth is aware of bias and may have some direct experience, but it has not adversely affected them. OR child/youth may have a history of experiencing negativity from others but is no longer exposed to the negative environments.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth has experienced negativity from others towards their sexual orientation that impacts their life, choices, and/or functioning.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has experienced negativity from others towards their sexual orientation on multiple occasions from multiple people such that the child/youth makes dangerous life choices, or the negativity is disabling to them.

INTERNAL BIAS

This item rates the degree to which a child/youth has a negative view of their sexual orientation, or of others who are LGBTQIA+.

Questions to Consider

- How does the child/youth view their sexual orientation?
- How does the child/youth view others who are LGBTQIA+?

Ratings and Descriptions

0 No current need; no need for action or intervention.
Child/youth embraces their sexual orientation.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth is generally comfortable with their sexual orientation but has some doubts, fears, or concerns regarding their sexual orientation.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth has a negative view of their sexual orientation or of others who are LGBTQIA+ which impacts their functioning.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has a negative, shaming and blaming view of themselves or others regarding their sexual orientation which is dangerous or disabling to them.

TARGETED FOR SEXUALITY -- Please rate this item within the child/youth's lifetime.
This item rates the degree to which a child/youth has been targeted for physical abuse, emotional abuse, or violence due to their sexual orientation.

Supplemental Information: LGBTQIA+ youth report experiencing elevated levels of harassment, victimization, and violence. School-based victimization due to known or perceived identity has been documented.

Questions to Consider

- Has the child/youth been targeted due to their sexual orientation?
- Has the youth been emotionally, sexually or physically abused because of their sexual orientation? What about violence?

Ratings and Descriptions

0	No current need; no need for action or intervention. There is no evidence that the child/youth has ever been targeted for physical abuse, emotional abuse or violence due to their sexual orientation.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has been targeted for physical abuse, emotional abuse or violence in the past due to their sexual orientation, or there is suspicion that the child/youth is targeted for physical abuse, emotional abuse or violence due to their sexual orientation.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth is being targeted for physical abuse, emotional abuse or violence due to their sexual orientation which is impacting their functioning.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is being targeted with an extreme and dangerous level of physical abuse, emotional abuse or violence due to their sexual orientation which is dangerous and/or disabling to them.

[E] SUICIDE RISK MODULE

This module can be completed when Suicide Risk in the Risk Behaviors domain (page 33) is rated '1,"2,' or '3'.

HISTORY OF ATTEMPTS
This rating refers to suicidal ideation and/or behaviors that a child/youth engages in.

Ratings and Descriptions

0	No history of suicidal ideation or attempt.
1	History of significant suicidal ideation but no potentially lethal attempts.
2	History of a potentially lethal suicide attempt.
3	History of multiple potentially lethal suicide attempts.

CAREGIVER MENTAL HEALTH
This item refers to the caregiver's mental health status.

	Ratings and Descriptions
	0 Caregiver(s) has no mental health limitations that impact assistance or attendant care.
	1 Caregiver(s) has some mental health limitations that interfere with provision of assistance or attendant care.
	2 Caregiver(s) has significant mental health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
	3 Caregiver(s) is unable to provide any needed assistance or attendant care due to serious mental illness.

ACCESSIBLE FIREARM/LETHAL MEDICATION
This item refers to the child/youth's ability to access potentially lethal objects/substances.

	Ratings and Descriptions
	0 No evidence that child/youth has access to a firearm, lethal medication, or similarly lethal device/substance.
	1 Some evidence that a lethal weapon/substance is accessible with substantial effort. Examples include a gun in a locked cabinet to which the child/youth **cannot** access the key, or a vague plan to obtain potentially lethal substances.
	2 Evidence that a lethal means is available with modest effort (deception, some planning). **SAFETY PLAN MUST BE CREATED**
	3 Evidence that child/youth has immediate access to lethal means. Child/youth should not be allowed to re-enter said environment until means has been removed. **SAFETY PLAN MUST BE CREATED**.

[F] VIOLENCE MODULE

This module can be completed when the Danger to Others item in the Risk Behaviors domain (page 34) is rated '1,' '2,' or '3.'

HISTORICAL RISK FACTORS

Rate the following items within the child/youth's lifetime.

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

	Ratings and Descriptions
Questions to Consider • Has the child/youth ever been physically abused?	0 No evidence of a history of physical abuse.
	1 Child/youth has experienced corporal punishment.
	2 Child/youth has experienced physical abuse on one or more occasions from caregiver or parent.
	3 Child/youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care

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

Questions to Consider

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

Ratings and Descriptions

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

WITNESS TO INTIMATE PARTNER VIOLENCE
This item rates the extent of intimate partner violence the child/youth has witnessed in the household.

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

EMOTIONAL/BEHAVIORAL RISKS (EMOTIONS/BEHAVIORS)

Rate the following items within the last 30 days.

BULLYING
This item describes perpetrators of the exploitation of others. Generally, this refers to bullying other children or child/youth (usually smaller or younger ones); however, it could include child/youth who bully adults.

Questions to Consider

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

Ratings and Descriptions

0	Child/youth has never engaged in bullying at school or in the community.
1	Child/youth has been involved with groups that have bully other child/youth either in school or the community; however, child/youth has not had a leadership role in these groups.
2	Child/youth has bullied other child/youth in school or community. Child/youth has either bullied the other child/youth individually or led a group that bullied child/youth
3	Child/youth has repeated utilized threats or actual violence to bully child/youth in school and/or community.

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

RESILIENCY FACTORS

Rate the following items within the last 30 days.

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

- Is the child/youth on medication or have a treatment plan?
- Does the child/youth and family know what the plan is?

Ratings and Descriptions

0	Child/youth fully involved in the child/youth's own treatment. Family supports treatment as well.
1	Child/youth or family involved in treatment but not both. Child/youth may be somewhat involved in treatment, while family members are active or child/youth may be very involved in treatment while family members are unsupportive
2	Child/youth and family are ambivalent about treatment involvement. Child/youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
3	Child/youth and family are uninterested in treatment involvement. A child/youth with treatment needs who is not currently in treatment would be rated here.

[G] SEXUALLY AGGRESSIVE BEHAVIOR (SAB) MODULE

This module can be completed when the Sexually Aggressive Behavior item in the Risk Behaviors domain (page 35) is rated '1,' '2' or '3.'

Please rate the most recent episode of sexually aggressive behavior.

RELATIONSHIP
This item rates the nature of the relationship between the child/youth and the victim of their aggression.

Questions to Consider

- How does the child/youth know the other children involved?
- Is there a power differential between parties?
- Did the sexual aggression include physical harm to another person?

Ratings and Descriptions

0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child/youth being in the position of authority.
2	Child/youth is clearly victimizing at least one other individual with sexually abusive behavior.
3	Child/youth is severely victimizing at least one other individual 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.

Questions to Consider

- 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?

Ratings and Descriptions

0	No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.
1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
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 should be rated only for the perpetrator.

Questions to Consider

- Does the child/youth plan their sexual activities, or do they happen spontaneously?

Ratings and Descriptions

0	No evidence of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
2	Evidence of some planning of sex act.
3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

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

Questions to Consider

- What are the ages of the individuals the child/youth has had sex with?

Ratings and Descriptions

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

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

Questions to Consider

- What was the exact sex act(s) involved in the child/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 involves physically dangerous penetration due to differential size or use of an object.

RESPONSE TO ACCUSATION
This item rates how the child/youth responded to the accusation and the remorse felt by the child/youth.

Questions to Consider

- Is the child/youth sorry for their behavior?
- Does the child/youth admit to the sex acts?

Ratings and Descriptions

0	Child/youth admits to behavior and expresses remorse and desire to not repeat.
1	Child/youth partially admits to behaviors and expresses some remorse.
2	Child/youth admits to behavior but does not express remorse.
3	Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.

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

Questions to Consider

- How long has the child/youth exhibited sexually problematic behavior(s)?

Ratings and Descriptions

0	This level indicates a child/youth who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.
1	This level indicates a child/youth who has been sexually abusive during the past two years OR child/youth who has become sexually abusive in the past three months despite the absence of any clear stressors.
2	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
3	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR (toward others)
This item rates the quantity of sexually aggressive behaviors exhibited by the child/youth.

Questions to Consider

- How many incidents have been identified and/or investigated?
- How many victims have been identified?

Ratings and Descriptions

0	Child/youth has only one incident of sexually abusive behavior that has been identified and/or investigated.
1	Child/youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
2	Child/youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
3	Child/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 child/youth's own sexual abuse history.

Questions to Consider

- Has the child/youth been sexually abused, either known or suspected?
- If so, what was the type and intensity of abuse the child/youth endured?
- If so, who was child/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	This level is to indicate a moderate level of sexual abuse. This may involve a child/youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	This level is to indicate 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 child/youth.

PRIOR TREATMENT
This item rates the child/youth's experience in and the effectiveness of prior treatment.

Questions to Consider

- Does the child/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 which has had some degree of success.
2	History residential treatment where there has been successful completion of program.
3	History of residential or outpatient treatment condition with little or no success.

[H] RUNAWAY MODULE

This module can be completed when the Runaway item in the Risk Behaviors domain (page 35) is rated '1,' '2' or '3.'

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

Questions to Consider

- How often does the child/youth run away?

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

- Does the child/youth run to safe locations?

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

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

Questions to Consider

- Are others involved in the running activities?

Ratings and Descriptions

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

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

[I] JUVENILE JUSTICE (JJ) MODULE

This module can be completed when the Delinquent Behavior item in the Risk Behaviors domain (page 36) is rated '1,' '2' or '3.'

Rate the following items using time frames provided in the anchors.

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

Questions to Consider	Ratings and Descriptions	
• What are the behaviors/ actions that have made the child/youth involved in the juvenile justice or adult criminal system?	0	Current criminal behavior is the first known occurrence.
	1	Child/youth has engaged in multiple delinquent acts in the past one year.
	2	Child/youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where the child/youth did not engage in delinquent behavior.
	3	Child/youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where the child/youth did not engage in criminal or delinquent behavior.

Rate the following items within the last 30 days.

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

Questions to Consider	Ratings and Descriptions	
• What are the behaviors/ actions that have made the child/youth involved in the juvenile justice or adult criminal system?	0	Child/youth has engaged only in status violations (e.g. curfew).
	1	Child/youth has engaged in delinquent behavior.
	2	Child/youth has engaged in criminal behavior.
	3	Child/youth has engaged in delinquent criminal behavior that places other citizens at risk of significant physical harm.

ARRESTS

Ratings and Descriptions

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

PLANNING

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

Questions to Consider

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

Ratings and Descriptions

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

COMMUNITY SAFETY

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

Questions to Consider

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

Ratings and Descriptions

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

LEGAL COMPLIANCE

Ratings and Descriptions

0	Child/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	Child/youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments).
2	Child/youth is in partial noncompliance with standing court orders (e.g. child is going to school but not attending court-order treatment).
3	Child/youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

PEER INFLUENCES

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

Questions to Consider

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

Ratings and Descriptions

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

PARENTAL CRIMINAL BEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

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

ENVIRONMENTAL INFLUENCES

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

Questions to Consider

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

Ratings and Descriptions

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

[J] FIRE SETTING MODULE

This module can be completed when the Fire Setting item in the Risk Behaviors domain (page 36) is rated '1,' '2' or '3.'

Rate the following items using time frames provided in the anchors.

HISTORY

This item rates the child/youth's history of fire setting including the number of fire setting events and the time elapsed between fire setting events.

Questions to Consider

- How many times have you started fires?
- When did that happen?

Ratings and Descriptions

0	Only one known occurrence of fire setting behavior.
1	Child/youth has engaged in multiple acts of fire setting in the past year.
2	Child/youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where the child/youth did not engage in fire setting behavior.
3	Child/youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where the child/youth did not engage in fire setting behavior.

Please rate the most recent episode of fire setting.

SERIOUSNESS

This item rates the extent of damage or harm caused by the child/youth's fire setting behavior.

Questions to Consider

- What happened after you started fires?
- What was the extent of the damage?
- Was any property damaged or were there any injuries?

Ratings and Descriptions

0	Child/youth has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
1	Child/youth has engaged in fire setting that resulted only in some property damage that required repair**.**
2	Child/youth has engaged in fire setting which caused significant damage to property (e.g. burned down house).
3	Child/youth has engaged in fire setting that injured self or others.

PLANNING

This item rates the child/youth's forethought when engaging in fire setting behavior.

Questions to Consider

- Do you plan to set fires or do you do it spontaneously because the opportunity suddenly presents itself?

Ratings and Descriptions

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

USE OF ACCELERANTS
This item rates the child/youth's use of chemicals and other flammable materials (accelerants) to aid the spread of fire or to make the fire more intense.

Questions to Consider

- Have you used accelerants to start a fire, such as gasoline or anything that will help you start a fire rapidly?

Ratings and Descriptions

0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

INTENTION TO HARM
This item rates the extent to which the child/youth intended to injure others when fire setting.

Questions to Consider

- When you started the fire, did you intend to harm/injure or kill someone?
- Were you seeking revenge?

Ratings and Descriptions

0	Child/youth did not intend to harm others with fire. The child/youth took efforts to maintain some safety.
1	Child/youth did not intend to harm others but took no efforts to maintain safety.
2	Child/youth intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Child/youth intended to injure or kill others.

Rate the following items within the last 30 days.

COMMUNITY SAFETY
This item rates the level of risk the child/youth poses to the community due to the child/youth's fire setting behavior.

Questions to Consider

- When you started the fires, did you place other people in your community at risk?
- Do other people think that you put them at risk when you start fires?
- Do you intentionally try to hurt others when you start a fire?

Ratings and Descriptions

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

RESPONSE TO ACCUSATION
This item rates the reaction of the child/youth as they are confronted with the behavior.

Questions to Consider

- How did you react when you were accused of setting fires?
- How do you feel about that?

Ratings and Descriptions see

0	Child/youth admits to behavior and expresses remorse and desire to not repeat.
1	Child/youth partially admits to behaviors and expresses some remorse.
2	Child/youth admits to behavior but does not express remorse.
3	Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.

REMORSE
This item rates the degree to which the child/youth expresses regret for the behavior.

Questions to Consider

- Does the child/youth feel responsible for starting that fire?
- How did the child/youth apologize for what they did?

Ratings and Descriptions

0	Child/youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child/youth is able to apologize directly to effected people.
1	Child/youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child/youth is unable or unwilling to apologize to effected people.
2	Child/youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
3	Child/youth accepts no responsibility and does not appear to experience any remorse.

LIKELIHOOD OF FUTURE FIRE SETTING
This item rates the potential for reoccurrence of fire setting behavior in the future.

Questions to Consider

- How is the child/youth willing to control the child/youth's self to prevent setting fires in the future?

Ratings and Descriptions

0	Child/youth is unlikely to set fires in the future. Child/youth able and willing to exert self-control over fire setting.
1	Child/youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
2	Child/youth remains at risk of fire setting if left unsupervised. Child/youth struggles with self-control.
3	Child/youth presents a real and present danger of fire setting in the immediate future. Child/youth unable or unwilling to exert self-control over fire setting behavior.

[K] OTHER CAREGIVER STRENGTHS & NEEDS MODULE

SELF-CARE / DAILY LIVING SKILLS
This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, clothing) of their child/youth.

Ratings and Descriptions

0	The caregiver has the daily living skills needed to care for their child/youth
1	The caregiver needs verbal prompting to complete the daily living skills required to care for their child/youth.
2	The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child/youth.
3	The caregiver is unable to complete the daily living skills required to care for their child/youth. Caregiver needs immediate intervention.

CULTURAL STRESS
Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between a caregiver's own cultural identity and the predominant culture in which they live. This includes age, gender, ethnicity, physical disability, sexual orientation, and the culture of having a child/youth with autism with challenging behaviors.

Ratings and Descriptions

0	No evidence of stress between caregiver or family's cultural identify and current living situation.
1	Some mild or occasional stress resulting from friction between the caregiver or family's cultural identify and their current living situation.
2	Caregiver or family is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage cultural stress.
3	Caregiver or family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce cultural stress.

A rating of '1', '2' or '3' on this item triggers the CULTURAL STRESS INFLUENCES item below.

CULTURAL STRESS INFLUENCES
Using the ADDRESSING framework (Hays, 2008), find below multiple group memberships and cultural identities that might have influenced the caregiver's experience of cultural stress. Although you may not ask every caregiver questions about all of the categories, please select from the list below those that apply to the caregiver's cultural stress.

- Race/Ethnicity
- Sexual Orientation
- Gender Identity
- Religion
- Language
- Age
- Socio-Economic Status
- Ability/Disability - Please indicate/specify area(s):
  - Physical
  - Developmental
  - Emotional/Behavioral
  - Cognitive, Learning
  - Other: Please Specify_____
- Other: Please Specify _____

EDUCATIONAL ATTAINMENT
This rates the degree to which the individual has completed their planned education.

Ratings and Descriptions

0	Caregiver has achieved all educational goals or has none, but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

LEGAL
Please rate the highest level from the past 30 days.

Ratings and Descriptions

0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but currently is not involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3	Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

EMPLOYMENT
This dimension describes the caregiver's current employment status.

Ratings and Descriptions

0	Caregiver(s) has stable employment that they enjoy and consider a stable, long-term position.
1	Caregiver(s) is employed but concerns exist about the stability of this employment.
2	Caregiver(s) is not employed currently but has history of successful employment.
3	Caregiver(s) is not employed and has no or only very limited history of employment.

MOTIVATION FOR CARE
This rating captures the desire of the caregiver to support their child/youth in care. The person need not have an understanding of their illness; however they participate in recommended or prescribed care (e.g., taking prescribed medications and cooperating with care providers).

Ratings and Descriptions

0	The caregiver is engaged in their child/youth's care and supports their child/youth in participating in care.
1	The caregiver is willing for their child/youth to participate in care; however the caregiver may need prompts at times. Caregiver needs to be monitored and assessed further.
2	The caregiver is often unwilling to support their child/youth's care and is often uncooperative with service providers. Caregiver/child/youth needs to be engaged in care.
3	The caregiver refuses to allow their child/youth to participate in care including taking prescribed medications or cooperating with recommended care. Service coordinator needs to meet with referral source and team to revisit goals.

FINANCIAL RESOURCES

This rating refers to the financial assets that the parents can bring to bear in addressing the multiple needs of the child/youth and family. Please rate the highest level from the past 30 days.

	Ratings and Descriptions
0	Caregiver has sufficient financial resources to raise the child/youth (e.g., child rearing).
1	Caregiver has some financial resources that actively help with raising the child/youth (e.g. child rearing).
2	Caregiver has limited financial resources that may be able to help with raising the child/youth (e.g., child rearing).
3	Caregiver has no financial resources to help with raising the child/youth (e.g. child rearing). Caregiver needs financial resources.

TRANSPORTATION

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

	Ratings and Descriptions
0	Child/youth and their caregiver have no transportation needs. Caregiver is able to get their child/youth to appointments, school, activities, etc. consistently.
1	Child/youth and their caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting their child/youth to appointments, school, activities, etc. no more than weekly.
2	Child/youth and their caregiver have frequent transportation needs. Caregiver has difficulty getting their child/youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting child/youth and access to transportation resources.
3	Child/youth and their caregiver have no access to appropriate transportation and are unable to get their child/youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

[J] DEVELOPMENTAL HISTORY MODULE

These items can be rated with regard to the child/youth's functioning and development in the first five years of life, unless otherwise noted in the item guidelines.

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

	Ratings and Descriptions
0	Child's fine and gross motor functioning development was normal. There is no reason to believe that the child had any problems with motor functioning.
1	The child had mild fine (e.g. using scissors) or gross motor skill deficits. The child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
2	The child had moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn who did not have a sucking reflex in the first few days of life would be rated here.
3	The child had severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who could lift his or her head.

SENSORY
This rating describes the child's ability to use all senses including vision, hearing, smell, touch, and kinesthetics.

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

COMMUNICATION
This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations.

	Ratings and Descriptions
0	Child's receptive and expressive communication appeared developmentally appropriate. There is no reason to believe that the child had any problems communicating.
1	Child's receptive abilities were intact, but child had limited expressive capabilities (e.g. if the child was an infant, they engaged in limited vocalizations; if older than 24 months, they understood verbal communication, but others had unusual difficulty understanding child).
2	Child had limited receptive and expressive capabilities.
3	Child was unable to communicate in any way, including pointing or grunting.

SUBSTANCE EXPOSURE

This dimension describes the child's exposure to substance use and abuse both before and during the years immediately after birth.

Ratings and Descriptions

0	Child had no in utero exposure to alcohol or drugs, and there was no exposure in the home.
1	Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there was current alcohol and/or drug use in the home during the child's first 5 years.
2	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.
3	Child was exposed to alcohol or drugs in utero and continued to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

MATERNAL AVAILABILITY

This dimension addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.

Ratings and Descriptions

0	The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
1	The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (e.g. another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the child reached six weeks of age).
2	The primary caretaker experienced a moderate level of stress sufficient to make them significantly less emotionally and physically available to the child in the weeks following the birth (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children in the house under four years of age).
3	The primary caretaker was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post- Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).

[K] TRANSITION TO ADULTHOOD STRENGTHS AND NEEDS MODULE

The following items mostly apply to children/youth age 16 and older. However, any of these items can be rated regardless of age if they represent a need for a specific child/youth.

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

Questions to Consider

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

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth is working; however, the job is not consistent with developmentally appropriate career aspirations.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/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 child/youth with a clear vocational preference.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a child/youth with no known or identifiable vocational skill and no expression of any future vocational preferences

INDEPENDENT LIVING
This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.

Ratings and Descriptions

0	This level indicates that the child/youth is fully capable of independent living. There is no evidence of any deficits that could impede maintaining own home.
1	This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.
2	This level indicates a person with 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.
3	This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.

TRANSPORTATION

This item is used to rate the level of transportation required to ensure that the individual could effectively participate in their own treatment and in other life activities. Only unmet transportation needs should be rated here.

Ratings and Descriptions

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

PARENTING ROLE

This item is intended to rate the youth in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

Ratings and Descriptions

0	The youth has no role as a parent.
1	The youth has responsibilities as a parent but is currently able to manage these responsibilities.
2	The youth has responsibilities as a parent and either the individual is struggling with these responsibilities or they are currently interfering with the youth‘s functioning in other life domains.
3	The youth has responsibilities as a parent and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the youth to function in other life domains.

PERSONALITY DISORDER

This rating identifies the presence of any DSM-5 personality disorder. According to DSM-5, a personality disorder can be diagnosed if there are significant impairments in self and interpersonal functioning together with one or more pathological personality traits.

Ratings and Descriptions

0	The youth has no evidence of symptoms of a personality disorder.
1	The youth has evidence of a mild degree, probably sub-threshold diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here; or, some evidence of antisocial or narcissistic behavior. An unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.
2	The youth has evidence of a sufficient degree of personality disorder to warrant a DSM-5 diagnosis.
3	The youth has evidence of a severe personality disorder that has significant implications for their long-term functioning. Personality disorder dramatically interferes with the child/youth‘s ability to function independently.

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

Ratings and Descriptions

0	Adaptive intimate partner relationship. The youth has a strong, positive, intimate partner relationship with another similar-age peer. This relationship is a significant source of positive support. A youth who does not currently have an intimate relationship, and this absence is a healthy choice would be rated here.
1	Mostly adaptive intimate partner relationship. The youth has a generally positive intimate partner relationship with another similar-age peer.
2	Limited adaptive intimate partner relationship. The youth is seeking an intimate partner relationship but has not found a healthy and/or adaptive one or is currently in a relationship that is not supportive.
3	Significant difficulties with intimate partner relationships. The youth is currently involved in a negative, unhealthy romantic/intimate partner relationship marked by frequent discord or power dynamics that place a partner at risk of significant emotional or functional harm.

MEDICATION COMPLIANCE
This item focuses on the child/youth's level of willingness or ability to collaborate and participate in taking prescribed medications. As child/youth transition to adulthood, they become responsible for their own medical care. Thus, while medication adherence is the responsibility of caregivers for their children, the youth need to begin to take responsibility for their personal management of any prescribed medications. This item is used to describe any challenges the child/youth experiences following prescribed medication regimens.

Ratings and Descriptions

0	This level indicates a youth who is not currently on any medication and/or there is no evidence of unwillingness or noncompliance to taking medications as prescribed and without reminders and/or the child/youth collaborates in taking medication as prescribed.
1	This level indicates a youth who usually collaborates and will take prescribed medications routinely, but who sometimes needs reminders to take medication regularly. Also, a history of inability or unwillingness to take medication as prescribed, but no current problems would be noted here.
2	This level indicates a youth who is periodically unable or unwilling to collaborate or take medication as prescribed. This youth may be resistant to taking prescribed medications, or this child/youth may tend to overuse their medications. They might adhere to prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication following the prescribed dose or protocol.
3	This level indicates a youth who does not collaborate and has refused to take prescribed medications during the past 30-day period. A youth who has abused their medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree) would be noted here.

EDUCATIONAL ATTAINMENT

This rates the degree to which the youth is making progress toward or has completed their planned education. For children and adolescents under 16 years of age, the educational goal should be to succeed in school. At some point between adolescence and early adulthood, many young people complete their education. This can happen at very different times for different people, depending on their career plans and educational aspirations. Evaluation of educational attainment allows the assessor to indicate whether or not the young person has completed their planned education.

	Ratings and Descriptions
	0 No evidence of need in working towards completing youth's planned educational goal and/or child/youth has achieved all educational goals.
	1 The youth has set educational goals and is currently making progress towards achieving them
	2 The youth has set educational goals but is currently not making progress towards achieving them.
	3 The youth has no educational goals and lack of educational attainment interferes with adolescent's lifetime vocational functioning.

VICTIMIZATION

This item is used to examine a history and level of current risk for victimization.

	Ratings and Descriptions
	0 This level indicates a youth with no evidence of recent victimization and no significant history of victimization within the past year. The youth may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. The youth is not presently at risk for re-victimization.
	1 This level indicates a youth with a history of victimization but who has not been victimized to any significant degree in the past year. The youth is not presently at risk for re-victimization.
	2 This level indicates a youth who has been recently victimized (within the past year) but is not in acute risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.
	3 This level indicates a youth who has been recently victimized and is in acute risk of re-victimization. Examples include working as a prostitute and living in an abusive relationship.

CANS-SF ITEM RATING FAQS

Behavioral/Emotional Needs Domain

CANS Item	Question	Response
Impulsivity/Hyperactivity	A question came up with regard to the rating of the Impulsivity/Hyperactivity item. We have clients with diagnoses of ADHD who have responded well to medication and therapy or treatment, but they need ongoing treatment to maintain the progress made. The question is whether to rate this item as if the client is responding well to treatment (rating as "1" with mild problems) or do we rate this item as if the client is not receiving and responding to treatment (rating as "2" with moderate symptoms)?	The general rule is that the rating is about the need. This child has an ongoing need for services to maintain their high functioning. If the child got to the point that their medication use and use of behavioral cues / other techniques for managing attention were routine, then you'd bump the rating down to a '1.'

Risk Behaviors Domain

CANS Item	Question	Response
Suicide Risk	When scoring for suicidal ideation, could I score a client's suicidal ideation under other items as well like 'Decision-Making'?	Yes, a symptom such as suicidal ideation with an active plan, may also load on judgment because it involves harm to a person's development and well-being.
Runaway	If a child has a history of running away that primarily consists of leaving the home in the evening without permission and then returning later that night, does this score on "Runaway?" The child's mother also reported to the PSW that the child had run away on at least one occasion for a few days, but the date(s) are unknown at this time. I am scoring as a '2' due to this overnight runaway, but I'm not sure if this is correct, since we don't know the dates. Also, I would like to know how to score a child who only "runs away" for a few hours, for future reference.	For something to be classified as a 'Runaway' episode, it has to involve the child/youth being "gone overnight or very late into the night." You're right that the incident in which the child is gone for several days definitely counts as a Runaway episode. What "very late into the night" means is probably going to vary by age and intent-- a teenager gone until midnight or 1 in the morning may simply be missing curfew. But a six-year-old who's gone until one in the morning would likely be a very different case. This child/youth would not be rated a 2 for 'Runaway' because they are coming home. Leaving and coming home late is more oppositional than runaway behavior. Because this particular child does have a history of running away, I would rate them a 1 for 'Runaway.'
Delinquent Behavior	We looked through the manual for a definition to distinguish between 'delinquent' and 'criminal' behavior and could not find one. Could you provide a little more guidance around this?	The item is meant to work in the following way. If you rate Delinquent Behavior a 1, 2, or 3; the Juvenile Justice (JJ) module is triggered so the child/youth should have at least a status offense. The 'Seriousness' would be understood as follows:

	0 Illegal only because of age *1* Illegal regardless of age but different conditions/sanctions apply for juveniles engaged in this type of behavior *2* Illegal regardless of age but no difference in sanctions (e.g., likely to be tried as an adult) *3* Illegal regardless of age and dangerous

Life Functioning Domain

CANS Item	Question	Response
Living Situation	The 'Living Situation' item appears to rate how a child / youth is adapting to a current Living Situation, no matter where in particular it is that the child/youth lays their head to sleep. If a child/youth is in a residential treatment facility and is able to maintain their behaviors in that environment, but decompensates with every attempt to re-introduce them to a typical community environment, are they rated a '0'? Or would they be rated a '3'? The question is whether the clinician is making a rating based entirely on context-specific behavior in a highly structured environment, or on the perceived skills of the child to maintain those behaviors in a community Living Situation.	The rating is based on the child/youth's functioning <u>where they are</u> living.
Developmental/Intellectual	If child has an IEP history, can this be rated for both 'Developmental/Intellectual' and 'School Behavior' items? A 17-year-old child with autism has aggressive and assaultive behavioral symptoms which appear to be due to the autism. Should the clinician proceed with doing the CANS when there might be a question around reliability of the results?	Yes, an IEP may be rated under both items. You can go ahead and complete a CANS on this child. Just make sure to rate the child a '3' on the 'Developmental/Intellectual' item. Also rate all the symptoms as they appear, even if they do relate to the autism. Those symptoms/behaviors can still be targeted in the treatment plan. It won't affect your reliability.
School Behavior School Achievement School Attendance	Is 'School Behavior' included in the rating of 'Social Functioning'? If a child is only doing well in a structured school setting, and does not yet have the skills to do well in an unstructured school setting, then they would be rated at least a '2'? Is that correct or am I missing something?	'Social Functioning' is larger than and inclusive of school behavior, thus school behavior could impact ratings on both of these items. Yes either a '2'or a '1' if you think they are ready to move to a regular classroom

	For the 3 items relating to school, how are these rated if the child is home schooled?	It depends on the reason the child is home-schooled. For example, if the child is in home-school because they refuse to go to school you would rate 2 or 3 for attendance. But if it is a real home school program and the child is actively engaged in it, then you would rate the items as you would if they were in a school setting.

Cultural Factors Domain

CANS Item	Question	Response
Language	How do you score the 'Language' item when a child is fluent in English, but parents are not?	The CANS is meant to assess the impact on the functioning of that child/youth. If the family understands English or translators exist within the family's natural supports, then the item is rated as less severe. However, if the need for translation is interfering with the child/youth or family's functioning, then this is an area for action (rated 2 or 3).

Strengths Domain

CANS Item	Question	Response
All items	In terms of scoring Strengths, when are recent versus older events more important? For instance, a teenager may have a very strong bond with a parent, but recent interactions (last 30 days) might be more conflictual lately. Is the relationship still considered a strength?	In general you should rate within the last 30 days. The only time you shouldn't rate within the last 30 days is if there are extenuating circumstances. For example, if you aren't able to go to church because you are in a shelter-you wouldn't rate spiritual/religious as a 3. If the relationship has become rocky in the last month, then you would not rate it as strength because it is something that needs to be developed or worked on. However it they had a positive relationship in the past, you could rate it a 1 or a 2, depending on how rocky it has become. The basic idea is that if it is something you can build on because it is an existing strength, you want to incorporate it into the treatment planning and therefore rate a 0 or 1. If it isn't identified yet or never has been identified then you rate it a 2 or 3.

Caregiver Strengths and Needs Domain

CANS Item	Question	Response
All items	How do I rate who is the caregiver?	Caregiver is defined in the CANS as: (a) the biological parent with whom the child has had contact in the last year, or (b) the person whom the child identifies as their family or caregiver. If these guidelines still don't identify a caregiver, John Lyons states that one rule of thumb he uses is whether or not that person would continue to be the child's caregiver even if they were not paid to do so. If they need pay to continue caregiving, they are not the caregiver (instead, rate them as a foster caregiver).
	When do I rate more than one caregiver?	In general, complete a second caregiver rating whenever there is a caregiver in another household. A question regarding how to rate a child who moves between households was posed, e.g. grandparents home or in the case of divorced parents. The CANS addresses this situation by allowing the clinician to complete a duplicate caregiver section for the additional household. On the computer, the clinician will be able to click a link to include this additional information. Regardless of the amount of time split between households, the clinician should focus on giving a rating that reflects the child's caregiver needs.
	How do you rate the caregiver if a child moves between households like in the case of divorced parents or children who also live with grandparents part time?	The CANS addresses these situations by allowing the clinician to complete the items in this section for another (or secondary) caregiver for the additional household. Regardless of the amount of time split between households, the clinician should focus on giving a rating that reflects the child's caregiver needs.
	If there are 2 parents or caregivers in the home how do we rate the Caregiver Strengths and Needs section?	Rate the caregiver as it affects the caregiving. If both parents have an equal role, then rate the caregiver with the higher score. The reason for this is because it is an issue that needs to be addressed. However, if a parent is not the parent responsible for the care of a child/youth, then their behavior should not affect ratings. For instance, if you have one caregiver who is mentally ill and not responsible for the supervision of the child, you would not want to rate the parents together as a '2' or '3' on Mental Health. For instance, if a father is mentally ill, but the child does not depend on him as a source of caregiving, then you

		would not rate the caregiver Mental Health item as a '2' or '3.' Instead, rate the Mental Health of the caregiver who does provide supervision and caretaking. This is the case even if the father is in the home.
	I am working on a CANS for a kid who will not be returning to his parents. His worker states that a permanency plan has not yet been identified for him, as the case is recent. I am wondering who to complete the Caretaker Needs and Strengths section on. I did it for the parents. Any ideas?	For this situation, it makes the most sense to leave the caregiver section blank. We do not fill out the caregiver section for kids in group homes unless they have a goal of reunification or a permanency plan. You also mentioned that many of the items wouldn't be relevant anyway. I would leave it blank. Since there is no chance of him being returned to his biological parents, I would not rate them. In the meantime, while he lives where he is living, there may be services that could be put in place.