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 0 through 5 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 welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, youth, 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".

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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, not the child 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's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or child regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child'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'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 and parents/caregivers' strengths and needs. Strengths are the child's assets: areas of life where they are doing well or has an interest or ability. Needs are areas where a child requires help or intervention. Care providers use an assessment process to get to know the child 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'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 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's strengths and needs while building strong engagement.

The CANS-SF is made of domains that focus on various areas in a child's life, and each domain is made up of a group of specific items. There are domains that address how the child 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 and family as well as other stakeholders give a numerical action level to each of these items. These action levels help the provider, child, and family understand where intensive or immediate action is most needed, and also where a child 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'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.

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

Validity

Studies have demonstrated the CANS' validity, or 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 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 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.

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, 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 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 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 and their families to discover individual and family functioning and strengths. Failure to demonstrate a child's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on child's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child 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 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 trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child and child 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 time points. 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 Children, Youth, and Families System of Care (CYF-SOC) developed a "CANS Strengths and Needs: Two Time point 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 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 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 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'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 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 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 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'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 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 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 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 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'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. 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 ages 0 through 5

A rating of '1', '2', or '3' on this item triggers the completion of an Optional Assessment Module

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN (PRESENTATION)

The ratings in this section identify the behavioral health needs of a child from birth through 5 years of age. 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. This section can also be completed for child of any age who are experiencing developmental challenges.

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

For **Behavioral/Emotional Needs,** 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.

These items should be considered within what is appropriate given the child's age and development.

ATTACHMENT DIFFICULTIES

This item rates the level of difficulties the child has with attachment and their ability to form relationships. This item should be rated within the context of the child's significant parental or caregiver relationships.

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

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

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

ATTACHMENT DIFFICULTIES continued

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

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. Specific information to consider regarding anxiety in infants and young children is included in action levels '1' and '2.'

	Ratings and Descriptions
Questions to Consider • Does the child have any problems with anxiety or fearfulness? • Is the child avoiding normal activities out of fear? • Does the child act frightened or afraid?	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 some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed. 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations. 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 to function in any life domain.

REGULATORY

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

Questions to Consider	Ratings and Descriptions	
• Does the child have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities? • Does the child have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play? • Does the child require more adult supports to cope with frustration than other children in similar settings? Does the child have more distressing tantrums or yelling fits than other children?	0	No current need; no need for action or intervention. Strong evidence the child is developing strong self-capacities. This is indicated by the capacity to fall asleep, regular patterns of feeding and sleeping. Young infants can regulate breathing and body temperature, are able to move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/ pacifier to be soothed, and moving toward regulating themselves (e.g., infant can begin to calm to caregiver's voice prior to being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Concern in one or more areas of regulation: sleep, crying, feeding, tantrums, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Concern in two or more areas of regulation, including but not limited to: difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self soothe, and/or sensitivity to environmental stressors.

ADJUSTMENT TO TRAUMA

This item is used to describe the child who is having difficulties adjusting to a traumatic experience. 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 the behavior.

Questions to Consider

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

Ratings and Descriptions

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

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

The child 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. The child 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 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'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 to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

DEPRESSION

Symptoms included in this item are irritable or depressed mood, social withdrawal, sleep disturbances, eating disturbances, and/or 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. Specific information to consider regarding depression in infants and young children is included in action levels '1' and '2.'

Questions to Consider

- Is the child concerned about possible depression or chronic low mood and irritability?
- Has the child withdrawn from normal activities?
- Does the child 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. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions.

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 to function in any life domain. This rating is given to a child with a severe level of depression. This would include a child 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.

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

Questions to Consider

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

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

OPPOSITIONAL (Non-compliance with Authority)

This item rates the child'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.

Questions to Consider

- Does the child follow their caregivers' rules?
- Have teachers or other adults reported that the child does not follow rules or directions?
- Does the child argue with adults when they try to get the child to do something?
- Does the child 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 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 functioning.
Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others. A child whose behavior meets the criteria for Oppositional Defiant Disorder (ODD) 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 has severe problems with compliance with rules, adult instruction, or authority.

ATYPICAL BEHAVIORS

This item describes ritualized or stereotyped behaviors (whether the child repeats certain actions over and over again) or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, tow walking, staring at lights, or repetitive and bizarre verbalizations.

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the child's functioning.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency and are disabling or dangerous.

SLEEP

This item rates the child'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. **The child must be 12 months of age to rate this item.**

Questions to Consider

- Does the child appear rested?
- What are the child's nap and bedtime routines?
- How does the child's sleep routine impact your family?

Ratings and Descriptions

0	No current need; no need for action or intervention. The child gets a full night's sleep each night.
1	Identified need requires monitoring, watchful waiting, or preventive activities. The child has some problems sleeping. Generally, the child 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 functioning. The child is having problems with sleep. Sleep is often disrupted, and child seldom obtains a full night of sleep.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The child is generally sleep deprived. Sleeping is almost always difficult, and the child is not able to get a full night's sleep.
NA	Child is younger than 12 months old.

DYADIC CONSIDERATIONS

For the **Dyadic Considerations** items, use the following categories and action levels:

0 No current need; no need for action or intervention. This may be a strength of the caregiver.

1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.

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.

CAREGIVER EMOTIONAL RESPONSIVENESS
This item refers to the caregiver's ability to understand and respond to the joys, sorrows, and other feelings of the child with similar or helpful feelings.

Questions to Consider

- Is the caregiver able to empathize with the child?
- Is the caregiver able to respond to the child's needs in an emotionally appropriate manner?
- Is the caregiver's level of empathy impacting the child's development?

Ratings and Descriptions

0 No current need; no need for action or intervention. This may be strength of the caregiver.
Caregiver is emotionally empathic and attends to the child's emotional needs.

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
The caregiver can be emotionally empathic and typically attends to the child's emotional needs. There are times, however, when the caregiver is not able to attend to the child's emotional needs.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning.
The caregiver is often not empathic and frequently is unable to attend to the child's emotional needs.

3 Problems are dangerous or disabling; requires immediate and/or intensive action
The caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attends to the child's emotional needs.

CAREGIVER ADJUSTMENT TO TRAUMATIC EXPERIENCES

This rating covers the caregiver's reactions to a variety of traumatic experiences that challenges the caregiver's ability to provide care for the child.

Questions to Consider

- Has the caregiver experienced a traumatic event?
- Does the caregiver experience frequent nightmares?
- Are they troubled by flashbacks?
- What are the caregiver's current coping skills?

Ratings and Descriptions

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

TRAUMA MODULE (TRAUMA/ABUSE)

This domain is to be completed when the Adjustment to Trauma item in the Behavioral/Emotional Needs, (page 16) 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's lifetime. *A rating of 1, 2, or 3 on any item triggers the Traumatic Stress Symptoms Sub-Module (page 30).

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

Questions to Consider
- Has the caregiver or child 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 has experienced sexual abuse.
1	The child has experienced one episode of sexual abuse or there is a suspicion that child has experienced sexual abuse but no confirming evidence.
2	The child has experienced repeated sexual abuse.
3	The child 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 61).**

PHYSICAL ABUSE
This includes one or more episodes of aggressive behavior usually resulting in physical injury to the child. 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 ever received bruises, marks, or injury from discipline?

Ratings and Descriptions

0	There is no evidence that child has experienced physical abuse.
1	The child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.
2	The child has experienced repeated physical abuse.
3	The child 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 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?
- Is there name calling or shaming in the home?

Ratings and Descriptions

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

NEGLECT

This rating describes whether or not the child 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 receiving adequate supervision?
- Are the child's basic needs for food and shelter being met?
- Is the child allowed access to necessary medical care? Education?

Ratings and Descriptions

0	There is no evidence that child has experienced neglect.
1	The child has experienced minor or occasional neglect. The child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of child.
2	The child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
3	The child 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'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. It describes experiences in which the child is subjected to medical procedures that are experienced as upsetting and overwhelming. A child born with physical deformities who is subjected to multiple surgeries could be included. A child who must experience chemotherapy or radiation could also be included. A child 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 (e.g., shots, pills) would generally not be rated here.

Questions to Consider

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

Ratings and Descriptions

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

WITNESS TO FAMILY VIOLENCE

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

Questions to Consider

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

Ratings and Descriptions

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

WITNESS TO COMMUNITY/SCHOOL VIOLENCE
To score the combined item, simply use the highest rating from the two items (Witness to Community Violence, and Witness to School Violence). For instance, if you rated "Witness to Community Violence" a '3' and "Witness to School Violence" a '1', the score for the item "Witness to Community/School Violence" would be a '3.'

WITNESS TO COMMUNITY VIOLENCE
This item rates the severity and frequency of incidents of violence the child has witnessed in their community.

Questions to Consider
- Does the child live in a neighborhood with frequent violence?

Ratings and Descriptions

0	There is no evidence that the child has witnessed or experienced violence in the community.
1	The child has witnessed occasional fighting or other forms of violence in the community. The child 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	The child 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	The child 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 has witnessed in their school.

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

Ratings and Descriptions

0	There is no evidence that child has witnessed violence in the school setting.
1	The child has witnessed occasional fighting or other forms of violence in the school setting. The child has not been directly impacted by the violence (e.g., violence not directed at self or close friends) and exposure has been limited.
2	The child 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	The child 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's exposure to either natural or manmade 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 been present during a natural or man-made disaster?
- Does the child 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 has experienced, been exposed to or witnessed natural or man-made disasters.
1	The child 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	The child has experienced a natural or man-made disaster which has had a notable impact on their well-being. The child 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	The child has experienced life threatening natural or man-made disaster. The child 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).

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 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 the child has been exposed to war, political violence, or torture.
1	The child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child 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 a child who has lost one or both parents during the war.
2	The child 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. The child 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 the child. The child may have spent extended amount of time in refugee camp.
3	The child has experienced the direct effects of war. The child 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 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 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 the child has been affected by terrorism or terrorist activities.
1	The child's community has experienced an act of terrorism, but the child was not directly impacted by the violence (e.g. the child lives close enough to site of terrorism that they may have visited before or child recognized the location when seen on TV, but the child's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.
2	The child has been affected by terrorism within their community, but did not directly witness the attack. The child may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of the child's daily life may be disrupted due to attack (e.g. utilities or school), and the child may see signs of the attack in the neighborhood (e.g. destroyed building). The child may also know people who were injured in the attack.
3	The child 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 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 who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

Questions to Consider

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

Ratings and Descriptions

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

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which a child has had one or more major changes in caregivers, potentially resulting in disruptions in attachment. The child has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses. The child 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's caregiver remains the same, would not be rated on this item.

Questions to Consider

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

Ratings and Descriptions

0	There is no evidence that the child has experienced disruptions in caregiving and/or attachment losses.
1	The child 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). The child 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	The child has experienced 2 or more disruptions in caregiving with known alternative caregivers, or the child has had at least one disruption involving placement with an unknown caregiver. Children who have been placed in foster or out-of-home care such as residential treatment facilities would be rated here
3	The child 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's delinquent or criminal behavior

Questions to Consider

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

Ratings and Descriptions

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

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

These symptoms include difficulties modulating or expressing emotions, intense fear or helplessness, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. The child 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 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 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. The child 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 may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child 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 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).
3	Intensive and/or immediate action is required to address the need or risk behavior. The child is unable to regulate affect and/or physiological responses. The child 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 may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child 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 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 experience intrusions?
- If so, when and how often do they occur?

Ratings and Descriptions

0	No current need; no need for action or intervention. There is no evidence that child 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's functioning. A child 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. The child has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere in their ability to function in some life domains. For example, the child may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The child 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. The child has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This child may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child to function.

DISSOCIATION

This item rates the level of dissociative states the child may experience. Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).

Questions to Consider

- Does the child ever enter a dissociative state?
- Does the child often become confused about who or where they are?
- Has the child 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. The child has a 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. The child 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. The child exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. The child is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). The child shows rapid changes in personality or evidence of distinct personalities. The child who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

TRAUMATIC GRIEF & SEPARATION

This rating describes the level of traumatic grief the child 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 based on a grief/loss experience?
- How much does the child'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 is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child 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.

The child 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.

The child 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.

The child 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.

HYPERAROUSAL

This includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. The child 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 (PTSD) and other Trauma- and Stressor-Related Disorders.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child 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. The child 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.
The child exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. The child who frequently manifests distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the child 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.
The child exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child and/or caregiver and impede day-to-day functioning in many life areas.

AVOIDANCE

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

Questions to Consider

- Does the child 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.
The child exhibits no avoidance symptoms.

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
The child 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.
The child 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 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.
The child's avoidance symptoms are debilitating. The child may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

NUMBING

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child 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.
The child 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.
The child exhibits numbing responses that impair their functioning in at least one life domain. The child may have a blunted or flat emotional state or has 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.
The child exhibits significant numbing responses or multiple symptoms of numbing that put them at risk. This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

RISK BEHAVIORS AND FACTORS DOMAIN

This section focuses on behaviors that can get children in trouble or put them in danger of getting harmed. 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's behaviors put them 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.

SELF-HARM

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, places the child or others at some jeopardy. **The child must be at least 12 months of age to rate this item.**

Questions to Consider

- Has the child head banged or done other self-harming behaviors?
- If so, does the caregiver's support help stop the behavior?

Ratings and Descriptions

0	No current need; no need for action or intervention. There is no evidence of self-harm behaviors.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by the caregiver.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The child's self-harm behaviors such as head banging cannot be managed by a supervising adult and these interfere with the child's functioning.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The child's self-harm behavior/s put their safety and well-being at risk.
NA	Child is younger than 12 months of age.

EXPLOITED

This item describes a history and pattern of being the object of abuse and includes a level of current risk for re-victimization. For children birth to age five, this can include sexual exploitation or being taken advantage of by others.

Questions to Consider

- Has the child ever been victimized in any way (e.g. mugged, teased, bullied, abused, victim of a crime, etc.)?
- Are there concerns that they have been or is currently being taken advantage of by peers or other adults?
- Is the child currently at risk of being victimized by another person?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. The child is not presently at risk for re-victimization.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Suspicion or history of exploitation, but the child has not been exploited during the past year. The child is not presently at risk for re-victimization.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends or violent crime.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child has recently been exploited and is at acute risk of re-exploitation.

BIRTH WEIGHT

This describes the child's birth weight as compared to normal development.

Questions to Consider

- How did the child's birth weight compare to typical averages?

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child was within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child was born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child was considerably under-weight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child was extremely under-weight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

PRENATAL CARE
This refers to the health care and pregnancy-related illness of the mother that impacted the child in utero.

Questions to Consider
- What kind of prenatal care did the biological mother receive?
- Did the mother have any unusual illnesses or risks during pregnancy?

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. The child's mother did not experience any pregnancy-related illnesses.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child's biological mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here; her care must have begun in the first or early second trimester. A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

LABOR AND DELIVERY
This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

Questions to Consider
- Where there any unusual circumstances related to the labor and delivery of the child?

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g. shoulder displacement) to the baby is rated here.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or needed some resuscitative measures at birth is rated here.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child had severe problems during delivery that have long-term implications for development (e.g., extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

EXPOSURE
This item describes the child's exposure to environmental toxins and substance use and abuse both before and after birth.

Questions to Consider

- Was the child exposed to substances during the pregnancy? If so, what substances?

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child had no in utero exposure to environmental toxins, alcohol or drugs, and there is currently no exposure in the home.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child had either some in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy, or exposure to lead at home), or there is current alcohol and/or drug use in the home or environmental toxins in the home or community.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child was exposed to significant environmental toxins, alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), significant use of alcohol or tobacco, or exposure to environmental toxins would be rated here.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child was exposed to environmental toxins, alcohol or drugs in utero and continues to be exposed in the home or community. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here. A child who ingested lead paint and exhibited symptoms would be rated here.

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child's mother/primary caregiver was emotionally and physically available to the child in the weeks following the birth.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The primary caregiver experienced some minor or transient stressors which made them 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 caregiver had responsibility, a return to work before the child reached six weeks of age).

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The primary caregiver 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 Problems are dangerous or disabling; requires immediate and/or intensive action.
The primary caregiver 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 caregiver and child for an extended period of time, divorce or abandonment).

FAILURE TO THRIVE
This item rates the presence of problems with weight gain or growth.

Questions to Consider

- Does the child have any problems with weight gain or growth either now or in the past?
- Are there any concerns about the child's eating habits?
- Does the child's doctor have any concerns about the child's growth or weight gain?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of failure to thrive.
1	Identified need requires monitoring, watchful waiting, or preventive activities. The child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The child may presently be experiencing slow development in this area.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The child is experiencing problems in their ability to maintain weight or growth. The child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th).
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The child has one or more of all of the above and is currently at serious medical risk.

LIFE FUNCTIONING DOMAIN (IMPACT ON FUNCTIONING)

Life domains are the different arenas of social interaction found in the lives of children 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 and family are experiencing.

Question to Consider for this Domain: How is the child 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.

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	No current need; no need for action or intervention. Child's fine and gross motor functioning development is normal. There is no reason to believe that the child has any problems with motor functioning.
1	Identified need requires monitoring, watchful waiting, or preventive activities. The child has 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	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The child has 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	Problems are dangerous or disabling; requires immediate and/or intensive action. The child has 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 her or his head.

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

Ratings and Descriptions

0	No current need; no need for action or intervention. The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
1	Identified need requires monitoring, watchful waiting, or preventive activities. The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The child has significant impairment on one or more senses (e.g. profound hearing or vision loss).

DEVELOPMENTAL/INTELLECTUAL
This item describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, or educational functioning.

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of developmental delay and/or child 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 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 functioning. The child 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 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.

EARLY EDUCATION

This item rates the child's experiences in educational settings (such as daycare and preschool) and the child's ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child's needs, and the child's behavioral response to these environments.

Questions to Consider

- What is the child's experience in preschool/daycare?
- Does the child have difficulties with learning new skills, social relationships or behavior?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of problem with functioning in current educational environment.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or evidence of problems with functioning in current daycare or preschool environment. The child may be enrolled in a special program.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child is experiencing difficulties maintaining their behavior, attendance, and/or progress in this setting.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child's problems with functioning in the daycare or preschool environment place them at immediate risk of being removed from program due to behaviors, lack of progress, or unmet needs.

COMMUNICATION

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child's receptive abilities are intact, but the child has limited expressive capabilities (e.g. if the child is an infant, they engage in limited vocalizations; if older than 24 months, they understand verbal communication, but others have an unusual difficulty understanding the child).

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child has limited receptive and expressive capabilities.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child is unable to communicate in any way, including pointing or grunting.

MEDICAL/PHYSICAL

This rating describes both health problems and chronic/acute physical conditions or impediments. Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2'. The rating '3' is reserved for life threatening medical conditions.

Questions to Consider

- Is the child generally healthy?
- Does the child have any medical problems?
- How much does the health or medical issue this interfere with the child's life?

Ratings and Descriptions

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

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

FAMILY FUNCTIONING

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

Questions to Consider

- How does the child get along with siblings or other children in the household?
- How does the child get along with parents or other adults in the household?
- Is the child particularly close to one or more members of your 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 is doing well in relationships with family members.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
History or suspicion of problems, and/or the child is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the child. 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 functioning.
The child's problems with parents, siblings and/or other family members are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

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

SOCIAL AND EMOTIONAL FUNCTIONING

This item rates the child's social and relational functioning. This includes age appropriate behavior and the ability to make and maintain relationships during the past 30 days. When rating this item, consider the child's level of development.

Questions to Consider

- How does the child get along with others?
- Can an infant engage with and respond to adults? Can a toddler interact positively with peers?
- Does the child interact with others in an age-appropriate manner?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of problems with social functioning; child has positive social relationships.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child is having some problems in social relationships. Infants may be slow to respond to adults, Toddlers may need support to interact with peers and preschoolers may resist social situations.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack the ability to play in groups, even with adult support.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

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 family has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that a family 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.

The cultural issues in this domain should be considered in relation to the impact they are having on the life of the child and/or family when rating these items and creating a treatment or service plan.

In rating these items, please use the **perspective of the family.**

For the **Cultural Factors** items, 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 and/or family needs 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. **Please rate this item from the perspective of the family**.

	Ratings and Descriptions
Questions to Consider • What language does the family speak at home? • Does the family have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?	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 and/or family speak and read the primary language where the child or family lives.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. The child and/or family speak or read the primary language where the child 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 and/or significant family members do not speak the primary language where the child 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 and/or significant family members do not speak the primary language where the child 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's and/or 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. **Please rate this item from the perspective of the family.**

Questions to Consider

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

Ratings and Descriptions

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

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

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child 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.
The child 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's or family's cultural identity is met with hostility or other problems within the child's environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the child and the child's family). Racism, negativity toward SOGIE, and other forms of discrimination would be rated here. **Please rate this item from the perspective of the family.**

Questions to Consider

- What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?
- Does this impact their functioning as a family?

Ratings and Descriptions

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

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some occasional stress resulting from friction between the child's or family'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 is experiencing cultural stress that is causing problems of functioning in at least one life domain. The child needs support to learn how to manage cultural stress.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. The child needs an immediate plan to reduce cultural 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 that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than just focusing on the child'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 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 strengths can be used to support a need?

For **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's perspective (i.e., who the child 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/ child is still in contact.

Questions to Consider

- How does your child get along with siblings or other children in the household?
- How does your child get along with caregivers or other adults in the household?
- Is your child particularly close to one or more members of the family?

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 and is able to provide significant emotional or concrete support. The child 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.

The 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 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.

The family needs some assistance in developing relationships and/or communications. The 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.

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

INTERPERSONAL

This item is used to identify a child's social and relational skills. Interpersonal skills are rated independently of Social Functioning because a child can have social skills but still struggle in their relationships at a particular point in time.

Questions to Consider

- How does your child interact with other children and adults?
- How does your child do in social settings?

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. If still an infant, child exhibits anticipatory behavior when fed or held. The child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults.

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

The child has good interpersonal strengths. The child has formed a positive interpersonal relationship with at least one non-caregiver. The child responds positively to social initiations by adults but may not initiate such interactions by themselves.

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

The child requires strength building to learn to develop good interpersonal skills. If still an infant, the child may have a temperament that makes attachment to others a challenge. The child may be shy or uninterested in forming relationships with others. The older child might have some social skills that facilitate positive relationships with peers and adults.

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

The child has no known interpersonal strengths. The child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

RELATIONSHIP PERMANENCE

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

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

The child does not have any stability in relationships. Independent living or adoption must be considered.

CURIOSITY

This rating describes the child's self-initiated efforts to discover their world. This item rates whether the child is interested in their surroundings and in learning and experiencing new things.

Questions to Consider

Ratings and Descriptions

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

This level indicates a child with exceptional curiosity. An infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.

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

This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to them, 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.

This level indicates a child with limited curiosity. The child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects

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

This level indicates a child with very limited or no observable curiosity. The child may seem frightened of new information or environments

PLAYFULNESS

This item rates the degree to which a child is given opportunities for and participates in age appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.

Questions to Consider

- Is the child easily engaged in play?
- Does the child initiate play? Can the child sustain play?
- Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?

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 consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.

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

The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. The child needs some assistance making full use of play.

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

The child demonstrates the ability to enjoy play and use it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoying in the child.

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

The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.

NATURAL SUPPORTS

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

Questions to Consider

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

Ratings and Descriptions

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

RESILIENCY (PERSISTENCE AND ADAPTABILITY)

This item refers to how the child reacts to new situations or experiences, how they respond to changes in routines, as well as their ability to keep trying a new task/skill, even when it is difficult for them.

Questions to Consider

- Does child show ability to hang in there even when frustrated by a challenging task?
- Does child routinely require adult support in trying a new skill/activity?
- Can child easily and willingly transition between activities?
- What type of support does the child require to adapt to changes in schedules?

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 consistently has a strong ability to adjust to changes and transitions, and continue an activity when challenged or meeting obstacles. This supports further growth and development and can be incorporated into a service plan as a centerpiece strength.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. The child shows good curiosity and could benefit from further development in this area before it is considered a significant strength. The child demonstrates a level of adaptability and ability to continue in an activity that is challenging. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to them, 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 shows some ability to continue a challenging task although this needs to be more fully developed. Parents and caregivers need to be the primary support in this area.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. The child has difficulties coping with challenges and this places their development at risk. The child may seem frightened of new information, changes, or environments.

FAMILY SPIRITUAL/RELIGIOUS

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

Questions to Consider

- Does the family have spiritual beliefs that provide comfort?
- Is the family involved with any religious community?
- Is family 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.

This level indicates a family with strong moral and spiritual strengths. The family may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort them 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 family 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 family has expressed some interest in spiritual or religious belief and practices and may have little contact with religious institutions.

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 family show any interest in these pursuits at this time.

CAREGIVER RESOURCES AND 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 is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caregiver(s) who is planning to assume custody and/or take responsibility for the care of this child.

Note: All the items in this section are required for care providers to rate for the caregiver/s of their child clients. However, other items can be considered but are optional to rate. These are included in the Other Caregiver Strengths and Needs module (see page 64). You might find them useful for your case formulation and/or treatment planning.

Question to Consider for this Domain: What are the resources and needs of the child's caregiver(s)? How are these needs impacting the caregiver's ability to provide care to the child?

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

0	No current need; no need for action or intervention. This may be a strength of the caregiver.
1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
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 her or his ability to provide care for the child. 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. This may be a strength of the caregiver. No evidence of medical or physical health problems. Caregiver is generally healthy.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. There is a history or suspicion of medical/physical problems, and/or the 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. The caregiver has medical/physical problems that interfere with the capacity to parent the child.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver has medical/physical problems that make parenting the child 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.

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of caregiver mental health difficulties.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. 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. The caregiver's mental health difficulties interfere with their capacity to parent.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver has mental health difficulties that make it impossible to parent the child 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.

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

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.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention. This may be a strength of the caregiver.
No evidence of caregiver developmental disabilities or challenges. The caregiver has no developmental needs.

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
The 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.
The caregiver has developmental challenges that interfere with their capacity to parent the child.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The caregiver has severe developmental challenges that make it impossible to parent the child at this time.

SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child. 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?
- Does the caregiver need some help with these issues?

Ratings and Descriptions

0 No current need; no need for action or intervention. This may be a strength of the caregiver.
No evidence that the caregiver needs help or assistance in monitoring or disciplining the child, and/or the caregiver has good monitoring and discipline skills.

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
The caregiver generally provides adequate supervision but is inconsistent. The 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. The caregiver needs assistance to improve supervision skills.

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

LEGAL INVOLVEMENT

This item rates the caregiver's level of involvement in the criminal justice system which impacts their ability to parent. This includes divorce, civil disputes, custody, eviction, property issues, worker's comp, immigration etc.

Questions to Consider

- Is one or more of the caregivers incarcerated or on probation?
- Is one or more of the caregivers struggling with immigration or legal documentation issues?
- Is the caregiver involved in civil disputes, custody, and/or family court?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. The caregiver has no known legal difficulties.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The caregiver has a history of legal problems but currently is not involved with the legal system.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The caregiver has some legal problems and is currently involved in the legal system.
3	Problems are dangerous or disabling; requires immediate and/or intensive action The caregiver has serious current or pending legal difficulties that place them at risk for incarceration. A caregiver who needs an immediate comprehensive and community-based intervention would be rated here. A caregiver who is incarcerated would be rated here.

INVOLVEMENT WITH CARE

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

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of problems with caregiver involvement in services or interventions, and/or the caregiver is able to act as an effective advocate for child.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The caregiver is consistently involved in the planning and/or implementation of services for the child but is not an active advocate on behalf of the child. The 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. The caregiver is not actively involved in the child's services and/or interventions intended to assist.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver wishes for child to be removed from their care.

KNOWLEDGE

This item identifies the caregiver's knowledge of the child's strengths and needs, and the caregiver's ability to understand the rationale for the treatment or management of these problems. **This item is perhaps the one most sensitive to issues of cultural awareness**. It is natural to think that what you know, someone else should know and if they don't, then it's a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this item in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with their child. Additionally, the caregivers' understanding of the child's diagnosis and how it manifests in the child's behavior should be considered in rating this item.

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention. This may be a strength of the caregiver.
No evidence of caregiver knowledge issues. The caregiver is fully knowledgeable about the child's psychological strengths and weaknesses, talents and limitations.

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
The caregiver, while being generally knowledgeable about the child, has some deficits in knowledge or understanding of the child'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.
The caregiver does not know or understand the child well and significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The caregiver has little or no understanding of the child's current condition. The caregiver's lack of knowledge about the child's strengths and needs place the child 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 to appointments or school?

Ratings and Descriptions

0 No current need; no need for action or intervention. This may be a strength of the caregiver.
The caregiver is well organized and efficient.

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
The caregiver has minimal difficulties with organizing and maintaining the household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager/clinician calls.

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

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The caregiver is unable to organize the 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 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 occasionally?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. The caregiver has significant social and family networks that actively help with caregiving.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The caregiver has some family, 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. The 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 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. This may be a strength of the caregiver. The caregiver has stable housing with no known risks of instability.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The 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. The caregiver has moved multiple times in the past year. Housing is unstable.
3	Problems are dangerous or disabling; requires immediate and/or intensive action The family is homeless or has experienced homelessness in the recent past.

FAMILY RELATIONSHIP TO THE SYSTEM

This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children, a clinician must consider this belief and understand its impact on the family's choices. These complicated factors may translate into generalized discomfort with the formal health care system and may require the care provider to reconsider their approach.

Questions to Consider

- Does the caregiver express any hesitancy in engaging in formal services?
- How does the caregiver's hesitancy impact their engagement in care for their child?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. The caregiver expresses no concerns about engaging with the formal helping system.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The caregiver expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
3	Problems are dangerous or disabling; requires immediate and/or intensive action The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

SAFETY

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

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of safety issues. The household is safe and secure. The child is not at risk from others.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The household is safe but concerns exist about the safety of the child 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 is in some danger from one or more individuals who have access to the home.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The child is in immediate danger from one or more individuals with unsupervised access.

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

MARITAL/INTIMATE PARTNER VIOLENCE

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

Questions to Consider

- 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 parent/caregiver(s) 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 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 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's difficulties or put the child at greater risk.

OPTIONAL ASSESMENT MODULES

[A] SEXUAL ABUSE MODULE

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

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

Questions to Consider

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

Ratings and Descriptions

0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child 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 react when the abuse is disclosed?

Ratings and Descriptions

0	All significant family members are aware of the abuse and supportive of the child coming forward with the description of the child's abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child 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 for coming forward with the description of the child's experience.
3	Significant lack of support from close family members of the child for coming forward with the description of the child's abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

[B] CULTURAL STRESS MODULE

This module can be completed when Cultural Stress in the Cultural Factors domain (page 47) 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.

[C] 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.

Ratings and Descriptions

0 No current need; no need for action or intervention. This may be a strength of the caregiver.
The caregiver has the daily living skills needed to care for their child

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
The caregiver needs verbal prompting to complete the daily living skills required to care for their child.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The caregiver is unable to complete the daily living skills required to care for their child. The caregiver needs immediate intervention.

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

Ratings and Descriptions

0 No current need; no need for action or intervention. This may be a strength of the caregiver.
The caregiver has stable employment that they enjoy and consider a stable, long-term position.

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
The caregiver is employed but concerns exist about the stability of this employment.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The caregiver is not employed currently but has a history of successful employment.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The caregiver is not employed and has no or only very limited history of employment.

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
The child and their caregiver have no transportation needs. The caregiver is able to get their child to appointments, school, activities, etc. consistently.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
The child and their caregiver have occasional transportation needs (e.g. appointments). The caregiver has difficulty getting their child to appointments, school, activities, etc. no more than once weekly.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
The child and their caregiver have frequent transportation needs. The caregiver has difficulty getting their child to appointments, school, activities, etc. regularly (e.g., more than once a week). The caregiver needs assistance transporting child and access to transportation resources.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
The child and their caregiver have no access to appropriate transportation and are unable to get their child to appointments, school, activities, etc. The caregiver needs immediate intervention and development of transportation resources.

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

Ratings and Descriptions

0 No current need; no need for action or intervention. This may be a strength of the caregiver.
The caregiver has achieved all educational goals or has none, but educational attainment has no impact on lifetime vocational functioning.

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
The caregiver has set educational goals and is currently making progress towards achieving them.

2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The caregiver has set educational goals but is currently not making progress towards achieving them.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver has no educational goals and lack of educational attainment is interfering with the individual's lifetime vocational functioning. The caregiver needs educational/vocational intervention.

FINANCIAL RESOURCES

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

Ratings and Descriptions	
0	No current need; no need for action or intervention. This may be a strength of the caregiver. The caregiver has sufficient financial resources to raise the child (e.g., child rearing).
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The caregiver has some financial resources that actively help with raising the child (e.g. child rearing).
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing).
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver has no financial resources to help with raising the child (e.g. child rearing). The caregiver needs financial resources.

MOTIVATION FOR CARE

This rating captures the desire of the caregiver to support their child 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	No current need; no need for action or intervention. This may be a strength of the caregiver. The caregiver is engaged in their child's care and supports their child in participating in care.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. The caregiver is willing to participate in care in the care of their child; however, the caregiver may need prompts at times. The caregiver needs to be monitored and assessed further.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The caregiver is often unwilling to support their child's care and is often uncooperative with service providers. The caregiver/child needs to be engaged in care.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver refuses to allow their child to participate in care including taking prescribed medications or cooperating with recommended care. The service coordinator needs to meet with the referral source and team to revisit goals.

CULTURAL STRESS

Culture stress refers to the caregiver's 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 with autism with challenging behaviors. Racism, negativity toward SOGIE, and other forms of discrimination would be rated here.

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of stress between the caregiver or family's cultural identify and current living situation.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Some mild or occasional stress resulting from friction between the caregiver or family's cultural identify and their current living situation.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. The caregiver or family is experiencing cultural stress that is causing problems of functioning in at least one life domain. The caregiver needs to learn how to manage cultural stress.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. The caregiver or family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. The caregiver needs an 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 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 _____