TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Child and Adolescent Needs & Strengths 3.0

Ages 3 through 22

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REFERENCE
GUIDE

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

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

This reference guide applies to a broad range of ages. To make this guide easier to use, the term “child” is being utilized in reference to “toddler” and “preschooler” or children ages 3 through 5. For ages 6 through 22, “child/youth” is being utilized in reference to “child,” “youth,” “adolescent,” or “young adult.”

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

SIX KEY PRINCIPLES OF THE CANS

1. **Indicators were selected because they are each relevant to service/treatment planning.** An indicator exists because it might lead you down a different pathway in terms of planning actions.
2. **Each indicator uses a 4-level rating system designed to translate immediately into action levels.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e., '2' or '3').
4. **Culture and development should be considered prior to establishing the action levels.** Cultural responsivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the indicator. In other words, anger control is not relevant for a very young child but would be for an older child and young adult regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth's developmental age.
5. **The ratings are generally "agnostic as to etiology."** In other words this is a descriptive tool; it is about the "what" not the "why." While most indicators are purely descriptive, there are a few indicators that consider cause and effect; see individual indicator descriptions for details on when the "why" is considered in rating these indicators.
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth's present circumstances.** The CANS is a communication tool and a measure of an individual's story. The 30-day time frame should be considered in terms of whether an indicator is a need within the time frame within which the specific behavior may or may not have occurred. The action levels assist in understanding whether a need is currently relevant even when no specific behavior has occurred during the time frame.

HISTORY AND BACKGROUND OF THE CANS

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

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

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

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

HISTORY

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

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

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

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone 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 indicator level (Anderson et al., 2002). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

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

RATING NEEDS & STRENGTHS

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

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

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

Basic design for rating Needs

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

Basic design for rating Strengths

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

The rating of 'NA' for 'not applicable' is available for a few indicators under specified circumstances (see reference guide descriptions). For those indicators where the 'NA' rating is available, it should be used only in the rare instances where an indicator does not apply to that particular child/youth.

To complete the CANS, a CANS trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each indicator and then record the

appropriate rating on the CANS form (or electronic record). This process should be done collaboratively with the child/youth, family and other stakeholders.

Remember that the indicator 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 above). The rater must consider the basic meaning of each level to determine the appropriate rating on an indicator for an individual.

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

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

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

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

HOW IS THE CANS USED?

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

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 indicators 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 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 indicator 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

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

IT IS A COMMUNICATION TOOL

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

CANS: A STRATEGY FOR CHANGE

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

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

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

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and indicators, as well as how the actionable indicators will be used in treatment or serving planning. When possible, share with the child/youth and family the CANS domains and indicators (see the CANS Core Indicator list on page 16) and encourage the family to look over the indicators prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

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

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling, and a brief "yes," "and"—things that encourage people to continue.
- **Be non-judgmental and avoid giving personal 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 empathic listening when you smile, nod, and 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 individual that you are with them.
- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "Does that make sense to you?" Or "Do you need me to explain that in another way?"
- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; 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 THE PARENT'S/CAREGIVER'S OWN FEELINGS AND OBSERVATIONS

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

ACKNOWLEDGE FEELINGS

People will be talking about difficult issues, and it is important to acknowledge that. A 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.

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

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

USING THE TX DFPS CANS 3.0 IN THE CHILD WELFARE SYSTEM

BACKGROUND

Texas Child-Centered Care (T3C) represents a complete transformation of the state's foster care system. It is the result of a multi-year effort directed by the Texas Legislature, supported by the Texas Department of Family and Protective Services (DFPS) in collaboration with the Texas Health and Human Services Commission (HHSC), and guided by countless residential childcare providers and other child welfare stakeholders. T3C replaces the Service Level System with a universal assessment tool (the CANS 3.0) and placement process, twenty-four clearly defined Service Packages and three Add-On Services, a new fully funded rate methodology, and new opportunities to claim federal funds for foster care services.

Building on the codified requirement[1] of a comprehensive assessment for children entering the conservatorship of the Department, DFPS requires an enhanced CANS 3.0 assessment to be conducted at different stages of a child's case. The CANS 3.0 informs the T3C Service Packages and treatment recommendations to meet each child's needs. To fill this requirement, DFPS collaborated with Dr. John Lyons and the Center for Innovation in Population Health at the University of Kentucky to develop a comprehensive version of the CANS tool hereafter known as the Texas DFPS CANS 3.0. The Texas DFPS CANS 3.0 includes an enhanced range of CANS domains and indicators to identify and address the multisystem needs of children in state conservatorship. This version serves as a comprehensive psychological assessment, trauma, and suicide screening. The information from this tool will inform service planning, permanency planning, and placement decisions.

POLICY

DFPS policy requires children, ages 3-17, in DFPS conservatorship, and young adults, ages 18-22, in extended foster care, who are receiving T3C Services receive a CANS 3.0 assessment upon the occurrence of any of the following events:

- Within 30 days of removal.
- Within 30 days after the child's third birthday, if the child turns 3 years old while in DFPS Conservatorship.
- Every 90 days if the child, youth, or young adult is receiving therapeutic services.
- At least annually.
- Upon special request of the child's DFPS or SSCC caseworker.

[1] FAMILY CODE CHAPTER 266. MEDICAL CARE AND EDUCATIONAL SERVICES FOR CHILDREN IN CONSERVATORSHIP OF DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (Texas.gov).

All assessments must be entered into the eCANS System. The eCANS System is a web-based application to house assessment information and to generate treatment and Service Package recommendations.

USE OF TEXAS DFPS CANS 3.0 DATA

PLACEMENT PROCESS

The TX DFPS CANS 3.0 *recommended* Service Packages and other supporting documentation will be used to inform the placement process. Additionally, the knowledge and professional judgment of the SSCC or DFPS staff working to secure placement, based on the individual child's needs and best interests, will be the basis for the identification of the *selected* Service Package and placement type.

When a child or youth enters care, the DFPS caseworker must assess their service needs. The caseworker reviews medical records and consults with caregivers, parents, teachers, and other appropriate sources to determine the child or youth's immediate needs. Based on the information gathered and the child or youth's immediate needs, the case worker and supervisor determine which Service Package best fits the child/youth's immediate needs, until further assessments can be completed.

CHILD PROTECTIVE SERVICES: SERVICE PLANNING

Service Planning is the process of developing, implementing, and evaluating the services and efforts towards achieving permanency for a child or youth and their family. The SSCC or DFPS caseworker, in collaboration with the child/youth and family, must develop and document the initial Child Plan of Service, and obtain supervisory approval within 45 days of a child/youth's entry into substitute care. The SSCC or DFPS caseworker will utilize the recommendations from the TX DFPS CANS 3.0 to develop an individualized service plan that builds on the strengths and identifies resources to address the behavioral, physical and mental health needs of the child/youth and their family and/or caregivers. Engagement of the child, family and caregivers is of the utmost importance when developing a service plan; the family should be seen as experts on their needs and strengths.

The STAR Health managed care organization (MCO) will also incorporate the recommendations from the TX DFPS CANS 3.0 into the healthcare service plan of each child enrolled in service management. The assigned MCO service manager will use the healthcare service plan to guild the ongoing provision of medically necessary treatment services and to assist the family in coordinating with other services, such as community resource or recreational activities.

COMMUNITY MENTAL HEALTH

For CANS assessments utilized to authorize service for children referred to Local Mental Health Authorities and Local Behavioral Health Authorities, please contact: Childrens_MH@hhs.texas.gov. For more information on the CANS utilized within Texas Resiliency and Recovery, please visit: https://www.hhs.texas.gov/providers/behavioral-health-services-providers/local-mental-behavioral-health-authorities/child-adolescent-needs-strengths-assessment

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CANS BASIC STRUCTURE

The Texas Department of Family and Protective Services CANS 3.0 expands depending upon the needs of the child/youth. Basic core indicators are rated for all children and youth (see below). Individualized Assessment Modules are triggered by key core indicators (see italics below).

CORE INDICATORS

Strengths Domain

All Ages
- Interpersonal Skills
- Educational Setting
- Talents and Interests
- Spiritual/Religious

Ages 3-5
- Persistence
- Curiosity
- Adaptability

Ages 6+
- Family Strengths
- Optimism
- Vocational
- Community Involvement
- Child/Youth Involvement with Care
- Coping and Survival Skills
- Natural Supports
- Relationship Permanence
- Resilience
- Cultural Identity

Suicide Risk: C-SSRS (Ages 4+)

Wish to Be Dead
Non-specific Active Suicidal Thoughts
Suicidal Thoughts with Method
Suicidal Intent without a Plan
Suicidal Intent with Plan
Suicidal Behaviors
Overall Suicide Risk

Risk Factors and Behaviors Domain

Child Risk Factors: Ages 3-5
- Substance Exposure
- Parent or Sibling Problems
- Maternal Availability

Child Risk Behaviors: Ages 3-5
- Self-Harm
- Aggressive Behavior
- Sexually Reactive Behavior

Child/Youth Risk Behaviors: All Ages
- Intentional Misbehavior
- Bullying Others
- Medication Adherence
- *Runaway/Bolting [A]*
- *Fire Setting [B]*

Child/Youth Risk Behaviors: Ages 6+
- Non-Suicidal Self-Injurious Behavior
- Reckless Behavior (Other Self-Harm)
- Victimization
- *Danger to Others [C]*
- *Sexual Aggression [D]*
- *Delinquent Behavior [E]*
- *Exploited [F]*

Trauma Domain (All Ages)

Trauma Experiences
- Sexual Abuse
- Physical Abuse
- Neglect
- Emotional Abuse
- Medical Trauma
- Natural or Manmade Disaster
- Family Violence
- Community/School Violence
- Criminal Activity
- War/Terrorism Affected
- Parental Criminal Behavior
- Disruption in Caregiving/Attachment Losses
- Accident

Traumatic Stress Symptoms
- Adjustment to Trauma
- Traumatic Grief/Separation
- Intrusions/Re-experiencing
- Hyperarousal
- Avoidance
- Numbing
- Dissociation
- Emotional and/or Physical Dysregulation

Behavioral/Emotional Needs Domain

All Ages
- Depression
- Anxiety
- Atypical Behavior/Autism Spectrum
- Attachment Difficulties
- Impulsivity/Hyperactivity
- Oppositional Behavior
- Eating Disturbance

Ages 3-5
- Failure to Thrive
- Emotional Control (Temperament)

Behavioral/Emotional Needs Domain

Ages 6+
- Psychosis (Thought Disorder)
- Mania
- Attention/Concentration
- Conduct
- Anger Control
- *Substance Use [G]*

Life Functioning Domain

All Ages
- Family Functioning
- Living Situation
- Recreation/Play
- Communication
- Elimination
- Personal Hygiene/Self-Care
- Gender Identity
- Sleep
- *Medical/Physical [H]*
- *School/Childcare [I]*
- *Developmental Functioning [J]*

Ages 3-5
- Motor
- Sensory Reactivity

Ages 6+
- Social Functioning
- Decision Making
- Sexual Orientation
- *Sexual Development [K]*

Ages 10+
- Legal

Ages 14+
- Independent Living Skills
- Job Functioning

Caregiver Resources & Needs (All Ages)
Supervision
Involvement with Care
Knowledge of Child/Youth's Needs
Organizational Skills
Social Resources
Residential Stability
Physical Health
Mental Health
Substance Use
Marital/Partner Violence in the Home
Post-traumatic Reactions
Developmental
Access to Childcare
Military Transitions
Safety
Family Stress [L]

Cultural Needs Domain (All Ages)
Language and/or Literacy
Traditions and Cultural Rituals
Cultural Stress

MODULES

[A] Runaway (Ages 6+)
Frequency of Running
Consistency of Destination
Safety of Destination
Involvement in Illegal Activities
Likelihood of Return on Own
Involvement with Others
Realistic Expectations
Planning

[B] Fire Setting (Ages 6+)
History
Seriousness
Planning

[B] Fire Setting continued
Use of Accelerants
Intention to Harm
Community Safety
Response to Accusation
Remorse
Likelihood of Future Fire Setting

[C] Dangerousness/Violence (Ages 6+)
Historical Risk Factors
  History of Perpetuating Violence
Emotional/Behavioral Risks
  Frustration Management
  Hostility
  Paranoid Thinking
  Secondary Gains from Anger
  Violent Thinking
Resiliency Factors
  Awareness of Violence Potential
  Response to Consequences
  Commitment to Self-Control
  Treatment Involvement

[D] Sexually Aggressive Behavior (Ages 6+)
Physical Force/Threat/Coercion
Planning
Age Differential
Relationship
Type of Sexual Behavior
Response to Accusation
Temporal Consistency
History of Sexually Aggressive Behavior Towards Others
Severity of Sexual Abuse of Child/Youth as a Victim
Type of Prior Sexually Aggressive Behavior Treatment
Success of Prior Sexually Aggressive Behavior Treatment

[E] Juvenile Justice Module (Ages 6+)
History
Seriousness
Arrests/Detention
Planning
Community Safety
Legal Compliance
Peer Influences
Parental Influences
Environmental Influences

[F] Exploitation (Ages 6+)
Labor and Sexual Exploitation
  Duration of Exploitation
  Age of Onset-Exploitation
  Perception of Dangerousness
  Knowledge of Exploitation
  Trauma Bond
  Exploitation History
  Exploitation of Others
Sexual Exploitation
  Reproductive Health
  Arrests for Loitering/Solicitation

[G] Substance Use Disorder (Ages 6+)
Severity of Use
Duration of Use
Stage of Recovery
Peer Influences
Parental/Caregiver Influences
Environmental Influences
Awareness of Relapse Triggers

[H] Medical Health (All Ages)
Organizational Complexity
Intensity of Treatment Support
Chronicity
Life Threatening
Diagnostic Complexity
Impairment in Functioning
Child/Youth's Emotional Response

[I] School/Childcare (All Ages)
School/Childcare Behavior
School/Childcare Achievement
School/Childcare Attendance
Relations with Teachers and/or School/
  Childcare Caregivers

[J] Developmental Disabilities (All Ages)
Cognitive (Intellectual) Functioning
Developmental
Motor (Ages 6+)
Sensory Reactivity (Ages 6+)

[K] Sexual Development (Ages 6+)
Problematic Sexual Behaviors
Knowledge of Sex
Choice of Relationships
Pregnancy

[L] Family/Caregiver (All Ages)
Self-Care/Daily Living Skills
Cultural Stress
Employment/Educational Functioning
Legal
Financial Resources
Transportation

STRENGTHS DOMAIN

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

NOTE: When you have no information/evidence about a strength in this area, use a rating of '3.'

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

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

0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.

1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

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INTERPERSONAL SKILLS (ALL AGES)

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

Questions to Consider:

- Is the child/youth able to make and maintain relationships with adults and or other children/ youth?
- How does the child/youth do in social settings?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.

Ages 0-5: A young child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.

Ages 0-5: A young child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social interactions initiated by adults but may not initiate such interactions by themselves.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.

Ages 0-5: A young child may be shy or uninterested in forming relationships with others, or – if still an infant - child may have a temperament that makes attachment to others a challenge.
[continues]

INTERPERSONAL SKILLS continued

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

Ages 0-5: A young 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. Child with no known interpersonal strengths.

Supplemental Information: Interpersonal skills are different from social functioning. A young person may have strong interpersonal skills but may have poor social functioning due to temporary circumstances such as having moved to a new neighborhood or school. Additionally, remember that strengths provide individuals with meaning and well-being. Some relationships or friendships that do not provide well-being to the child or youth would not be rated as a strength.

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EDUCATIONAL SETTING (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

The school is working closely with the child/youth and family to identify and successfully address the child/youth's educational needs OR the child/youth excels in school.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

School works with the child/youth and family to address the child/youth's educational needs OR the child/youth likes school.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

The school is currently unable to adequately address the child/youth's academic or behavioral needs.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence that the school is working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.

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TALENTS AND INTERESTS (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

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

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

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

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

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

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

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

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SPIRITUAL/RELIGIOUS (ALL AGES)

This indicator refers to the child/youth's experience of receiving comfort and support from religious or spiritual involvement. This indicator rates the presence of beliefs that could be useful to the child/youth; however an absence of spiritual and/or religious beliefs does not represent a need for the family. **Note: For ages 3-5, rate this indicator for the family.**

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

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

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

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

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Child/youth has expressed some interest in spiritual or religious belief and practices.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

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

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AGES 3-5

PERSISTENCE (AGES 3-5)

This indicator rates the child's ability to continue an activity**.**

Questions to Consider:

- When an activity gets difficult, does the child have the ability to continue or do they give up?

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child has a strong ability to continue an activity when challenged or encountering obstacles.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child has limited ability to continue an activity that is challenging, and adults are only sometimes able to assist the child in this area.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.
NA	Child/youth is older than 5 years old.

[Return to Table of Contents] [Return to Core Indicator List]

CURIOSITY (AGES 3-5)

This indicator describes whether the child is interested in their surroundings and in learning and experiencing new things**.**

Questions to Consider:

- Does the child seem interested in the world around them?
- Does the child seem aware of changes in the settings they are in?
- Is the child eager to explore?
- Does the child show interest in trying a new task or activity?

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* The child consistently demonstrates curiosity and takes action to explore their environment.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* The child demonstrates curiosity much of the time and will take action to explore their environment some of the time.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* The child, with encouragement, will explore and demonstrate interest in novelty or change.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* The child does not demonstrate curiosity or exploration of their environment.
NA	Child/youth is older than 5 years old.

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ADAPTABILITY (AGES 3-5)

This indicator focuses on the child's ability to adjust to changes and transitions**.**

Questions to Consider:

- How does the child adjust when things change?
- Can the child adjust with help from others?

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child has a strong ability to adjust to changes and transitions.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child has the ability to adjust to changes and transitions; when challenged, the child is successful with caregiver support.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.
NA	Child/youth is older than 5 years old.

[Return to Table of Contents] [Return to Core Indicator List]

FAMILY STRENGTHS (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

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

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

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

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

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

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

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

NA Child is younger than 6 years old.

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

[Return to Table of Contents] [Return to Core Indicator List]

OPTIMISM (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child/youth has a strong and stable optimistic outlook for their future.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child/youth is generally optimistic about their future.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child/youth has difficulty maintaining a positive view of themselves and their life. Child/youth's outlook may vary from overly optimistic to overly pessimistic.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.
NA	Child is younger than 6 years old.

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VOCATIONAL (AGES 6+)

This indicator is used to refer to practical skills that help a youth become proficient in a trade or profession and may or may not reflect any specific work skills possessed by the child/youth.

Questions to Consider:

- Does the child/youth have any skills or aptitudes that prepare them for a trade?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth has vocational skills and work experience.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Child/youth has some vocational skills or work experience.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Child/youth has some pre-vocational skills.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Child/youth has no known vocational skills.

NA Child is younger than 6 years old.

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COMMUNITY INVOLVEMENT (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

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

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

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

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

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

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence of an identified community of which child/youth is currently a member.

NA Child is younger than 6 years old.

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INVOLVEMENT WITH CARE (AGES 6+)

This indicator refers to the child/youth's participation in planning and implementing efforts to address their identified needs.

Questions to Consider:

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

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child/youth is knowledgeable of their needs and help direct planning to address them.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child/youth is knowledgeable of their needs and participates in planning to address them.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child/youth is at least somewhat knowledgeable of their needs but is not willing to participate in plans to address them.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child/youth is neither knowledgeable about their needs nor willing to participate in any process to address them.
NA	Child is younger than 6 years old.

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COPING AND SURVIVAL SKILLS (AGES 6+)

This indicator rates the psychological strengths that the child/youth might have developed, including both the ability to enjoy positive life experiences and to manage negative life experiences. The child/youth's coping and survival skills should be rated independent of their current level of distress.

Questions to Consider:

- How does the child/youth react when difficult or bad things happen? What about when happy or good things happen?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth has exceptional psychological strengths. Both coping and survival skills are well developed.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Child/youth has good psychological strengths. They are generally able to manage negative life experiences and also enjoy or derive pleasure from positive life experiences/events.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Child/youth has limited psychological strengths. For example, a person with very low self-esteem or someone who has difficulty managing negative life events would be rated here.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Child/youth has no known or identifiable psychological strengths. This child/youth is not able to enjoy positive experiences and has significant difficulties coping with negative life events. This may be due to intellectual impairment or serious psychiatric disorders.

NA Child is younger than 6 years old.

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NATURAL SUPPORTS (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child/youth has significant natural supports that contribute to helping support their healthy development.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child/youth has identified natural supports that provide some assistance in supporting their healthy development.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child/youth has some identified natural supports; however, these supports are not actively contributing to their healthy development.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child/youth has no known natural supports (outside of family and paid caregivers).
NA	Child is younger than 6 years old.

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RELATIONSHIP PERMANENCE (AGES 6+)

This indicator refers to the stability of significant relationships in the child/youth's life. This likely includes family members but may also include other individuals (e.g., chosen family).

Questions to Consider:

- Is the child/youth in contact with their parents?
- Are there adults, including relatives, with whom the child/youth has had long-lasting relationships?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child/youth has very stable relationships. Family members, friends, and community have been stable for most of the child/youth's life and are likely to remain so in the foreseeable future.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

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

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Child/youth has had at least one stable relationship over the child/youth's lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Child/youth does not have any stability in relationships. Independent living or adoption must be considered.

NA Child is younger than 6 years old. [continues]

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RELATIONSHIP PERMANENCE continued

Supplemental Information – Understanding relationship permanence in early childhood: Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioral, and moral. The quality and stability of a child's human relationships in the early years lay the foundation for a wide range of later developmental outcomes that really matter. Stated simply, relationships are the "active ingredients" of the environment's influence on healthy human development. They incorporate the qualities that best promote competence and well-being – individualized responsiveness, mutual action-and-interaction, and an emotional connection to another human being, be it a parent, peer, grandparent, aunt, uncle, neighbor, teacher, coach, or any other person who has an important impact on the child's early development. Although young children certainly can establish healthy relationships with more than one or two adults, prolonged separations from familiar caregivers and repeated "detaching" and "re-attaching" to people who matter are emotionally distressing and can lead to enduring problems (National Scientific Council on the Developing Child, 2004).

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RESILIENCE (AGES 6+)

This indicator refers to the child/youth's ability to recognize their internal strengths and use them in managing daily life.

Questions to Consider:

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

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child/youth can both identify and use strengths to better themselves and successfully manage difficult challenges.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child/youth can identify most of their strengths and is able to partially utilize them.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child/youth can identify strengths but is not able to utilize them effectively.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child/youth is not yet able to identify personal strengths.
NA	Child is younger than 6 years old.

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CULTURAL IDENTITY (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* The child/youth has defined a cultural identity and is connected to others who support their cultural identity.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* The child/youth is developing a cultural identity and is seeking others to support their cultural identity.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* The child/youth is searching for a cultural identity and has not connected with others.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* The child/youth does not express a cultural identity.
NA	Child is younger than 6 years old.

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SUICIDE RISK: C-SSRS SCREENER (AGES 4+)

The Columbia–Suicide Severity Rating Scale (C-SSRS) Screener is a screening tool that evaluates suicidal ideation and behavior. It is adapted from the full C-SSRS developed by the Columbia University Center for Suicide Risk Assessment. This best practice scale has been used extensively to screen for suicidality. An Overall Suicide Risk indicator has been developed and incorporated into this scale to match the scoring format of the needs action levels. Should the Overall Suicide Risk indicator be rated a '2' or '3', the Suicide Safety Planning Intervention Form should also be completed.

The Suicide Risk C-SSRS Screener Domain must be completed for all children ages 4 and older. This domain consists of two sections: 1) C-SSRS Screener and 2) the Overall Suicide Risk.

Section 1, C-SSRS Screener, consists of six indicators that convey a question about the child/youth's suicide risk in the past 1-3 months and the lifetime history of suicide.

INSTRUCTIONS ON COMPLETING THE SUICIDE RISK C-SSRS SCREENER:

- Complete Section 1, **C-SSRS Screener** as follows:
  For every child/youth ask question 1 (SR1) and question 2 (SR2).
  - If the answer is YES to question 2 (SR2), then ask questions 3 to 6 (SR3, SR4, SR5 and SR6).
  - If the answer is NO to question 2 (SR2), skip questions 3-5 and go directly to question 6 (SR6) and complete question 6 (SR6).
- Once section 1 has been completed, complete section 2, the **Overall Suicide Risk** Indicator.

Note: Do not complete this domain If the child is younger than 4 years old.

SR1. WISH TO BE DEAD (AGES 4+)

This indicator rates whether the child/youth has wished or wanted to be dead.

Questions to Consider:

- Has the child/youth wished they were dead or wished they could go to sleep and not wake up?

Ratings and Descriptions	
No	The child/youth has never experienced a wish to be dead or to go to sleep and not wake up.
Yes, Lifetime	The child/youth has experienced a wish to be dead or to go to sleep and not wake up in their lifetime, but not in the past month.
Yes, Past Month	The child/youth has experienced a wish to be dead or to go to sleep and not wake up in the past month.

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SR2. NON-SPECIFIC ACTIVE SUICIDAL THOUGHTS (If 'No', skip to SR6) (AGES 4+)

This indicator rates whether the child/youth has ever had any thoughts of killing themselves.

Questions to Consider:

- Has the child/youth had any thoughts of killing themselves?

Ratings and Descriptions	
No	The child/youth has never had any thoughts of killing themselves.
Yes, Lifetime	The child/youth has had thoughts of killing themselves in their lifetime, but not in the past month.
Yes, Past Month	The child/youth has had thoughts of killing themselves in the past month.

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SR3. SUICIDAL THOUGHTS WITH METHOD (without specific plan or intent to act) (AGES 4+)

This indicator rates whether a child/youth has thought about a method to use for killing themselves.

Questions to Consider:

- Has the child/youth had any thoughts about a method they might use to kill themselves?

Ratings and Descriptions	
No	The child/youth has never thought about a method of killing themselves.
Yes, Lifetime	The child/youth has had thoughts in their lifetime, but not in the past month, about a method to use for killing themselves.
Yes, Past Month	The child/youth has had thoughts during the past month about a method to use for killing themselves.

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SR4. SUICIDAL INTENT WITHOUT A PLAN (AGES 4+)

This indicator rates whether a child/youth has some intention to act on thoughts of killing themselves.

Questions to Consider:

- Has the child/youth had any thoughts of killing themselves and did they think they might do it?

Ratings and Descriptions	
No	The child/youth has never had any intention of acting on thoughts of killing themselves.
Yes, Lifetime	The child/youth has had an intention during their lifetime, but not in the past month, on acting on thoughts of killing themselves.
Yes, Past Month	The child/youth has had an intention during the past month to act on thoughts of killing themselves.

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SR5. SUICIDAL INTENT WITH PLAN (AGES 4+)

This indicator rates whether the child/youth has started working out the details or has worked out the details and has created a plan that is intended for use in killing themselves.

Questions to Consider:

- Has the child/youth started to work out or has worked out the details of how to kill themselves?
- Does the child/youth think they may really carry out their plan to kill themselves?

Ratings and Descriptions	
No	The child/youth has never started to work out the details or created a plan to kill themselves.
Yes, Lifetime	During their lifetime but not in the past month, the child/youth has started to work out the details or has worked out the details and created a plan of how to kill themselves.
Yes, Past Month	In the past month, the child/youth has started to work out the details or has worked out the details and created a plan of how to kill themselves.

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SR6. SUICIDAL BEHAVIORS (AGES 4+)

This indicator rates whether the child/youth has ever done anything, started to do anything, or prepared to do anything to end their life.

Questions to Consider:

- Has the child/youth started to do anything, prepared to do anything to end their life? If 'Yes,' how long ago did they do these things?

Ratings and Descriptions	
No	The child/youth has never done anything, started to do anything or prepared to do anything to end their life.
Yes, Lifetime	During their lifetime but not in the past month, the child/youth has started to do something, or prepared to do something to end their life.
Yes, Past Three Months	In the past three months, the child/youth has done something, started to do something, or prepared to do something to end their life.

Supplemental Information: Examples of suicidal behaviors include collected pills, obtained a gun, given away valuables, written a will or suicide note, taken out pills but didn't swallow any, held a gun but changed their mind or gun was grabbed from their hand, went to the roof but didn't jump; or actually took pills, tried to shoot oneself, cut oneself, tried to hang oneself, etc.

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OVERALL SUICIDE RISK* (AGES 4+)

Use the following scale to calculate an overall suicide rating for the child/youth.

For Raters:

- Rate this indicator using the responses for indicators SR1 – SR6

Ratings and Descriptions

0	'NO' response on SR1 and SR2 and SR6.
1	'YES' response on SR1 and/or SR2 (Lifetime or Past Month) AND 'NO' response on SR3 and SR4 and SR5 and SR6.
2	'YES' response on SR3 (Lifetime or Past Month) and/or SR4 (Lifetime but not in Past Month) and/or SR5 (Lifetime but not Past Month) and/or SR6 (Lifetime but not Past 3 Months)
3	'YES' response on SR4 (in Past Month) and/or SR5 (in Past Month) and/or SR6 (in Past 3 Months)

* A rating of '2' or '3' on this indicator requires the same-day development of a safety plan and the completion of the Safety Plan form (a summary follows). A referral to immediate crisis services is recommended when the child/youth scores '2' or '3' on this indicator.

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SUICIDE SAFETY PLANNING INTERVENTION

The purpose of the Safety Plan Intervention is to provide children/youth who are experiencing suicidal ideations with a specific set of concrete strategies to use in order to decrease the risk of suicidal behavior.

SAFETY PLAN ELEMENTS

This section summarizes the safety plan elements that are part of the Safety Plan form. The Safety Plan form should be completed when the Overall Safety Risk indicator is rated '2' or '3'.

- Identify the warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing.
- Identify developmentally appropriate internal coping strategies – things that the child/youth can do to take their mind off their problems (e.g., relaxation techniques, physical activity, etc.)
- Identify people and social settings that provide an opportunity to refocus and support to the child/youth.
- Identify people whom the child/youth and/or caregivers can ask for help.
- Identify professionals or agencies that the child/youth and/or caregivers can contact during a crisis.
- Identify ways to help make the environment safe for the child/youth.
- Help the child/youth identify what it most important to them and worth living for.

RISK FACTORS AND BEHAVIORS DOMAIN

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

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

For the **Risk Factors Indicators,** use the following categories and action levels:

0 Not a developmental risk factor; no need for attention or intervention.

1 Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.

2 Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action or intervention to ensure that the need is addressed.

3 Evidence of dangerous or disabling impact of developmental risk factor; requires immediate or intensive action.

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

0 No evidence of any needs; no need for action.

1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2 Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

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

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CHILD RISK FACTORS: AGES 3-5

SUBSTANCE EXPOSURE (AGES 3-5)

This indicator describes the child's exposure to substance use before birth and after birth.

Questions to Consider:

- Was the child exposed to alcohol or drugs during the pregnancy?
- Is the child currently exposed to any alcohol or drug use in the home?

Ratings and Descriptions

0	*Not a developmental risk factor; no need for attention or intervention*. Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
1	*Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.* Child had some in utero exposure (e.g., mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy) or there is current alcohol and/or drug use in the home.
2	*Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action or intervention to ensure that the need is addressed.* Child was exposed to significant amounts of alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine, opioids) and/or significant use of alcohol or tobacco would be rated here.
3	*Evidence of dangerous or disabling impact of developmental risk factor; requires immediate or intensive action.* Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here.
NA	Unknown

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PARENT OR SIBLING PROBLEMS (AGES 3-5)

This indicator rates how this child's parents and siblings have done/are doing in their respective developments.

Questions to Consider:

- Do any siblings have any medical problems, developmental delays, or behavioral problems?
- Do either or both of the parents have developmental delays?

Ratings and Descriptions

0 *Not a developmental risk factor; no need for attention or intervention*.

The child's parents have no developmental disabilities. The child has no siblings or existing siblings are not experiencing any developmental or behavioral problems.

1 *Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.*

The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g., Attention Deficit, Oppositional Defiant, or Conduct Disorders). Child may have at least one healthy sibling.

2 *Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action or intervention to ensure that the need is addressed.*

The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g., a severe version of any of the disorders cited above or any developmental disorder).

3 *Evidence of dangerous or disabling impact of developmental risk factor; requires immediate or intensive action.*

One or both of the child's parents have been diagnosed with a developmental disability or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).

NA Unknown

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MATERNAL AVAILABILITY (AGES 3-5)

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

Questions to Consider:

- Was the child's mother able to recover normally after delivery?
- Was the child's mother able to breastfeed?
- Was the mother able to care for the child?
- Did the child's mother experience the "baby blues," an episode of depression, or other medical conditions that might have kept her away from her baby after giving birth?

Ratings and Descriptions

0 *Not a developmental risk factor; no need for attention or intervention*.

The child's mother was emotionally and physically available to the child in the weeks following the birth.

1 *Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.*

The mother 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 *Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action or intervention to ensure that the need is addressed.*

The mother 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 *Evidence of dangerous or disabling impact of developmental risk factor; requires immediate or intensive action.*

The mother 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 the mother and child for an extended period of time, divorce, or abandonment).

NA Unknown

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CHILD RISK BEHAVIORS: AGES 3-5

SELF-HARM (AGES 3-5)

This indicator rates the presence of repetitive behaviors, like head-banging or biting/hitting oneself, that result in physical harm to the child.

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
There is no evidence of self-harm behaviors.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*
Child's self-harm behaviors such as head banging cannot be impacted by supervising adult and interferes with their functioning.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*
Child's self-harm behavior puts their safety and well-being at risk.

NA Child is older than 5 years old.

Supplemental Information – Understanding self-harm in young children: Self-harm, oftentimes referred to as Self-Injurious Behavior (or SIB), is known to occur in young children; in fact, studies from the 1980s and 1990s found that about 15% of young children demonstrated some instances of SIB during the first five years of life. While early-onset SIB generally resolves before age 5, it is more likely to persist in children with developmental delays (Kurtz et al., 2012). The most common SIBs for young children are head banging, hand-to-head hitting, skin picking/scratching, hair pulling, throwing self to floor, self-biting, and eye poking. [continued]

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SELF-HARM continued

In most cases, SIB in young children is a way to self-stimulate, self-comfort, or release frustration. In some cases, SIB may emerge when a child is experiencing emotional distress, such as after an experience of trauma or within the context of relational challenges with caregivers. Like other "aggressive" behaviors in early childhood, it is important for caregivers to try to recognize the child's feeling or goal that may be prompting the SIB and help children learn emotional regulation skills that they can use in these situations. (Lerner & Parlakian, 2016).

Several factors have been associated with SIB in early childhood, including (Kurtz et al., 2012):

- Intellectual or developmental disability (such as Austin Spectrum Disorder)
- Certain genetic disorders (such as Fragile X Syndrome)
- Experience of pain-related events during early childhood
- Sensory processing difficulties, including low vestibular stimulation (the vestibular system is located within the inner ear and responds to movement and gravity)
- Communication difficulties
- Isolated caregiving environments

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AGGRESSIVE BEHAVIOR (AGES 3-5)

This indicator rates the child's violent or aggressive behavior. The action level descriptions consider the duration of the behaviors, the severity and significance of bodily harm to self or others, and the caregivers' ability to mediate the behavior. A rating of '2' or '3' would indicate that caregivers are unable to shape/control the child's aggressive behaviors.

Questions to Consider:

- Has the child ever tried to injure another person or animal?
- Do they hit, kick, bite, or throw things at others?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

No evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History of aggressive behavior toward people or animals or concern expressed by caregivers about aggression.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of aggressive behavior toward people or others in the past 30 days. Caregiver's attempts to redirect or change behaviors have not been successful

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

The child exhibits a current, dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.

NA Child/youth is older than 5 years old.

Supplemental Information – Understanding aggression in young children: In the early childhood period, infants and young children are learning important skills about asserting themselves, communicating their likes and dislikes, and acting independently (as much as they can!). At the same time, they still have limited self-control. As a result, aggressive behaviors in early childhood are not uncommon and are often the reason parents seek assistance for their children.

Like most aspects of development, there is a wide variation among children when it comes to acting out aggressively. Children who are intense and "big reactors" tend to have a more difficult time managing their emotions than children who are by nature more easygoing. Big reactors rely more heavily on using their actions to communicate their strong feelings. In addition, patterns of aggressive behaviors can change throughout development; aggression (hitting, kicking, biting, etc.) usually peaks around age two, a time when toddlers have very strong feelings but are not yet able to use language effectively to express themselves. In some cases, aggressive behaviors may emerge when a child is experiencing emotional distress, such as after an experience of trauma or within the context of relational challenges with caregivers. [continues]

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AGGRESSIVE BEHAVIOR continued

Aggressive moments can be extremely challenging for parents, as parents may expect that their child is capable of more self-control than they really are. This stage of development can be very confusing for parents because while a young child may be able to tell you what the rule is, they still do not always have the impulse control to stop themselves from doing something they desire. In these moments, it is important for caregivers to try to recognize the child's feelings or goal that may be prompting the aggressive behavior and use the moment as an opportunity for modeling or teaching emotional regulation skills (Lerner & Parlakian, 2016).

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SEXUALLY REACTIVE BEHAVIOR (AGES 3-5)

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child has a history of sexually reactive behaviors, or there is suspicion of current sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or behavior. This behavior does not place the child at great risk.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child exhibits more frequent sexually provocative behaviors in a manner that impairs their functioning. Examples include a young child's age-inappropriate sexualized behavior.

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

Child exhibits severe and/or dangerous sexually provocative behaviors that place them or others at immediate risk of victimization or harm.

NA Child/youth is older than 5 years old.

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CHILD/YOUTH RISK BEHAVIORS (ALL AGES)

INTENTIONAL MISBEHAVIOR (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the child/youth's life.

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

Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g., expulsion from school, removal from the community).

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BULLYING OTHERS (ALL AGES)

This indicator rates behavior that involves intimidation (verbal or physical) of others; threatening others with harm if they do not comply with the child/youth's demands is rated here. Cyberbullying or any bullying online or via social media is rated on this indicator. A victim of bullying is not rated here.

Questions to Consider:

- Are there concerns that the child/youth might bully others? Engaging in cyberbullying?
- Have there been any reports that the child/youth has picked on, made fun of, harassed or intimidated another person?
- Does the child/youth associate with other people who bully?

Ratings and Descriptions

0 *No evidence of any needs or risk behaviors; no need for action*.

No evidence that the child/youth has ever engaged in bullying at school/work , online or in the community.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History or suspicion of bullying, or child/youth has engaged in bullying behavior or associated with groups that have bullied others.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Child/youth has bullied others at school/work, online, or in the community. They have either bullied others or led a group that bullied others.

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

Child/youth has repeatedly utilized threats or actual violence when bullying others in school, online, and/or in the community.

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MEDICATION ADHERENCE (ALL AGES)

This indicator focuses on the level of the child/youth's willingness and participation in taking prescribed medications. This includes the caregiver's ability to manage the child/youth's prescription medication regimen and the impact on their physical and/or mental health symptoms and functioning.

Questions to Consider:

- Is child/youth prescribed medication? Psychotropic medication?
- Has the child/youth ever had trouble remembering to take medication?
- Is child/youth or their caregiver able to manage taking their medication independently and as prescribed?
- Has the child/youth ever refused to take prescribed medication?
- Has the child/youth ever overused medication to get "high" or as an attempt at self-harm?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

This level indicates a child/youth who takes any prescribed medications as prescribed, or caregivers are able to manage any medication regimen and without reminders, or a child/youth who is not currently on any medication.

1 *Identified need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Although the child/youth usually takes medications consistently, they may occasionally stop, skip, or forget to take medications without causing instability in the underlying conditions. Child/youth or their caregivers may benefit from reminders and checks to consistently take medications. OR, child/youth or caregivers have significant history of problems managing medication, problems that adversely impacted physical and/or mental health.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

This level indicates a child/youth or caregiver who is somewhat non-compliant with taking the medication. This child/youth may be resistant to taking prescribed medications or may tend to overuse their medications. They might comply with prescription plans for periods of time (1-2 weeks) but generally do not sustain taking medication in prescribed dose or protocol. Child/youth or their caregivers may benefit from reminders and checks to consistently take medications.

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

This level indicates a child/youth or their caregivers who has refused to take prescribed medications during the past 30-day period or a child/youth who has abused their medications to a significant degree (i.e., overdosing or over-using medications to a dangerous degree).

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RUNAWAY/BOLTING* (ALL AGES)

This indicator refers to any planned or impulsive running or 'bolting' behavior that presents a risk to the safety of the child/youth. Factors to consider in determining level of risk include age of the young person, frequency and duration of escape episodes, timing and context, and other risky activities while running.

Questions to Consider:

- Has the child/youth ever bolted?
- If so, where did they go? How long did they stay away? How were they found?
- Do they ever threaten to run away?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has no history of running away or ideation of escaping from current living situation.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History of escape behaviors but none in the past month, or a child/youth who expresses ideation about escaping present living situation or has threatened to run. A child who bolts occasionally (e.g., attempts to run from caregiver) might be rated here.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*
Child/youth has engaged in runaway behaviors during the past 30 days. Repeated bolting would be rated here.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*
Child/youth has engaged in escape behaviors that placed the safety of the child/youth at significant risk.

***Ages 6+: A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [A] Runaway Module.**

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[A] RUNAWAY MODULE (AGES 6+)

FREQUENCY OF RUNNING (AGES 6+)

This indicator describes how often the child/youth runs away.

Questions to Consider:

- How often does the child/youth run away?

Ratings and Descriptions

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

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CONSISTENCY OF DESTINATION (AGES 6+)

This indicator describes whether the child/youth runs away to the same place, area, or neighborhood.

Questions to Consider:

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

Ratings and Descriptions

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

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SAFETY OF DESTINATION (AGES 6+)

This indicator describes how safe the area is where the child/youth runs to.

Questions to Consider:

- Does the child/youth run to safe locations?

Ratings and Descriptions

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

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INVOLVEMENT IN ILLEGAL ACTIVITIES (AGES 6+)

This indicator describes what type of activities the child/youth is involved in while on the run and whether they are legal activities.

Questions to Consider:

- When the child/youth runs away, are they involved in illegal acts?

Ratings and Descriptions

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

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LIKELIHOOD OF RETURN ON OWN (AGES 6+)

This indicator describes whether the child/youth returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (e.g., police).

Questions to Consider:

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

Ratings and Descriptions

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

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INVOLVEMENT WITH OTHERS (AGES 6+)

This indicator describes whether others help the child/youth to run away.

Questions to Consider:

- Are others involved in the running activities?

Ratings and Descriptions

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

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REALISTIC EXPECTATIONS (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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PLANNING (AGES 6+)

This indicator describes how much planning the child/youth puts into running away or if the child/youth runs away spontaneously.

Questions to Consider:

- Does the child/youth plan when they run away?

Ratings and Descriptions

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

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End of Runaway Module

FIRE SETTING* (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

No evidence of fire setting by the child/youth.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History of fire setting but not in the recent past.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Recent fire-setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.

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

Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).

***Ages 6+: A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [B] Fire Setting Module.**

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[B] FIRE SETTING MODULE (AGES 6+)

HISTORY (AGES 6+)

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

Questions to Consider:

- How many times has child/youth started fires?
- When did that happen?

Ratings and Descriptions

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

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Rate the most recent episode of fire setting for the following indicators.

SERIOUSNESS (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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PLANNING (AGES 6+)

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

Questions to Consider:

- Does child/youth plan to set fires or does it spontaneously because the opportunity suddenly presents itself?

Ratings and Descriptions

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

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USE OF ACCELERANTS (AGES 6+)

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

Questions to Consider:

- Has child/youth used accelerants to start a fire, such as gasoline or anything that will help start a fire rapidly?

Ratings and Descriptions

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

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INTENTION TO HARM (AGES 6+)

This indicator rates the extent to which the child/youth intended to injure others when fire setting.

Questions to Consider:

- When child/youth started the fire, did they intend to harm/injure or kill someone?
- Was child/youth seeking revenge?

Ratings and Descriptions

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

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Rate the following within the last 30 days.

COMMUNITY SAFETY (AGES 6+)

This indicator rates the level of risk the child/youth poses to the community due to their fire-setting behavior.

Questions to Consider:

- When child/youth started the fires, did they place other people in the community at risk?
- Do other people think that child/youth puts them at risk when they start fires?
- Does child/youth intentionally try to hurt others when they start a fire?

Ratings and Descriptions

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

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RESPONSE TO ACCUSATION (AGES 6+)

This indicator rates the reaction of the child/youth as the child/youth is confronted about their behavior.

Questions to Consider:

- How did child/youth react when accused of setting fires?
- Does child/youth feel remorse for their fire setting?

Ratings and Descriptions

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

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REMORSE (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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LIKELIHOOD OF FUTURE FIRE SETTING (AGES 6+)

This indicator rates the potential for reoccurrence of fire-setting behavior in the future.

Questions to Consider:

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

Ratings and Descriptions

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

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End of Fire Setting Module

CHILD/YOUTH RISK BEHAVIORS (AGES 6+)

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (AGES 6+)

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

Questions to Consider:

- Does the child/youth ever purposely hurt themselves (e.g., cutting)?
- What kind of medical attention has the child/youth received for their self-injurious behavior? At home? Emergency Department, Emergency Room, or Urgent Care?

Ratings and Descriptions

0	*No evidence of any needs; no need for action*. No evidence of any forms of self-injury.
1	*Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* A history or suspicion of self-injurious behavior.
2	*Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.* Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
3	*Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.* Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.
NA	Child is younger than 6 years old.

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RECKLESS BEHAVIOR (OTHER SELF-HARM) (AGES 6+)

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

Questions to Consider:

- Has the child/youth ever acted in a way that might be dangerous to themselves?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.

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

Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

NA Child is younger than 6 years old.

Supplemental Information: When considering reckless behavior, include gang involvement/ affiliation, unprotected sex, multiple sexual partners, driving under the influence, or riding with drivers who are under the influence, etc.

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VICTIMIZATION (AGES 6+)

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

Questions to Consider:

- Has the child/youth ever been bullied or the victim of a crime?
- Is the child/youth parentified or has taken on parental responsibilities and has this impacted their functioning?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

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

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

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

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

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

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

Child/youth has been recently or is currently being victimized or living in an abusive relationship, or constantly being forced to take on responsibilities of being a parent to other family members.

NA Child is younger than 6 years old.

Supplemental Information: Children/youth who are being human trafficked for labor or sex are rated on the Exploited indicator.

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DANGER TO OTHERS* (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0	*No evidence of any needs; no need for action*. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
1	*Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
2	*Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.* Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.
3	*Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.* Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.
NA	Child is younger than 6 years old.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [C] Dangerousness/Violence Module.**

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[C] DANGEROUSNESS/VIOLENCE MODULE (AGES 6+)

HISTORICAL RISK FACTORS

HISTORY OF PERPETUATING VIOLENCE (AGES 6+)

This indicator rates the child/youth's history of violence.

Questions to Consider:

- Has the child/youth ever been violent with a sibling, peer, and/or adult?
- Has the child/youth ever been cruel to animals or destroyed property?

Ratings and Descriptions

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

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EMOTIONAL/BEHAVIORAL RISKS

Rate the following indicators within the last 30 days.

FRUSTRATION MANAGEMENT (AGES 6+)

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

Questions to Consider:

- Does the child/youth become physically aggressive when angry?
- Does the child/youth have a hard time managing anger if someone criticizes or rejects them?
- Where does the child/youth have the most trouble managing their frustration?

Ratings and Descriptions

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

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HOSTILITY (AGES 6+)

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

Questions to Consider:

- In what situations does the child/youth become hostile?

Ratings and Descriptions

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

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PARANOID THINKING (AGES 6+)

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

Questions to Consider:

- Is the child/youth acting overly suspiciously or are they suspicious of others?
- Is there any evidence of overly suspicious thinking/beliefs?
- Does the child/youth avoid answering questions about their thoughts, feelings and/or relationships?

Ratings and Descriptions

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

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SECONDARY GAINS FROM ANGER (AGES 6+)

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

Questions to Consider:

- What happens after the child/youth gets angry?
- Does the child/youth typically get what they want from expressing anger?

Ratings and Descriptions

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

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VIOLENT THINKING (AGES 6+)

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

Questions to Consider:

- Does the child/youth report having violent thoughts?
- Does the child/youth verbalize, draw or write about their violent thoughts either specifically or by using violent themes?

Ratings and Descriptions

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

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RESILIENCY FACTORS

Rate the following indicators within the last 30 days.

AWARENESS OF VIOLENCE POTENTIAL (AGES 6+)

This indicator rates the child/youth's insight into their risk of violence.

Questions to Consider:

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

Ratings and Descriptions

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

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RESPONSE TO CONSEQUENCES (AGES 6+)

This indicator rates the child/youth's reaction when they get consequences for violence or aggression.

Questions to Consider:

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

Ratings and Descriptions

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

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COMMITMENT TO SELF-CONTROL (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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TREATMENT INVOLVEMENT (AGES 6+)

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

Questions to Consider:

- How is the child working on anger and violence?
- Is there a treatment plan? Does the child/youth and family know what the plan is?

Ratings and Descriptions

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

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End of the Dangerousness/Violence Module

SEXUAL AGGRESSION* (AGES 6+)

This indicator describes sexual behavior that could result in charges being made against the child/youth. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. The severity and recency of the behavior provide the information needed to rate this indicator.

Questions to Consider:

- Has the child/youth ever been accused of being sexually aggressive or being a sexual predator?
- Has the child/youth ever been accused of sexually harassing others or using sexual language?
- Has the child/youth had sexual contact with minors?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.
No evidence of sexually aggressive behavior.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History of sexually aggressive behavior (but not in past year) OR sexually inappropriate non-physical behavior in the past year that troubles others such as harassing talk or language. For example, occasional inappropriate sexually aggressive/harassing language or behavior.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*
Child/youth engages in sexually aggressive behavior that impairs their functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching).

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

NA Child is younger than 6 years old.

***A rating of '1', '2' or '3' on this indicator triggers the completion of the [D] Sexually Aggressive Behavior Module.**

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[D] SEXUALLY AGGRESSIVE BEHAVIOR MODULE (AGES 6+)

PHYSICAL FORCE/THREAT/COERCION (AGES 6+)

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

Questions to Consider:

- Does the child/youth use or threaten to use physical force towards others in commission of the sex act?

Ratings and Descriptions

0	No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.
1	Evidence of the use of the threat of force to discourage the victim from reporting the sex act. History of problem may be rated here.
2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
3	Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force (e.g., gun or knife).

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PLANNING (AGES 6+)

This indicator rates whether there is evidence of planning of the inappropriate sexual activity. Please rate the highest level from the most recent episode of inappropriate sexual behavior. This indicator should be rated only for the perpetrator.

Questions to Consider:

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

Ratings and Descriptions

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

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AGE DIFFERENTIAL (AGES 6+)

This indicator describes the age difference between the child/youth and their victim. Please rate the highest level from the most recent episode of sexual behavior. This indicator should be rated only for the perpetrator.

Questions to Consider:

- What is the age of the individual the child/youth has had sexual activity with?

Ratings and Descriptions

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

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RELATIONSHIP (AGES 6+)

This indicator rates the nature of the relationship between the child/youth and the victim of their aggression. Please rate the most recent episode of sexual behavior.

Questions to Consider:

- How does the child/youth know the other child/youth involved?

Ratings and Descriptions

0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child/youth being in the position of authority.
2	Child/youth is clearly using authority or power to victimize another individual with sexually abusive behavior. For example: a youth sexually abusing a younger child while babysitting. This would not include physical violence but may include coercion and threats of physical harm to the victim or loved ones.
3	Child/youth is clearly using authority or power to severely victimize another individual with both physical violence and sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior For example: a youth beating and sexually exploiting a developmentally delayed individual.

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TYPE OF SEXUAL BEHAVIOR (AGES 6+)

This indicator rates the kind of sexual behavior involved in the aggression. Rate the most serious type of aggression present.

Questions to Consider:

- What was the most serious exact act involved in the child/youth's sexual aggression?

Ratings and Descriptions

0	Sexual behavior involved touching or fondling only.
1	Sexual behavior involved fondling plus possible penetration with fingers or oral sex.
2	Sexual behavior involved penetration into genitalia or anus with body part.
3	Sexual behavior involved physically dangerous penetration due to differential size or use of an object.

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RESPONSE TO ACCUSATION (AGES 6+)

This indicator rates how the child/youth responded to the accusation, and the remorse felt by the child/youth.

Questions to Consider:

- What is the child/youth's level of remorse for their sexually aggressive behavior?
- Do they admit to the sex acts?

Ratings and Descriptions

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

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TEMPORAL CONSISTENCY (AGES 6+)

This indicator relates to a child/youth's patterns and history of sexually abusive behavior over time.

Questions to Consider:

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

Ratings and Descriptions

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

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HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR TOWARDS OTHERS (AGES 6+)

This indicator rates the quantity of sexually aggressive behaviors exhibited by the child/youth.

Questions to Consider:

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

Ratings and Descriptions

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

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SEVERITY OF SEXUAL ABUSE OF CHILD/YOUTH AS A VICTIM (AGES 6+)

This indicator rates the history and severity of the child/youth's sexual abuse as the victim. Note: The child/youth's sexually abusive behaviors as the perpetrator should not be rated here.

Questions to Consider:

- Was the child/youth touched or penetrated as part of their sexual abuse?

Ratings and Descriptions

0	The child/youth has not experienced any form of sexual abuse.
1	Child/youth has been occasionally fondled or touched inappropriately. The suspicion of the child/youth having history of being victim of sexual abuse without confirming evidence is also rated here.
2	Child/youth has been the victim of sexual abuse that may have involved fondling on an ongoing basis or the child/youth was sexually penetrated (anal or genital) once.
3	Child/youth has been the victim of sexual abuse involving penetration on an ongoing basis.

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TYPE OF PRIOR SEXUALLY AGGRESSIVE BEHAVIOR TREATMENT (AGES 6+)

This indicator rates the type of treatment the child/youth has received for sexually aggressive behavior.

Questions to Consider:

- Has the child/youth ever received any type of treatment for sexual aggression? If so, which ones?
- Was the treatment for sexual aggression mandated? If so, by whom?

Ratings and Descriptions

0	Child/youth has no history of prior treatment for sexually aggressive behavior.
1	Child/youth has a history of voluntary outpatient treatment for sexually aggressive behavior.
2	Child/youth has a history of voluntary residential treatment for sexually aggressive behavior.
3	Child/youth has a history of court-ordered outpatient or residential treatment for sexually aggressive behavior.

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SUCCESS OF PRIOR SEXUALLY AGGRESSIVE BEHAVIOR TREATMENT (AGES 6+)

This indicator rates the child/youth's success with prior history of treatment for sexually aggressive behavior.

Questions to Consider:

- Was the treatment for sexually aggressive behavior successful? In what way was the treatment helpful?

Ratings and Descriptions

0	Child/youth has no history of prior treatment or has a history of outpatient treatment with notable positive outcomes.
1	Child/youth has history of outpatient treatment which has had some degree of success.
2	Child/youth has history of residential treatment where there has been successful completion of program.
3	Child/youth has history of residential or outpatient treatment condition with little or no success.

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End of Sexually Aggressive Behavior Module

DELINQUENT BEHAVIOR* (AGES 6+)

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

Questions to Consider:

- Do you know of laws that the child/youth has broken (even if the child/youth has not been charged or caught)? What were the factors associated with them breaking the law?
- Has the child/youth ever had law enforcement or court involvement?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

No evidence or history of delinquent behavior.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

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

Serious recent acts of delinquent activity that place others at risk of significant loss or injury or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary, or gang involvement.

NA Child is younger than 6 years old.

Supplemental Information: Status offenses refer to offense types that apply to children/youth because of their age and would not typically apply to their adult counterparts as a violation of the law. Some common examples of status offenses may include curfew violations, runaway, incorrigibility, school truancy, etc.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [E] Juvenile Justice Module.**

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[E] JUVENILE JUSTICE MODULE (AGES 6+)

HISTORY (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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SERIOUSNESS (AGES 6+)

This indicator rates the seriousness of the child/youth's delinquent behaviors.

Questions to Consider:

- What are the behaviors/actions that got the child/youth involved in the juvenile or adult justice system?

Ratings and Descriptions

0	Child/youth has engaged only in status violations (e.g., curfew).
1	Child/youth has engaged in minor delinquent behavior (e.g., shoplifting, trespassing).
2	Child/youth has engaged in significant delinquent behavior (e.g., extensive theft, significant property destruction).
3	Child/youth has engaged in delinquent behavior that places others at risk of significant physical harm.

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ARRESTS/DETENTION (AGES 6+)

This indicator rates the number of times the child/youth has been arrested and/or taken into custody (detained).

Questions to Consider:

- Has the child/youth ever been arrested or detained?

Ratings and Descriptions

0	Child/youth has no history of arrests/detention. They have only been cited for status offenses.
1	Child/youth has history of delinquent behavior but no arrests in the past 30 days.
2	Child/youth has 1 to 2 arrests/detentions in the last 30 days.
3	Child/youth has more than 2 arrests/detentions in the last 30 days.

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PLANNING (AGES 6+)

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

Questions to Consider:

- Describe the different circumstances involving delinquent acts. Does this behavior appear planned or spontaneous?

Ratings and Descriptions

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

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COMMUNITY SAFETY (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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LEGAL COMPLIANCE (AGES 6+)

This indicator refers to the child/youth's compliance with any current court orders and sanctions.

Questions to Consider:

- Does the child/youth follow the orders of a court or meet the expectations of their probation (e.g., paying fines, completing community service, or reporting to probation officer)?
- Have they missed any appointments or violated probation or court orders?

Ratings and Descriptions

0	Child/youth is in full compliance with court orders and sanctions and does not miss any appointments.
1	Child/youth is in general compliance with court orders and sanctions (e.g., occasionally misses appointments).
2	Child/youth is in partial compliance with standing court orders and sanctions (e.g., child/youth is going to school, but not completing community service).
3	Child/youth is in noncompliance with standing court orders and sanctions (e.g., probation violations).

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PEER INFLUENCES (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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PARENTAL INFLUENCES (AGES 6+)

This indicator rates the influence of the parent/guardian/legally authorized representative's (LAR) criminal history on the child/youth.

Questions to Consider:

- Does the child/youth's parents/guardians/LARs have any history of criminal activities or have any of them ever been incarcerated?
- When was the last time the child/youth had contact with their parents/guardians/LARs?

Ratings and Descriptions

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

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ENVIRONMENTAL INFLUENCES (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0	No evidence that the child/youth's environment stimulates or exposes the child/youth to any criminal behavior.
1	Suspicion that the child/youth's environment might expose the child/youth to criminal behavior.
2	Child/youth's environment clearly exposes the child/youth to criminal behavior.
3	Child/youth's environment encourages or enables the child/youth to engage in criminal behavior.

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End of Juvenile Justice Module

EXPLOITATION* (AGES 6+)

This indicator describes a child/youth who has been exploited by others. This indicator is used to examine a history and pattern of being the object of abuse and/or whether the child/youth is at current risk for re-victimization. This indicator includes children or youth who are exploited through human trafficking—i.e., labor or sexual exploitation.

Questions to Consider:

- Has the child/youth traded labor or sexual activity for goods, money, affection, or protection?
- Has the child/youth been a victim of human trafficking?

Ratings and Descriptions

0	*No evidence of any needs; no need for action*. No evidence that the child/youth has experienced exploitation.
1	*Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Suspicion or history of exploitation, but the child/youth has not been exploited to any significant degree in the past year. Child/youth is not presently at risk for re-victimization or exploitation.
2	*Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.* Child/youth has been recently exploited (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, labor or sexual exploitation.
3	*Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.* Child/youth has been recently or is currently being exploited, including human trafficking – i.e., labor exploitation or sexual exploitation including the production of pornography, sexually explicit performance, or sexual activity.
NA	Child is younger than 6 years old.

*** A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [F] Exploitation Module.**

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[F] EXPLOITATION MODULE (AGES 6+)

The indicators in this module focus on several different elements/experiences related to labor or sexual exploitation of children and youth.

LABOR AND SEXUAL EXPLOITATION INDICATORS

The indicators in this section should be completed for children/youth who have had experiences related to labor and/or sexual exploitation.

DURATION OF EXPLOITATION (AGES 6+)

This indicator describes how long the exploitation of the child/youth has occurred.

Questions to Consider:

- How long has the exploitation occurred?

Ratings and Descriptions

0	Exploitation has begun in the last three months.
1	Exploitation has begun in the past year.
2	Exploitation has been intermittent for more than two years.
3	Exploitation has been ongoing for more than two years.

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AGE OF ONSET – EXPLOITATION (AGES 6+)

This indicator describes when the exploitation of the child/youth began.

Questions to Consider:

- When did the exploitation of the child/youth begin?

Ratings and Descriptions

0	Exploitation began after the age of 16.
1	Exploitation began between the ages of 14 and 16.
2	Exploitation began between the ages of 12 and 14.
3	Exploitation began prior to age 12.

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PERCEPTION OF DANGEROUSNESS (AGES 6+)

This indicator refers to the child/youth's perception of the dangers associated with their trafficking situation and how to avoid the dangers that could lead to continued exploitation.

Questions to Consider:

- What is the child/youth's understanding of the dangers associated with the activities surrounding their trafficking situation?
- Do they know how to avoid situations that could place them at risk of further or continued victimization?

Ratings and Descriptions

0	Child/youth is fully aware of the dangerousness of their situation and behavior. Child/youth may be taking precautions to reduce the potential for further danger.
1	Child/youth is partially aware of the dangerousness of their situation and behavior. Child/youth generally fails to take precautions.
2	Child/youth is unaware of the dangerousness of their situation and behavior.
3	Child/youth actively denies/minimizes the dangerousness of their situation and behavior.

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KNOWLEDGE OF EXPLOITATION (AGES 6+)

This indicator describes the child/youth's understanding of the level of exploitation that they are/were subjected to as a result of their trafficking situation. This includes knowledge of the abuse in the relationship with the exploiter(s) and exploitation related activity.

Questions to Consider:

- What is the child/youth's understanding of their trafficking situation?
- Do they recognize how the elements of that situation were evidence of exploitation?

Ratings and Descriptions

0	Child/youth understands that they are/were being exploited.
1	Child/youth has some understanding that they are/were being exploited.
2	Child/youth is unaware that they are/were being exploited.
3	Child/youth actively denies and/or rationalizes or minimizes their prior history of or current situation of exploitation.

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TRAUMA BOND (AGES 6+)

This indicator refers to the child/youth's perception of the actions or intentions of the person(s) responsible for exploiting/abusing them.

Questions to Consider:

- What is the individual's perception of the person(s) responsible for their trafficking situation?
- Do they believe that this person(s) was acting in their best interest?

Ratings and Descriptions

0	Child/youth recognizes that their trafficker or exploiter is/was not operating in their best interest.
1	Child/youth suspects that their trafficker or exploiter is/was not operating in their best interest. Exploitation may exist in the child/youth's world or environment – e.g., sibling is exploited, or friend is an exploiter – but the child/youth is not currently being exploited. If the child/youth was previously exploited, the emotional connection to the exploiter(s) is minimal ias s/was the exploiter's influence over the child/youth.
2	Child/youth believes that their trafficker or exploiter is/was operating in their best interest. Child/youth responds positively to the exploiter(s), finding safety and stability in the exploitative relationship(s). Child/youth may occasionally recognize that the exploiter(s) is not operating with their best interest in mind, but the child/youth continues to empathize with the exploiter(s), minimize their exploitation, and remain actively connected to the exploiter(s).
3	Child/youth actively justifies and defends the behavior or their trafficker or exploiter to protect that individual from accusation of exploitation. Child/youth experiences extreme distress when not actively engaged with an exploiter. Child/youth denies the exploitation and normalizes the relationship with the exploiter(s) (e.g., child/youth may experience harm towards them by the exploiter(s) as expressions of love or a special connection). Child/youth is unable to perceive alternatives to exploitation, placing them in dangerous situations that require immediate and/or intensive action.

Supplemental Information: This indicator describes the emotional bond that the child/youth feels towards their trafficker(s) or exploiter(s). This emotional bond is formed as a result of the cycle of abuse, the power differential between the child/youth and exploiter(s), and intermittent reinforcement that the child/youth receives. Trauma bonding does not necessitate a lot of time in or consistency of relationship with an exploiter.

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EXPLOITATION HISTORY (AGES 6+)

This indicator describes any history of the family's involvement in the trafficking or exploitation of the child/youth.

Questions to Consider:

- Does the child/youth's family have a history of involvement in trafficking or exploitation?
- Have any family members involved the child/youth in trafficking exploitation with them?

Ratings and Descriptions

0	Family members have no known history of involvement in exploitation.
1	One family member has some history of involvement in exploitation. This exploitation history has not affected relationships in the family.
2	One or more family members have known history of involvement in exploitation. The members of the family have been exposed to this exploitation history.
3	One or more family members have involved the child/youth in exploitation with them.

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EXPLOITATION OF OTHERS (AGES 6+)

This indicator describes child/youth's involvement in the exploitation of others. The exploitation of others may result from trauma or need for survival.

Questions to Consider:

- Does the child/youth expose others to exploitation?
- Does the child/youth recruit others into exploitation?

Ratings and Descriptions

0	No evidence that the child/youth exploits other people.
1	Child/youth occasionally exposes other to exploitation, potentially grooming others for exploitation.
2	Child/youth actively recruits others into exploitation.
3	Child/youth is facilitating others' exploitation. Child/youth's exploitation of others is putting at least one of these individuals at risk of harm.

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ADDITIONAL SEXUAL EXPLOITATION INDICATORS

The indicators in this section should be completed only for children/youth who have had experiences related to sexual exploitation.

REPRODUCTIVE HEALTH (AGES 6+)

This indicator describes any needs related to the child/youth's reproductive health and/or sexual health practices, including treatment for sexually transmitted diseases, pre-natal care, education regarding safe sex practices, etc.

Questions to Consider:

- Does the child/youth have any reproductive health needs?

Ratings and Descriptions

0 No evidence of need regarding reproductive health.

1 Child/youth may have a history of a need related to their reproductive/sexual health but is currently not experiencing any active symptoms or behaviors that would suggest a need in this area.

2 Child/youth needs assistance to treat/address reproductive health needs and/or sexual health practices.

3 Child/youth is in immediate need of assistance to treat/address reproductive health needs and/or sexual health practices. This may include high risk pregnancies or sexual health practices.

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ARRESTS FOR LOITERING/SOLICITATION (AGES 6+)

This indicator includes arrests for crimes committed during or associated with exploitation.

Questions to Consider:

- Has the child/youth ever been arrested for loitering or solicitation that was associated with exploitation?

Ratings and Descriptions

0 Child/youth has not been arrested for loitering or soliciting.

1 Child/youth has been arrested once or twice for loitering or soliciting.

2 Child/youth has been arrested three, four or five times for loitering or soliciting.

3 Child/youth has been arrested six or more times for loitering or soliciting.

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End of Exploitation Module

TRAUMA DOMAIN

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

Identifying and naming the traumatic event(s) may create intense reaction for the child, youth and/or their family that may need to be addressed immediately. When discussing these events, be mindful that explicit details may be difficult to describe and may trigger emotional reactions. Please respect the child/youth and their family's boundaries.

Question to Consider for this Domain: Has the child/youth experienced adverse life events?

TRAUMA EXPERIENCES (ALL AGES)

For the **Trauma Experiences,** use the following categories and descriptions are used:

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

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

SEXUAL ABUSE (ALL AGES)

This indicator describes whether or not the child/youth has experienced sexual abuse.

Questions to Consider:

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

Ratings and Descriptions

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

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PHYSICAL ABUSE (ALL AGES)

This indicator describes whether or not the child/youth has experienced physical abuse.

Questions to Consider:

- Has the child/youth been in a home where physical discipline was used? What forms?
- Has the child/youth ever received bruises, marks, or injury from another person?

Ratings and Descriptions

NO	There is no evidence that the child/youth has experienced physical abuse.
YES	The child/youth has experienced or there is a suspicion that they have experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

Supplemental Information: Cultural definition of physical abuse can vary but it refers to the intentional use of force causing harm or injury to another person within a given societal context. Different cultures may have distinct perspectives on what constitutes acceptable behavior influencing how physical abuse is perceived and addressed. Some cultural practices such as coining and skin markings may be misidentified as signs of physical abuse.

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NEGLECT (ALL AGES)

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

Questions to Consider:

- Has the child/youth consistently received adequate supervision?
- Have child/youth's basic needs for food and shelter been met?
- Has the child/youth been allowed access to necessary medical care? Education?

Ratings and Descriptions

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

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EMOTIONAL ABUSE (ALL AGES)

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

Questions to Consider:

- How could the interactions between the caregiver and the child/youth be characterized?
- Was there name calling or shaming in the home?
- Was caregiver affection conditional to the child/youth's performance of tasks/behavior?

Ratings and Descriptions

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

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MEDICAL TRAUMA (ALL AGES)

This indicator describes whether or not the child/youth has experienced medically related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider:

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

Ratings and Descriptions

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

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

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NATURAL OR MANMADE DISASTER (ALL AGES)

This indicator describes the child/youth's exposure to either natural or manmade disasters.

Questions to Consider:

- Has the child/youth been present during a natural or manmade disaster?
- Does the child/youth watch television shows containing these themes or overhear others talking about these kinds of disasters?

Ratings and Descriptions

NO	There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.
YES	Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.

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FAMILY VIOLENCE (ALL AGES)

This indicator describes exposure to violence within the child/youth's home or family.

Questions to Consider:

- Has the child/youth experienced frequent fighting in their family?
- Did the fighting ever become physical?

Ratings and Descriptions

NO	There is no evidence the child/youth has witnessed family violence.
YES	Child/youth has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

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COMMUNITY/SCHOOL VIOLENCE (ALL AGES)

This indicator describes the exposure to incidents of violence the child/youth has witnessed or experienced in their community. This includes witnessing violence at the child/youth's school or educational setting.

Questions to Consider:

- Has the child/youth lived in a neighborhood with frequent violence?
- Has the child/youth witnessed or directly experienced violence at their school?

Ratings and Descriptions

NO	There is no evidence that the child/youth has witnessed violence in the community or their school.
YES	Child/youth has witnessed or experienced violence in the community or their school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child/youth has witnessed or experienced violence in the community would be rated here.

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CRIMINAL ACTIVITY (ALL AGES)

This indicator describes the child/youth's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, assault, or battery.

Questions to Consider:

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

Ratings and Descriptions

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

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

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WAR/TERRORISM AFFECTED (ALL AGES)

This indicator describes the child/youth's exposure to war, political violence, torture or terrorism.

Questions to Consider:

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

Ratings and Descriptions

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

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

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PARENTAL CRIMINAL BEHAVIOR (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

NO	There is no evidence that child/youth's parents have ever engaged in criminal behavior.
YES	One or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in a conviction or incarceration. A suspicion that one or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in conviction or incarceration would be rated here

Supplemental Information: Parental criminal behavior is defined as the involvement of one or both parents in activities that breach the law leading to legal consequences. This behavior can have significant repercussions on the family unit affecting the emotional, social, and economic aspects of their children's overall well-being.

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DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES (ALL AGES)

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

Questions to Consider:

- Has the child/youth ever lived apart from their parents/caregivers?
- Has the child/youth lost a parent/caregiver to death?

Ratings and Descriptions

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

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

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ACCIDENT (ALL AGES)

This indicator rates a sudden or unexpected event that may result in unintentional injury or body lesion that is the main cause of ill health, loss, suffering, disability or death in an individual. This event can be considered an unfortunate or undesirable happening, a casualty, catastrophe, or disaster. The nature of this event can be natural, mechanical, chemical, electrical, thermal, radiant, or as insufficiency of a vital element (e.g., oxygen). The following are examples of events that are considered accidents that can be rated under this indicator: motor vehicle accident, drowning, unintended explosion, electrocution, poisoning, unintentional fires, and falls.

Note: The type of accident experienced by the youth should be recorded on the Texas CANS 3.0 Rating Sheet. When entering the rating of this indicator into eCANS, please use the Add Comments box to describe the type of accident experienced by the child/youth.

Questions to Consider:

- Has the child/youth ever been in an accident, such as a fall, car accident, poisoning, or any other unintentional/unfortunate event? If yes, was anyone injured or killed?

Ratings and Descriptions

NO	There is no evidence that the child/youth has experienced an accident.
YES	Child/youth has been exposed to, or there is suspicion that they have been experienced an accident. The accident may have been mildly to extremely overwhelming for them and may have resulted in medical attention that included stitches, bone setting or other outpatient medical procedures, or major surgery that may have required a hospitalization stay. This includes accidents that are life threatening to the child/youth and may have resulted in chronic health problems that altered their physical functioning. The accident may have caused a death or major loss.

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TRAUMATIC STRESS SYMPTOMS (ALL AGES)

For the **Traumatic Stress Symptoms,** use the following categories and action levels:

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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

3 Need is dangerous or disabling; requires immediate and/or intensive action.

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ADJUSTMENT TO TRAUMA (ALL AGES)

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

Questions to Consider:

- What was the child/youth's trauma? How is it connected to the current issue(s)?
- What are the child/youth's coping skills?
- Who is supporting the child/youth?
- Has the infant experienced loss of playful and engaging smiling and cooing behavior? Loss of eating skills or eye contact? Or become more unsettled and much more difficult to soothe?
- Is the child/youth regressing to earlier stages of developmental behaviors?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
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 or relationships. Adjustment is interfering with child/youth's functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with Post-traumatic Stress Disorder). [continues]

ADJUSTMENT TO TRAUMA continued

Supplemental Information – Understanding adjustment to trauma in early childhood: Young children are at a particularly high risk for exposure to potentially traumatic events due to their dependence on parents and caregivers, with an estimate that more than half of young children experience a severe stressor. Young children are especially vulnerable to adverse effects of trauma due to rapid developmental growth during this stage. Historically, a widely held misconception has been that infants and young children lack the perception, cognition, and social maturity to remember or understand traumatic events.

Today, it is widely accepted that children have the capacity to perceive and remember traumatic events; young children may experience symptoms of mental illness immediately after a trauma, but in some cases, symptoms do not emerge until years later. PTSD, anxiety disorders, behavior disorders, substance abuse, and other physical health conditions have all been linked to traumatic events experienced during early childhood.

Children younger than 6 years of age are experiencing rapid developmental changes, which can make the process of identifying symptoms of trauma more challenging. In addition, trauma reactions can manifest in many ways in young children with variance from child to child. A number of factors that influence how experience of trauma may affect young children include:

- economic resources & residential stability
- parental stress and mental health
- parenting practices
- family functioning
- safety and stability of family environment
- temperament and emotional regulation skills
- age and developmental stage
- type and duration of traumatic experiences

Potential presenting symptoms of Traumatic Stress in young children (ZTT, 2016)

- **Re-experiencing** the traumatic event
  - Play or behavior that reenacts aspects of the trauma
  - Repeated statements or questions about the trauma
  - Repeated nightmares, content may or may not be linked to traumatic event
  - Distress at reminders of traumatic event
  - Physiological reaction (sweating, agitated breathing, change in color) at reminders of the event
  - Dissociative episodes: child freezes, stills, or stares and is unresponsive to environmental stimuli
- **Avoiding** people, places, activities, conversations, or interpersonal situations that are reminders of the event [continues]

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ADJUSTMENT TO TRAUMA continued

- **Dampening of positive emotional affect**
  - Increased social withdrawal
  - Reduced expression of positive emotions
  - Reduced interest in activities such as play and social interaction
  - Increased fearfulness or sadness
- **Hyperarousal**
  - Sleep refusal and/or other sleep disturbances (including trouble falling asleep, night waking, etc.)
  - Difficulty concentrating
  - Hypervigilance
  - Exaggerated startle response
  - Irritability, anger, extreme fussiness, and/or temper tantrums

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TRAUMATIC GRIEF/SEPARATION (ALL AGES)

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

Questions to Consider:

- Has the child/youth experienced separation from or loss of a significant person in their life?
- How much does the child/youth's reaction to the loss impact their functioning?

Ratings and Descriptions

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement*.
Child/youth is experiencing traumatic grief due to death or loss/separation from a significant other 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

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INTRUSIONS/RE-EXPERIENCING (ALL AGES)

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

Questions to Consider:

- Does the child/youth experience intrusions?
- If so, when and how often do they occur and in what form?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
There is no evidence that the child/youth experiences intrusive thoughts of trauma.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement*
History or evidence of some intrusive thoughts of trauma but it does not affect the child/youth's functioning. A child/youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child/youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing others. This child/youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child/youth to function.

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HYPERAROUSAL (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has no evidence of hyperarousal symptoms.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or evidence of hyperarousal that does not interfere with daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.

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

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

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AVOIDANCE (ALL AGES)

This indicator describes efforts to avoid stimuli associated with traumatic experiences.

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth exhibits no avoidance symptoms.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth may have history of or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth's avoidance symptoms are debilitating. Child/youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

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NUMBING (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has no evidence of numbing responses.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth exhibits some problems with numbing. The child/youth may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth's difficulties with numbing responses impact their functioning. The child/youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth's difficulties with numbing are dangerous and place them at risk. Child/youth may have significant numbing responses or multiple symptoms of numbing. The child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

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DISSOCIATION (ALL AGES)

This indicator includes symptoms such as daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth shows no evidence of dissociation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child/youth is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child/youth shows rapid changes in personality or evidence of distinct personalities.

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EMOTIONAL AND/OR PHYSICAL DYSREGULATION (ALL AGES)

This indicator describes the child/youth's difficulties with arousal regulation or expressing emotions and energy states.

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has no problems with emotional regulation. Emotional responses and energy level are appropriate to the situation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). Alternately the child/youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally 'shut down'). The child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

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BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

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

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

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

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

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DEPRESSION (ALL AGES)

This indicator rates symptoms such as irritable or depressed mood, low affect, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This indicator can be used to rate symptoms of the depressive disorders as specified in the DC 0-5/DSM.

Questions to Consider:

- Are the child/youth's caregivers concerned about possible depression or chronic low mood and irritability?
- Has the child/youth withdrawn from normal activities?
- Does the child/youth seem listless, sad, smiles infrequently, or is socially withdrawn?
- Does the child/youth show any significant weight/eating issues?
- Does the caregiver express concern with engaging with the child/youth socially?
- Has the child/youth shown a distinct change in eating or sleeping patterns that causes concern for the caregivers?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of problems with depression.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

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 or family interactions, or learning that does not lead to pervasive avoidance behavior.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of a disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating Is given to a child/youth with a severe level of depression. This would include a child with significant weight/eating issues, who withdraws from activity (school, play) or interaction (with family, peers, significant adults) due to depression. Disabling forms of depressive diagnoses would be rated here. [continues]

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DEPRESSION continued

Supplemental Information – Understanding depression in young children: An infant or young child that is attempting to cope with feelings of sadness or depression is compromised in their ability to attend to the tasks of development. Many clinicians and caregivers do not believe that an infant can experience depression, despite the fact that researchers and clinicians began documenting this condition in the early 1940s, when Anna Freud and Dorothy Burlingham recorded the reactions of young children removed from their parents during World War II. The two researchers documented a distinct grief reaction that started with protest, continued to despair, and finally, the children appeared disconnected, withdrawn, developmentally delayed, and almost resolved to their fate. A child that is traumatized in any way may first develop a traumatic response that can develop into depression and meet criteria for a depressive disorder. There are children in which it is difficult to identify a specific trauma, although they appear depressed. A child may experience depression that is not reactive in nature. At times it is a challenge for the caregiver to identify or even believe a specific environmental condition may contribute to depression in young children. These factors may include a chaotic home environment, poor or limited interaction from caregivers, or preoccupation of caregiver with their own stressors.

Potential presenting symptoms of depression in early childhood (ZTT, 2016)

- Depressed mood or irritability: sadness, crying, flat affect, and/or tantrums.
- Anhedonia: diminished interest in activities, such as play and interactions with caregivers. In young children, anhedonia may present as decreased engagement, responsivity, and reciprocity.
- Significant change in appetite or failure to grow along the expected growth curve.
- Insomnia/sleep disturbances (trouble falling or staying asleep) or hyposomnia.
- Psychomotor agitation or sluggishness.
- Fatigue or loss of energy.
- Feelings of worthlessness, excessive guilt, or self-blame in play or speech.
- Diminished ability to concentrate, persist, and make choices across activities.
- Preoccupation with themes of death or suicide or attempts at self-harm demonstrated in speech, play, and/or behavior.

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ANXIETY (ALL AGES)

This indicator rates symptoms characterized by fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Questions to Consider:

- Does the child/youth have any problems with anxiety or fearfulness?
- Is the child/youth avoiding normal activities out of fear?
- Does the child/youth act frightened or afraid?
- Has the child/youth experienced panic attacks?
- Does the child show excessive difficulty with separation from familiar caregivers or in daily transitions?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of anxiety symptoms.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

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 child/youth significant distress or markedly impairing functioning in any important context. Anxiety or fear is present, but the child/youth is able to be soothed and supported.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain. Child/youth may show irritability or heightened reactions to certain situations, significant separation anxiety, or persistent inability to cope with fear-inducing situations.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain. [continues]

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ANXIETY continued

Supplemental Information – Understanding anxiety in young children: Until recently, distressing anxiety in infants and young children was regarded either as a normative phase of development or a temperament style imparting risk for anxiety disorders, depression, and other mental health disorders later in life. It is now clear that early childhood anxiety and associated symptoms can reach clinical significance, cause significant impairment in young children and their families, and increase risk for anxiety and depression later in childhood and adulthood.

Potential presenting symptoms of anxiety in early childhood (ZTT, 2016)

- Worry about certain events
- Agitation
- Fatigability
- Inattention
- Irritability (e.g., easily frustrated)
- Muscle tension and difficulty relaxing
- Sleep disturbances
- Avoidance: Fear, reluctance, or refusal to engage in certain activities
- Withdrawing: freezing, shrinking, or clinging/hiding
- Failing to speak
- Crying and/or tantruming
- Negative affect
- Difficulty separating from familiar caregivers
- Difficulty with daily transitions
- Physical symptoms such as stomachaches, headaches, excessive sweating, increased heart rate, increased blinking, or dizziness

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ATYPICAL BEHAVIOR/AUTISM SPECTRUM (ALL AGES)

This indicator describes a spectrum of closely related disorders with a shared core of symptoms which includes atypical behaviors (ritualized or stereotyped behaviors -- where the child repeats certain actions over and over again -- or demonstrates behaviors that are unusual or difficult to understand). Each individual on the autism spectrum has problems to some degree with social skills, empathy, communication, and flexible behavior, but the level of disability and the combination of symptoms varies significantly from person to person.

Questions to Consider:

- Does the child/youth engage in certain repetitive actions?
- Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?
- Does the child/youth have difficulty communicating, making and maintaining relationships, and/or playing with others?
- Does the child/youth self-soothe with any unusual behaviors (e.g., rocking, repeating phrases, hand gestures)?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence of atypical behaviors or an autism spectrum disorder.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Evidence of some atypical behaviors. The child/youth may have symptoms of autism, but these symptoms are below the threshold for an autism diagnosis and do not have significant effect on functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of persistent atypical behaviors that started in early childhood that show persistent deficits in social communication and social interaction across multiple contexts and restricted and repetitive patterns of behavior, interests or activities. This rating also indicates a child/youth who meets DSM criteria for autism spectrum disorder.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

This rating indicates a child/youth who meets criteria for autism spectrum disorder and has high end needs to treat or manage, and/or severe or disabling symptoms.

Supplemental Information: Atypical behaviors may include mouthing (e.g., bringing objects like toys to their mouths for comfort or self-soothing) after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations. [continues]

ATYPICAL BEHAVIOR/AUTISM SPECTRUM continued

Understanding atypical or restricted and repetitive behaviors (RRB) in early childhood: Restricted and repetitive behaviors (RRBs) have long been considered one of the core characteristics of autism. In the past, RRBs were thought to be rare in preschoolers or toddlers with autism. This assumption has been challenged in recent studies that reported the presence of RRBs in preschoolers, toddlers, and even infants as young as 8 months later diagnosed with autism. However, at young ages, RRBs are not unique to children with autism spectrum disorders (ASD) but are also present in children with other disorders, such as intellectual disabilities and language disorders, and are present in children with typical development as well (Kim & Lord, 2010).

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ATTACHMENT DIFFICULTIES (ALL AGES)

This indicator rates the level of difficulties the child/youth has with attachment and their ability to form relationships. For young children, attachment relates to their ability to seek and receive comfort under stress and involves the degree of positive connection the child has with their parents/ caregivers.

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of attachment problems. The caregiver-child/youth relationship is characterized by mutual satisfaction of needs and the child/youth's development of a sense of security and trust. The child seeks age-appropriate contact with the caregiver for both nurturing and safety needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Problems with attachment that interfere with child/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid child/youth bids for attention/nurturance. Child/youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers, and have inappropriate boundaries with others, putting them at risk. [continues]

ATTACHMENT DIFFICULTIES continued

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

Supplemental Information – Understanding attachment in early childhood: Attachment refers to the special relationship between a child and their primary caregiver(s) that is established within the first year of life. As the infant experiences getting their needs met throughout the first months of life, they begin to associate gratification and security within the caregiving relationship. This ultimately leads to feelings of affection, and, by 8 months of age, an infant will typically exhibit a preference for the primary caregiver(s). An infant that does not experience their needs being met or responded to in a consistent and predictable pattern will typically develop an insecure pattern of attachment. The benefits of a secure attachment have been researched significantly and are far-reaching. Levy (1998) summarizes these benefits as promoting positive development in self-esteem, independence, and autonomy, impulse control, conscience development, long-term friendships, prosocial coping skills, relationships with caregivers and adults, trust, intimacy and affection, empathy, compassion, behavioral and academic performance and the ability to form a secure attachment with their own children when they become adults. However, it is important to note that most studies on attachment and its impacts have been done with Western, middle-class families (Keller, 2018).

Potential presenting symptoms of attachment issues in early childhood:

- Lack of preference for primary caregiver
- Indiscriminate affection with unfamiliar adults
- Lack of expectation for getting needs met
- Lack of comfort-seeking when hurt or upset
- Comfort-seeking in an odd manner
- Excessive clinginess
- Poor ability to tolerate separation
- Strange or mixed reactions to the reunion with caregiver
- Low level of compliance with caregivers
- Controlling behavior
- Lack of exploratory behavior
- Low level of affection or physical contact within the caregiver-child relationship

It is important to remember that individual children, and children from different cultures and family backgrounds, may show secure or insecure attachment differently. Adults should observe children to see how they express whether they feel secure or not but recognize that in some cultures and families, feelings may not be expressed as openly as in other cultures. In addition, some cultures encourage their children to be independent, so for these children, playing independently may not mean that they are withdrawing from relationships (Wittmer, 2011).

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IMPULSIVITY/HYPERACTIVITY (ALL AGES)

Problems with impulse control and impulsive behaviors, including motoric disruptions (e.g., tremors, jerks, twitches, spasms, contractions, etc.) are rated here. This includes behavioral symptoms associated with hyperactivity and/or impulsiveness. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting or stealing. A rating of '3' on this indicator is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.

Questions to Consider:

- Is the child/youth unable to sit still for any length of time?
- Is the child/youth able to control their behavior, talking?
- Does the child/youth report feeling compelled to do something despite negative consequences?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of hyperactivity, impulse control problems or loss of control behavior

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

This is a history or evidence of some impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. Child/youth may have some difficulties staying on task for an age-appropriate time period. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child who meets DSM diagnostic criteria for ADHD or an impulse control disorder would be rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. For infants and toddlers, excessive seeking of satisfaction from their sensory needs/cravings would be rated here. A child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding) is rated here. The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers themselves or others without thinking. Severe impairment of impulse control. [continues]

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IMPULSIVITY/HYPERACTIVITY continued

Supplemental Information – Understanding attention, hyperactivity, and impulsivity in young children: Symptoms of ADHD are among the most common reasons for referral to mental health professionals in early childhood. Although young children have higher levels of inattention, hyperactivity, and impulsivity than older children, some young children present with extremes of these patterns even at early ages.

Potential presenting symptoms of inattention in early childhood (ZTT, 2016)

- Being inattentive to details in play, activities of daily living or structured activities (e.g., makes developmentally unexpected accidents or mistakes)
- Having a hard time maintaining focus on activities or play
- Failing to attend to verbal requests/demands, especially when engaged in a preferred activity (e.g., caregiver needs to call the young child's name multiple times before the child notices)
- Getting derailed when attempting to follow multistep instructions and does not complete the activity
- Having a hard time executing age-appropriate sequential activities (e.g., getting dressed, following routines in childcare or home)
- Avoiding or objecting to activities that require prolonged attention (e.g., reading a book with a parent, or working on a puzzle)
- Losing track of things that are used regularly (e.g., favorite stuffed animal, shoes)
- Getting distracted by sounds and sights (e.g., sounds from another room or objects or activities outside the window)
- Seeming to forget what they are doing in common routine activities

Potential presenting symptoms of hyperactivity/impulsivity in early childhood (ZTT, 2016)

- Squirming or fidgeting when expected to be still, even for short periods of time
- Getting up from seat during activities when sitting is expected (e.g., circle time, mealtime, worship)
- Climbing on furniture or other inappropriate objects
- Making more noise than other young children, and having difficulty playing quietly
- Showing excessive motor activity and non-directed energy (as if "driven by a motor")
- Talking too much
- Having a hard time taking turns in conversation or interrupts others in conversation (e.g., talks over others)
- Having difficulty taking turns in activities or waiting for needs to be met
- Being intrusive in play or other activities (e.g., takes over toys or activities from other young children, interrupts an established game)

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OPPOSITIONAL BEHAVIOR (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of oppositional behaviors.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History or evidence of some defiance towards authority figures that has not yet begun to cause functional impairment.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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 in DSM would be rated here.

3 *Need is 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 or adult instruction or authority.

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EATING DISTURBANCE (ALL AGES)

This indicator describes problems with eating, including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating, and hoarding food, or Pica (eating non-nutritive substances). For young children, this indicator describes issues with feeding such as food aversions. If there is any disruption in food intake, this will be rated here. Please remember to take the child's development into account when rating this indicator.

Questions to Consider:

- Does the child/youth have any challenges with eating? For young children: do they have difficulties with food intake?
- Is the child/youth an overly picky eater?
- Does the child/youth have any eating rituals?
- Does the child refuse to eat some foods, or eats non-nutritive items?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

This rating is for a child/youth with no evidence of eating disturbances, or a young child with no problems with feeding or eating.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

This rating is for a child/youth with some eating disturbance that is not interfering with their functioning. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns. This rating is also for young children who have a history of feeding issues such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

This rating is for a child/youth with eating disturbance that interferes with their functioning. This could include preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa). [continues]

EATING DISTURBANCE continued

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

This rating is for a child/youth with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day). Rate this level for a young child who has become physically ill during the past 30 days by eating dangerous materials or is currently at serious medical risk due to weight or growth issues.

Supplemental Information - Understanding eating behaviors in early childhood: Like sleep, eating behaviors are among the most common reasons caregivers of young children seek intervention. Some 25-40% of infants and young children are reported by their caregivers to have eating problems – mainly slow feeding, refusal to eat, picky eating, or vomiting. It can be helpful to make note of the caregiver's interaction style during feeding, which can be defined as: responsive, controlling, indulgent, or neglectful. In addition, it can also be helpful to note the child's interaction style, which may be defined as cooperative, resistant (e.g., turning the head away from food), or conflicted (e.g., throwing food) (ZTT, 2016).

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AGES 3-5

FAILURE TO THRIVE (AGES 3-5)

This indicator 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 evidence of any needs; no need for action.*
No evidence of failure to thrive.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
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 *Need is 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.

NA Child/youth is older than 5 years old.

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EMOTIONAL CONTROL (TEMPERAMENT) (AGES 3-5)

This indicator rates the child's ability to control their emotional and behavioral responses in an age-appropriate manner.

Questions to Consider:

- What does the child do when they are mad or sad?
- Can the child calm down when crying, upset, or angry?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child has no problems with emotional control.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
The child may have experienced some problems with emotional control in the past, or the child is currently having some challenges with emotional control that can be overcome with caregiver support.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
The child is has problems with emotional control that interferes with their functioning most of the time. Infant may be difficult to console most of the time and does not respond well to caregiver support. Older children may quickly become frustrated and hit or bit others.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
The child's emotional control problems are at risk of interfering with their development. Caregivers are not able to mediate the effects of the child's difficulties with emotional control.

NA Child/youth is older than 5 years old.

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AGES 6+

PSYCHOSIS (THOUGHT DISORDER) (AGES 6+)

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

Questions to Consider:

- Does the child/youth exhibit behaviors that are unusual or difficult to understand?
- Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?
- Has the child/youth engaged in magical thinking?
- Does the child/youth believe they have powers or abilities that do not align with reality?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of psychotic symptoms. Thought processes and content are within normal range.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

NA Child is younger than 6 years old.

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MANIA (AGES 6+)

This indicator identifies elevated/expansive mood, increase in energy, decrease in sleep, pressured speech, racing thoughts, and grandiosity that are consistent with the symptoms of mania. (DSM 5-TR, pg. 143)

Questions to Consider:

- Does the child/youth have periods of feeling extremely happy/excited for hours or days at a time? Have periods of feeling very angry/cranky for hours or days at a time?
- Does the child/youth have periods of time where they feel they don't need to sleep or eat? Have extreme behavior changes?
- Is the child/youth's functioning impaired by emotional/mood problems?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of hypomania, mania or manic behavior.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has a history of manic behavior, or child/youth with some evidence of hypomania or irritability that does not impact the child/youth's functioning. Child/youth may be showing signs of beginning to cycle up.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth with manic behavior that is interfering with their functioning or those around them.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth with a level of mania that is dangerous or disabling. For example, the child/youth may be wildly over-spending, rarely sleeping, engaging in dangerous or extremely inappropriate behavior, or pursuing a special 'mission' that only they can accomplish. The manic episode rated here could include psychotic symptoms.

NA Child is younger than 6 years old.

Supplemental Information: Mood in a manic episode is often described as euphoric, excessively cheerful, high or "feeling on top of the world." In some cases, the mood is of such a high infectious quality that it is easily recognized as excessive and may be characterized by unlimited and haphazard enthusiasm for interpersonal, sexual or occupational interactions. For example, the child/youth may spontaneously start extensive conversations with strangers in pubic. Often the predominant mood is irritable rather than elevated, particularly when the child/youth's wishes are denied or if the child/youth has been using substances. Rapid shifts in mood over a brief periods of time may occur and are referred to as lability (i.e., the alteration among euphoria dysphoria, and irritability). In children, happiness, silliness, and "goofiness" are normal in many social contexts; however, if these symptoms are recurrent, inappropriate to the context, and beyond what is expected for the developmental level of the child, they may meet the criteria of abnormally elevated mood. (DSM 5-TR, pg. 143-144)

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ATTENTION/CONCENTRATION (AGES 6+)

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

Questions to Consider:

- Does the child/youth have challenges with attention or concentration that is beyond what one would expect given their age?
- Do the challenges with attention and concentration impact the child/youth's daily functioning? Home life? School?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

No evidence of attention or concentration problems. Child/youth stays on task in an age-appropriate manner.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History or suspicion of problems with attention/concentration or some current problems with attention and concentration. Child/youth may have some difficulties staying on task for an age-appropriate time period in school or play. Difficulties with attention/concentration do not impact the child/youth's functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth's attention or concentration challenges are dangerous or disabling in several areas of their life. A child with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.

NA Child is younger than 6 years old.

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CONDUCT (AGES 6+)

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

Questions to Consider:

- Does the child/youth admit to lying when caught?
- How frequently does the child/youth engage in age-appropriate socialization with peers?
- Has the child/youth ever shown violent or threatening behavior towards others?
- Has the child/youth ever tortured animals?
- Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of serious violations of others or laws.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex, and community.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

NA Child is younger than 6 years old.

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ANGER CONTROL (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of any anger control problems.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.
NA	Child is younger than 6 years old.

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SUBSTANCE USE* (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child/youth has no notable substance use difficulties at the present time.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child/youth has a substance use problem that consistently interferes with the ability to function optimally but does not completely preclude functioning in an unstructured setting.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/ youth.
NA	Child is younger than 6 years old.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [G] Substance Use Disorder Module.**

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[G] SUBSTANCE USE DISORDER MODULE (AGES 6+)

SEVERITY OF USE (AGES 6+)

This indicator rates the frequency and severity of the child/youth's current substance use.

Questions to Consider:

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

Ratings and Descriptions

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

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DURATION OF USE (AGES 6+)

This indicator identifies the length of time that the child/youth has been using drugs or alcohol.

Questions to Consider:

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

Ratings and Descriptions

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

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STAGE OF RECOVERY (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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PEER INFLUENCES (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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PARENTAL/CAREGIVER INFLUENCES (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

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

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ENVIRONMENTAL INFLUENCES (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0	No evidence that the child/youth's environment stimulates or exposes them to any alcohol or drug use.
1	Suspicion that child/youth's environment might expose them to alcohol or drug use.
2	Child/youth's environment clearly exposes them to alcohol or drug use.
3	Child/youth's environment encourages or enables them to engage in alcohol or drug use.

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AWARENESS OF RELAPSE TRIGGERS (AGES 6+)

Relapse refers to resuming substance use after a period of recovery. This indicator refers to the individual's awareness of potential triggers (emotional stresses or circumstances: exposure to rewarding substances and behaviors, environmental cues for use) that increase the likelihood of using substances.

Questions to Consider:

- Is the child/youth aware of what triggers their relapses?
- If so, does the child/youth use strategies to manage challenges?

Ratings and Descriptions

0	Child/youth is aware of potential relapse triggers and actively uses recovery strategies (e.g., developed resilience and support to cope with stressors and manage challenges: craving, behavioral control, problems in relationships.)
1	Child/youth is aware of relapse triggers and usually engages recovery strategies to address recovery challenges but requires some effort to maximize and sustain efforts. Awareness might be used and built upon in treatment.
2	Child/youth is aware of some, but not all, relapse triggers or seldom uses recovery strategies to address challenges.
3	Child/youth is unaware of relapse triggers and does not use recovery strategies to address challenges.

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End of the Substance Use Disorder Module

LIFE FUNCTIONING DOMAIN

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

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

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

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

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FAMILY FUNCTIONING (ALL AGES)

This indicator rates the child/youth's relationships with those who are in their family. Consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. When rating this indicator, consider the relationships and interactions the child/youth has with their family as well as the relationship of the family as a whole. **Note:** For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. Foster families should only be considered if they have made a significant commitment to the child/youth.

Questions to Consider:

- How does the child/youth get along with siblings or other children in the household?
- How does the child/youth get along with parents or other adults in the household?
- Is the child/youth particularly close to one or more members of the family?
- Who does the child/youth go to for comforting or when distressed?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

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

Supplemental Information: Family Functioning should be rated independently of the problems the child/youth experienced or stimulated by the child/youth currently being assessed. [continues]

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FAMILY FUNCTIONING continued

Understanding family functioning in early childhood: The stability, predictability, and emotional quality of relationships among family members for a child are important predictors of the child's functioning. Children develop important relationships not only with their primary caregivers, but also with other family members who may either participate in a co-parenting relationship or may impact the primary caregivers' quality of functioning. Infants/young children are keen observers of how adults who are central in their lives relate to one another and to other people, including other children in the family or people outside the family. They often learn by imitation, adopting the behaviors they observe. The affective tone and adult interactions they witness in turn influence the infant/young child's emotional regulation, trust in relationships, and freedom to explore (ZTT, 2016).

Assessing family & caregiving functioning in early childhood: Key dimensions of family and caregiving functioning may include (ZTT, 2016):

- Problem solving
- Conflict resolution
- Role allocation
- Communication
- Emotional investment
- Behavioral regulation & coordination
- Sibling harmony

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LIVING SITUATION (ALL AGES)

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

Questions to Consider:

- How do current household members describe interactions with each other?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of problems with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child/youth experiences some problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being unable to remain in present living situation due to problematic behaviors.

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RECREATION/PLAY (ALL AGES)

This indicator rates the degree to which the child/youth is given opportunities for and participates in age-appropriate play or leisure activities.

Questions to Consider:

- What recreation or leisure activities is the child/youth involved in? How does the child/youth spend their free time?
- Are there barriers to participation in extracurricular activities for the child/youth?
- 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 *No evidence of any needs; no need for action.*

No evidence of any problems with recreational functioning or play. Child/youth has access to sufficient activities that they enjoy and makes full use of leisure time to pursue recreational activities that support their healthy development and enjoyment.

For Ages 3-5: 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 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child/youth is doing adequately with recreational activities although at times has difficulty using leisure time to pursue recreational activities (e.g., financial, time or transportation constraints)

Ages 3-5: Toddlers and preschoolers may seem uninterested and poorly able to sustain play.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth may experience some problems with recreational activities and effective use of leisure time that is impacting their functioning in at least one life domain.

Ages 3-5: Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time.

Ages 3-5: The child does not demonstrate the ability to play in a developmentally appropriate or quality manner. [continues]

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RECREATION/PLAY continued

Supplemental Information – **Understanding recreation and play in early childhood**: Playtime is an important part of childhood development. During play, children are uniquely engaged and motivated, often exploring the edges of their knowledge and abilities. This makes play a unique and powerful learning tool. The first year of life typically involves sensory play. At this stage, children also develop an understanding of cause and effect and begin to grow their social skills through imitation. Play in the second year of life often involves pretend play with a toy and parallel—but not collaborative—play with other children. In the third year of life, play expands their social and motor skills. Play now often includes turn-taking and cooperative play. From three to five years of life, play becomes more complex: children coordinate many physical actions, imagination, and rules in coordinated social play with others (NCECDLT, 2017).

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE

Axis I

- Following a traumatic event or the permanent loss of a caregiver, a rating of '2' or '3' that represents a negative change in typical play behaviors (e.g., diminished interest in play) may be consistent with symptoms of **PTSD** or **Complicated Grief Disorder of Early Childhood** *(see Adjustment to Trauma).*
- A rating of '2' or '3' that represents a negative change in typical play behaviors (e.g., diminished interest in play) may be consistent with symptoms of **Depressive Disorder of Early Childhood** *(see Depression).*

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COMMUNICATION (ALL AGES)

This indicator describes the child/youth's ability to communicate through any medium including all spontaneous vocalizations and articulations. In this indicator, it is important to look at each piece individually and rate as such. A child/youth may have communication problems but may comprehend well, while another child/youth is able to comprehend well but has communication and expression issues. Rate the highest level of need.

Questions to Consider:

- Do others understand the child/youth when they are trying to communicate? Do they understand others who are trying to communicate with them?
- Has the child/youth ever been diagnosed with a communication disorder?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

Child/youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement*.

There is a history of communication, comprehension or expression problems and/or there are concerns of possible problems.

Ages 3-5: A preschooler may be difficult for others to understand.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed*.

The child/youth has either receptive or expressive language problems, comprehension or expression problems that interfere with functioning.

Ages 3-5: Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.

3 *Need is dangerous or disabling; requires immediate and/or intensive action*.

Child/youth has serious communication, comprehension or expression difficulties and is unable to communicate including through pointing and grunting.

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ELIMINATION (ALL AGES)

This indicator describes any needs related to urination or bowel movements.

Questions to Consider:

- Are there any concerns about the child/youth's elimination routines?
- Do any medical concerns interfere with urination or bowel movements?
- Do any concerns around elimination get in the way of the child/youth's functioning in other domains?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence that the child/youth has any elimination problems.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child/youth has had elimination difficulties in the past but is not experiencing consistent difficulties at present. Occasional problems with elimination would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has consistent problems with elimination that require ongoing action or medical intervention. Children/youth who require ongoing medical treatment for impacted bowels and whose elimination is maintained with an appliance or catheter would be rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth has difficulties with elimination that cause them significant distress and/or impact physical health and development.

Supplemental Information: Encopresis is an elimination disorder that involves repeatedly having bowel movements in inappropriate places after the age when bowel control is normally expected. Enuresis, more commonly called bed-wetting, is an elimination disorder that involves release of urine into bedding, clothing, or other inappropriate places. Both of these disorders can occur during the day or at night, can be voluntary or involuntary, and may occur together, although most often they occur separately. Elimination disorders may be caused by a physical condition, a side effect of a drug, or a psychiatric disorder.

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PERSONAL HYGIENE & SELF-CARE (ALL AGES)

This indicator rates the child/youth's age-appropriate ability to take care of personal hygiene and self-care needs including eating, bathing, dressing, and toileting, etc.

Questions to Consider:

- Does the child/youth take a bath or get dressed on their own?
- Does the child/youth require prompting or assistance to each, bathe, toilet, or dress?
- Has the child/youth ever been teased or bullied due to how they look or smell?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.
No evidence of hygiene or grooming problems. Child/youth can independently complete all relevant activities such as bathing, grooming, and dressing.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement*.
Child/youth's has occasional hygiene or grooming difficulties that does not impact their functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed*.
Child/youth has difficulties in one or more self-care skill. The self-care does not represent an immediate threat to the child/youth's safety but has the potential to create significant long-term problems if not addressed.

3 *Need is dangerous or disabling; requires immediate and/or intensive action*.
Child/youth's self-care abilities are sufficiently impaired that they represent an immediate threat to themselves and require 24-hour supervision to ensure safety.

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GENDER IDENTITY (ALL AGES)

This indicator rates a child/youth's self-perception of gender.

Questions to Consider:

- How does the child/youth identify their gender?
- Is the child/youth experiencing any concerns or distress about their gender identity?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child/youth has a clear and developmentally appropriate gender identity. A child/youth who is comfortable with their self-perceived gender would be rated here.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child/youth is experiencing some concerns about gender identity.

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

Child/youth is experiencing confusion and distress about gender identity.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth is experiencing significant confusion about their gender identity that is placing them in significant personal or interpersonal conflict. Child/youth is at considerable risk of harm (from self or others) because of confusion, or the confusion is disabling the child/youth in a least one life domain (e.g., school, family/home).

Supplemental Information: Biological sex refers to a person's physical anatomy and is used to assign gender at birth. Gender identity refers to a person's deeply felt sense of being male, female, both, or neither. A child/youth's gender identity may or may not be congruent with that person's biological sex.

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SLEEP (ALL AGES)

This indicator rates the child/youth's sleep patterns. This indicator 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 (1-year old) or older to rate this indicator.**

Questions to Consider:

- Does the child/youth appear rested? Are they often sleepy during the day?
- Do they have frequent nightmares or difficulty sleeping?
- How many hours does the child/youth sleep each night?
- What are the child's nap and bedtime routines?
- Does the child wake up crying and unable to handle the transition from sleeping to wake time with difficulty calming even with help from a familiar adult?
- How does the child/youth's sleep routine impact the family?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
The child/youth gets a full night's sleep each night.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
The child/youth has some problems sleeping. Generally, the child/youth gets a full night's sleep, but at least once a week, problems arise. This may include occasionally awakening or bed-wetting or having night terrors.

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

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

Supplemental Information – Understanding sleep behaviors in early childhood: Sleep is one of the primary reasons families seek intervention. This is often due to the impact that this has on parents/ caregivers and siblings. The bedtime routine and actual amount of time spent asleep may be of concern to caregivers. Sleep habits can be influenced by several different factors, including family and community culture, individual temperament, environmental factors, and developmental [continues]

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stage (Grow by WebMD, 2020). Changes in sleep habits are common when young children are growing physically or developmentally, such as when they are learning a new skill, like walking or talking (ZTT, ND).

Age	Typical Sleep Patterns
1-4 Weeks	Newborns typically sleep about 15 to 18 hours a day, but only in short periods of two to four hours. Premature babies may sleep longer, while colicky babies may sleep less. Since newborns do not yet have an internal biological clock, or circadian rhythm, their sleep patterns are not related to the daylight and nighttime cycles. In fact, they tend not to have much of a pattern at all.
1-4 Months	By 6 weeks of age, babies are beginning to settle down a bit, and more regular sleep patterns may emerge. The longest periods of sleep run four to six hours and now tend to occur more regularly in the evening.
4-12 Months	While up to 15 hours is ideal, most infants up to 11 months old get only about 12 hours of sleep. Babies typically have three naps and drop to two at around 6 months old, at which time (or earlier) they are physically capable of sleeping through the night. Establishing regular naps generally happens at the latter part of this time frame, as the biological rhythms mature.
1-3 Years	As children move past the first year toward 18-21 months of age, they will likely lose their morning and early evening nap and nap only once a day. While toddlers need up to 14 hours a day of sleep, they typically get only about 10. Most children from about 21 to 36 months of age still need one nap a day, which may range from one to three and a half hours long.
3-6 Years	Children at this age typically get 10-12 hours of sleep a day. At age 3, most children are still napping, while at age 5, most are not. Naps gradually become shorter, as well.

Assessing sleep in early childhood: Sleep problems that may present in young children include (ZTT, 2016):

- **Hyposomnia**: sleeping too little.
- **Sleep refusal**
- **Sleep disturbances**, including:
  - Difficulty falling asleep: child requires more than 30 minutes to fall asleep.
  - Night waking: multiple or prolonged awakenings, accompanied by signaling.
  - Nightmares: bad dreams or sudden awakenings with distress that occur most often in the second half of the sleep period. The child may or may not recall or report content.
  - Sleep terrors: recurrent episodes of sudden arousals from sleep, although not to a fully awakened state. Episodes are associated with screaming and signs of distress, and usually occur within the first few hours of sleep. Children do not readily respond to efforts to arouse them.
  - Sleepwalking: episodes of arising from bed and walking around home.

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MEDICAL/PHYSICAL* (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence that the child/youth has any medical or physical problems, and/or child/youth is healthy.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has serious medical or physical problems that require medical treatment or intervention. Or child/youth has a chronic illness or a physical challenge that requires ongoing medical intervention.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [H] Medical Health Module.**

Supplemental Information:

Assessment of physical abilities in early childhood: If a child is experiencing any physical health limitations, obtaining information regarding both the impact to the child and the family are both needed to make the assessment of how to rate this indicator. A child may have a physical health limitation that is considered "disabling," but it may be managed well by the family and therefore not causing problems in their functioning. A more detailed assessment of a child's physical and motor development is available in the Motor indicator.

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

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[H] MEDICAL HEALTH MODULE (ALL AGES)

ORGANIZATIONAL COMPLEXITY (ALL AGES)

This indicator refers to how effectively organizations and service providers caring for a child/youth work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration.

Questions to Consider:

- Is medical care for the child/youth being provided by multiple providers? How many?
- Are the medical providers coordinated in providing care for the child/youth?
- Does the child/youth have a primary care provider assisting the family with coordinating care/ referrals to specialty care providers?

Ratings and Descriptions

0	All care is provided by a single provider; there are no additional service providers involved.
1	Care is provided by a single or multiple service provider(s), and while there may be some challenges, communication/collaboration among providers is generally effective.
2	Care is provided by a single or multiple services provider(s) and communication/collaboration among providers may present some challenges for the child/youth's care and is impacting the child/youth's functioning.
3	Care is provided by a single or multiple services provider(s) and lack of communication/ collaboration among providers is presenting significant challenges for the child/youth's care and places the child/youth at risk due to their medical condition which is not improving or worsening.

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INTENSITY OF TREATMENT SUPPORT (ALL AGES)

This indicator refers to the complexity of the child/youth's medical treatment, including frequency of treatment, whether there is a need for special medical services or equipment, and the extent of support needed by caregivers in the management of the treatment.

Questions to Consider:

- Does the child/youth's medical condition(s) require specialized medical equipment or services?
- Does the child/youth have the support needed to administer their medical treatments?

Ratings and Descriptions

0	Child/youth's medical treatment is not intrusive in the family's routine. Child/youth and family are maintaining all necessary treatment.
1	Child/youth's medical treatment regimen is getting in the way of the family's routine. They sometimes are unable to complete procedures, and/or require support in administering some of the treatments.
2	Child/youth's medical treatment cannot currently be administered by the child/youth and/or family without some support in the home.
3	Intensity of the child/youth's treatment prevents the caregiver from managing at least one area of the family's life functioning.

Supplemental Information: In considering the intensity of treatment and supports provided, the family's circumstances and child/youth's medical condition(s) and their risk of use of the Emergency Department, Urgent Care, and/or Hospitalization should be considered.

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CHRONICITY (ALL AGES)

This indicator refers to a condition that is persistent or long-lasting in its effects or a disease that develops gradually over time and is expected to last a long time even with treatment. Chronic conditions are in contrast to acute conditions which have a sudden onset.

Questions to Consider:

- Does the child/youth have a persistent or long-lasting medical condition?

Ratings and Descriptions

0	Child/youth is expected to fully recover from current medical condition within the next six months to one year. Note: A child/youth with this rating does not have a chronic condition.
1	Child/youth's chronic condition is minor or well controlled with current medical management.
2	Child/youth's chronic condition(s) has significant effects/exacerbations despite medical management. Child/youth may experience more frequent medical visits, including Emergency Department/Emergency Room or Urgent Care visits, surgeries or hospitalizations for acute manifestation or complications of chronic condition.
3	Child/youth's chronic condition(s) place them at risk for prolonged inpatient hospitalization or out-of-home placement (or in-home care with what would be equivalent to institutionalized care).

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LIFE THREATENING (ALL AGES)

This indicator refers to conditions that pose an impending danger to life or carry a high risk of death if not treated.

Questions to Consider:

- Does the child/youth have a medical condition that poses a risk of death if not treated?

Ratings and Descriptions

0	Child/youth's current medical condition(s) do not pose any risk to premature death.
1	Child/youth's current medical condition(s) may shorten life but not until later in adulthood.
2	Current medical condition(s) places child/youth at risk of premature death before reaching adulthood.
3	Child/youth's medical condition places them at imminent risk of death.

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DIAGNOSTIC COMPLEXITY (ALL AGES)

This indicator refers to the degree to which symptoms can be attributed to medical, developmental, or behavioral conditions, or there is an acknowledgement that symptoms/behaviors may overlap and are contributing to the complexity of the child/youth's presentation.

Questions to Consider:

- Is there concern that the child/youth's diagnosis is not accurate?
- Does the child/youth present with symptoms that could be attributed to medical, developmental or behavioral conditions?

Ratings and Descriptions

0	The child/youth's medical diagnoses are clear; the symptom presentation is clear.
1	Although there is some confidence in the accuracy of child/youth's diagnoses, there also exists sufficient complexity in their symptom presentation to raise concerns that the diagnoses may not be accurate.
2	There is substantial concern about the accuracy of the child/youth's medical diagnoses due to the complexity of symptom presentation.
3	It is currently not possible to accurately diagnose the child/youth's medical condition(s).

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IMPAIRMENT IN FUNCTIONING (ALL AGES)

This indicator refers to a reduction in either physical or mental capacity that is sufficient to interfere with managing day-to-day tasks of life. This limitation can range from a slight loss of function to a total impairment which is usually considered a disability. Some impairments may be short-term while others may be permanent. Assessing the impairment can help identify the best course of treatment and whether it is responding to treatment.

Questions to Consider:

- Is the child/youth's medical condition(s) interfering with their day-to-day functioning?

Ratings and Descriptions

0	Child/youth's medical condition is not interfering with functioning in other life domains.
1	Child/youth's medical condition has a limited impact on functioning in at least one other life domain.
2	Child/youth's medical condition is interfering in more than one life domain or is disabling in at least one.
3	Child/youth's medical condition has disabled them in most other life domains.

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CHILD/YOUTH'S EMOTIONAL REPONSE (ALL AGES)

This indicator refers to how the child/youth is managing the emotional strain of their medical condition.

Questions to Consider:

- How is the child/youth coping with their medical condition?
- Does the child/youth have emotional difficulties related to their medical condition that interfere with their functioning?

Ratings and Descriptions

0	Child/youth is coping well with their medical condition.
1	Child/youth is experiencing some emotional difficulties related to medical condition, but these difficulties do not interfere with other areas of functioning.
2	Child/youth is having difficulties coping with medical condition. Child/youth's emotional response is interfering with functioning in other life domains.
3	Child/youth's emotional response to medical condition is interfering with treatment and functioning.

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End of the Medical Health Module

SCHOOL/CHILDCARE* (ALL AGES)

This indicator rates the child/youth's experiences in school/childcare settings and the child/youth's ability to get their needs met in these settings. This indicator also considers the presence of problems within these environments in terms of attendance, academic achievement, support from the school staff to meet the child/youth's needs, and the child/youth's behavioral response to these environments.

Questions to Consider:

- What is the child/youth's experience in school?
- Does the child/youth have difficulties with academics, social relationships, behavior, or attendance at school?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems with functioning in current school/preschool/childcare environment.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or evidence of problems with functioning in current school/preschool/childcare environment that is not interfering with functioning. Child/youth may be enrolled in a special program.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth is experiencing difficulties maintaining their behavior, attendance, and/or achievement in the school/preschool/childcare setting.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth's problems with functioning in school/preschool/childcare environment place them at immediate risk of being removed from program due to their attendance, behaviors, achievement, or unmet needs.

NA Child/youth is not in school/childcare due to age, obtaining their GED, or graduation.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [I] School/Childcare Module.**

Supplemental Information -- Understanding the importance of early education and care in early childhood: Infants, toddlers and preschoolers often spend most of their day with alternate caregivers. It is critical that these environments meet the needs of these children/youth. There has been a great deal of momentum in the field of infant mental health to promote positive care-giving practices within these environments. The same parenting practices and care-giving techniques that are taught to parents need to be promoted within early care/education settings. These experiences are often critical in supporting growth and development and allowing the child to feel positive about [continues]

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SCHOOL/CHILDCARE continued

relationships with others outside of the home. Early care and education settings have the potential to impact a child's development, school success and overall life success.

The quality of the childcare environment is important to consider, as well as the childcare's ability to meet the needs of the child within a larger care-giving context. It is important for infants and children to be supported in ways that appreciate their individual needs and strengths.

Indicators of a high-quality early care/educational setting:

- Child seems comfortable with caregivers and environment
- Environment has sufficient space and materials for child it serves
- Environment offers a variety of experiences and opportunities
- Allowances for individual differences, preferences and needs are tolerated
- Caregivers can offer insight into child's experiences and feelings
- Caregivers provide appropriate structure to the child's day
- Scheduled times for eating, play and rest
- Caregivers provide appropriate level of supervision and limit setting
- Child's peer interactions are observed, supported, and monitored
- Correction is handled in a calm and supportive manner
- Child is encouraged to learn and explore at their own pace
- A variety of teaching modalities are utilized
- All areas of development are valued and supported simultaneously
- Small group sizes
- Low child-adult ratios
- Safe and clean environment
- Early care/education setting provides frequent and open communication with parents

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[I] SCHOOL/CHILDCARE MODULE (ALL AGES)

Note: For the school indicators, if the child/youth is receiving special education services, the child/youth's performance and behavior should be rated relative to their peer group. If it is planned for the child/youth to be mainstreamed, then their school functioning should be rated relative to that peer group.

SCHOOL/CHILDCARE BEHAVIOR (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0	No evidence of behavioral problems at school, OR child/youth is behaving well in school.
1	Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.
2	Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
3	Child/youth is having severe problems with behavior in school. The child/youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

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SCHOOL/CHILDCARE ACHIEVEMENT (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 No evidence of issues in school achievement and/or child/youth is doing well in school.

Ages 3-5: Child is doing well acquiring new skills.

1 Child/youth is doing adequately in school although some problems with achievement exist.

Ages 3-5: Child is doing adequately acquiring new skills with some challenges. They may be able to compensate with extra adult support.

2 Child/youth is having problems with school achievement. The child/youth may be failing some subjects.

Ages 3-5: Child is having problems with acquiring new skills. They may not be able to retain concepts or meet expectations even with adult support in some areas.

3 Child/youth is having severe achievement problems. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.

Ages 3-5: Child is having severe achievement problems. They may be completely unable to understand or participate in skills development in most or all areas.

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SCHOOL/CHILDCARE ATTENDANCE (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0	Child/youth attends school regularly.
1	Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.
2	Child/youth's problems with school attendance are interfering with academic progress.
3	Child/youth is generally absent from school.

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RELATIONS WITH TEACHERS AND/OR SCHOOL/CHILDCARE CAREGIVERS (ALL AGES)

This indicator describes a child/youth's relationships with teachers or caregivers in the childcare setting.

Questions to Consider:

- How does the child/youth relate to teachers?
- Does the child/youth have a strong connection with one or more teachers?
- Does the child/youth have regular conflict with teachers?

Ratings and Descriptions

0	Child/youth has good relations with teachers.
1	Child/youth has occasional difficulties relating with at least one teacher. Child/youth may have difficulties during one class period (e.g., math, gym).
2	Child/youth has difficult relations with teachers that notably interfere with their educational progress.
3	Child/youth has very difficult relations with all teachers (or all the time if they have one teacher). Relations with teachers currently prevents child from learning.

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End of School/Childcare Module

DEVELOPMENTAL FUNCTIONING* (ALL AGES)

This indicator describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities or delays. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders.

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder, with marked to profound deficits in adaptive functioning in one or more areas: communication, social functioning and self-care across multiple environments.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [J] Developmental Needs Module.**

Supplemental Information – Understanding cognitive development in early childhood: This area of development is important to assess due to its impact on all other areas of development. A child that is impaired in their cognitive functioning will demonstrate limitations in other areas of development, especially their language development and self-help skills. This is an area in which early intervention is critical. [continues]

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DEVELOPMENTAL FUNCTIONING continued

Assessment of cognitive functioning in early childhood: The following table presents a list of developmental milestones for functioning (ZTT, 2016). It is important to remember that the following table lists just some examples of general developmental milestones. While milestones can provide a general range of time when certain aspects of development may occur, every child develops at their own unique pace. In addition, the range of "normal development" is highly influenced by family and community culture.

Some indicators in the table below may not be appropriate markers of normal development in every family or community, and it may be helpful to create cultural adaptations of specific milestones, depending on the cultural context. For example, an indicator that addresses the child's ability to feed themselves with a fork may not be relevant in cultures in which chopsticks are the primary eating utensil. An obvious substitution for some families may be chopsticks; however, children may not master this skill until later than eating with a spoon because families may not encourage children to feed themselves until they are older and eating with chopsticks may require more advanced fine motor and cognitive skills than eating with a spoon (ASQ, 2014).

By 3 Months	• Follows people and objects with eyes • Loses interest or protests if activity does not change
By 6 Months	• Tracks moving objects with eyes from side to side • Experiments with cause and effect (e.g., bangs spoon on table) • Smiles and vocalizes in response to own face in mirror image • Recognizes familiar people and things at a distance • Demonstrates anticipation of certain routine activities (e.g., shows excitement in anticipation of being fed)
By 9 Months	• Mouths or bangs objects • Tries to get objects that are out of reach • Looks for things they see others hide (e.g., toy under a blanket)
By 12 Months	• Watches the path of something as it falls • Has favorite objects (e.g., toys, blanket) • Explores objects and how they work in multiple ways (e.g., mouthing, touching, dropping) • Fills and dumps containers • Plays with two objects at the same time
By 15 Months	• Imitates complex gestures (e.g., signing) • Finds hidden objects easily • Uses objects for their intended purpose (e.g., drinks from a cup, smooths hair with a brush) [continues]

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DEVELOPMENTAL FUNCTIONING continued

By 18 months	• Enacts play sequences with objects according to their use (e.g., pushing a dump truck and emptying its cargo) • Shows interest in a doll or stuffed animal • Points to at least one body part • Points to self when asked • Plays simple pretend games (e.g., feeding a doll) • Scribbles with crayon, marker, and so forth • Turns pages of book • Recognizes self in mirror
By 2 Years	• Finds things even when hidden under two or three covers or when hidden in one place and moved to another • Begins to sort shapes and colors • Completes sentences and rhymes from familiar books, stories, and songs • Plays simple make-believe games (e.g., pretend meal) • Builds towers of four or more blocks • Follows two-step instructions (e.g., "Pick up your shoes and put them in the closet")
By 3 Years	• Labels some colors correctly • Plays thematic make-believe with objects, animals, and people • Answers simple "Why" questions (e.g., "Why do we need a coat when it's cold outside?") • Shows awareness of skill limitations • Understands "bigger" and "smaller" • Understands concept of "two" • Enacts complex behavioral routines observed in daily life of caregivers, siblings, and peers • Solves simple problems (e.g., obtains a desired object by opening a container) • Attends to a story for 5 minutes • Plays independently for 5 minutes [continues]

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DEVELOPMENTAL FUNCTIONING continued

By 4 Years	• Names several colors and some numbers • Counts to five • Has rudimentary understanding of time • Shares past experiences • Remembers part of a story • Engages in make-believe play with capacity to build and elaborate on play themes • Connects actions and emotions • Responds to questions that require understanding of "same" and "different" • Draws a person with two to four body parts • Understands that actions can influence others' emotions (e.g., tries to make others laugh by telling a joke) • Waits for turn in simple game • Plays board or card games with simple rules • Describes what is going to happen next in a book • Talks about right and wrong
By 5 Years	• Counts to 10 or more things • Tells stories with beginning, middle, and end • Draws a person with at least six body parts • Acknowledges own mistakes or misbehaviors and can apologize • Distinguishes fantasy from reality most of the time • Names four colors correctly • Follows rules in simple games • Knows functions of every day household objects (e.g., money, cooking utensils) • Attends to group activity for 15 minutes (e.g., circle time, storytelling)

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[J] DEVELOPMENTAL NEEDS MODULE (All AGES)

COGNITIVE (INTELLECTUAL) FUNCTIONING (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

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

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DEVELOPMENTAL (ALL AGES)

This indicator describes the level of developmental delay/disorders that are present.

Questions to Consider:

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

Ratings and Descriptions

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

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DEVELOPMENTAL

Supplemental Information: Developmental disabilities are severe, chronic disabilities that are attributable to a mental or physical impairment or a combination of both. They are manifested before the age of 22 years and are likely to continue indefinitely. Between the ages of 9 to 22 years, they result in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

This reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. If the youth is zero to nine years old, he/she can meet less than three of the above criteria to be diagnosed with a developmental disability by a qualified mental health professional (e.g., licensed psychologist) or physician (see DSM 5-TR for additional information).

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MOTOR (AGES 6+)

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

Questions to Consider:

- Does the child/youth have any difficulties with age-appropriate balance, sitting, crawling, walking or running? What about grabbing and holding objects?
- Does the child/youth have any difficulty using scissors, coloring, or writing?

Ratings and Descriptions

0	There is no reason to believe that the child/youth has any problems with gross or fine motor functioning. Child/youth's fine and/or gross motor functioning appears developmentally appropriate. There is no evidence to support that they have skill deficits.
1	Child/youth has some deficits in fine (e.g., using scissors) and/or gross motor skills (e.g. drinking from a cup). Child/youth may have exhibited a delay in meeting milestones (e.g., sitting, standing, walking, or running), but they have since met those milestones.
2	Child/youth has fine (e.g., writing/using a pencil) and/or gross motor deficits (e.g., opening a door) that impact their functioning. For example, a non-ambulatory child/youth with fine motor skills (e.g., reaching, grasping) or an ambulatory child/youth with severe fine motor deficits would be rated here.
3	Child/youth has severe or profound motor deficits that are disabling. A non-ambulatory child/youth with additional movement deficits would be rated here, as would a child/youth who cannot independently lift their head, or a child/youth with a complete absence of manual skills would be rated here.
NA	Child is younger than 6 years old. Rate the Motor, Life Functioning Domain indicator for children younger than 6 years old.

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SENSORY REACTIVITY (AGES 6+)

This indicator rates the child/youth's ability to use all senses including vision, hearing, smell, touch, taste, and tactile/touch.

Questions to Consider:

- Does the child/youth have difficulty with hearing? Vision?
- Does the child/youth have sensitivities to touch – e.g., certain textures, substances, or surfaces?

Ratings and Descriptions

0	Child/youth's sensory functioning appears developmentally appropriate. There is no evidence the they have sensory deficits.
1	Child/youth has impairment on a single sense (e.g., some hearing deficits, correctable vision problems).
2	Child/youth 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	Child/youth's has significant impairment on one or more senses (e.g., profound hearing or vision loss).
NA	Child is younger than 6 years old. Rate the Sensory Reactivity, Life Functioning Domain indicator for children younger than 6 years old.

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End of Developmental Needs Module

MOTOR (AGES 3-5)

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

Questions to Consider:

- Does the child have any difficulties with age-appropriate balance, sitting, crawling, walking or running? What about grabbing and holding objects?
- Does the child have any difficulty using scissors, coloring, or writing?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no reason to believe that the child has any problems with gross or fine motor functioning. Child's fine and/or gross motor functioning appears developmentally appropriate. There is no evidence to support that the child has skill deficits.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child has some deficits in fine (e.g., using scissors) and/or gross motor skills (e.g., drinking from a cup). Child may have exhibited a delay in meeting milestones (e.g., sitting, standing, walking, or running, etc.), but the child has met those milestones, or it is anticipated that the child will meet those milestones.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has fine (e.g., writing/using a pencil) and/or gross motor deficits (e.g. opening a door) that impact their functioning. For example, 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.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has severe or profound motor deficits that are disabling. A non-ambulatory child with additional movement deficits would be rated here, as would a child who cannot independently lift their head, or with a complete absence of manual skills would be rated here.

NA Child/youth is older than 5 years old.

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SENSORY REACTIVITY (AGES 3-5)

This indicator rates the child's ability to use all senses including vision, hearing, smell, touch, taste, and tactile/touch.

Questions to Consider:

- Does the child have difficulty with hearing? Vision?
- Does the child have sensitivities to touch – e.g., certain textures, substances, or surfaces?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child's sensory functioning appears developmentally appropriate. There is no evidence the child has sensory deficits.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child has impairment on a single sense (e.g., some hearing deficits, correctable vision problems).

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has significant impairment on one or more senses (e.g., profound hearing or vision loss.

NA Child/youth is older than 5 years old.

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SOCIAL FUNCTIONING (AGES 6+)

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

Questions to Consider:

- Does the child/youth or family report the child/youth having friends?
- Are the child/youth's friends in the same age group?
- Are there concerns about how the child/youth behaves in social settings?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of problems and/or child/youth has developmentally appropriate social functioning.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child/youth is having some problems with their social relationships that interfere with functioning in other life domains.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

NA Child is younger than 6 years old.

Supplemental Information: A child/youth who socializes with primarily younger or much older individuals would be identified as having needs on this indicator. A child/youth who has conflictual relationships with peers also would be described as having needs. An isolated child/youth with no same age friends would be rated '3.'

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DECISION MAKING (AGES 6+)

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

Questions to Consider:

- How is the child/youth's decision-making process and ability to make good decisions?
- Does the child/youth typically make good choices for themselves?
- How does the child/youth or family describe the child/youth's decision-making ability?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

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

NA Child is younger than 6 years old.

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SEXUAL ORIENTATION (AGES 6+)

This indicator rates the child/youth's identification as lesbian, gay, bisexual, questioning (LGBQ), or straight.

Questions to Consider:

- What is the child/youth's sexual orientation?
- Is the child/youth aware of the various orientations?
- Are they experiencing any level of conflict regarding their sexual orientation?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has a clear and consistent sexual orientation and is connected to others who support their sexual orientation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth is experiencing some confusion or is struggling with issues related to their sexual orientation.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth has significant struggles with their sexual orientation. Child/youth may have identified as LGBQ; however, they are not connected with others who support them.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is experiencing significant problems due to conflict regarding their sexual orientation that are preventing functioning in at least one life domain (e.g., school, family/home, etc.). This conflict may be internal and/or may be attributed to, or exacerbated by, external factors within the community, home, or school environment.

NA Child is younger than 6 years old.

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SEXUAL DEVELOPMENT* (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of issues with sexual development.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History or suspicion of problems with sexual development but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Moderate to serious problems with sexual development that interfere with the child/youth's life functioning in other life domains.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation.
NA	Child is younger than 6 years old.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [K] Sexual Development Module**

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[K] SEXUAL DEVELOPMENT MODULE (AGES 6+)

PROBLEMATIC SEXUAL BEHAVIORS (AGES 6+)

This indicator describes issues around sexual behavior including age and/or developmentally-inappropriate or age-appropriate sexual behavior.

Questions to Consider:

- Has the child/youth ever been involved in sexual activities or done anything sexually inappropriate?
- Has the child/youth ever had concerns regarding sexualized behavior or with physical/sexual boundaries?

Ratings and Descriptions

0	No evidence of challenges with sexual behavior.
1	History or evidence of challenges with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here.
2	Child/youth's sexual behaviors are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age-inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here.
3	Severe sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.

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KNOWLEDGE OF SEX (AGES 6+)

This indicator rates the developmentally appropriate understanding of information related to sex education and sexuality.

Questions to Consider:

- What does the child/youth know about sex, sexuality?
- What do they know about sexually transmitted infections?

Ratings and Descriptions

0	Child/youth has a developmentally appropriate level of knowledge about sex and sexuality.
1	Child/youth may be more knowledgeable about sex and sexuality than would be indicated by their age.
2	Child/youth has significant deficits in knowledge about sex or sexuality. These deficits interfere with child/youth's functioning in at least one life domain.
3	Child/youth has significant deficits in knowledge about sex and/or sexuality that places them at risk for significant physical or emotional harm. A child/youth with a sexually transmitted infection due to lack of appropriate knowledge is also rated here.

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CHOICE OF RELATIONSHIPS (AGES 6+)

This indicator describes the child/youth's age-appropriate decisions in selecting appropriate interpersonal relationships and partners.

Questions to Consider:

- Does the child/youth have age-appropriate relationships with others?
- Has any of their relationships been risky or dangerous because of specific sexual behaviors?

Ratings and Descriptions

0	Child/youth demonstrates age-appropriate choices in relationships with a potential sexual component.
1	The child/youth has a history of poor choices in selecting relationships with regard to sexuality.
2	Given their age, child/youth currently or recently has exhibited poor choices in terms of selecting relationships for reasons involving sexuality.
3	Child/youth is involved in notably inappropriate or dangerous relationships for reasons involving sexuality.

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PREGNANCY (AGES 6+)

This indicator rates children/youth who have children, are expecting a baby (pregnancy), or have experienced a loss of a pregnancy.

Questions to Consider:

- Has the child/youth ever been pregnant?
- Has the child/youth ever experienced a loss of a pregnancy?

Ratings and Descriptions

0	No evidence that child/youth has ever been pregnant or has impregnated another. There is no evidence that the child/youth has experienced a loss of a pregnancy.
1	Child/youth has history of having a miscarriage or having an abortion. A male youth who has impregnated a woman, but fetus was lost is rated here.
2	Child/youth is currently pregnant. A youth who has impregnated another who is waiting to give birth is rated here.
3	Child/youth has one or more biological children.

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End of Sexual Development Module

AGES 10+

LEGAL (AGES 10+)

This indicator indicates the child/youth's level of involvement with the justice system. Family involvement with the courts is not rated here—only the identified child/youth's involvement is relevant to this rating.

Questions to Consider:

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

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child/youth has no known legal difficulties or involvement with the court system.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child/youth has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system, or immediate risk of involvement with the legal system.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child/youth has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (e.g., misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child/youth has serious current or pending legal difficulties that place them at risk for a court-ordered out-of-home placement, or incarceration (ages 18-20) such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st, or 2nd degree offenses).
NA	Child/youth is younger than 10 years old.

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INDEPENDENT LIVING SKILLS (AGES 14+)

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

Questions to Consider:

- Has youth ever lived independently?
- Does youth have challenges managing money? If so, what are the challenges?
- Does youth have problems with hygiene or diet?
- Can youth cook, clean and manage themselves without help from anyone?
- Can youth perform day-to-day tasks without help from anyone?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Youth is fully capable of independent living. No evidence of any deficits or barriers that could impede the development of skills to maintain one's own home.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* This level indicates a youth with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems are generally addressable with training or supervision.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* This level indicates a youth with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing self when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* This level indicates a youth with profound impairment of independent living skills. This youth would be expected to be unable to live independently given current status. Problems require a structured living environment.
NA	Child/youth is younger than 14 years old.

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JOB FUNCTIONING (AGES 14+)

If the youth is working, this indicator describes their functioning in a job setting.

Questions to Consider:

- Is the youth able to meet expectations at work?
- Do they have regular conflict at work?
- Are they timely and able to complete responsibilities?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of any problems in work environment. Youth is excelling in a job environment.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Youth has a history of problems with work functioning, or youth may have some problems in the work environment that are not interfering with work functioning or other functional areas. The youth is functioning adequately in a job environment. A youth that is not currently working, but is motivated and is actively seeking work, could be rated here.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Some problems at work including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned youth about problems with their work performance. OR although not working, the youth seems interested in doing so, but may have problems with developing vocational or prevocational skills.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Youth has problems at work in terms of attendance, performance, or relationships. Youth may have recently lost a job. Work problems are placing the youth or others in danger including aggressive behavior toward peers or superiors or severe attendance problems are evidenced. Youth may be recently fired or at very high risk of firing (e.g., on notice). OR the youth has a long history of unemployment.
NA	Youth is not currently working or recently unemployed, or child/youth is younger than 14 years old.

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CAREGIVER RESOURCES & NEEDS DOMAIN (ALL AGES)

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

The indicators in this section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for the child/youth.

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

This domain is completed for all ages.

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

0 No current need; no need for action. This may be a resource for the child/youth.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.

3 Need prevents the provision of care; requires immediate and/or intensive action.

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SUPERVISION (ALL AGES)

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

Questions to Consider:

- How does the caregiver feel about their ability to keep an eye on and set limits and/or redirect the child/youth?
- How does the caregiver need additional support with supervision or monitoring?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

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

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

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

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INVOLVEMENT WITH CARE (ALL AGES)

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

Questions to Consider:

- How involved is caregiver in services for the child/youth? Is there something they would like help with?
- Is the caregiver an advocate on behalf of the child/youth?
- Does the caregiver participate in or help plan for the child/youth's services?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

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

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

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

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KNOWLEDGE OF CHILD/YOUTH'S NEEDS (ALL AGES)

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

Questions to Consider:

- Does the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

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

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs place them at risk of significant negative outcomes.

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ORGANIZATIONAL SKILLS (ALL AGES)

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

Questions to Consider:

- Does the caregiver struggle to remember and attend scheduled appointments?
- What difficulties does the caregiver have with communication, managing, and/or maintaining services for the child/youth?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Caregiver is well organized and efficient.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has moderate difficulty organizing and maintaining household to support needed services.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver is unable to organize household to support needed services.

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SOCIAL RESOURCES (ALL AGES)

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

Questions to Consider:

- Which family members or friends can the caregiver call on for help when they need it?
- Does the caregiver have family/friends who provide them emotional support?
- Can the caregiver call on a support system to watch the child/youth occasionally?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child/youth.* Caregiver has significant social and family networks that actively help with caregiving.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Caregiver has some family, friends or social network that actively helps with caregiving.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Work needs to be done to engage family, friends, or social network in helping with caregiving.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has no family or social network to help with caregiving.

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RESIDENTIAL STABILITY (ALL AGES)

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

Questions to Consider:

- Does the family have any concerns about their housing situation?
- Has the caregiver ever experienced homelessness or housing instability?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child/youth.* Caregiver has stable housing with no known risks of instability.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* 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	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has moved multiple times in the past year. Housing is unstable.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Family is homeless or has experienced homelessness in the recent past.

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PHYSICAL HEALTH (ALL AGES)

This indicator refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to parent the child/youth. This indicator 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. This may be a resource for the child/youth.* No evidence of medical or physical health problems. Caregiver is generally healthy.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has medical/physical problems that make parenting the child/youth currently impossible.

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MENTAL HEALTH (ALL AGES)

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

Questions to Consider:

- How is the caregiver's mental health?
- Does the caregiver have any mental health needs that make it difficult to care for the child/youth?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child/youth.* No evidence of caregiver mental health difficulties.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver's mental health difficulties interfere with their capacity to parent.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has mental health difficulties that make it currently impossible to parent the child/youth.

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SUBSTANCE USE (ALL AGES)

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

Questions to Consider:

- Does the caregiver have any substance use needs that make parenting difficult?
- Is the caregiver in treatment for the substance use issues?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child/youth.* No evidence of caregiver substance use issues.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource 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	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has substance abuse difficulties that make it currently impossible to parent the child/youth.

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MARITAL/PARTNER VIOLENCE IN THE HOME (ALL AGES)

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

Questions to Consider:

- How does the caregiver and their partner resolve conflict?
- Does the caregiver and their partner's conflict escalate to verbal aggression, physical attacks or destruction of property?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

History of marital difficulties and partner arguments. Caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which the child/youth often witnesses.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Marital or partner difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate child/youth's difficulties or put the child/youth at greater risk.

Supplemental Information: Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregiver partners. Since marital/partner violence is a risk factor for child abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The child/youth's past exposure to marital/partner violence with current or other caregivers is rated a '1.' This indicator would be rated a '2' if the child/youth is exposed to marital/partner violence in the household and child protective services must be called; a '3' indicates that the child/youth is in danger due to marital/partner violence in the household and requires immediate attention.

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POST-TRAUMATIC REACTIONS (ALL AGES)

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

Questions to Consider:

- Has the caregiver experienced a traumatic event(s)? How has this impacted them?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

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 that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource 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 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver has marked adjustment problems and is symptomatic in response to a traumatic event (e.g., anger, depression, and anxiety).

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver has post-traumatic stress difficulties. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post-traumatic Stress Disorder (PTSD).

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DEVELOPMENTAL (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child/youth.* No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has severe developmental challenges that make it currently impossible to parent the child/youth.

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ACCESS TO CHILDCARE (ALL AGES)

This indicator describes the caregiver's access to appropriate, affordable, and sufficient childcare and/or respite for young children or older children with developmental delays in their care.

Questions to Consider:

- Does the caregiver have access to childcare services?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child/youth.* Caregiver has access to sufficient childcare services.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Caregiver has some access to childcare services. Needs are minimally met by available services.
2	*Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.* Caregiver has limited access to childcare services. Current services do not meet the caregiver's needs.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has no access to needed childcare services.
NA	Individual is older than 21 years old.

Supplemental Information:

- If a family requires state-sponsored assistance this indicator should be rated '2' or '3.'
- Professionals and caregivers should share their understanding of the words 'affordable' and 'sufficient.'
- If transportation is the issue, the Transportation indicator should also be rated (Family/ Caregiver Module).
- If finances are the issue, the Financial Resources indicator should also be rated (Family/ Caregiver Module).

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MILITARY TRANSITIONS (ALL AGES)

This indicator describes the impact of transitions related to the caregiver's military service on their caregiving.

Questions to Consider:

- Is the caregiver involved in a transition experience related to military service?
- How does it affect their role as caregiver?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver is not experiencing any transitions related to military service. Caregivers not involved in military services would be rated here.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*
Caregiver is anticipating a transition related to military service in the near future, or a caregiver experienced a transition in the past that was challenging.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver is experiencing a transition related to military service.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver is experiencing a transition related to military service that has a major impact on their caregiving role.

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SAFETY (ALL AGES)

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

Questions to Consider:

- Is the caregiver able to protect the child/youth from harm by others in the home?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Child/youth is in some danger from one or more individuals with access to the home.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Child/youth is in immediate danger from one or more persons with unsupervised access.

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FAMILY STRESS* (ALL AGES)

This indicator rates the impact of managing the child/youth's behavioral and emotional needs on the family's stress level.

Questions to Consider:

- Does the caregiver feel overwhelmed by the behavioral and/or emotional needs of the child/ youth?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the individual.* No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver can manage the stress of child/youth's needs.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* There is a history or suspicion of and/or caregiver has some problems managing the stress of child/youth's needs.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from providing care.

***A rating of '1', '2' or '3' on this indicator triggers the completion of the [L] Family/Caregiver Module.**

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[L] FAMILY/CAREGIVER MODULE

SELF-CARE/DAILY LIVING SKILLS

This indicator rates the caregiver's ability to participate in self-care activities or basic activities of daily living (including eating, bathing, dressing and toileting) and its impact on the caregiver's ability to provide care for the child/youth.

Questions to Consider:

- Does the caregiver have the basic activities of daily living skills needed to provide care for the child/youth?
- What level of support with daily living skills does the caregiver need to provide care for the child/youth?

Ratings and Descriptions

0	The caregiver is able to perform the basic activities of daily living.
1	The caregiver has had difficulties with the basic activities of daily living in the past or needs verbal prompting to complete the basic activities of daily living.
2	The caregiver needs assistance (physical prompting) to complete the basic activities of daily living. The caregiver's challenges with the basic activities of daily living interferes with their ability to care for the child/youth.
3	The caregiver is unable to complete the basic activities of daily living which makes it impossible to care for the child/youth. The caregiver needs immediate intervention.

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CULTURAL STRESS

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

Questions to Consider:

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

Ratings and Descriptions

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

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EMPLOYMENT/EDUCATIONAL FUNCTIONING

This indicator rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.

Questions to Consider:

- Does the caregiver have any problems at school or work?
- What level of support does the caregiver need to address their problems at work or school?
- Does the caregiver need support in finding employment or attending school?

Ratings and Descriptions

0	Caregiver is gainfully employed and/or in school.
1	Some problems with school or work that are not interfering with academic or job performance. Caregiver may have some problems in their work environment. Caregiver needs to be monitored and assessed further.
2	Problems with school or work functioning, or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. They need an intervention to address employment and/or learning difficulties.
3	A level of school or work problems that places caregiver's academic progress or work status at risk. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

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LEGAL INVOLVEMENT

This indicator rates the caregiver's level of involvement in the legal 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, family court?

Ratings and Descriptions

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

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FINANCIAL RESOURCES

This indicator rates the financial resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child/youth and family.

Questions to Consider:

- Does the family have sufficient funds to raise or care for the child/youth?

Ratings and Descriptions

0	Caregiver has sufficient financial resources to raise or care for the child/youth.
1	Caregiver has some financial resources to raise or care for the child/youth. History of struggles with sufficient financial resources would be rated here.
2	Caregiver has limited financial resources to raise or care for the child/youth.
3	Caregiver has no financial resources to raise or care for the child/youth. Caregiver needs financial resources.

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TRANSPORTATION

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

Questions to Consider:

- Does the caregiver have access to car/bus/shuttle to transport themselves and their family to necessary appointments (e.g., doctor, school, work, store)? If not, what arrangements are made for transportation needs?

Ratings and Descriptions

0	Caregiver has no unmet transportation needs. Caregiver is consistently able to transport the child/youth to appointments, school, activities, etc.
1	Caregiver has occasional unmet transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support.
2	Caregiver has frequent transportation needs. Caregiver has difficulty transporting the child/youth to appointments, school, activities, etc., regularly (e.g., more than once a week). Caregiver needs assistance transporting the child/youth and accessing transportation resources.
3	Caregiver has no access to appropriate transportation and is unable to transport the child/youth to appointments, school, and activities, etc. Caregiver needs immediate intervention and development of transportation resources.

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End of Family/Caregiver Module

CULTURAL NEEDS DOMAIN (ALL AGES)

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

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

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

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

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

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

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LANGUAGE AND/OR LITERACY (ALL AGES)

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child/youth and/or family speak or read the primary language where they live, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

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TRADITIONS AND CULTURAL RITUALS (ALL AGES)

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

Questions to Consider:

- What traditions and customs does the child/youth and family practice or participate in?
- How often does the child/youth and family participate in identified cultural traditions or rituals?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

The child/youth is consistently able to practice traditions and rituals consistent with their cultural identity.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

The child/youth experiences significant barriers and is sometimes prevented from practicing traditions and rituals consistent with their cultural identity.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

The child/youth is unable to practice traditions and rituals consistent with their cultural identity.

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CULTURAL STRESS (ALL AGES)

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

Questions to Consider:

- Has the child/youth and/or family even been treated poorly because of their beliefs/ethnicity/ gender/sexual orientation, etc.?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Some occasional stress resulting from friction between the child/youth's cultural identity and their current environment or living situation.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

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

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