MICHIGAN
Child and Adolescent Needs & Strengths

MichiCANS Comprehensive

Birth through Age 20

2023
REFERENCE
GUIDE

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ACKNOWLEDGEMENTS

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 “infant”, “toddler” and “preschooler” or children ages birth through 5. For ages 6 through 20, “child/youth” is being utilized in reference to “child,” “youth,” “adolescent,” or “young adult.”

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TABLE OF CONTENTS

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. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system 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 item. 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 items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the "why" is considered in rating these items.
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 item 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 items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a 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 items. 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 with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 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 items – grouped by domain - are rated for all individuals.
- A rating of 1, 2 or 3 on key core questions triggers extension modules.
- Individual assessment module questions provide additional information in a specific area.

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

Basic design for rating Needs

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

Basic design for rating Strengths

Rating	Level of strength	Appropriate action
0	Centerpiece strength	Central to planning
1	Strength 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 items under specified circumstances (see reference guide descriptions). For those items where the 'NA' rating is available, it should be used only in the rare instances where an item 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 item 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 item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see above). The rater must consider the basic meaning of each level to determine the appropriate rating on an item 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 items 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 items 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 items, and supplementary tools.

HOW IS THE CANS USED?

The CANS is used in many ways to transform the lives of children, youth, and their families and to improve 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 items include "Questions to Consider" which may be useful when asking about needs and strengths. These are not questions that must be asked but are available as suggestions. Many clinicians have found this useful during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

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

IT FACILITATES OUTCOMES MEASUREMENT

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 items to help with your assessment process and information gathering sessions/clinical interviews with the child/youth and family. This will not only help the organization of your interviews but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS 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 items can help in having more natural conversations. So, if the family is talking about situations around the youth's anger control and then shift into something like---"you know, he only gets angry when he is in Mr. S's classroom," you can follow that and ask some questions about situational anger, and then explore other school-related issues.

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the child/youth and family the CANS domains and items (see the CANS Core Item list on page 17) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. 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 things 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. . ."

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CANS BASIC STRUCTURE

The Michigan Comprehensive CANS expands depending upon the needs of the child/youth. Basic core items are rated for all children and youth (see below). Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

CORE ITEMS

Life Functioning Domain

Ages 0-5
- Family Functioning
- Parent/Child Interaction
- Social and Emotional Functioning
- Early Care and Education Attendance
- Early Care and Education Behavior
- Early Care and Education Achievement
- Primary Care Physician Relationship
- *Developmental/Intellectual [A]*
- *Medical/Physical [B]*
- *Autism Spectrum [C]*

Ages 6+
- Family Functioning
- Parent/Child Interaction
- Living Situation
- Social Functioning
- Recreational
- Legal (Age 11+)
- Sexual Development
- Sleep
- School Attendance
- School Behavior
- School Achievement
- Decision Making
- Primary Care Physician Relationship
- *Developmental/Intellectual [A]*
- *Medical/Physical [B]*
- *Autism Spectrum [C]*

Strengths Domain

Ages 0-5
- Family Strengths
- Interpersonal
- Natural supports
- Resiliency (Persistence & Adaptability)
- Relationship Permanence
- Playfulness
- Family Spiritual/Religious

Ages 6+
- Family Strengths
- Interpersonal
- Optimism
- Educational Setting
- Vocational
- Talents and Interests
- Spiritual/Religious
- Community Life
- Relationship Permanence
- Resilience
- Resourcefulness
- Cultural Identity
- Natural Supports
- Self-Advocacy

Cultural Factors Domain (All Ages)

Language and Literacy
Traditions and Cultural Rituals
Cultural Stress
Cultural Approp. of Services

Behavioral/Emotional Needs Domain

Challenges: Ages 0-5
- Impulsivity/Hyperactivity (36+ months)
- Depression
- Anxiety
- Oppositional Behavior (36+ months)
- Attachment Difficulties
- Aggression
- Regulatory
- Atypical Behaviors
- Sleep (12+ months)
- Eating
- Elimination
- *Adjustment to Trauma [D1]*

Ages 6+
- Psychosis (Thought Disorder)
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional Behavior
- Conduct (Antisocial Behavior)
- Attachment Difficulties
- Anger Control
- Eating Disturbance
- *Adjustment to Trauma [D1 and D2]*
- *Substance Use [E]*

Risk Factors and Behaviors Domain

Ages 0-5

Risk Factors
- Substance Exposure in Utero
- Environmental Toxin Exposure
- Prenatal Care
- Labor and Delivery
- Birth Weight
- Failure to Thrive
- Exploited

Risk Behaviors
- Self-Harm (12+ months)
- Flight Risk/Bolting
- Fire Setting (36+ months)

Risk Factors and Behaviors Domain cont.

Ages 6+

Risk Factors
- Substance Exposure in Utero
- Environmental Toxin Exposure

Risk Behaviors
- Suicide Risk
- Non-Suicidal Self-Injurious Behavior
- Other Self-Harm (Recklessness)
- Victimization/Exploitation
- Intentional Misbehavior
- *Danger to Others [F]*
- *Problematic Sexual Behavior [G]*
- *Runaway [H]*
- *Delinquent Behavior [I]*
- *Fire Setting [J]*

Transition Age Youth Domain (Ages 16+)

Behavioral/Emotional Needs
- Interpersonal Problems

Functioning
- Medication Adherence
- Intimate Relationships
- Transportation
- Educational Attainment
- *Independent Living Skills [K]*
- *Parenting/Caregiving Roles [L]*
- *Job Functioning [M]*

Strengths
- Youth Involvement in Care

Caregiver Resources & Needs (All Ages)

Adjustment to Traumatic Experiences
Supervision
Involvement with Care
Knowledge
Organization
Social Resources
Financial Resources
Residential Stability

Caregiver Resources & Needs continued
Medical/Physical
Mental Health
Substance Use
Developmental
Safety
Marital/Partner Violence in the Home
Legal Involvement
Family Relationship to the System

MODULES

[A] Developmental Needs (All Ages)
Cognitive
Developmental
Communication (Expressive/Receptive)
Self-Care Activities of Daily Living

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

[C] Autism Spectrum Profile (All Ages)
Functioning
- Temperament/Emotional Responsiveness
- Adaptation to Change
- Transitions
- Autonomy

Sensory/Motor Functioning
- Gross Motor
- Fine Motor
- Coordination
- Vision and Hearing
- Sensory Responsiveness

[C] Autism Spectrum Profile continued
Communication
- Augmented Communication
- Receptive Communication
- Expressive Language
- Speech-Sound Production
- Social/Pragmatic Use of Language
- Stereotyped Sound Output
- Gestures

Maladaptive Behaviors
- Repetitive Behaviors
- Restricted Interests
- Flight Risk/Bolting (ages 6+)

[D] Trauma
D1 - Potentially Traumatic/Adverse Childhood Experiences (All Ages)
- Sexual Abuse
- Physical Abuse
- Neglect
- Emotional Abuse
- Medical Trauma
- Natural or Manmade Disaster
- Family Violence
- Community/School Violence
- War/Terrorism Affected
- Criminal Activity
- Parental Criminal Behavior
- Disruptions in Caregiving/Attachment Losses

D2 - Traumatic Stress Symptoms (Ages 6+)
- Emotional and/or Physical Dysregulation
- Intrusions/Re-experiencing
- Traumatic Grief
- Hyperarousal
- Avoidance
- Numbing
- Dissociation

[E] Substance Use Disorder (Ages 6+)
Severity of Use
Duration of Use
Stage of Recovery
Peer Influences
Parental/Caregiver Influences
Environmental Influences
Recovery Support in Community

[F] Dangerousness/Violence (Ages 6+)
Weapons Risk
Historical Risk Factors
  History of 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

[G] Problematic Sexual Behavior (Ages 6+)
Hypersexuality
High-Risk Sexual Behavior
Masturbation
Sexually Reactive Behavior
Sexual Aggression [G1]
[G1] Sexually Aggressive Behavior Sub-Module (Ages 6+)
  Physical Force/Threat/Coercion
  Planning
  Age Differential
  Relationship
  Type of Sex Act
  Response to Accusation
  Temporal Consistency
  History of Sexually Aggressive Behavior

[H] 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

[I] Juvenile Justice Module (Ages 6+)
History
Seriousness
Planning
Community Safety
Peer Influences
Parental Criminal Behavior
Environmental Influences
Legal Compliance

[J] Fire Setting (Ages 6+)
History
Seriousness
Planning
Use of Accelerants
Intention to Harm
Community Safety
Response to Accusation
Remorse
Likelihood of Future Fire Setting

[K] Independent Activities of Daily Living (Ages 16+)
Meal Preparation
Shopping
Housework
Money Management
Communication Devise Use
Housing Safety

[L] Parenting/Caregiving (Ages 16+)
Knowledge of Needs
Supervision
Involvement with Care
Organization
Marital/Partner Violence in the Home

[M] Readiness Inventory for Successful Employment (RISEmploy – Ages 16+)
Work Orientation
  Career Aspirations
  Aspirational Congruence
  Job Market Expectations
  Work Ethic
Work Experience
  Work History
  Time Since Last Job
  Job Turnover
Work Performance
  Job Attendance
  Job Performance
  Job Relations
  Job Enjoyment
  Customer Orientation
Work Readiness
  Routine
  Skills Relevant to Aspirations
  Digital Literacy
  Financial Literacy
  Resume/Cover Letter
  Interview Clothes

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 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.

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

AGES 0-5

FAMILY FUNCTIONING

This item rates the child's relationships with those who are in their family. Consider biological and adoptive relatives and their significant others with whom the child is still in contact. When rating this item, consider the relationships and interactions the child has with their family as well as the relationship of the family as a whole. **Note:** For children 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.

Questions to Consider:

- How does the child get along with siblings or other children in the household?
- How does the child get along with parents or other adults in the household?
- Is the child particularly close to one or more members of the family?
- Who does the child 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 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 is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the child. Arguing may be common but does not result in major problems.

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

Child 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 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 experienced or stimulated by the child currently being assessed. [continues]

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

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

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

PARENT/CHILD INTERACTION

This item rates how the caregiver and child relate to each other and the level of relationship that exists. This item assesses whether the caregiver and child have a healthy relationship, as demonstrated by good communication and care, or unhealthy, which could be demonstrated by a failure to communicate consistently, difficulty with affection or attention in the relationship, or, in the extreme, neglect and/or abuse. The caregiver who is considered in this item is the same caregiver being rated in the Caregiver Resources & Needs Domain.

Questions to Consider:

- How would you describe the child's style of getting the parent's attention?
- What are the activities the parent likes and dislikes to do with their child?
- Does the parent feel as if they have enough enjoyable moments with their child?
- Are there concerns about the way the child relates to their parent?

Ratings and Descriptions

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

No evidence of problems in the parent/child interaction.

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

There is either a history of problems or suboptimal functioning in parent/child interaction. There may be inconsistencies or indications that interaction is not optimal that has not yet resulted in problems.

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

The parent/child dyad interacts in a way that is problematic and has led to interference with the child's growth and development.

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

The parent/child dyad is having significant problems that can be characterized as abusive or neglectful.

Supplemental Information: Understanding parent-child interactions in early childhood: The day-to-day interactions between infants and young children and their parents help drive their emotional, physical, and intellectual development. When parents are sensitive and responsive to children's cues, they contribute to the coordinated back and forth of communication between parent and child. These interactions help children develop a sense of self and emotional regulation skills (e.g., self-calming and self-control skills). [continues]

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

PARENT/CHILD INTERACTION

Parents do not have to be perfectly attuned to their child at every moment. When parent and child misunderstand each other's signals, as they will from time to time, there will be a temporary disruption in their interaction. This gives them both a chance to learn how to handle brief moments of distress and to reach out for each other and reconnect again. When misunderstandings become the norm, however, and the child cannot count on a parent's responsiveness, the child's development may be thrown off course.

Parent-child interactions are affected by each child's individual qualities, and by the fit of the child's temperament with the parents. For example, a very active child may be exhausting for any parent, especially one who is already stressed. In addition, positive parent-child interactions may look quite distinct in different families. A wide range of caregiving styles, playful interactions, and emotional responses support healthy child development. Parents' responses to children's cues and behaviors differ. This may depend on their own temperament, personal history, current life situation, and their cultural goals and beliefs (NCPFCE, 2013).

Assessing parent-child relationship in early childhood: It can be helpful to assess the following aspects of parent-child interactions:

- What emotions are present in the parent and the child during the interaction?
- What sort of verbal and non-verbal communication do the parent and child demonstrate?
- What is the balance of positive to negative interactions?
- What are the typical routines and activities of the parent/child?
- Does the parent-child dyad seem comfortable and interested in one another?
- Do the interactions seem smooth and in sync with one another?
- Do the parent and child respond to each other's cues?
- Is the parent comfortable with the child taking the lead in play?
- Do the parent and child demonstrate nurturing touch and behaviors toward one another?
- How does the child respond to limit setting?
- Does the parent-child dyad demonstrate appropriate boundaries and expectations of one another?
- Does the parent comfort the child when the child is hurt or upset?
- Can the parent accept the child's display of feelings, both positive and negative ones?
- Does the parent support the child in exploration?

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

SOCIAL AND EMOTIONAL FUNCTIONING

This item rates the child's social and relationship functioning. This includes age-appropriate behavior such as showing an array of emotions, and the ability to engage and interact with others including the ability to calm oneself with help from familiar caregivers, and handling frustration.

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of problems with social and emotional functioning; child has positive social relationships.

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

Child is having some problems in social relationships or emotional functioning. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations. Child may need help to calm or may have some problems in relationships due to emotional regulation, some lack of emotional responsiveness or heightened emotions.

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

Child is having problems with their social relationships and emotional functioning. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.

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

Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

Supplemental Information: Understanding social development in early childhood: This item is important to assess due to how significantly it relates to all other areas of development. A child that is struggling in their capacity to relate to their parents, caregivers, and peers will also struggle in their ability to find support for the other areas of development. The importance of the parent/child relationship and the child's capacity to socialize and regulate their emotions give a child the tools to move forward in all other areas.

Assessment of social functioning in early childhood: The following table presents a list of some general developmental milestones for social functioning (ZTT, 2016). [continues]

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

SOCIAL AND EMOTIONAL FUNCTIONING continued

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 items 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 item 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).

Social Functioning Developmental Milestones

By 3 Months	• Smiles responsively (i.e., social smile) • Imitates simple facial expressions (e.g., smiling, sticking tongue out) • Looks at caregiver's face • Coos responsively • Localizes to familiar voices and sounds • Shows interest in facial expressions • Is comforted by proximity of caregiver
By 6 Months	• Imitates some movements and facial expressions (e.g., smiling, frowning) • Engages in socially reciprocal interactions (e.g., playing simple back-and-forth games) • Seeks social engagement with vocalizations, emotional expressions, or physical contact • Watches face closely • Responds to affection with smiling, cooing, or settling • Recovers from distress when comforted by caregiver
By 9 months	• Distinguishes between familiar and unfamiliar voices • Shows some stranger wariness • Demonstrates preference for caregivers • Protests separation from caregiver • Enjoys extended play with others • Engages in back-and-forth, two-way communication using vocalizations and eye movement • Mimics other's simple gestures • Follows other's gaze and pointing

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

By 12 months	• Looks to caregiver for information about new situations and environments • Looks to caregiver to share emotional experiences • Responds to other people's emotions (e.g., displays somber, serious face in response to sadness in parent, smiles when parent laughs) • Offers object to imitated interaction (e.g., hands caregiver a book to hear a story) • Plays interactive games (e.g., peek-a-boo, patty-cake) • Looks at familiar people when they are named • Gives object to seek help (e.g., hands shoe to parent) • Extends arm or leg to assist with dressing
By 15 months	• Seeks and enjoys attention from others, especially caregivers • Shows affection with kisses (without pursed lips) • Demonstrates cautious or fearful behavior such as clinging to or hiding behind caregiver • Engages in parallel play with peers • Presents a book or toy when they want to hear a story or play • Repeats sounds or actions to get attention [continues] • Enjoys looking at picture books with caregiver • Initiates joint attention (e.g., points to show something interesting or to get others' attention)
By 18 months	• Shares humor with peers or adults (e.g., laughs at and makes funny faces or nonsense rhymes) • Likes to hand things to others during play • Engages in reciprocal displays of affection (e.g., hugs or kisses with a pucker) • Asserts autonomy (e.g., "Me do") • Reacts with concern when someone appears hurt • Leaves caregiver's side to explore nearby objects or settings • Engages in teasing behavior such as looking at caregiver and doing something "forbidden" • When pointing, looks back at caregiver to confirm joint attention
By 24 months	• Exhibits empathy (e.g., offers comfort when someone is hurt) • Attempts to exert independence frequently • Imitates others' complex actions, especially adults and older children (e.g., putting plates on a table, posture, gesture) • Enjoys being with other young children • Takes pride and pleasure in accomplishments • Primarily plays in proximity to young children; notices and imitates other young children's play • Responds to being corrected or praised

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

By 36 months	• Expresses affection openly and verbally • Shows affection to peers without prompting • Shares without prompts • Can wait turn in playing games • Shows concern for crying peers by taking action • Engages in associate play with peers (e.g., participate in similar activities without formal organization but with some interaction) • Shares accomplishments with others • Helps with simple household chores
By 48 months	• Pretends to play “Mom” or “Dad” or other relevant caregivers • Asks about or talks about caregiver when separated • Engages in cooperative play with other young children • Has a preferred friend • Expresses interests, likes, and dislikes
By 60 months	• Shows increased confidence associated with greater independence and autonomy • Wants to please friends • Emulates role models, real and imaginary • Values rules in social interactions • Participates in group activities that require assuming roles (e.g., Follow the Leader) • Modulates or modifies voice correctly depending on situation or listener (adult, another child, younger child)

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

EARLY CARE AND EDUCATION ATTENDANCE

This item rates any challenges, including medically excused absences, that the child is experiencing with regard to being physically present at childcare or preschool. ***Children under 5 who are not in any congregate learning settings (EHS, HS, Preschool, Pre-K) would be rated a '0' here***.

Questions to Consider:

- How often does the child miss preschool or daycare?

Ratings and Descriptions

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

Child attends early care and educational setting regularly.

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

Child has some problems attending early care and educational setting but generally is present. The child may be missing up to one day per week on average. Children who were missing childcare or preschool regularly but have attended regularly for the past 30 days would be rated here.

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

Child is having problems attending childcare or preschool regularly and is missing at least two days each week on average.

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

Child is frequently absent (more than twice a week on average) and these absences create a barrier to social/emotional/academic learning.

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 individuals. 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 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 day care environment is important to consider, as well as the day care's ability to meet the needs of the individual 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. [continues]

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

EARLY CARE AND EDUCATION continued

Indicators of a high-quality early care/educational setting:

- Infant or 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
- Predictable routines
- Adults tend to the child's needs (e.g., pick up crying child, feed hungry toddler, etc.)
- Low child-adult ratios
- Safe and clean environment
- Early care/education setting provides frequent and open communication with parents

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

EARLY CARE AND EDUCATION BEHAVIOR

This item rates the child's behavior in the early care and educational environment. ***Children under 5 who are not in any congregate learning settings (EHS, HS, Preschool, Pre-K) would be rated a '0' here***.

Questions to Consider:

- What is the child's experience in preschool/childcare?
- Does the child have difficulties with following routines, responding to adult requests and directives, or following classroom rules?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of problems with functioning in current early care and educational 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 early care and educational environment. Child 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 is experiencing difficulties maintaining their behavior in the early care and educational setting.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child's problems with functioning in the early care and educational environment place them at immediate risk of being removed from program due to their behaviors.

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

EARLY CARE AND EDUCATION ACHIEVEMENT

his item rates the child's social, emotional, and academic learning progress in the early care and education setting. ***Children under 5 who are not in any congregate learning settings (EHS, HS, Preschool, Pre-K) would be rated a '0' here***.

Questions to Consider:

- What is the child's experience in preschool/childcare?
- Does the child have difficulties with learning new academic, social, or emotional skills?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of problems with learning in current early care and educational environment.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child is able to learn but has some challenges and requires extra adult support.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child is having challenges learning in some areas, even with adult support.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child is having significant learning problems in all skill areas and may be completely unable to participate, learn, or understand.

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

PRIMARY CARE PHYSICIAN RELATIONSHIP

This item refers to the connection, history and anticipated future child has with a primary care physician (PCP).

Questions to Consider:

- Does the child have a PCP?
- Does the child and family feel comfortable with the PCP relationship?
- Who will be providing health care during and after mental health treatment?

Ratings and Descriptions

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

Child has been involved with one primary care physician for over a year and plans to continue the relationship.

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

Child has a primary care physician that has been managing the child's health care for less than a year and plans to continue in the relationship.

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

Child has an identified primary care physician; however, they are not actively contributing to the child's health care.

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

Child has no identified primary care physician.

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

DEVELOPMENTAL/INTELLECTUAL*

This item describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities or delays. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders.

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of developmental delay and/or child 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 may have low IQ, 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 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 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 item triggers the completion of the [A] 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.

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. [continues]

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

DEVELOPMENTAL/INTELLECTUAL continued

Some items 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 item 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)
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 [cont.] • 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
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)

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

[A] DEVELOPMENTAL NEEDS MODULE (All AGES)

COGNITIVE

This item 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.

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

DEVELOPMENTAL

This item rates 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.

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

COMMUNICATION (EXPRESSIVE/RECEPTIVE)

This item describes the child/youth's ability to communicate through any medium including all spontaneous vocalizations and articulations. In this item, 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? Does the child/youth understand others who are trying to communicate with them?
- Has the child/youth ever been diagnosed with a communication disorder?

Ratings and Descriptions

0	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	There is a history of communication, comprehension or expression problems and/or there are concerns of possible problems. An infant may rarely vocalize; a toddler may have very few words and become frustrated with expressing needs; a preschooler may be difficult for others to understand.
2	Child/youth has either receptive or expressive language problems, comprehension or expression problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
3	Child/youth has serious communication, comprehension or expression difficulties and is unable to communicate including through pointing and grunting.

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

SELF-CARE ACTIVITIES OF DAILY LIVING

This item aims to describe the child/youth's ability and motivation to engage in developmentally-appropriate self-care tasks such as bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.

Questions to Consider:

- Is the child/youth able to care for themselves?
- Does the child/youth groom on a regular basis?
- Does the child/youth bathe themselves?

Ratings and Descriptions

0	Child/youth's self-care skills appear developmentally appropriate. There is no reason to believe that the child/youth has any problems performing the basic activities of daily living.
1	Child/youth requires verbal prompting on self-care tasks, or child/youth can use adaptations and supports to complete self-care.
2	Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., bathing, dressing, toileting).
3	Child/youth requires attendant care on more than one of the self-care tasks (e.g., bathing, dressing, and toileting).

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

End of Developmental Needs Module

MEDICAL/PHYSICAL*

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence that the child has any medical or physical problems, and/or child is healthy.

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

Child 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 has serious medical or physical problems that require medical treatment or intervention. Or child 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 has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [B] 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 item. 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 item.

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.

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

[B] MEDICAL HEALTH MODULE (ALL AGES)

ORGANIZATIONAL COMPLEXITY

This item 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.

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

MEDICATION MANAGEMENT

This item focuses on the child/youth or their caregivers' ability to manage their prescription medication regimen and the impact on their physical and/or mental health symptoms and functioning.

Questions to Consider:

- Is child/youth or their caregiver able to manage taking their medication independently and as prescribed?
- Does child/youth or their caregiver sometimes forget to take medication and needs reminders?
- Does child/youth refuse to take medication, or do they misuse it?

Ratings and Descriptions

0	There is no evidence that the child/youth or their caregivers have difficulty managing any prescription medication.
1	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	Over the last year, child/youth takes medication inconsistently, has difficulties with side effects, or misuses medications. OR, the underlying medical or behavioral health conditions are unstable or adversely affect the child/youth's functioning. OR, the child/youth makes frequent visits to physician or urgent care center within the last year.
3	Due to the child/youth or their caregivers' inability to self-manage prescribed medications, their mental or physical condition is deteriorating and functioning is severely impaired. Inpatient care may be necessary to stabilize the child/youth's condition. OR, this level indicates a child/youth who has refused to take prescribed psychotropic medications or physical health care medications during the past 180-day period or who has abused their medications to a significant degree (e.g., overdosing or using medications to a dangerous degree).

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

INTENSITY OF TREATMENT SUPPORT

This item 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.

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

CHRONICITY

This item 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 ER 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).

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

LIFE THREATENING

This item 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.

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

DIAGNOSTIC COMPLEXITY

This item 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).

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

IMPAIRMENT IN FUNCTIONING

This item 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.

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

CHILD/YOUTH'S EMOTIONAL REPONSE

This item 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.

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

FAMILY STRESS

This item refers to the physical, emotional, or financial stress on the family due to the provision of direct care, making and coordinating appointments, or obtaining medical supplies and equipment.

Questions to Consider:

- Does the child/youth's medical condition put the family under any stress?

Ratings and Descriptions

0	Child/youth's medical, developmental, or behavioral health condition or care is not adding stress to the family.
1	Child/youth's medical, developmental, or behavioral health condition or care is a stressor on the family, but family is functioning well.
2	Child/youth's medical, developmental, or behavioral health condition or care is a stressor and is interfering with family functioning.
3	Child/youth's medical, developmental, or behavioral health condition or care is a significant stressor and is significantly impacting family functioning. Family functioning is characterized by lack of support for or conflict among the family members.

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

End of the Medical Health Module

AUTISM SPECTRUM*

This item describes the presence of Autism Spectrum Disorder.

Questions to Consider:

- Does the child have any symptoms of Autism Spectrum Disorder?
- Does the child have a previous diagnosis of Autism Spectrum Disorder?

Ratings and Descriptions

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

There is no history of Autism Spectrum symptoms.

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

Evidence of a low-end Autism Spectrum Disorder. The child may have had symptoms of Autism Spectrum Disorder, but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on development.

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

Child meets criteria for a diagnosis of Autism Spectrum Disorder. Autism Spectrum symptoms are impairing child's functioning in one or more areas and requires intervention.

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

Child meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [C] Autism Spectrum Profile Module.**

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

[C] AUTISM SPECTRUM PROFILE MODULE (All AGES)

FUNCTIONING

TEMPERAMENT/EMOTIONAL RESPONSIVENESS

This item describes the child/youth's general mood state.

Questions to Consider:

- How is the child/youth's temperament described?
- Does the child/youth have intense reactions to environmental situations?
- Does the child/youth's temperament impact their functioning?

Ratings and Descriptions

0	This level indicates a child/youth with an easy temperament and a generally sunny disposition.
1	This level indicates a child/youth with some problems with their general mood. They may be mildly anxious or sad or may have occasional episodes or extended crying or tantrumming.
2	This level indicates a child/youth with a difficult temperament. They have intense reactions - crying loudly with persistent episodes of crying, tantrumming, or other difficult behavior. Their mood prevents functioning in at least one life domain.
3	This level indicates a child/youth whose has severe problems with general mood. Their mood prevents functioning in multiple life domains.

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

ADAPTATION TO CHANGE

This item rates the ability of the child/youth to adapt to new situations or experiences and to shift from one activity, person, or environment to another without disruptions.

Questions to Consider:

- How does the child/youth adapt to new situations or shifts from activities, persons or environments?

Ratings and Descriptions

0	No evidence of problems with environmental changes. The child/youth adapts across places, people and activities without difficulty.
1	Child/youth has had some challenges with environmental changes in the past, OR the child/youth is generally good with changes but may experience some difficulties with specific individuals, environments, or activities. These difficulties do not impact the child/youth's functioning.
2	Child/ youth has problems with environmental changes. They have difficulties with smoothly adapting to changes from places, people and/or activities which impacts their functioning.
3	Changes in places, people, or activities are very disrupting to the child/youth and can be disabling for them.

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

TRANSITIONS

This item rates the ability of the child/youth to anticipate, plan, and adapt to global transition phases (e.g., preschool to elementary school; elementary school to secondary school; secondary school to vocational setting) or transition events in one 's life (e.g., relocations, births of siblings, marriages/ deaths in the family).

Questions to Consider:

- Is the child/youth able to anticipate, plan and adapt to transition phases or events?
- When transition events happen to the child/youth, do they need support in addressing these transitions?

Ratings and Descriptions

0	No evidence of problems with transitions. The child/youth experiences global transitions/events without difficulty.
1	Child/youth is generally good with global transitions/events but may experience some difficulties without some support. These difficulties do not impact the child/youth's functioning.
2	Child/youth's difficulties with global transitions/events impact their functioning. The child/ youth requires supports to help them anticipate, plan and adapt to these life transitions.
3	Global changes are disrupting and can be very disabling or dangerous for the child/youth.

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

AUTONOMY

This item describes the child/youth's age-appropriate judgment and ability to function and/or pursue activities independently.

Questions to Consider:

- Is the child/youth able to function or pursue activities independently in an age-expected manner?

Ratings and Descriptions

0	Child/youth displays developmentally-appropriate autonomy. There is no reason to believe that the child/youth has any problems with developmentally-appropriate independence or self-governed behavior.
1	Child/youth has had challenges with developmentally-appropriate autonomy in the past, OR the child/youth currently has difficulties with pursuing age-appropriate activities independently which requires some monitoring.
2	Child/youth requires consistent assistance with pursuing age-appropriate activities independently which is impacting their functioning. The child/youth does not appear to be developing the needed skills in this area.
3	Child/youth is not able to function independently.

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

SENSORY/MOTOR FUNCTIONING

GROSS MOTOR

This item describes the child/youth's gross motor functioning (e.g., sitting, standing, and walking).

Questions to Consider:

- Does the child/youth have any difficulties with gross motor function?
- How do the gross motor functioning difficulties impact the child/youth's functioning?

Ratings and Descriptions

0	There is no reason to believe that the child/youth has any problems with gross motor functioning.
1	History of gross motor functioning problems. Child/youth may have been delayed in gross motor functioning but has since reached those milestones.
2	Child/youth has gross motor deficits that impact their functioning. A non-ambulatory child/youth would be rated here.
3	Child/youth has gross 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.

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

FINE MOTOR

This item describes the child/youth's fine motor functioning (e.g., hand grasping and manipulation).

Questions to Consider:

- Does the child/youth have any difficulties with fine motor function?
- How do the fine motor functioning difficulties impact the child/youth's functioning?

Ratings and Descriptions

0	There is no reason to believe that the child/youth has any problems with fine motor functioning.
1	History of fine motor functioning problems. Child/youth may have been delayed in fine motor functioning but has since reached those milestones.
2	Child/youth has fine motor deficits that impact their functioning. The child/youth's deficits with fine motor skills impacts their functioning.
3	Child/youth has fine motor deficits that are disabling. Complete absence of manual skills would be rated here.

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

COORDINATION

This item describes the child/youth's ability to coordinate movement with activities, including motor-planning ability.

Questions to Consider:

- Does the child/youth have any difficulties with coordinating movement with activities?

Ratings and Descriptions

0	No evidence of any movement coordination needs. Child/youth has good coordination and motor-planning.
1	Child/youth has occasional coordination and motor-planning problems, but they do not interfere with their functioning.
2	Child/youth has problems with coordination and motor-planning that interfere with functioning in at least one area.
3	Child/youth has problems with coordination and motor-planning that is disabling and affecting most areas of functioning.

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

VISION AND HEARING

This item describes the child/youth's ability to use senses of vision and hearing.

Questions to Consider:

- Does the child/youth have any difficulties with their vision or hearing?
- How does the child/youth's vision or hearing difficulties impact their functioning?

Ratings and Descriptions

0	No evidence of needs with regard to the child/youth's vision or hearing.
1	Child/youth has had vision or hearing difficulties in the past, OR there are some correctable difficulties in one sense – vision or hearing.
2	Child/youth has difficulties with their vision and/or hearing that impacts their functioning.
3	Impairment in one or both senses is dangerous or disabling to the child/youth. Vision or hearing loss would be rated here.

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

SENSORY RESPONSIVENESS

This item describes the child/youth's responses to sensory stimuli including both hyper- or hypo-sensitivities (e.g., tactile, oral, auditory, smell, vestibular and proprioceptive).

Questions to Consider:

- Does the child/youth exhibit any hyper- or hypo-sensitivities to sensory stimulation?

Ratings and Descriptions

0	No evidence that the child/youth has atypical responses to stimuli.
1	Child/youth has some atypical reactions to one or more sensory stimuli that do not interfere with their functioning.
2	Child/youth has atypical reactions to one or more sensory stimuli that interfere with their functioning.
3	Child/youth's atypical reactions to one or more sensory stimuli are dangerous or disabling to them. Social, emotional and/or behavioural difficulties related to sensory integration problems are/can be extreme.

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

COMMUNICATION

AUGMENTED COMMUNICATION

This item describes the child/youth's ability to use sign language, PECS, and other communication strategies to improve communication with others.

Questions to Consider:

- Does the child/youth need to access communication strategies to improve their communication with others?
- Does the child/youth have the appropriate skills to use their augmented communication strategies?

Ratings and Descriptions

0	Child/youth has good communication skills or does not require augmented communication.
1	Child/youth has used communication strategies in the past to improve their communication with others, OR the child/youth may need to use communication strategies at times or in certain circumstances to improve communication, but they are currently able to communicate effectively.
2	Child/youth has limited augmented communication skills and requires the development of these skills in order to communicate effectively.
3	Child/youth has no augmented communication skills and is currently unable to communicate with effectively others.

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

RECEPTIVE COMMUNICATION

This item describes the child/youth's ability to understand others' oral communication at an age-appropriate or developmentally-appropriate level.

Questions to Consider:

- Does the child/youth have difficulties in understanding others' oral communication to them in an age-appropriate or developmentally-appropriate level?

Ratings and Descriptions

0	Child/youth does not have any difficulties with receptive communication.
1	Child/youth's receptive communication can be appropriate in many, but not all, natural situations.
2	While the child/youth can understand some language, their receptive communication is impacting their functioning.
3	Child/youth's receptive communication is disabling. They are unable to understand any spoken language.

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

EXPRESSIVE LANGUAGE

This item describes the child/youth's ability to communicate through spontaneous verbalizations/ vocalizations at a developmentally- or age-appropriate level. Non-verbal language is addressed elsewhere.

Questions to Consider:

- Is the child/youth able to communicate through age- or developmentally-appropriate verbalizations or vocalizations?

Ratings and Descriptions

0	No evidence of needs with expressive language. Child/youth's expressive communication appears appropriate to their age or developmental level.
1	Child/youth's expressive communication can be appropriate in many, but not all, natural situations.
2	Child/youth has some language, but their difficulties with expressive communication is impacting their functioning.
3	Child/youth's difficulties with expressive language is disabling. The child/youth is unable to communicate intent/interest by verbalization or vocalization.

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

SPEECH-SOUND PRODUCTION

This item describes the child/youth's ability to produce sounds appropriately as per age or developmental stage.

Questions to Consider:

- Is the child/youth able to produce age- or developmentally-appropriate sounds?

Ratings and Descriptions

0 Child/youth's speech is generally understood by others. Older children/youth who are fluent in alternative systems of communication (e.g., sign language) should also be rated here.

1 Child/youth's speech is generally understood by people familiar with them, though inconsistently by others.

2 Child/youth's speech is understood by primary caregivers less than 50% of the time. The child/youth's speech difficulties impact their functioning.

3 Child/youth's speech is frequently unintelligible to others, even caregivers, and is dangerous and/or disabling to them. Individuals who are non-verbal are rated here.

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

SOCIAL/PRAGMATIC USE OF LANGUAGE

This item describes the child/youth's ability to understand and communicate in unstructured, naturally occurring situations and environments.

Questions to Consider:

- Is the child/youth able to understand and communicate in a variety of situations or environments?
- Does the child/youth have any difficulty using words in a functional or social way?

Ratings and Descriptions

0 No evidence of need regarding the child/youth's social/pragmatic use of language. The child/youth uses language for a variety of social and functional purposes (e.g., requesting, protesting, greeting, asking questions, etc.).

1 Child/youth uses language for a variety of functional purposes but not in all situations/environments.

2 Child/youth's difficulties in using words in a functional or social way impacts their functioning in most situations and environments.

3 Child/youth rarely, if ever, communicates in a functional or social manner despite having evidence of some language ability (this rating would include young people with no verbal speech).

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

STEROETYPED SOUND OUTPUT

This item describes stereotyped, perseverative, atypical and other forms of non-functional speech.
Note: Only rate this item if the child/youth has evidence of expressive oral language.

Questions to Consider:

- Is the child/youth able to communicated through expressive oral language?
- Does the child/youth have any difficulties with stereotyped content or perseverative or non-functional speech?

Ratings and Descriptions

0	No evidence of needs regarding stereotyped sound output. Child/youth's output rarely, if ever, contains stereotyped content or is perseverative beyond typical developmental features.
1	Child/youth's output occasionally contains stereotyped content or is perseverative, but rarely interferes with functional communication.
2	Child/youth's output frequently is stereotyped, and they perseverate to the point of interfering with functional communication.
3	Child/youth's output is almost entirely composed of stereotyped and perseverative content.

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

GESTURES

This item describes the child/youth's ability to communicate effectively and appropriately through gestures (e.g., hand and head movements, facial expressions).

Questions to Consider:

- Is the child/youth able to communicate effectively through hand gestures, head movements or facial expressions?

Ratings and Descriptions

0	Child/youth complements verbal communication, at whatever level established, through age-appropriate use of gestures.
1	Child/youth inconsistently or awkwardly complements verbal communication, at whatever level established, through age-appropriate use of gestures.
2	Child/youth rarely complements verbal communication, at whatever level established, through age-appropriate use of gestures or choices of gestures which creates communication challenges.
3	Child/youth has no communication system through gestures established or choices of gestures which creates significant difficulties in many life domains.

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

MALADAPTIVE BEHAVIORS

REPETITIVE BEHAVIORS

This item describes ritualized or stereotyped motor behaviors, i.e., 'stereotypies' (e.g., spinning, head banging, twirling, hand flapping, finger-flicking, rocking, toe walking, repetitively asking questions, etc.).

Questions to Consider:

- Does the child/youth exhibit any repetitive or other behaviors that could be considered stereotypies?

Ratings and Descriptions

0	There is no evidence of repetitive or stereotypies in the child/youth.
1	Repetitive behavior or stereotypies occasionally noticed by familiar caregiver but may have only occasional interference in the child/youth's functioning.
2	Repetitive behaviors or stereotypies generally noticed by unfamiliar people and have notable interference in the child/youth's functioning.
3	Repetitive behavior or stereotypies occur with high frequency, and are disabling or dangerous to the child/youth.

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

RESTRICTED INTERESTS

This item describes highly circumscribed or unusual/bizarre interests that are not usually seen.

Questions to Consider:

- Does the child/youth have varied and age-appropriate interests in object and the environment?
- Do the child/youth's interests impact their functioning?

Ratings and Descriptions

0	Child/youth has varied and age-appropriate interests in objects and the environment. No evidence of preoccupations in the child/youth.
1	Child/youth has some age-appropriate interests in objects and the environment, but can also demonstrate preoccupations that have occasional interference with their functioning.
2	Child/youth frequently demonstrates excessive preoccupations, or odd interests, but may have some age-appropriate interests in objects and the environment which interferes in a notable way with their functioning.
3	Child/youth's interests are almost completely preoccupied with a specific focus that is disabling or dangerous.

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

FLIGHT RISK/BOLTING (AGES 6+)

This item 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 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	Child has no history of running away or ideation of escaping from current living situation.
1	History of escape behaviors but none in the past month, or a child 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	Child has engaged in escape behaviors during the past 30 days. Repeated bolting would be rated here.
3	Child has engaged in escape behaviors that placed the safety of the child at significant risk.

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

End of Autism Spectrum Profile Module

AGES 6+

FAMILY FUNCTIONING

This item evaluates and rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e., who the child/youth describes as family). In the absence of this information, consider biological and adoptive relatives and significant others with whom the child/youth is still in contact. When rating this item, consider the relationship the child/youth has with their family as well as the relationship of the family as a whole. 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:

- Does the family identify the conflict that they would like to resolve?
- Would therapeutic intervention help to strengthen the family relationship?

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.

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

PARENT/CHILD INTERACTION

This item rates how the caregiver and child/youth relate to each other and the level of relationship that exists. This item assesses whether the caregiver and child/youth have a healthy relationship, as demonstrated by good communication and care, or unhealthy, which could be demonstrated by a failure to communicate consistently, difficulty with affection or attention in the relationship, or, in the extreme, neglect and/or abuse. The caregiver who is considered in this item is the same caregiver being rated in the Caregiver Resources & Needs Domain.

Questions to Consider:

- How would you describe the child/youth's style of getting the parent's attention?
- What are the activities the parent likes and dislikes to do with their child?
- Does the parent feel as if they have enough enjoyable moments with their child?
- Are there concerns about the way the child/youth relates to their parent?

Ratings and Descriptions

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

No evidence of problems in the parent/child interaction.

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

There is either a history of problems or suboptimal functioning in parent/child interaction. There may be inconsistencies or indications that interaction is not optimal that has not yet resulted in problems.

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

The parent/child dyad interacts in a way that is problematic and has led to interference with the child/youth's growth and development.

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

The parent/child dyad is having significant problems that can be characterized as abusive or neglectful.

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

LIVING SITUATION

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

Questions to Consider:

- How 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.

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

SOCIAL FUNCTIONING

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

Questions to Consider:

- 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.

Supplemental Information: A child/youth who socializes with primarily younger or much older individuals would be identified as having needs on this item. 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.'

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

RECREATIONAL

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

Questions to Consider:

- Does the child/youth have things that they like to do with free time?
- Things that give the child/youth pleasure?
- Does the child/youth often claim to be bored or have nothing to do?

Ratings and Descriptions

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

No evidence of any problems with recreational functioning. Child/youth has access to sufficient activities that the child/youth enjoys.

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 some problems may exist.

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

Child/youth is having moderate problems with recreational activities. Child/youth may experience some problems with effective use of leisure time.

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.

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

LEGAL (AGE 11+)

This item 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 (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 age 11.

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

SEXUAL DEVELOPMENT

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The child/youth's sexual orientation, gender identity 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.

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

SLEEP

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

Questions to Consider:

- Does the child/youth appear rested?
- 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?

Ratings and Descriptions

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

No evidence of problems with sleep. Child/youth gets a full night's sleep each night and feels rested.

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

Child/youth has some problems sleeping. Generally, 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 nightmares. Sleep is not restful for the child/youth.

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 often disrupted, and child/youth seldom obtains a full night of sleep and doesn't feel rested. Difficulties in sleep are interfering with their functioning in at least one area of their life.

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 and does not feel rested. Child/youth's sleep deprivation is dangerous and places them at risk.

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

SCHOOL ATTENDANCE

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

Questions to Consider:

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

Ratings and Descriptions

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

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

SCHOOL BEHAVIOR

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

Questions to Consider:

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

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of behavioral problems at school, OR child/youth is behaving well in school.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* 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	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* 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.

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

SCHOOL ACHIEVEMENT

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

Questions to Consider:

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

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of issues in school achievement and/or child/youth is doing well in school.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child/youth is doing adequately in school although some problems with achievement exist.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* 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.

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

DECISION MAKING

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

Questions to Consider:

- How is the child/youth's decision-making process and ability to make good decisions?
- Does the child/youth typically make good choices for themselves?
- How does the child/family describe the 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.

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

PRIMARY CARE PHYSICIAN RELATIONSHIP

This item refers to the connection, history and anticipated future child/youth has with a primary care physician (PCP).

Questions to Consider:

- Does the child/youth have a PCP?
- Does the child/youth and family feel comfortable with the PCP relationship?
- Who will be providing health care during and after mental health treatment?

Ratings and Descriptions

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

Child/youth has been involved with one primary care physician for over a year and plans to continue the relationship.

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

Child/youth has a primary care physician that has been managing the child's health care for less than a year and plans to continue in the relationship.

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

Child/youth has an identified primary care physician; however, they are not actively contributing to the child/youth's health care.

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

Child/youth has no identified primary care physician.

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

DEVELOPMENTAL/INTELLECTUAL*

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

Questions to Consider:

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

Ratings and Descriptions

0 *No 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 IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning 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 participation and independent living across multiple environments.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [A] Developmental Needs Module.**

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

MEDICAL/PHYSICAL*

This item includes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider:

- Does the child/youth have anything that limits their physical activities?
- How much does this 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 they are 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 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 item triggers the completion of the [B] Medical Health Module.**

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

AUTISM SPECTRUM*

This item describes the presence of Autism Spectrum Disorder.

Questions to Consider:

- Does the child have any symptoms of Autism Spectrum Disorder?
- Does the child have a previous diagnosis of Autism Spectrum Disorder?

Ratings and Descriptions

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

There is no history of Autism Spectrum symptoms.

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

Evidence of a low-end Autism Spectrum Disorder. The child/youth may have had symptoms of Autism Spectrum Disorder, but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on development.

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

Child/youth meets criteria for a diagnosis of Autism Spectrum Disorder. Autism Spectrum symptoms are impairing child's functioning in one or more areas and requires intervention.

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

Child/youth meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [C] Autism Spectrum Profile Module.**

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

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 items the 'best' assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

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.

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

AGES 0-5

FAMILY STRENGTHS

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

Questions to Consider:

- Does the child have good relationships with any family member?
- Is there potential to develop positive family relationships?
- Is there a family member that the child 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 and can provide significant emotional or concrete support. Child 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 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 has no identified family. Child is not included in normal family activities.

Supplemental Information: Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify.

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

INTERPERSONAL

This item is used to identify a child's social and relationship skills. Interpersonal skills are rated independently of Social and Emotional Functioning because a child 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:

- How does the child interact with other children and adults?
- How does the child 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 has well-developed interpersonal skills and healthy friendships. 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 a plan. May require some effort to develop strength into a centerpiece strength.*

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

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 requires significant help to learn to develop interpersonal skills and healthy friendships. 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.

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

NATURAL SUPPORTS

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

Questions to Consider:

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

Ratings and Descriptions

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

Child 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 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 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 has no known natural supports (outside of family and paid caregivers).

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

RESILIENCY (PERSISTENCE AND ADAPTABILITY)

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

Questions to Consider:

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

Ratings and Descriptions

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

The child consistently has a strong ability to adjust to changes and transitions and continues an activity when challenged or meeting obstacles. This supports further growth and development and can be incorporated into a service plan as a centerpiece strength.

1 *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 has some ability to continue an activity that is challenging. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here. The child demonstrates a level of adaptability and ability to continue in an activity that is challenging. The child could benefit from further development in this area before it is considered a significant 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.*

The child has limited ability to continue a challenging task with primary support from caregivers.

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

The child has difficulty coping with challenges and this places their development at risk. Child may seem frightened of new information, changes or environments.

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

RELATIONSHIP PERMANENCE

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

Questions to Consider:

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

Ratings and Descriptions

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

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

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

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

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

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

Child does not have any stability in relationships. Independent living or adoption must be considered. [continues]

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

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).

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

PLAYFULNESS

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

Questions to Consider:

- Is the child easily engaged in play?
- Does the child initiate play? Can the child sustain play?
- Does the infant engage with a familiar caregiver in back and forth interaction such as smiles, cooing/babbling and eye contact?
- Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?

Ratings and Descriptions

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

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

1 *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 play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.

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

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

The child does not demonstrate the ability to play in an age-appropriate or quality manner.
[continues]

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

PLAYFULNESS 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).

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

FAMILY SPIRITUAL/RELIGIOUS

This item refers to the family's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the family; however, an absence of spiritual and/or religious beliefs does not represent a need for the family. ***For infants and young children, this strength is rated with regard to the child's family***.

Questions to Consider:

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

Ratings and Descriptions

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

This level indicates a family with strong moral and spiritual strengths. Family may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort them in difficult times.

1 *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 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.*

Family has expressed some interest in spiritual or religious belief and practices and may have little contact with religious institutions.

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

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

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

AGES 6+

FAMILY STRENGTHS

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

Questions to Consider:

- Does the 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.

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 Item List]

INTERPERSONAL

This item is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in 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?

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.

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.

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.

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.

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.

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

OPTIMISM

This item 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.

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

EDUCATIONAL SETTING

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

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

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

VOCATIONAL

This item 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 youth.

Questions to Consider:

- Does the 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.* 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.* 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.* 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.* Youth has no known vocational skills.
NA	Not applicable due to age.

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

TALENTS AND INTERESTS

This item 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 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.

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

SPIRITUAL/RELIGIOUS

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

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

COMMUNITY LIFE

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

Questions to Consider:

- Does the child/youth feel like they are part of a community?
- Are there 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.

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

RELATIONSHIP PERMANENCE

This item 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.

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

RESILIENCE

This item 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.

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

RESOURCEFULNESS

This item refers to the child/youth's ability to identify and use external/environmental strengths in managing daily life.

Questions to Consider:

- Does the child/youth have external or environmental strengths?
- Does the child/youth use their external or environmental strengths to aid in their well-being?

Ratings and Descriptions

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

Child/youth is quite skilled at finding the necessary resources required to aid them in managing 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 has some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.

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 skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.

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 skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

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

CULTURAL IDENTITY

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

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

NATURAL SUPPORTS

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

Questions to Consider:

- Who does the child/youth consider to be a support?
- Does the child/youth have non-family members in 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).

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

SELF-ADVOCACY

This item refers to the child/youth's awareness of their needs and strengths and their participation in efforts to address their identified needs.

Questions to Consider:

- Is the child/youth aware of their needs and strengths?
- Does the child/youth understand and value the power of their voice?
- How does the child/youth participate in the care planning process? In their own care?

Ratings and Descriptions

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

Child/youth is knowledgeable of needs and helps direct planning to address them. They are a strong advocate for themselves.

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. While the child/youth understands what they would like, they may not consistently communicate that to others in the most effective manner.

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.

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

CULTURAL FACTORS DOMAIN

These items 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). Items in the Cultural Factors 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 items 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?

This domain is rated for all ages.

For the **Cultural Factors 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.

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

LANGUAGE AND LITERACY

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

Questions to Consider:

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

Ratings and Descriptions

0 *No 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.

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

TRADITIONS AND CULTURAL RITUALS

This item 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 holidays does the child/youth celebrate?
- What traditions are important to the child/youth?
- Does the child/youth fear discrimination for practicing their traditions and 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.

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

CULTURAL STRESS

This item 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:

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

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.

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

CULTURAL APPROPRIATENESS OF SERVICES

This item describes whether the caregiver feels that the services that are needed or provided for the child/youth are respectful of the family's cultural beliefs and practices.

Questions to Consider:

- Do service providers show family that they understand family's beliefs and practices?
- Has family been unhappy with services because of lack of cultural sensitivity?
- Do recommendations that family is given fit within their beliefs?
- Is there anything special that family would like services providers to know about their culture, beliefs or practices?

Ratings and Descriptions

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

Caregiver identifies the services and supports that the child/youth is receiving as respectful of the family's cultural beliefs and practices.

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

Caregiver is concerned that the services and supports the child/youth is receiving may not be respectful of the family's beliefs and practices, OR the child/youth has received services in the past that were insensitive to the family's cultural beliefs and practices and that made it difficult for the child/youth to engage in or benefit from care.

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

Caregiver views the services and supports the child/youth is receiving as not consistently culturally responsive to the family's beliefs and practices. The child/youth's needs are not adequately addressed in this care setting and their functioning is impacted.

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

Caregiver views the services and supports the child/youth is receiving as culturally insensitive, unresponsive and disrespectful of the family's cultural beliefs and practices. The child/youth is unable to participate and/or benefit from services and is at risk.

Supplemental Information: Every family experiences culture in unique ways. It is important to think broadly about a family's cultural orientation not just in terms of ethnicity but also the region of the country the family comes from, socio-economic status, and how child rearing practices and beliefs are practiced. It is important for families to be offered services that are culturally sensitive and appreciative of individual differences.

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

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.

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

CHALLENGES: AGES 0-5

IMPULSIVITY/HYPERACTIVITY (36+ months)

This item rates behavioral symptoms associated with hyperactivity and/or impulsiveness. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A rating of '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating. Rate this item a '0' if child is under 3 years of age.

Questions to Consider:

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

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

This rating is used to indicate a child with evidence of some problems with hyperactivity or impulse control that is not impacting their functioning. Child may have some difficulties staying on task for an age-appropriate time period.

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

Hyperactivity or impulse control problems. A child who meets DC 0-5/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.*

Severe impairment of impulse control. For infants and toddlers, excessive seeking of satisfaction from their sensory needs/cravings would be rated here. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g., running into the street, dangerous bike riding). A child with profound symptoms of ADHD would be rated here.

NA Child is younger than 36 months.

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. [continues]

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

IMPULSIVITY/HYPERACTIVITY continued

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)

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

DEPRESSION

This item 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. These symptoms should be considered if occurring regularly for two weeks. This item can be used to rate symptoms of the depressive disorders as specified in the DC 0-5/DSM.

Questions to Consider:

- Are the child's caregivers concerned about possible depression or chronic low mood and irritability?
- Has the child withdrawn from normal activities?
- Does the child seem listless, sad, smiles infrequently, or is socially withdrawn?
- Does the child show any significant weight/eating issues?
- Does the caregiver express concern with engaging with the child socially?
- Has the infant 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. Infants may appear withdrawn and slow to engage at times; young children may be irritable or demonstrate constricted affect.

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'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 to function in any life domain. This rating Is given to a child 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]

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

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.

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

ANXIETY

This item rates symptoms associated with DC 0-5/DSM Anxiety Disorders characterized by fear and anxiety and related behavioral disturbances (including avoidance behaviors).

Questions to Consider:

- Does the child have any problems with anxiety or fearfulness?
- Is the child avoiding normal activities out of fear?
- Does the child act frightened or afraid?
- 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 significant distress or markedly impairing functioning in any important context. Anxiety or fear is present, but the child 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's ability to function in at least one life domain. Child 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 to function in any life domain. [continues]

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

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

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

OPPOSITIONAL BEHAVIOR (36+ months)

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

Ratings and Descriptions

0	*No 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.
NA	Child is younger than 36 months.

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

ATTACHMENT DIFFICULTIES

This item should be rated within the context of the child's significant parental or caregiver relationships. Attachment relates to a child's 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 struggle with separating from the caregiver?
- Does the child approach or attach to strangers in indiscriminate ways?
- Does the child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?
- Does the child have separation anxiety issues that interfere with 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 relationship is characterized by mutual satisfaction of needs and the child'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.*

Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from the infant. Older children may be overly reactive to separation or seem preoccupied with their parent. Boundaries may seem inappropriate with others.

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

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.

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

Infant/child may be unable to separate or be calmed following a separation from the caregiver. Older children may have disabling separation anxiety or exhibit extremely controlling behaviors with caregivers. Children whose indiscriminate boundaries put them in danger would be rated here. Children diagnosed with Reactive Attachment Disorder are rated here. [continued]

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

ATTACHMENT DIFFICULTIES continued

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).

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

AGGRESSION

This item 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 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 *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.

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]

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

AGGRESSION 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).

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

REGULATORY

This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, the ability to moderate intense emotions without the use of aggression, and the ability to be consoled.

Questions to Consider:

- Does the child have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities?
- Does the child have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?
- Does the child require more adult supports to cope with frustration than other children in similar settings? Does the child have more distressing tantrums or yelling fits than other children? Does the child respond with aggression when they are upset?

Ratings and Descriptions

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

Strong evidence the child is developing strong self-regulation capacities. This is indicated by the capacity to fall asleep, and regular patterns of feeding and sleeping. Infants can regulate breathing and body temperature, can move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/pacifier to be soothed, and move toward regulating themselves (e.g., the infant can begin to calm to caregiver's voice before being picked up). Toddlers can make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.

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

At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but the caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed.

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

Concern in one or more areas of regulation: sleep, crying, feeding, tantrums/aggression, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.

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

Concern in two or more areas of regulation, including but not limited to difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self-soothe, sensitivity, and/or aggressive responses to environmental or emotional stressors. [continues]

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

REGULATORY continued

Supplemental Information – Understanding self-regulation in young children: Early childhood is a period of rapid brain development that paves the way for the growth of self-regulation skills. Supporting self-regulation development in early childhood is an investment in later success because stronger self-regulation predicts better performance in school, better relationships with others, and fewer behavioral difficulties. Moreover, the ability to regulate thoughts, feelings, and actions helps children successfully negotiate many of the challenges they face, promoting resilience in the face of adversity.

During the first years of life, caregivers are particularly central to development. Young children are dependent upon their caregivers to create a safe, nurturing, and appropriately stimulating environment so they can learn about the world around them. There are three broad categories of support that caregivers can provide to young children to help them develop the foundational self-regulatory skills that they will need to get the best start in life. Together, these describe the supportive process of "co-regulation" between adults and children:

- Provide a warm, responsive relationship
- Structure the environment to make self-regulation manageable
- Teach and coach self-regulation skills through modeling, instruction, and opportunities for practice (Rosanbalm & Murray, 2017).

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

ATYPICAL BEHAVIORS

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.

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

Atypical behaviors (repetitive or stereotyped behaviors) are reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.

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

Atypical behaviors (repetitive or stereotyped behaviors) are generally noticed by unfamiliar people and have notable interference in the child's functioning.

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

Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency and are disabling or dangerous.

Supplemental Information – 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).

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

SLEEP (12 months+)

This item rates the child's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age (1 year old) or older to rate this item.**

Questions to Consider:

- Does the child appear rested?
- 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's sleep routine impact the family?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
The child 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 has some problems sleeping. Generally, the child gets a full night's sleep, but at least once a week, problems arise. This may include occasionally awakening 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 is having problems with sleep. Sleep is disrupted often, and the child seldom obtains a full night of sleep.

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

NA Child is younger than 12 months.

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 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). [continued]

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

SLEEP (12 months+) continued

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.
  - Sleep walking: episodes of arising from bed and walking around home.

Source: Zero to Three. (2016). DC:0-5: Diagnostic classification of mental health and developmental disorders of infancy and early childhood.

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

EATING

This item describes issues with feeding such as food aversions, Pica and/or symptoms of failure to thrive. If there is any disruption in food intake, this will be rated here. Included will also be any sensory issues in relation to food such as difficulty adjusting to solid foods, etc. When rating this item, please consider if a baby is having issues latching on and/or sucking. Please remember to take the child's development into account when rating this item.

Questions to Consider:

- Does the child have any difficulties with food intake?
- Does the child having difficulty feeding?
- 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.*

No evidence that the child has any problems with feeding or eating.

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

Child has a history of feeding issues such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials, but has not done so in the last 30 days.

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

Child has had a feeding issue such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.

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

Child 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).

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

ELIMINATION

This item describes any needs related to urination or bowel movements.

Questions to Consider:

- Does the caregiver have any concerns about the child'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's functioning in other domains?

Ratings and Descriptions

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

No evidence that the child has any history of concerns around elimination.

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

Child 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 has consistent problems with elimination that require ongoing action or medical intervention. Children who require ongoing medical treatment for impacted bowels and children whose elimination is maintained with an appliance or catheter would be rated here. This rating includes infants who may completely lack a routine in elimination and develop constipation as a result.

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

Child has difficulties with elimination that cause the child significant distress and/or impact physical health and development.

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

ADJUSTMENT TO TRAUMA*

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

Questions to Consider:

- What was the child's trauma? How is it connected to the current issue(s)?
- What are the child's coping skills?
- Who is supporting the child?
- 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 slipping back in their physical skills such as sitting, crawling, pulling to stand or walking?

Ratings and Descriptions

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

No evidence that child has experienced a traumatic life event, OR child 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 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 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'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 to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with Posttraumatic Stress Disorder). [continues]

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [D] Trauma Module, Section D1 – Potentially Traumatic Childhood Experiences.**

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 experiencing 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 [continued]

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

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

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

[D] TRAUMA MODULE

[D1] POTENTIALLY TRAUMATIC / ADVERSE CHILDHOOD EXPERIENCES (ALL AGES)

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

No	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.

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

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

SEXUAL ABUSE

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

Questions to Consider:

- Does the child exhibit sexualized behavior?
- Is the abuse ongoing/currently happening?
- 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.

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

PHYSICAL ABUSE

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

Questions to Consider:

- Is physical discipline used in the home? What forms?
- Has the child/youth ever received bruises, marks, or injury from another person?
- Is the abuse currently happening?

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.

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

NEGLECT

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

Questions to Consider:

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

Ratings and Descriptions

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.

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

EMOTIONAL ABUSE

This item describes whether or not the child/youth has experienced verbal and/or nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling names, making negative comparisons to others, or telling a child/youth that they are "no good." This item 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 does the caregiver talk to/interact with the child/youth?
- Is there name calling or shaming in the home?
- Is 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.

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

MEDICAL TRAUMA

This item 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?
- Did the child/youth find this medical experience to be overwhelming and/or are they having a traumatic reaction to the experience?

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 item considers the impact of the event on the child/youth. It describes experiences in which the child/youth is subjected to medical procedures that are experienced as upsetting and overwhelming. A child/youth born with physical deformities who is subjected to multiple surgeries could be included. A child/youth who must experience chemotherapy or radiation could also be included. 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.

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

NATURAL OR MANMADE DISASTER

This item describes the child/youth's exposure to either natural or manmade disaster.

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.

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

FAMILY VIOLENCE

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

Questions to Consider:

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

Ratings and Descriptions

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.

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

COMMUNITY/SCHOOL VIOLENCE

This item 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:

- Does the child/youth live 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/school would be rated here.

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

WAR/TERRORISM AFFECTED

This item 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	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).

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

CRIMINAL ACTIVITY

This item 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 items. A child/youth who has witnessed drug dealing, assault or battery would also be rated on this item.

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

PARENTAL CRIMINAL BEHAVIOR

This item describes the criminal behavior of both biological and step-parents, 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.

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

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item 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 item.

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

[D2] TRAUMATIC STRESS SYMPTOMS (AGES 6+)

EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This item 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	Child/youth has no problems with emotional regulation. Emotional responses and energy level are appropriate to the situation.
1	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	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	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.

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

INTRUSIONS/RE-EXPERIENCING

This item 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	There is no evidence that the child/youth experiences intrusive thoughts of trauma.
1	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	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	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.

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

TRAUMATIC GRIEF

This item 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	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	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	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	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.

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

HYPERAROUSAL

This item 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, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Questions to Consider:

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

Ratings and Descriptions

0	Child/youth has no evidence of hyperarousal symptoms.
1	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	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	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.

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

AVOIDANCE

This item 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	Child/youth exhibits no avoidance symptoms.
1	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	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	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.

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

NUMBING

This item 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	Child/youth has no evidence of numbing responses.
1	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	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	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.

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

DISSOCIATION

This item 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	Child/youth shows no evidence of dissociation.
1	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	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	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.

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

End of the Trauma Module

PSYCHOSIS (THOUGHT DISORDER)

This item 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 youth engaged in magical thinking?
- Does the 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.

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

IMPULSIVITY/HYPERACTIVITY

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of symptoms of loss of control of 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. 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/youth who often intrudes on others and often exhibits aggressive impulses 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. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers themselves or others without thinking.

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

DEPRESSION

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

Questions to Consider:

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

Ratings and Descriptions

0 *No 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, family, or academic functioning 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 disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

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

ANXIETY

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

Questions to Consider:

- Is the child/youth having any problems with excessive fear or excessive worry?
- 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?

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.*

History, suspicion, or evidence of some anxiety. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.

2 *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.

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.

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

OPPOSITIONAL BEHAVIOR

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

Questions to Consider:

- Does the child/youth follow reasonable rules and requests from caregivers and teachers?
- Describe the child's behavior in response to rules they don't like.

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 mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/ caregiver; there may be letters or calls from school.

2 *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/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in the 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/youth has severe problems with compliance with rules or adult instruction or authority.

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

CONDUCT (ANTISOCIAL BEHAVIOR)

This item 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.

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

ATTACHMENT DIFFICULTIES

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

Questions to Consider:

- Does the child/youth struggle with separating from others?
- Does the child/youth approach or attach to strangers in indiscriminate ways?

Ratings and Descriptions

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

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

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

2 *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.

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.

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

ANGER CONTROL

This item 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.

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

EATING DISTURBANCE

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

Questions to Consider:

- Does the child/youth have any challenges with eating?
- Is the child/youth an overly picky eater?
- Does the child/youth have any eating rituals?

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.

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.

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).

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).

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

ADJUSTMENT TO TRAUMA*

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

Questions to Consider:

- What trauma was the child/youth exposed to?
- How is it connected to the current issue(s)?
- What are the child/youth's coping skills?
- Who is supporting the child/youth?
- Do any diagnoses contribute to the behaviors being seen?

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. 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 PTSD).

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [D] Trauma Module.**

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

SUBSTANCE USE*

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

Questions to Consider:

- Has the child/youth used alcohol, 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.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [E] Substance Use Disorder Module.**

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

[E] SUBSTANCE USE DISORDER MODULE (AGES 6+)

SEVERITY OF USE

This item 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.

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

DURATION OF USE

This item 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.

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

STAGE OF RECOVERY

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

Questions to Consider:

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

Ratings and Descriptions

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

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

PEER INFLUENCES

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

Questions to Consider:

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

Ratings and Descriptions

0	Child/youth's primary peer social network does not engage in alcohol or drug use.
1	Child/youth has peers in 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.

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

PARENTAL/CAREGIVER INFLUENCES

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

Questions to Consider:

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

Ratings and Descriptions

0	There is no evidence that child/youth's caregivers have ever engaged in substance 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.

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

ENVIRONMENTAL INFLUENCES

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

Questions to Consider:

- Are there factors in the child/youth's community that 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.

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

RECOVERY SUPPORT IN COMMUNITY

This item describes the child/youth's participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community-based.

Questions to Consider:

- Does the child/youth participate in community-based recovery programs?
- Are there factors that prevent the child/youth from participation in recovery programs?

Ratings and Descriptions

0	No problems with maintaining social connectivity through recovery support groups or activities. Child/youth attends recovery support groups and meetings regularly.
1	Problems with maintaining social connectivity through recovery support groups or activities. Child/youth may attend meetings irregularly.
2	Child/youth struggles with maintaining social connectivity through recovery support groups or activities. Child/youth has attended recovery support groups in the past but is no longer attending meetings.
3	Child/youth is unable to maintain social connectivity through recovery support groups or activities. Child/youth has never participated in recovery support groups or activities.

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

End of the Substance Use Disorder Module

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 Items,** 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 Items,** 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.

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

RISK FACTORS (AGES 0-5)

SUBSTANCE EXPOSURE IN UTERO

This item describes the child's exposure to substance use before birth.

Questions to Consider:

- Was the child exposed to alcohol or drugs during the pregnancy?

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.

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).

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. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

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

ENVIRONMENTAL TOXIN EXPOSURE

This item describes the child's exposure to environmental toxins both before and after birth. **This item is rated across the lifespan**.

Questions to Consider:

- Was the child exposed to environmental toxins? What toxins?

Ratings and Descriptions

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

Child had no in utero exposure to environmental toxins and there is currently no exposure in the home or community.

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

Child had either some in utero exposure (e.g., exposure to lead at home or other toxins in the community), or there are current environmental toxins in the home or community.

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 environmental toxins in utero. Any exposure to environmental toxins throughout the child's lifetime would be rated here.

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

Child was exposed to environmental toxins in utero and continues to be exposed in the home or community. A child who ingested lead paint and exhibited symptoms would be rated here.

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

PRENATAL CARE

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

Questions to Consider:

- What kind of prenatal care did the biological mother receive?
- Did the mother have any unusual illnesses or risks during pregnancy?
- What feelings did the parents express about the birth of the baby (e.g., excitement, fear, anxiety, etc.)?
- Was the parent screened for depression during prenatal visits? What was the outcome?

Ratings and Descriptions

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

Child's biological mother had adequate prenatal care (e.g., 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.

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

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

2 *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's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.

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

Child's biological mother had no prenatal care or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

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

LABOR AND DELIVERY

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

Questions to Consider:

- Were there any unusual circumstances related to the labor and delivery of the child?
- Does the parent recall any issues with their treatment by the medical staff? Any inequities, disbelief in the parents' complaints, etc.?

Ratings and Descriptions

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

Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.

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

Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g., shoulder displacement) to the baby is rated here.

2 *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 or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7 or needed some resuscitative measures at birth is rated here.

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

Child had severe problems during delivery that have long-term implications for development (e.g., extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower or who needed immediate or extensive resuscitative measures at birth would be rated here.

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

BIRTH WEIGHT

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

Questions to Consider:

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

Ratings and Descriptions

0 *Not a developmental risk factor; no need for attention or intervention.*
Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.

1 *Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.*
Child born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.

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 considerably underweight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.

3 *Evidence of dangerous or disabling impact of developmental risk factor; requires immediate or intensive action.*
Child extremely underweight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

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

FAILURE TO THRIVE

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

Questions to Consider:

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

Ratings and Descriptions

0 *Not a developmental risk factor; no need for attention or intervention.*
No evidence of failure to thrive.

1 *Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.*
The child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The child may presently be experiencing slow development in this area.

2 *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 is experiencing problems in their ability to maintain weight or growth. The child may be below the 5^{th} 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 (75^{th} to 25^{th}).

3 *Evidence of dangerous or disabling impact of developmental risk factor; requires immediate or intensive action.*
The child has one or more of all of the above and is currently at serious medical risk.

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

EXPLOITED

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. Child is not presently at risk for re-victimization.

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

Suspicion or history of exploitation, but the child has not been exploited during the past year. Child is not presently at risk for re-victimization.

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 has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends or violent crime.

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

Child has recently been exploited and is at acute risk of re-exploitation.

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

RISK BEHAVIORS (AGES 0-5)

SELF-HARM (12 months+)

This item rates the presence of repetitive behaviors, like head-banging or biting/hitting oneself, that result in physical harm to the child. **The child must be 12 months of age (1 year old) or older to rate this item**.

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 under the age of 12 months.

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]

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

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

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

FLIGHT RISK/BOLTING

This item refers to any planned or impulsive running or 'bolting' behavior that presents a risk to the safety of the child. 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 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 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 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 has engaged in escape 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 has engaged in escape behaviors that placed the safety of the child at significant risk.

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

FIRE SETTING (36+ months)

This item refers to behavior involving the intentional setting of fires that might be dangerous to the child 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 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.
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).
NA	Child is younger than 36 months.

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

RISK FACTORS (AGES 6+)

SUBSTANCE EXPOSURE IN UTERO

This item describes the child/youth's exposure to substance use before birth.

Questions to Consider:

- Was the child/youth exposed to alcohol or drugs during the pregnancy?

Ratings and Descriptions

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

Child/youth had no in utero exposure to alcohol or drugs.

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

Child/youth had some in utero exposure (e.g., mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy).

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/youth 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/youth was exposed to alcohol or drugs in utero. Any child/youth who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

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

ENVIRONMENTAL TOXIN EXPOSURE

This item describes the child/youth's exposure to environmental toxins both before and after birth. **This item is rated across the lifespan**.

Questions to Consider:

- Was the child/youth exposed to environmental toxins? What toxins?

Ratings and Descriptions

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

Child/youth had no in utero exposure to environmental toxins and there is currently no exposure in the home or community.

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

Child/youth had either some in utero exposure (e.g., exposure to lead at home or other toxins in the community), or there are current environmental toxins in the home or community.

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/youth was exposed to significant environmental toxins in utero. Any exposure to environmental toxins throughout the child/youth's lifetime would be rated here.

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

Child/youth was exposed to environmental toxins in utero and continues to be exposed in the home or community. A child/youth who ingested lead paint and exhibited symptoms would be rated here.

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

RISK BEHAVIORS (AGES 6+)

SUICIDE RISK

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of suicidal ideation.

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

History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during 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, but not acute, suicidal ideation or gesture.

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

Current suicidal ideation and intent OR command hallucinations that involve self-harm.

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

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This item 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? ED 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.

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

OTHER SELF-HARM (RECKLESSNESS)

This item 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.

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.

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

VICTIMIZATION/EXPLOITATION

This item describes a child/youth who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the child/youth is at current risk for re-victimization. This item includes children or youth who are currently being bullied at school or in their community. It would also include individuals who are victimized in other ways (e.g., sexual abuse, sexual exploitation, 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?
- Has the child/youth traded sexual activity for goods, money, affection, or protection?
- Has the child/youth been a victim of human trafficking?
- 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 or exploitation. They may have been bullied, robbed, or burglarized on one or more occasions in the past, but no pattern of victimization exists. Child/youth is not presently at risk for re-victimization or exploitation.

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

Suspicion or history of victimization or exploitation, but the child/youth has not been victimized 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 victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.

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

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

INTENTIONAL MISBEHAVIOR

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

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

DANGER TO OTHERS*

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no 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.

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

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

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

WEAPONS RISK

This item refers to the child/youth's ability to access weapons**.**

Questions to Consider:

- Are there weapons kept in the home or are otherwise accessible to the child/youth?
- Has the child/youth made any threats to use the weapons to hurt themselves or others?

Ratings and Descriptions

0	No evidence that the child/youth has access to weapons.
1	Some evidence that a weapon is accessible with substantial effort.
2	Evidence that a weapon is available with modest effort (e.g., deception, some planning).
3	Child/youth has immediate access to a weapon and has made an immediate threat to use the weapon to hurt themselves or others.

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

HISTORICAL RISK FACTORS

HISTORY OF VIOLENCE

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

Questions to Consider:

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

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

EMOTIONAL/BEHAVIORAL RISKS

Rate the following items within the last 30 days.

FRUSTRATION MANAGEMENT

This item 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.

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

HOSTILITY

This item 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.'

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

PARANOID THINKING

This item 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.

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

SECONDARY GAINS FROM ANGER

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

Questions to Consider:

- What happens after the child/youth gets angry?
- Does the child/youth 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.

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

VIOLENT THINKING

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

Questions to Consider:

- Does the child/youth report having violent thoughts?
- Does the child/youth verbalize, 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.

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

RESILIENCY FACTORS

Rate the following items within the last 30 days.

AWARENESS OF VIOLENCE POTENTIAL

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

Questions to Consider:

- Is the child/youth aware of the risks of their potential to be violent?
- Is the child/youth concerned about these risks?
- Can the child/youth 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.

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

RESPONSE TO CONSEQUENCES

This item 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.

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

COMMITMENT TO SELF-CONTROL

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

Questions to Consider:

- Does the child/youth want to change 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.

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

TREATMENT INVOLVEMENT

This item 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.

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

End of the Dangerousness/Violence Module

PROBLEMATIC SEXUAL BEHAVIOR*

This item describes issues around sexual behavior including age and/or developmentally-inappropriate or age-inappropriate 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 any needs; no need for action*.

No evidence of challenges with sexual behavior.

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

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

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

Severe sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [G] Problematic Sexual Behavior Module.**

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

[G] PROBLEMATIC SEXUAL BEHAVIOR MODULE (AGES 6+)

HYPERSEXUALITY

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

Questions to Consider:

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

Ratings and Descriptions

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

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

HIGH-RISK SEXUAL BEHAVIOR

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

Questions to Consider:

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

Ratings and Descriptions

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

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

MASTURBATION

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

Questions to Consider:

- Does the child/youth's masturbatory behavior place them at risk or impair their functioning?
- Is the child/youth getting in trouble at home or school for this activity?

Ratings and Descriptions

0	When and if a child/youth masturbates, it is kept safe, private, and discreet.
1	History or evidence of masturbatory behavior that is private but not always discreet. For example, a child/youth who gets caught masturbating multiple times by caregiver.
2	Child/youth engages in masturbatory behavior that interferes with their functioning. An occasion of public masturbation might be rated here.
3	Child/youth engages in masturbatory behavior that places them at high risk for significant sanctions, negatively impacts or traumatizes others, or has a potential for physical self-harm. Multiple public masturbations would be rated here.

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

SEXUALLY REACTIVE BEHAVIOR

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

Questions to Consider:

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

Ratings and Descriptions

0	No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.
1	Child/youth has a history of sexually reactive behaviors, or there is suspicion of current sexually reactive behavior. Child/youth may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with a single partner. This behavior does not place the child/youth at great risk.
2	Child/youth exhibits more frequent sexually provocative behaviors in a manner that impairs their functioning. Examples include engaging in promiscuous sexual behaviors or having unprotected sex with multiple partners. This would include a young child's age-inappropriate sexualized behavior.
3	Child/youth exhibits severe and/or dangerous sexually provocative behaviors that place them or others at immediate risk of victimization or harm.

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

SEXUAL AGGRESSION*

This item 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.

Questions to Consider:

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

Ratings and Descriptions

0	No evidence of sexually aggressive behavior.
1	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate non-physical behavior in the past year that troubles others such as harassing talk or language. For example, occasional inappropriate sexually aggressive/harassing language or behavior.
2	Child/youth engages in sexually aggressive behavior that impairs their functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching).
3	Child/youth engages in a dangerous level of sexually aggressive behavior. This would include the rape or sexual abuse of another person involving sexual penetration.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [G1] Sexually Aggressive Behavior Sub-Module.**

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

[G1] SEXUALLY AGGRESSIVE BEHAVIOR SUB-MODULE (AGES 6+)

PHYSICAL FORCE/THREAT/COERCION

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

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

PLANNING

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

Questions to Consider:

- Does the child/youth plan their 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.

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

AGE DIFFERENTIAL

This item 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 item 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.

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

RELATIONSHIP

This item 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 victimizing at least one other person through sexually abusive behavior.
3	Child/youth is severely victimizing at least one other child/youth through sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

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

TYPE OF SEX ACT

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

Questions to Consider:

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

Ratings and Descriptions

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

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

RESPONSE TO ACCUSATION

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

Questions to Consider:

- 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.

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

TEMPORAL CONSISTENCY

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

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.

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

HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR (toward others)

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

Questions to Consider:

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

Ratings and Descriptions

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

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

End of Sexually Aggressive Behavior Sub-Module
End of the Problematic Sexual Behavior Module

RUNAWAY*

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; 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.*

Child/youth has no recent history of running away but has expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.

2 *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 run from home once or run from one treatment setting. Also rated here is a child/youth who has run home (parental or relative).

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 run from home and/or treatment settings in the recent past and presents an imminent flight risk. A child/youth who is currently a runaway is rated here.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [H] Runaway Module.**

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

[H] RUNAWAY MODULE (AGES 6+)

FREQUENCY OF RUNNING

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

Questions to Consider:

- How often does the child/youth run away?

Ratings and Descriptions

0 Child/youth has only run once in past year.

1 Child/youth has run on multiple occasions in past year.

2 Child/youth runs often but not always.

3 Child/youth runs at every opportunity.

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

CONSISTENCY OF DESTINATION

This item 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.

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

SAFETY OF DESTINATION

This item 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.

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

INVOLVEMENT IN ILLEGAL ACTIVITIES

This item 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 activities?

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).

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

LIKELIHOOD OF RETURN ON OWN

This item 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?
- Is adult/external intervention needed?

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.

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

INVOLVEMENT WITH OTHERS

This item 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.

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

REALISTIC EXPECTATIONS

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

Questions to Consider:

- What are the child/youth's 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.

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

PLANNING

This item 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.

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

End of Runaway Module

DELINQUENT BEHAVIOR*

This item 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.

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 item triggers the completion of the [I] Juvenile Justice Module.**

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

[I] JUVENILE JUSTICE MODULE (AGES 6+)

HISTORY

This item 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.

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

SERIOUSNESS

This item 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.

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

PLANNING

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

Questions to Consider:

- Describe the different circumstances involving delinquent acts.

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.

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

COMMUNITY SAFETY

This item 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.

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

PEER INFLUENCES

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

Questions to Consider:

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

Ratings and Descriptions

0	Child/youth's primary peer social network does not engage in delinquent behavior.
1	Child/youth has peers in 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.

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

PARENTAL CRIMINAL BEHAVIOR

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

Questions to Consider:

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

Ratings and Descriptions

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

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

ENVIRONMENTAL INFLUENCES

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

Questions to Consider:

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

Ratings and Descriptions

0	No evidence that the child/youth's environment stimulates or exposes the child/youth to any criminal behavior.
1	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.

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

LEGAL COMPLIANCE

This item 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).

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

End of Juvenile Justice Module

FIRE SETTING*

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no 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).

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [J] Fire Setting Module.**

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

[J] FIRE SETTING MODULE (AGES 6+)

HISTORY

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

Questions to Consider:

- How many times 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.

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

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

SERIOUSNESS

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

Questions to Consider:

- What happened after 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.

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

PLANNING

This item 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.

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

USE OF ACCELERANTS

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

Questions to Consider:

- 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.

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

INTENTION TO HARM

This item 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.

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

Rate the following within the last 30 days.

COMMUNITY SAFETY

This item 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.

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

RESPONSE TO ACCUSATION

This item 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.

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

REMORSE

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

Questions to Consider:

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

Ratings and Descriptions

0	Child/youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child/youth is able to apologize directly to 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.

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

LIKELIHOOD OF FUTURE FIRE SETTING

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

Questions to Consider:

- How is the child/youth willing to control 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.

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

End of Fire Setting Module

TRANSITION AGE YOUTH DOMAIN

The following items focus on specific issues related to a youth's transition to living on their own. This domain can also be rated for youth who are already living on their own. **This domain should be completed for youth ages 16+.**

Note: For youth who have developmental needs, consider that the CANS is identifying needs where the youth and/or their family could benefit from external support. Using age-appropriate behavioral expectations will aid in identifying needs and the appropriate level of action to address the needs.

Question to Consider for this Domain: What are the areas of functioning that are important to the young person living independently?

For the **Transition Age Youth 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.

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

BEHAVIORAL/EMOTIONAL NEEDS

INTERPERSONAL PROBLEMS

This item identifies problems with functioning and behaving due to a rigid and consistent pattern of perceiving and relating to situations and people which negatively impacts the youth's relationships, social activities, and their behavior at school, work or other settings. These behaviors are consistent with personality disorders.

Questions to Consider:

- Does the youth exhibit inflexible and maladaptive emotional and/or behavioral day-to-day traits?
- Does the youth have difficulties relating to other people?
- Is the youth socially isolated?

Ratings and Descriptions

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

No evidence of symptoms of a personality disorder.

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

Evidence of some interpersonal challenges. For example, mild but consistent dependency in relationships might be rated here, or some evidence of antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.

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

Evidence of sufficient degree of interpersonal problems. Youth's relationship problems may warrant a related DSM diagnosis.

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

Evidence of a severe interpersonal problem that has significant implications for the youth's long-term functioning. Interpersonal problems are disabling and block the youth's ability to function independently.

Supplemental Information: A suspected or confirmed diagnosis of a personality disorder is rated actionable – '2' or '3' -- depending on the impact on the youth's functioning. For youth under age 18, rate this item according to the emerging or suspected personality disorder symptoms.

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

FUNCTIONING

MEDICATION ADHERENCE

This item focuses on the level of the youth's willingness and participation in taking prescribed medications.

Questions to Consider:

- Is youth prescribed medication? Psychotropic medication?
- Has youth ever had trouble remembering to take medication?
- Has youth ever refused to take prescribed medication?
- Has 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 youth who takes any prescribed medications as prescribed and without reminders, or a youth who is not currently on any medication.

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

This level indicates a youth who will take prescribed medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.

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

This level indicates a youth who is somewhat non-compliant. This 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.

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

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

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

INTIMATE RELATIONSHIPS

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

Questions to Consider:

- Does this youth enjoy a rewarding interpersonal relationship with an age-appropriate and developmentally-appropriate peer?
- If in a relationship, is it developing appropriately over time?
- Is the youth's 'partnership' with another a problem either in terms of safety, well-being or lifestyle?

Ratings and Descriptions

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

Adaptive partner relationship. Youth has a strong, positive, partner relationship with another youth, or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.

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

Mostly adaptive partner relationship. Youth has a generally positive partner relationship with another youth. This relationship may, at times, impede the youth's healthy development.

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

Limited adaptive partner relationship. The youth has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where they were overly dependent on their partner. Youth may or may not be currently involved in any partner relationship with another youth.

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

Significant difficulties with partner relationships. Youth is currently involved in a negative or domestically violent relationship or a relationship where they are totally dependent on their partner.

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

TRANSPORTATION

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

Questions to Consider:

- How often does youth need transportation?
- Does youth require a special vehicle to get to activities?
- Does youth have access and means to public transportation (or other means of transportation if in a rural setting)?

Ratings and Descriptions

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

Youth has no unmet transportation needs.

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

Youth 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, for example, assistance with bus routes or provision of a bus card.

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

Youth has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily) that do not require a special vehicle but access to transportation is difficult.

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

Youth requires frequent (e.g., daily) transportation in a special vehicle or is completely reliant on others for transportation.

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

EDUCATIONAL ATTAINMENT

This item rates the degree to which the youth has completed their own identified educational goals.

Questions to Consider:

- Does youth have educational goals?
- Has the youth achieved or made progress toward educational goals?
- How is youth's educational attainment affecting youth's lifetime vocational functioning?

Ratings and Descriptions

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

Youth has achieved all their identified educational goals OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.

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

Youth has set educational goals and is currently making progress towards achieving them.

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

Youth has set educational goals but is currently not making progress towards achieving them.

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

Youth has no educational goals and lack of educational attainment is interfering with youth's lifetime vocational functioning.

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

INDEPENDENT LIVING SKILLS*

This item 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 item 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.

***A rating of '1', '2' or '3' on this item triggers the completion of the [K] Independent Activities of Daily Living Module.**

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

[K] INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE (AGES 16+)

MEAL PREPARATION

This item describes youth's ability to prepare healthy meals for themselves.

Questions to Consider:

- Is the youth able to prepare their own meals?
- Are they able to use kitchen appliances appropriately to prepare their meals?
- Is the youth able to prepare meals safely and make good food choices?

Ratings and Descriptions

0	Youth is fully independent in preparing meals. Youth can select and safely prepare food that is reasonably healthy.
1	Youth generally prepares meals independently but makes somewhat poor choices for eating or relies on prepared meals or fast food.
2	Youth struggles with safe meal preparation. Youth has difficulty selecting and preparing meals in appropriate portions, or using utensils, appliances, or stove properly. Youth can prepare basic foods like cereal and sandwiches but does not cook.
3	Youth is not currently able to safely prepare meals or select appropriate portion size (too little or too much) which results in harm or danger.

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

SHOPPING

This item describes youth's ability to budget, select items, or plan for multiple shopping needs at one time (e.g., food, clothing, toiletries, etc.).

Questions to Consider:

- Does the youth shop independently for themselves? This can include online or in-person shopping.
- Are they able to plan, budget and make good choices regarding their shopping priorities?

Ratings and Descriptions

0	Youth can shop independently to meet all needs.
1	Youth can shop independently for self but may struggle with spending or item selection or have some other shopping problem.
2	Youth struggles with shopping for self. Youth may be able to do some shopping, but challenges occur with shopping choices, habits, or expenditures that interfere with functioning.
3	Youth is unable to shop to meet basic needs, or choices, habits or expenditures pose significant risk to well-being, health, or safety.

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

HOUSEWORK

This item describes youth's ability to keep a functioning and clean living space independently or seek out the necessary resources to do so.

Questions to Consider:

- Is the youth able to keep their living space clean and functional?
- Are there additional skills that would be helpful for the youth to acquire to keep their living space clean and/or functional?

Ratings and Descriptions

0	Youth does housework independently. Youth maintains a functioning and clean living space and takes care of challenges that happen as a routine aspect of living (e.g., clogged toilet, broken refrigerator).
1	Youth can maintain a reasonably clean living space but may struggle with common challenges that happen with housing.
2	Youth has challenges with housework. Youth currently does not maintain a clean living environment or need prompts, cues, or reminders about housework.
3	Youth is currently not able to do housework or living environment potentially poses a health risk.

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

MONEY MANAGEMENT

This item describes youth's ability to manage finances by keeping a budget or adjusting expenses to meet all or as many needs as possible.

Questions to Consider:

- Does the youth manage their money? How do they do this?
- Can the youth manage their money and meet their monthly expenses?

Ratings and Descriptions

0	Youth manages money independently. Youth appears to understand the relationship between income and expenditures and can keep expenditures within budget.
1	Youth may have some challenges with aspects of money management (e.g., over spending, losing small amount of money) but these challenges do not have a notable impact on functioning.
2	Youth has challenges with money management that notably interfere with functioning.
3	Youth is currently not able to manage money.

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

COMMUNICATION DEVICE USE

This item refers to youth's ability to appropriately use a phone and other electronic devices such as smartphones or tablets to communicate with others including the use of email and social media; properly monitor device use and service plan; and adequately care for communication devices.

Questions to Consider:

- What communication devices does the youth have access to?
- Does the youth take appropriate steps to protect their personal information on their communication devices?
- Does the youth engage in dangerous behavior on their communication device?

Ratings and Descriptions

0	Youth uses and manages communication devices appropriately and independently.
1	Youth has some challenges with aspects of communication devices (e.g., boundary issues with sharing contact information, photos or personal information, losing or damaging devices multiple times); however, these challenges do not notably impact functioning.
2	Youth has challenges with communication device use. This may include technical problems using the devices or limited access to devices because of financial reasons or it may include challenges with judgment regarding appropriate device use.
3	Youth is currently unable to use electronic communication devices or engages in dangerous or highly inappropriate activity with such devices and means of communication.

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

HOUSING SAFETY

This item describes whether the youth's current housing circumstances are safe and accessible. Consider the youth's specific medical or physical challenges when rating this item.

Questions to Consider:

- What are the youth's current housing circumstances?
- Is the youth's current housing circumstance safe?

Ratings and Descriptions

0	Current housing has no challenges regarding fully supporting the youth's health, safety, and accessibility.
1	Current housing has minor challenges regarding fully supporting the youth's health, safety, and accessibility but these challenges do not currently interfere with functioning or present any notable risk to the youth or others.
2	Current housing has notable limitations regarding supporting the youth's health, safety, and accessibility. These challenges interfere with or limit the youth's functioning.
3	Current housing is unable to meet the youth's health, safety, and accessibility needs. Housing presents a significant risk to the youth's health and well-being.

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

End of the Independent Activities of Daily Living Module

PARENTING/CAREGIVING ROLES*

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

Questions to Consider:

- Does the youth have children or care for an elderly parent?
- Is the youth pregnant?
- Does the youth have trouble caring for children or parents?
- Are parenting responsibilities keeping the youth from going to school or work?

Ratings and Descriptions

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

The youth has a parenting/caregiving role and they are functioning appropriately in that role.

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

The youth has responsibilities as a parent/caregiver but occasionally experiences difficulties with this role.

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

The youth has responsibilities as a parent/caregiver and either the youth is struggling with these responsibilities or these issues are currently interfering with the youth's functioning in other life domains.

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

The youth has responsibilities as a parent/caregiver and the youth is currently unable to meet these responsibilities or these responsibilities are making it impossible for the youth to function in other life domains.

NA Youth is not a caregiver/parent.

Supplemental Information: Youth who occasionally supervise children are not rated on this item.

***A rating of '1', '2' or '3' on this item triggers the completion of the [L] Parenting/Caregiving Module.**

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

[L] PARENTING/CAREGIVING MODULE (AGES 16+)

KNOWLEDGE OF NEEDS

This item is based on the youth's knowledge of the specific strengths of the child or adult in their care and any needs experienced by the child or adult, and the youth's ability to understand the rationale for the treatment or management of these problems.

Questions to Consider:

- How does the youth understand the needs of the child or adult in their care?
- Does the youth have the necessary information to meet the needs of the child or the adult they are caring for?

Ratings and Descriptions

0	Youth is fully knowledgeable about the psychological strengths and needs and limitations of the child or adult being cared for.
1	Youth, while being generally knowledgeable about the child or adult being cared for, has some mild deficits in knowledge or understanding of the psychological condition or skills and assets of the child or adult being cared for.
2	Youth does not know or understand the child or adult being cared for well. Significant deficits exist in the caregiver's ability to relate to the problems or strengths of the child or adult being cared for.
3	Youth has no understanding of the condition of the child or adult they are caring for. The youth is unable to cope with the child or adult being cared for given their own status at the time, not because of the needs of the dependent child/adult but because the youth does not understand or accept the situation.

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

SUPERVISION

This item rates the capacity of the youth to provide the level of monitoring needed by the child or adult in their care.

Questions to Consider:

- Does the youth set appropriate limits on the child?
- Does the youth provide appropriate support to the child/adult being cared for?
- Does the youth think they need some help with these issues?

Ratings and Descriptions

0	The supervision and monitoring that the youth provides to the child or adult in their care is appropriate and functioning well.
1	Supervision and monitoring that the youth provides to the child or adult in their care is generally adequate but inconsistent.
2	Supervision and monitoring that the youth provides to the child or adult in their care is very inconsistent. They are frequently absent.
3	Supervision and monitoring that the youth provides to the child or adult in their care is nearly always absent or inappropriate.

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

INVOLVEMENT WITH CARE

This item rates the level of involvement and follow-through the youth has in the planning and provision of behavioral health, child welfare, educational and medical services on behalf of the child or adult in their care.

Questions to Consider:

- Is the youth actively involved in helping to get services for the child/adult in their care?
- Is the youth willing to follow up on recommendations for the child/adult?
- Is the youth uninterested in or unwilling to become involved in child/adult's care?

Ratings and Descriptions

0	Youth is actively involved in the planning and/or implementation of services and can be an effective advocate on behalf of the child or adult in their care.
1	Youth is consistently involved in the planning and/or implementation of services for the child/adult but is not an active advocate on behalf of the child or adult in their care.
2	Youth is minimally involved in the care of the child or adult in their care. Youth may visit the child/adult when in a temporary out-of-home care but does not become involved in service planning and implementation.
3	Youth is uninvolved with the care of the child or adult. Youth may want child/adult out of the home or fails to visit the child/adult when in out-of-home placement.

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

ORGANIZATION

This item should be rated based on the ability of the youth to participate in or direct the organization of the household, services, and related activities.

Questions to Consider:

- Does the youth need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?
- Is the youth prepared for meetings or commitments, remembering to bring anything they needed or promised?

Ratings and Descriptions

0	Youth is well organized and efficient.
1	History or evidence of youth's difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return calls from service providers.
2	Youth has moderate difficulties in organizing and maintaining household to support needed services.
3	Youth is unable to organize household to support needed services. Help is needed.

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

MARITAL/PARTNER VIOLENCE IN THE HOME

This item describes the degree of difficulty or conflict in the youth's relationship and the impact on parenting and childcare.

Questions to Consider:

- How does the youth and their spouse/partner manage conflict between them?
- How is power and control handled in the youth and their spouse/partner's relationship with each other?
- Does the youth and their spouse/partner's conflict escalate to verbal aggression, physical attacks, or destruction of property?

Ratings and Descriptions

0	Youth and their spouse/partner 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	Youth's marital difficulties and partner arguments are generally able to be kept to a minimum when dependent child or adult being cared for is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
2	Youth's marital difficulties and/or partner conflicts, including frequent arguments, often escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which dependent child/adult being cared for often witnesses.
3	Youth's partner or marital difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate the difficulties experienced by the dependent child or adult being cared for, placing the child/adult at greater risk.

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

End of the Parenting/Caregiver Module

JOB FUNCTIONING*

If the youth is working, this item 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.

***A rating of '1', '2' or '3' on this item triggers the completion of the [M] Readiness Inventory for Successful Employment (RISEmploy) Module.**

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

[M] READINESS INVENTORY FOR SUCESSFUL EMPLOYMENT (RISEMPLOY) MODULE (AGES 16+)

For the **Readiness Inventory for Successful Employment Module,** 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.

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

Note: The items in the RISEmploy Module are rated as strengths. In completing this module, it is important to view a young person's career aspirations and work history to include other volunteering and informal work arrangements (e.g., housework, landscaping, babysitting, etc.) and not just formal employment.

Please note that this information, just as information in the rest of the CANS, is not shared with other entities involved in the youth's care and is only shared as necessary medical care.

WORK ORIENTATION

CAREER ASPIRATIONS

This item is used to describe the degree to which a youth has ideas about what type of job they would want or a clear idea of a career direction.

Questions to Consider:

- Does the youth have goals related to work? Does the family have goals for the youth related to work?
- Is the youth able to identify a job or career path, and do they have resources needed to get there?

Ratings and Descriptions

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

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

ASPIRATIONAL CONGRUENCE

This item is used to describe the degree to which the youth's career-related goals are consistent with their background including education, experiences, skills and interests.

Questions to Consider:

- What are the youth's career aspirations?
- Do they seem realistic based on the youth's current skills or educational level?
- Might skills need to be built, or more education or training needed, in order for these aspirations to be realistic?

Ratings and Descriptions

0	Youth's career aspirations are very consistent with their education, skills and interests.
1	Youth's career aspirations are reasonable given their education, skills and interests.
2	Youth's career aspirations are inconsistent with their education, skills or interests.
3	Youth's career aspirations are in conflict with their education, skills or interests.

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

JOB MARKET EXPECTATIONS

This item is used to describe the degree to which a youth's ideal job is available in the labor market where they are seeking employment.

Questions to Consider:

- Does the youth have a realistic understanding of what jobs may be available to them based on their past job experience, skills, education level, or other qualifications?

Ratings and Descriptions

0	Youth understands what jobs will likely be available to them based on their qualifications.
1	Youth has a sense of what jobs are available but might be overly optimistic or pessimistic about job prospects.
2	Youth has limited sense of jobs currently available.
3	Youth has a very unrealistic idea of what jobs will be available to them based on their qualifications.

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

WORK ETHIC

This item is used to describe how committed the youth is to working and whether they get any personal satisfaction from working hard on something. This experience could be gained through school work, volunteer work, or job experience.

Questions to Consider:

- Does the youth have a strong work ethic, or would you say that they only do the work that they absolutely have to?
- Does the youth slack off when no one is watching?
- Is the youth self-motivated or self-directed?
- Is the youth proactive or goes "above and beyond"?

Ratings and Descriptions

0	Youth has a strong work ethic and puts considerable effort into doing anything that they try, to the best of their abilities.
1	Youth has some sense of work ethic and tends to make an effort if they can see a benefit in doing so.
2	Youth has not developed a work ethic and tends to see employment strictly as a means to an end, e.g., to get money.
3	Youth has no work ethic and often chooses to do nothing when given the choice.

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

WORK EXPERIENCE

WORK HISTORY

This item is used to describe whether the youth has a history of employment. This can include volunteering.

Questions to Consider:

- Has the youth ever held a job?
- Would previous employers be willing to re-hire the youth?
- Does youth use any previous employers as positive references?

Ratings and Descriptions

0	Youth has a job history with employers who would be willing to provide positive references (beyond documenting employment).
1	Youth has a job history but no employers who would be willing to provide a positive reference.
2	Youth has a limited job history.
3	Youth has never held a job.

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

TIME SINCE LAST JOB

This item is used to describe the duration of time that the youth has been out of the labor market.

Questions to Consider:

- How long has it been since the youth was last employed?

Ratings and Descriptions

0	Youth worked within the past six months.
1	Youth worked within the past two years.
2	Youth has worked but not in more than two years.
3	Youth has never held a job.

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

JOB TURNOVER

This item is used to describe how often the youth has changed jobs or how stable their employment has been.

Questions to Consider:

- Does the youth stay at a job for a reasonable period of time, or does the youth change jobs frequently?

Ratings and Descriptions

0	Youth has averaged more than two years on the job for each job they have held.
1	Youth has held at least one job for more than two years.
2	Youth has held at least one job for at least six months but none for at least two years.
3	Youth has never held a job for more than six months.

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

WORK PERFORMANCE

JOB ATTENDANCE

This item is used to describe the youth's ability to consistently make it to work based on their job history.

Questions to Consider:

- Has the youth experienced communication or disciplinary action for work attendance issues?
- Is the youth meeting expectations for attendance?

Ratings and Descriptions

0	Youth goes to work consistently as scheduled.
1	Youth has occasional problems going to work. They may sometimes call in sick when not ill.
2	Youth has difficulty consistently going to work.
3	Youth has severe job attendance problems that threaten termination or have resulted in recent firing.

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

JOB PERFORMANCE

This item is used to describe the youth's prior performance based on their job history.

Questions to Consider:

- What feedback has the youth received regarding their job performance?
- Is the youth meeting expectations for attendance?

Ratings and Descriptions

0	The youth is a productive employee.
1	Youth is generally a productive employee, but some performance issues exist.
2	Youth is having problems performing adequately on the job.
3	Youth has severe job performance problems that threaten termination or have resulted in recent firing.

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

JOB RELATIONS

This item is used to describe the youth's history of relationships in work environments.

Questions to Consider:

- Are youth's relationships at the job setting a source of distress or source of strength for them?

Ratings and Descriptions

0	Youth gets along well with superiors and co-workers.
1	Youth is experiencing some problems with relationships at work.
2	Youth is having problems with their relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.
3	Youth is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.

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

JOB ENJOYMENT

This item is used to describe the degree to which the youth enjoys the experience of employment.

Questions to Consider:

- Are there aspects of previous jobs that the youth enjoyed?

Ratings and Descriptions

0	Youth is able to spontaneously describe aspects of a previous job that gave them obvious enjoyment.
1	Youth is able to identify aspects of a previous job they enjoyed, with some prompting.
2	Youth has no prior work history but can describe aspects that they think they might enjoy.
3	Youth has no ability to identify any aspect of a job, either in the past or anticipated, which might provide them enjoyment.

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

CUSTOMER ORIENTATION

This item is used to describe the degree to which the youth is able to understand and present a customer-first view of employment.

Questions to Consider:

- Does the youth understand what good customer services looks like?
- Does the youth understand what is required to provide good customer service? Can they provide it consistently?

Ratings and Descriptions

0	Youth has experience and success working with a positive customer orientation. Youth could be an ideal employee in a customer-friendly workplace.
1	Youth has the ability to understand and express a positive customer orientation but has no experience.
2	Youth has some limited experience with a customer-oriented job but had difficulties maintaining a positive customer orientation.
3	Youth is unable to understand or express a positive customer orientation.

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

WORK READINESS

ROUTINE

This item is used to describe the degree to which the youth's lifestyle has established routines that would be supportive of ongoing employment.

Questions to Consider:

- Does the youth have a daily routine?
- If so, could this routine accommodate a work schedule?

Ratings and Descriptions

0	Youth has and maintains a daily routine in which work would easily fit.
1	Youth has and maintains a daily routine that, with adjustments, could include regular employment.
2	Youth has and maintains a routine, but employment would require a major adjustment.
3	Youth has no routine to their daily life.

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

SKILLS RELEVANT TO ASPIRATIONS

This item is used to describe the development of a youth's skill set relative to their career aspirations.

Questions to Consider:

- Does the youth have the necessary skills to be successful in their desired job?
- Do skills need to be enhanced or built?
- If so, is the youth interested in or willing to develop skills?

Ratings and Descriptions

0	Youth has all needed skills to successfully perform in desired job.
1	Youth has some well-developed skills necessary to successfully perform in desired job and has a plan to develop any additional needed skills that they do not currently possess.
2	Youth has basic job skills necessary to perform desired job but must create a plan to develop other needed skills in order to be successful in job.
3	Youth is uninterested in or unwilling to develop necessary skills to successfully perform the desired job.

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

DIGITAL LITERACY

This item is used to describe the degree of the youth's understanding of and skills with computers and relevant software.

Questions to Consider:

- Is the youth comfortable using technology (e.g., using computers, doing tasks online, using social media)?
- Are there gaps in technological knowledge/experience that impact the youth's ability to be successful in their job?

Ratings and Descriptions

0	Youth has excellent digital literacy. Youth is fluent in all the computer software needed for their desired job.
1	Youth has digital literacy. They are comfortable using a computer and are knowledgeable about some common computer software.
2	Youth has minimal digital literacy. Youth has some very basic computer skills but does not currently use any software beyond standard social media platforms.
3	Youth has no digital literacy.

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

FINANCIAL LITERACY

This item is used to describe the youth's understanding of money.

Questions to Consider:

- Does the youth have money management skills (e.g., pay bills, check balances, understand a budget)?
- Are training or services needed in order to help the youth manage their finances?

Ratings and Descriptions

0	Youth has excellent financial literacy. Youth has solid money management skills.
1	Youth has financial literacy. Youth is generally able to manage money well but may have occasional difficulties.
2	Youth has minimal financial literacy. Youth has some limited money management skills and may need some assistance in managing some financial tasks.
3	Youth has no financial literacy. Youth has no money management skills.

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

RESUME/COVER LETTER

This item is used to describe the degree to which the youth is able to develop a resume and cover letter for seeking employment opportunities.

Questions to Consider:

- Does the youth have a resume?
- If so, is it current and/or an accurate representation of their job history and skills?
- Has the youth ever written a cover letter?

Ratings and Descriptions

0	Youth has developed a strong resume and cover letter that accurately portrays their skills, interests and job history.
1	Youth has a resume that was developed for them or developed one that is not an accurate portrayal of their skills, interests and job history.
2	Youth does not currently have a resume but has developed one in the past.
3	Youth has no experience with resumes or cover letters.

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

INTERVIEW CLOTHES

This item is used to describe the degree to which the youth has clothing appropriate for a job interview.

Questions to Consider:

- Does the youth have clothes that would be appropriate to wear to an interview for their desired job?
- Does the youth know what type of clothing is appropriate for a job interview?

Ratings and Descriptions

0	Youth has good interview clothes consistent with the type of job they desire.
1	Youth has clean clothes that would be passable in most job interviews.
2	Youth understands how they should dress for a job interview but needs help getting the appropriate interview clothes.
3	Youth has no clear concept of dressing for a job interview.

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

End of the RISEmploy Module

STRENGTHS

YOUTH INVOLVEMENT IN CARE

This item refers to the youth's participation in efforts to address their identified needs.

Questions to Consider:

- Is the youth aware of their needs and strengths?
- How does youth understand their needs and challenges?
- Does the 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.*

Youth is knowledgeable of needs and helps 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.*

Youth is knowledgeable of 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.*

Youth is at least somewhat knowledgeable of 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.*

Youth is neither knowledgeable about needs nor willing to participate in any process to address them.

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

CAREGIVER RESOURCES & NEEDS DOMAIN

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. If the child/youth is in 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.

The items in this section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for 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.

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

ADJUSTMENT TO TRAUMATIC EXPERIENCES

This item 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)?
- Does the caregiver experience frequent nightmares?
- Are they troubled by flashbacks?
- What are the caregiver's current coping skills?

Ratings and Descriptions

0 *No current need; no need for action. 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).

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

SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things (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 or redirect the child/youth?
- How does the caregiver keep the environment safe for the child/youth to explore/learn?
- Does the caregiver need some help with these issues?

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.

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

INVOLVEMENT WITH CARE

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

Questions to Consider:

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

Ratings and Descriptions

0 *No current need; no need for action. 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.

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

KNOWLEDGE

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

Ratings and Descriptions

0 *No current need; no need for action. 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.

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

ORGANIZATION

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

Questions to Consider:

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

Ratings and Descriptions

0 *No current need; no need for action. 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.

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

SOCIAL RESOURCES

This item 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:

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

Ratings and Descriptions

0	*No current need; no need for action. 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.

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

FINANCIAL RESOURCES

This item 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	*No current need; no need for action. This may be a resource for the child/youth.* Caregiver has sufficient financial resources to raise or care 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 has some financial resources to raise or care for the child/youth. History of struggles with sufficient financial resources would be rated here.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has limited financial resources to raise or care for the child/youth.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has no financial resources to raise or care for the child/youth. Caregiver needs financial resources.

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

RESIDENTIAL STABILITY

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

Questions to Consider:

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

Ratings and Descriptions

0	*No current need; no need for action. 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.

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

MEDICAL/PHYSICAL

This item 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 item does not rate depression or other mental health issues.

Questions to Consider:

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

Ratings and Descriptions

0	*No current need; no need for action. 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.

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

MENTAL HEALTH

This item 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:

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

Ratings and Descriptions

0	*No current need; no need for action. 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.

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

SUBSTANCE USE

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

Questions to Consider:

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

Ratings and Descriptions

0 *No current need; no need for action. 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.

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

DEVELOPMENTAL

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

Questions to Consider:

- Does the caregiver have developmental challenges that make parenting/caring for the 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.

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

SAFETY

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

Questions to Consider:

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

Ratings and Descriptions

0 *No current need; no need for action. 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.

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

MARITAL/PARTNER VIOLENCE IN THE HOME

This item 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 are power and control handled in the caregivers' relationship with each other?
- How frequently does the child/youth witness caregiver conflict?
- Does the caregivers' 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 item 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.

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

LEGAL INVOLVEMENT

This item 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 *No current need; no need for action. This may be a resource for the child/youth.*
Caregiver has no known legal 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.*
Caregiver has a history of legal problems but currently is not involved with the legal system.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has some legal problems and is currently involved in the legal system.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
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.

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

FAMILY RELATIONSHIP TO THE SYSTEM

This item describes the degree to which the family's apprehension to engage with child serving systems (health care, child welfare, early intervention) creates a barrier to receipt of care. For example, if a family refuses to participate in team meetings because of their mistrust of the intentions of the providers on the team, providers must consider this apprehension and understand its possible impact on the delivery/receipt of services. These complicated factors may translate into generalized discomfort with any or all child serving systems and may require the care provider to reconsider their approach.

Questions to Consider:

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

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

The caregiver expresses no concerns about engaging with the formal helping system.

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 expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

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