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# Texas Child and Adolescent Needs and Strengths (Texas CANS 2.0)

Comprehensive Assessment Manual \*  
Texas CANS 2.0 \*

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2017  
REFERENCE  
GUIDE

# ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Texas Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment 2.0. Along with the CANS versions for mental health, 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 Texas CANS 2.0 is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, adolescents, and their families. Training and annual certification is expected for appropriate use.

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# INTRODUCTION

## HISTORY OF THE CANS ASSESSMENT

The CANS assessment originated from Dr. John Lyons and his work in modeling decision-making for psychiatric services (New York State Version of CANS Manual, 2011). In order to assess appropriate use of psychiatric hospital and residential treatment services, Dr. Lyons developed the Childhood Severity of Psychiatric Illness (CSPI) assessment tool. This measure was developed to assess those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS assessment. 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 assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths for both the youth and the parent or guardian. The assessment looks primarily at the 30-day period prior to administration of the CANS assessment (New York State Version of CANS Manual, 2011). It is a tool developed with the primary objectives of permanency, safety, and improved quality of life. It provides for a structured assessment of the youth along a set of dimensions relevant to recovery and/or service planning. The CANS is designed for use either as a prospective assessment tool for decision support and recovery and/or service planning or as a retrospective quality improvement device demonstrating an individual youth's progress. It can also be used as a communication tool that provides a uniform language for all youth-serving entities to discuss the youth's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the service and/or recovery plan and whether individual goals and outcomes are achieved.

## MEASUREMENT PROPERTIES

### Reliability

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

### Validity

Studies have demonstrated the CANS' validity, or its ability to measure youth and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service 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).

## GENERAL INFORMATION ON THE TEXAS CANS 2.0

The Texas Department of State Health Services (DSHS), the Health and Human Services Commission (HHSC) of Texas and the Texas Department of Family and Protective Services (DFPS) have collaborated with Dr. John Lyons for the development of a comprehensive version of the CANS for Texas, hereafter known as the Texas CANS 2.0. The Texas CANS 2.0 includes a wider range of CANS domains to better identify and address the multi-system needs of children. The Texas CANS 2.0 serves as a comprehensive psychosocial assessment, trauma screening, and suicide screening as well as to inform recovery and/or service planning, permanency planning, placement decisions, and levels of care.

The Texas CANS 2.0 is appropriate for use with infants, children, and youth ages 0-17. For ease of use, the term “youth” will be used throughout the document to refer to individuals throughout the entire age range. The term “child” is utilized in the Infant & Young Children Domain. Where there is a question, the terms “child” and “youth” are interchangeable. Specific age ranges for scoring certain domains are noted in the Texas CANS 2.0 Reference Guide and on the scoring form.

The Texas CANS 2.0 Reference Guide contains references to the Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition (DSM 5).

## TEXAS CANS 2.0 DESCRIPTION

The Texas CANS 2.0 was developed from a communimetric perspective in order to facilitate the linkage between the assessment process and the design of individualized recovery and/or service plans, which include the application of evidence-based practices. There are six key principles that distinguish a communimetric tool.

## SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the youth, not the youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the youth developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young youth but would be for an older child or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child or youth’s developmental age.
5. **The ratings are generally “agnostic as to etiology.”** In other words, this is a descriptive tool; it is about the “what” not the “why.” Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay relevant to the youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

## SCORING THE TEXAS CANS 2.0

The Texas CANS 2.0 was created as a strength-based model that focuses on identifying the youth and family's strengths, needs, and supports in order to develop a comprehensive service and/or recovery plan.

It is important to remember that the family should be defined from the youth’s perspective (who the youth describes as part of his/her family). Throughout the Reference Guide there are recommended questions that the assessor may use to elicit responses from the youth and his/her caregiver. Most sample questions are open-ended in order to guide conversations about specific topics. It is important to rate the information as it is given by the youth and his/her family to identify *what* is happening to the child and *not why* it is happening.

The Texas CANS 2.0 is composed of domains (e.g., Child Strengths, Child Risk Behaviors, etc.) and modules (e.g., Juvenile Justice, School, etc.) that reflect detailed areas of the child’s history, functioning, supports, needs, and strengths that can be reflected in the service plan or the recovery plan. Basic core items within domains are initially rated for youth and caregivers, then modules are triggered by key questions. The provider must complete the modules triggered by the rating scores ‘1’, ‘2’ or ‘3’ as indicated in the item description. For example if the rating score is ‘1’, ‘2’ or ‘3’ on the “Danger to Others” item, the rating scores trigger the completion of Module [1] Dangerousness. Items within the domains and modules are scored on a scale of ‘0’-‘3’. The two primary rating scales of the CANS are the “Needs Scale” and the “Strengths Scale.” The meaning of the scores in the ‘0’-‘3’ scale are significantly different for the Child Strengths domain than for the other domains, which focus on identifying needs. Within the CANS domains and modules, each rating represents an action level for a need or a strength that may be included in a service/recovery plan depending on the scores. The majority of all Texas CANS 2.0 domains utilize one of the two scales described below:

### Basic Design for Rating Needs

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

### Basic Design for Rating Strengths

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

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

## COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) AND TRAUMATIC EXPERIENCES DOMAIN

The Columbia-Suicide Severity Rating Scale (C-SSRS) Screener and the Traumatic Experiences domain each have a different scoring structure from the domains that measure needs and strengths. The C-SSRS has been included in the Texas CANS 2.0 as the Suicide Risk domain and as a best practice for suicide risk assessment. This scale can be found as the second domain on the Texas CANS 2.0 to assess suicidality of children and youth. ***It must be completed for all children ages four and older.*** An Overall Suicide Risk Item has been developed and incorporated into this scale to match the scoring format of the action levels on the “Needs Scale.” Instructions for completing the C-SSRS Screener domain and additional details about this scale and domain can be found on page 13 of this manual.

The Traumatic Experiences domain has a unique scale to screen children and youth for exposure to traumatic events and for symptoms resulting from exposure. This domain has a unique structure and is divided into two sections:

Child Trauma Experiences and Traumatic Stress Symptoms. Details about this domain and the scoring scale can be found on pages 20 (Child Trauma Experiences) and 27 (Traumatic Stress Symptoms) of this reference guide.

There are separate instructions for the Traumatic Experiences domain in order to identify specific events that the youth and his/her family have experienced that may require specific treatment. It is important to remember that identifying and naming the traumatic event may create intense reactions for the youth and his/her family that may need to be addressed immediately. During this section, be mindful that explicit details may be difficult to describe and could trigger emotional reactions. Please respect the youth and his/her family's boundaries.

## **INSTRUCTIONS FOR PROVIDERS (CANS FACILITATORS)**

Instructions on the use of the Texas CANS 2.0 by providers of Child Protective Services (child welfare) of the Texas Department of Family Protective Services can be found in Appendix II, page 98.

Instructions on the use of the Texas CANS 2.0 for providers of community mental health services under the Texas Resilience and Recovery service delivery system of the Health and Human Services Commission, formerly located under the Texas Department of State Health Services, can be found in Appendix III, page 102.

# INDIVIDUALIZED ASSESSMENT DOMAINS

Complete all items specific to the youth's age

# I. CHILD STRENGTHS (AGES: 0 - 17)

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

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

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

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

## FAMILY

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

	Ratings & Descriptions
Question(s) to consider: <ul style="list-style-type: none"><li>How do you and your family show support for each other?</li><li>How do members of your family communicate with each other?</li><li>How do you and your family get along?</li></ul>	<ol style="list-style-type: none"><li>0 Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the youth and is able to provide significant emotional or concrete support. Youth is fully included in family activities.</li><li>1 Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the youth and is able to provide limited emotional or concrete support.</li><li>2 Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.</li><li>3 Family needs significant assistance in developing relationships and communications, or youth has no identified family. Youth is not included in normal family activities.</li></ol>

## INTERPERSONAL SKILLS

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

Question(s) to consider:

- How do you (your child) get along with other children your age?
- How do you (your child) get along with adults?
- How many friends do you (your child) have?
- How long have you (your child) been friends with them?

Ratings & Descriptions

- |   |  |
|---|--|
| 0 | Significant interpersonal strengths. Youth has well-developed interpersonal skills and healthy friendships.  |
| 1 | Youth has good interpersonal skills and has shown the ability to develop healthy friendships.  |
| 2 | Youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships. |
| 3 | There is no evidence of observable interpersonal skills or healthy friendships at this time and/or youth requires significant help to learn to develop interpersonal skills and healthy friendships.   |

## OPTIMISM

This item rates the youth's sense of him/herself in his/her own future. This is intended to rate the youth's positive future orientation.

Question(s) to consider:

- Do you (your child) have a generally positive outlook on life?
- Do you think more that good things are going to happen or do you think more that bad things are going to happen?
- What are your (your child) plans for the future?

Ratings & Descriptions

- |     |  |
|-----|--|
| 0   | Youth has a strong and stable optimistic outlook on his/her life.  |
| 1   | Youth is generally optimistic.   |
| 2   | Youth has difficulties maintaining a positive view of him/herself and his/her life. Youth may vary from overly optimistic to overly pessimistic. |
| 3   | Youth has difficulties seeing <i>any</i> positives about him/herself or his/her life.  |
| N/A | Youth is 0-2 years old.  |

## EDUCATIONAL

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

Question(s) to consider:

- How are you (your child) doing in school?
- How do you (your child) like school?

For the Caregiver:

- If your child is struggling in school, how is the school/preschool working with you and your child to meet his/her needs?

Ratings & Descriptions

- |     |  |
|-----|--|
| 0   | The school works closely with the youth and family to identify and successfully address the youth's educational needs; OR the youth excels in school.  |
| 1   | School works with the youth and family to address the youth's educational needs; OR the youth likes school.  |
| 2   | The school is currently unable to adequately address the youth's academic or behavioral needs.   |
| 3   | There is no evidence of the school working to identify or successfully address the youth's needs at this time, and/or the school is unable and/or unwilling to work to identify and address the youth's needs, and/or there is no school to partner with at this time. |
| N/A | Youth is not in school due to age, or youth is home schooled or has graduated from high school.  |

## VOCATIONAL

This item rates the development of skills, which could be applied to a vocation, including prevocational skills, volunteer, and work experience. Computer, caregiving, and agricultural skills should be rated here.

Question(s) to consider:

- Have you ever done volunteer work? If so, what did you do?
- Have you ever had a job? If so, what did you do?
- Have you helped your family members do a job, such as farm work, babysitting, computer work, filing, sales?
- Have you ever done an internship?
- Have you taken any career or technology classes in school, such as typing, cooking, wood shop, welding, beautician?

### Ratings & Descriptions

- 0 This level indicates a youth with vocational skills who is currently working in a natural environment.
- 1 This level indicates a youth with pre-vocational and some vocational skills, but limited work experience.
- 2 This level indicates a youth with some pre-vocational skills, but who is not presently working in any area related to those skills. This also may indicate a youth with a clear vocational preference.
- 3 This level indicates a youth with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.

N/A Youth is 0-2 years old.

## TALENTS / INTEREST

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

Question(s) to consider:

- Do you (your child) participate in any extracurricular activities/clubs?
- Do you (your child) have any hobbies/interests/talents?

### Ratings & Descriptions

- 0 Youth has a talent that provides him/her with pleasure and/or self-esteem. Youth with significant creative/artistic/athletic strengths would be rated here.
- 1 Youth has a talent, interest, or hobby that has the potential to provide him/her with pleasure and self-esteem. This level indicates a youth with a notable talent. For example, a youth who is involved in athletics or plays a musical instrument, etc. would be rated here.
- 2 Youth has expressed interest in developing a specific talent, interest or hobby even if he/she has not developed that talent to date, or whether it would provide him/her with any benefit.
- 3 There is no evidence of identified talents, interests or hobbies at this time and/or youth requires significant assistance to identify and develop talents and interests.

N/A Youth is 0-2 years old.

## SPIRITUAL / RELIGIOUS

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

Question(s) to consider:

- Do you (your child) participate in any religious/spiritual activities?
- If you (your child) don't consider yourself religious/spiritual, do you abide by a moral code?

### Ratings & Descriptions

- 0 Youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times.
- 1 Youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.
- 2 Youth has expressed some interest in spiritual or religious belief and practices.
- 3 No evidence of identified spiritual or religious beliefs, nor does the youth show any interest in these pursuits at this time.

N/A Youth is 0-2 years old.



## COMMUNITY INVOLVEMENT

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

Question(s) to consider: <ul style="list-style-type: none"><li>Do you (your child) participate in community events or community organizations?</li></ul>	Ratings & Descriptions	
	0	Youth is well integrated into his/her community. He/she is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
	1	Youth is somewhat involved with his/her community. This level can also indicate a youth with significant community ties although they may be relatively short term.
	2	Youth has an identified community but has only limited, or unhealthy, ties to that community.
	3	There is no evidence of an identified community of which youth is a member at this time.
	N/A	Youth is 0-2 years old.

## NATURAL SUPPORTS

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

**Note:** Family members are not rated here; they are rated under the Family Strengths item.

Question(s) to consider: <ul style="list-style-type: none"><li>In addition to your family and your caregivers, who supports/helps you (your child)?</li></ul> <u>For the Caregiver:</u> <ul style="list-style-type: none"><li>Who else is involved in supporting/raising your child?</li></ul>	Ratings & Descriptions	
	0	Youth has significant natural supports that contribute to helping support the youth's healthy development.
	1	Youth has identified natural supports that provide some assistance in supporting the youth's healthy development.
	2	Youth has some identified natural supports, however he/she is not actively contributing to the youth's healthy development.
	3	Youth has no known natural supports (outside of family and paid caregivers).

**SUPPLEMENTAL:** Unpaid means the person who is supporting the youth is not being paid by the family to support the youth (e.g., teacher or other school staff, local store owner, CASA, religious minister, etc.).

## RELATIONSHIP PERMANENCE

This item rates the stability of significant relationships in the youth's life. This likely includes family members, but may also include other individuals.

Question(s) to consider: <ul style="list-style-type: none"><li>What family and friends have you had since you were little?</li><li>Do you (your child) have a relationship with both of your parents?</li></ul>	Ratings & Descriptions	
	0	This level indicates a youth who has very stable relationships. Family members, friends, and community have been stable for most of the youth's life and are likely to remain so in the foreseeable future. Youth is involved with both parents.
	1	This level indicates a youth who has had stable relationships, but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
	2	This level indicates a youth who has had at least one stable relationship over the youth's lifetime, but has experienced other instability through factors such as divorce, moving, removal from home, and death.
	3	This level indicates a youth who does not have any stability in relationships.

### YOUTH INVOLVEMENT WITH CARE

This item rates the youth as an active partner in planning and implementing his/her service or recovery plan. The youth's participation in efforts to address his/her identified needs is rated here.

Question(s) to consider: <ul style="list-style-type: none"><li>Do you help develop your service/treatment plan?</li></ul>	Ratings & Descriptions	
	0	Youth is knowledgeable of needs and helps direct planning to address them.
	1	Youth is knowledgeable of needs and participates in planning to address them.
	2	Youth is at least somewhat knowledgeable of needs, but is not willing to participate in plans to address them.
	3	Youth is neither knowledgeable about needs nor willing to participate in any process to address them.
	N/A	Youth is 0-2 years old.

### COPING & SURVIVAL SKILLS

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

Question(s) to consider: <ul style="list-style-type: none"><li>How do you react when difficult or bad things happen in your (your child's) life?</li><li>How do you react when happy or good things happen in your (your child's) life?</li></ul>	Ratings & Descriptions	
	0	This level indicates a youth with exceptional psychological strengths. Both coping and survival skills are well developed.
	1	This level indicates a youth with good psychological strengths. The youth has coping and survival skills for managing negative life experiences, or the ability to enjoy or derive pleasure from positive life experiences/events.
	2	This level indicates a youth with limited psychological strengths. For example, a person with very low self-esteem or someone who has difficulty managing negative life events would be rated here.
	3	This level indicates a youth with no known or identifiable psychological strengths. This youth is not able to enjoy positive experiences and has significant difficulties coping with negative life events. This may be due to intellectual impairment or serious psychiatric disorders.
	N/A	Youth is 0-2 years old.

### RESILIENCE

This rating should be based on the child/youth's ability to identify and use internal strengths in managing his/her life and in times of need or to support his/her own development. This rating assesses a child/adolescent's ability to "bounce back" from or overcome adversity in his/her life.

Question(s) to consider: <ul style="list-style-type: none"><li>What are your (your child's) strengths?</li><li>What are the good things about you (your child)?</li><li>What skills do you (your child) use to solve a problem?</li></ul>	Ratings & Descriptions	
	0	This level indicates a youth who is able to both identify and use strengths to better him/herself and successfully manage difficult challenges. The youth expresses that she/he feels confident that she/he can handle the challenges adversity brings or has demonstrated the ability to do so over time.
	1	This level indicates a youth who is able to identify most of her/his strengths and is able to partially utilize them. She/he expresses the ability to handle the challenges adversity brings in specific situations or at certain time periods in her/his life, or has examples in her/his lifetime where she/he has been able to do so.
	2	This level indicates a youth who is able to identify strengths but is not able to utilize them effectively. A youth rated here currently has limited confidence in her/his ability to overcome setbacks.
	3	This level indicates a youth who is not yet able to identify personal strengths and who has no known evidence of being able to overcome adverse situations in her/his life. A youth who currently has no confidence in her/his ability to overcome setbacks should be rated here.
	N/A	Youth is 0-2 years old.

## 2. SUICIDE RISK C-SSRS SCREENER (AGES: 4 - 17)

The Columbia–Suicide Severity Rating Scale (C-SSRS) Screener is a screening tool that evaluates suicidal ideation and behavior. It is adapted from the full C-SSRS developed by the Columbia University Center for Suicide Risk Assessment. This best practice scale has been used extensively to screen suicidality. The Suicide Risk C-SSRS Screener Domain must be completed for all children ages 4 and above. This domain consists of two sections: 1) C-SSRS Screener and 2) the Overall Suicide Risk. **N/A: This domain is not applicable for children 0-3 years old.**

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

### INSTRUCTIONS ON COMPLETING THE SUICIDE RISK C-SSRS SCREENER:

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

For **Overall Suicide Risk (C-SSRS Screener)** the following categories and actions are used:

- 0 “NO” response to SR1 and SR2 and SR6
- 1 “YES” response on SR1 and/or SR2 (Lifetime or Past Month) but “NO” on SR3, SR4, SR5, SR6
- 2 “YES” response on SR3 (Lifetime or Past Month) and/or SR4 (Lifetime but not in Past Month) and/or SR5 (Lifetime but not Past Month) and/or SR6 (Lifetime but not Past 3 Months)
- 3 “YES” response on SR4 (in Past Month) and/or SR5 (in Past Month) and/or SR6 (in Past 3 Months)

#### SR1: WISH TO BE DEAD

This item rates whether a youth has wished or wanted to be dead.

Question(s) to consider:	Ratings & Descriptions	
<ul style="list-style-type: none"> <li>Have you wished you were dead or wished you could go to sleep and not wake up?</li> </ul>	No	The youth has never experienced a wish to be dead or to go to sleep and not wake up.
	Yes – Lifetime	The youth has experienced a wish to be dead or to go to sleep and not wake up in his/her lifetime, but not in the past month.
	Yes – Past Month	The youth has experienced a wish to be dead or to go to sleep and not wake up in the past month.

**SR2: NON-SPECIFIC ACTIVE SUICIDAL THOUGHTS (If "NO," skip to SR6)**

This item rates whether a youth has ever had any thoughts of killing him/herself.

Question(s) to consider:	Ratings & Descriptions	
	No	Youth has never had any thoughts of killing him/herself.
	Yes – Lifetime	Youth has had thoughts of killing him/herself, but has not experienced these thoughts in the past month.
	Yes – Past Month	Youth has had thoughts of killing him/herself in the past month.

If youth scored YES in item SR2, complete items SR3 to item SR6.

If youth scored NO in item SR2, skip SR3-SR5 and go directly to item SR6.

**SR3: SUICIDAL THOUGHTS With METHOD (without specific plan or intent to act)**

This item rates whether a youth has thought about a method to use for killing him/herself.

Question(s) to consider:	Ratings & Descriptions	
	No	Youth has never thought about a method to use for killing him/herself.
	Yes – Lifetime	Youth has had thoughts during his/her lifetime, but not in the past month, about a method to use for killing him/herself.
	Yes – Past Month	Youth has had thoughts during the past month about a method to use for killing him/herself.

**SR4: SUICIDAL INTENT Without PLAN**

This item rates whether a youth has some intention to act on thoughts of killing him/herself.

Question(s) to consider:	Ratings & Descriptions	
	No	Youth has never had any intention of acting on thoughts of killing him/herself.
	Yes – Lifetime	Youth has had an intention during his/her lifetime, but not in the past month, of acting on thoughts of killing him/herself.
	Yes – Past Month	Youth has had an intention during the past month to act on thoughts of killing him/herself.

**SR5: SUICIDAL INTENT With PLAN**

This item rates whether a youth has started working out the details or has worked out the details, and has created a plan that is intended for use in killing him/herself.

Question(s) to consider:	Ratings & Descriptions	
	No	Youth has never started to work out the details or created a plan to kill him/herself.
	Yes – Lifetime	During his/her lifetime, but not in the past month, youth has started to work out the details or worked out the details of killing him/herself.
	Yes – Past Month	In the past month, youth has started to work out the details or has worked out the details of how to kill him/herself.

**SR6: SUICIDAL BEHAVIORS**

This item rates whether the youth has ever done anything, started to do anything, or prepared to do anything to end his/her life.

Question(s) to consider:

- Have you done anything, started to do anything, or prepared to do anything to end your life?
- If YES, ask How long ago did you do any of these? (Please rate accordingly)

**Ratings & Descriptions**

- |                     |  |
|---------------------|--|
| No                  | Youth has never done anything, started to do anything, or prepared to do anything to end his/her life.   |
| Yes – Lifetime      | During his/her lifetime, but not in the past three months, youth has done something, started to do something, or prepared to do something to end his/her life. |
| Yes – Past 3 Months | During the past three months, youth has done something, started to do something, or prepared to do something to end his/her life.                              |

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

**OVERALL SUICIDE RISK\***

Please use the following scale to calculate an overall suicide risk rating for the youth.

For Raters:  
Please score this item using the responses for items SR1-SR6.

**Ratings & Descriptions**

- |    |   |
|----|---|
| 0  | "NO" response to SR1 and SR2 and SR6  |
| 1  | "YES" response on SR1 and/or SR2 (Lifetime or Past Month) but "NO" on SR3, SR4, SR5, and SR6  |
| 2* | *"YES" response on SR3 (Lifetime or Past Month) and/or SR4 (Lifetime but not in Past Month) and/or SR5 (Lifetime but not Past Month) and/or SR6 (Lifetime but not Past 3 Months). |
| 3* | *"YES" response on SR4 (in Past Month) and/or SR5 (in Past Month) and/or SR6 (in Past 3 Months).  |

\* Scoring of 2 or 3 on this item requires the same-day development of Safety Plan (page 95). It is recommended to do a full risk assessment, such as the full C-SSRS. An example of a safety plan can be found in Appendix I of the Texas CANS 2.0. A referral to immediate crisis services is recommended when the youth scores 2 or 3 on this item.

### 3. CHILD RISK BEHAVIORS (AGES: 6 - 17)

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:** Do the youth's behaviors put the youth at risk for serious harm?

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

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

#### SELF-HARM BEHAVIOR (SELF-MUTILATION)

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

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Have you ever tried to hurt yourself, for example, by scratching, biting, cutting, head-banging, hair pulling, or burning?</li> </ul>	0 No evidence of any forms of self-injury.
	1 A history or suspicion of self-injurious behavior.
	2 Engaged in self-injurious behavior (cutting, burning, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
	3 Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put child/youth's health at risk.

#### RECKLESS BEHAVIOR (OTHER SELF-HARM)

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

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Do you ever get in trouble for things that people think are dangerous or reckless, such as riding on top of cars, jumping off buildings, racing cars, participating in games with weapons or illegal substances, or sexual games?</li> </ul>	0 No evidence of behaviors (other than suicide or self-mutilation) that place the youth at risk of physical harm.
	1 There is a history, suspicion or mild behavior (other than suicide or self-mutilation) that places youth at risk of physical harm such as reckless and risk-taking behavior that may endanger the youth.
	2 Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places youth in danger of physical harm.
	3 Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places youth at immediate risk of death.

**DANGER TO OTHERS** (Triggers Module [1] Dangerousness, page 69 when this item is rated '1', '2' or '3'.)

This item rates the child or 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. **Note:** Reckless behavior that may cause physical harm to others is not rated on this item.

## Question(s) to consider:

- Have you had any ideas about wanting to hurt other people or animals?
- Have you ever threatened to hurt other people or animals?
- Have you ever acted on ideas to hurt other people or animals?

For the Caregivers

- Are you concerned that your child is going to hurt other people or animals due to things your child has said, aggressive play, or pictures your child has drawn?

## Ratings &amp; Descriptions

- |   |   |
|---|---|
| 0 | No evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).                      |
| 1 | History of aggressive behavior or verbal aggression towards others. History of fire setting would be rated here.                                    |
| 2 | Occasional or moderate level of aggression towards others. Recent verbal aggression.  |
| 3 | Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Youth is an immediate risk to others. |

**SEXUAL AGGRESSION** (Triggers Module [2] Sexually Aggressive Behavior, page 73 when this item is rated '1', '2' or '3'.)

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

## Question(s) to consider:

- Have you ever touched another child inappropriately, such as in their private parts?
- Have you ever engaged in sexually aggressive or sexually inappropriate behavior with another child?

For the Caregiver

- Have there been any incidents in which your child was accused of sexually inappropriate behavior?

## Ratings &amp; Descriptions

- |   |   |
|---|---|
| 0 | No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.                  |
| 1 | History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation. |
| 2 | Youth has engaged in sexually aggressive behavior, but not in the past 30 days.   |
| 3 | Youth has engaged in sexually aggressive behavior in the past 30 days.  |

**RUNAWAY** (Triggers Module [3] Runaway, page 77 when this item is rated '1', '2' or '3'.)

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

## Question(s) to consider:

- Have you run away and/or threatened to run away from home/school/treatment setting?
- How long were you (your child) away from home?

## Ratings &amp; Descriptions

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

**DELINQUENT BEHAVIOR** (Triggers Module [4] Juvenile Justice, page 79 when this item is rated '1', '2' or '3'.)

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

## Question(s) to consider:

- Have you engaged in any delinquent activities (offenses include truancy, curfew, and student code violations)?
- Have you ever been arrested?
- Have you ever been detained at a juvenile detention facility?

## Ratings &amp; Descriptions

- |   |   |
|---|---|
| 0 | No evidence or no history of delinquent behavior.   |
| 1 | History or suspicion of delinquent behavior, but none in the past 30 days. Status offenses in the past 30 days would be rated here.   |
| 2 | Moderate level of delinquent behavior including high likelihood of acts in the past 30 days (e.g., vandalism, shoplifting).   |
| 3 | Serious recent acts of delinquent activity in the past 30 days that place others at risk of significant loss or injury, or place youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement. |

**FIRE SETTING** (Triggers Module [5] Fire Setting, page 82 when item is rated '1', '2' or '3'.)

This item rates intentional fire setting. Malicious or reckless use of fire should be rated here. **Note:** Fires that are accidental should not be considered fire setting.

## Question(s) to consider:

- Have you ever played with matches and/or set a fire?
- If you set a fire, was there property/natural resource (trees and plants) damage or any injury to people or animals?

## Ratings &amp; Descriptions

- |   |   |
|---|---|
| 0 | No evidence or history of fire setting behavior.  |
| 1 | History of fire setting (more than 30 days ago).  |
| 2 | Rate here if one of the following is true: <ul style="list-style-type: none"> <li>• Repeated fire-setting behavior over a period of at least two years even if not in the past six months.</li> <li>• Recent fire setting behavior (in past six months), but not of the type that has endangered the lives of others or destroyed natural resources.</li> </ul> |
| 3 | Acute threat of fire setting. Youth intentionally set fire that endangered the lives of others or destroyed natural resources (e.g., attempting to burn down a house or setting a forest fire).   |

**SOCIAL MISBEHAVIOR (INTENTIONAL MISBEHAVIOR)**

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

## Question(s) to consider:

- Do you sometimes have problems with people because of the way you treat them?
- Do you get in trouble because of the way you treat others?
- What happens when you get in trouble?

## Ratings &amp; Descriptions

- |   |  |
|---|--|
| 0 | Youth shows no evidence of problematic social behaviors that lead adults to administer consequences to the youth.  |
| 1 | Mild level of problematic social behaviors that force adults to sanction the youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.  |
| 2 | Youth may be intentionally getting in trouble in school or at home and the sanctions or threat of sanctions that result are causing problems in the youth's life.  |
| 3 | This would be indicated by frequent seriously inappropriate social behaviors that force adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe (cause harm to others) that they place the youth at risk of significant sanctions (e.g. expulsion, removal from the community). |



## BULLYING OTHERS

This item rates behavior that involves intimidation or threats (verbal/physical) of peers and/or younger children.

**Note:** Rate this item only if youth is the "bully" in the situation. If youth is the victim of bullying please rate and identify on the Exploitation and/or the School Violence item. The Adjustment to Trauma item may also be appropriate to rate.

Question(s) to consider: <ul style="list-style-type: none"><li>Do you ever bully other children?</li><li>If yes, tell me about that.</li></ul>	Ratings & Descriptions	
	0	No evidence that the youth has ever engaged in bullying at school or in the community.
	1	There is a history of incidents or suspicion that the youth has bullied peers. Youth has associated with groups that engaged in bullying peers. No incidents in the past 30 days.
	2	There are incidents where the youth has bullied peers at school or community within the past 30 days. These incidents include youth acting as an individual or participating in a group.
	3	Youth has utilized threats or actual violence to bully peers in school and/or community.

## MEDICATION COMPLIANCE

This item rates the youth's willingness or ability to take prescribed medications as instructed.

Question(s) to consider: <ul style="list-style-type: none"><li>Do you (your child) take your prescribed medications as directed by your doctor?</li><li>Do you ever refuse to take prescribed medications?</li><li>Is your family concerned that you are taking more medications than you are supposed to? If yes, tell me about that.</li></ul>	Ratings & Descriptions	
	0	This level indicates a youth who self-administers any prescribed medications as instructed without reminders, or a youth who is not currently on any medication.
	1	This level indicates a youth who routinely takes prescribed medications, but who sometimes needs reminders to maintain compliance. Also, a youth with a history of medication noncompliance more than 30 days ago is rated here.
	2	This level indicates a youth who is sporadically non-compliant. This youth may be either resistant to taking prescribed medications or tends to overuse his/her medications. The youth might comply with prescription plans for periods of time (1-2 weeks), but generally does not sustain taking medication in prescribed dose or protocol. This would include youth who are sporadically noncompliant with medications for physical health and the noncompliance places the youth at medical risk.
	3	This level indicates a youth who has refused to take prescribed medications during the past 30-day period or a youth who has abused his/her medications to a significant degree (e.g., overdosing or overusing medications to a dangerous degree).

**SUPPLEMENTAL:** "Self-administered" includes youth who willingly take prescribed medications that are given by the caregiver. If youth willingly takes medication, rate 0.

## 4. TRAUMATIC EXPERIENCES (AGES: 0 - 17)

This domain screens for exposure to potentially traumatic events or adverse childhood experiences the youth has had in his/her lifetime, and rates the current severity of the symptoms related to traumatic or adverse childhood events that may result in adverse effects in the youth's functioning as a result of trauma exposure. This domain incorporates the items and definitions of the *Child and Adolescent Needs and Strengths (CANS)-Trauma Comprehensive Version Manual: A comprehensive informational integration tool for children and adolescents exposed to traumatic events*, 2010.

### CHILD TRAUMA EXPERIENCES

This section of the Traumatic Experiences Domain screens and rates for exposure to potentially adverse childhood events or childhood traumatic events that the youth has experienced or witnessed as physically or emotionally harmful, or life threatening or scary, that have created lasting adverse effects on the youth's functioning. This section utilizes a different scale to rate the severity and number of exposure to traumatic events as described in each item. The action level scale for the "Child Trauma Experiences" items are rated as follows:

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

- |   |  |
|---|--|
| 0 | No evidence of any trauma of this type   |
| 1 | A single incident or trauma occurred or suspicion exists of this type of trauma          |
| 2 | Multiple incidents or a moderate degree trauma of this type                              |
| 3 | Repeated and severe incidences of trauma of this type with medical/physical consequences |

#### INSTRUCTIONS:

*I am going to ask you (your child) a series of questions about things that happen to some people or that may have happened to you (your child) that can be scary, dangerous, or violent where you (your child) or someone else may have been hurt or seriously injured.*

*Some of these questions may bring up intense emotions or memories. You may feel free to ask to take a break during this section.*

**\*\*Ratings for these items are made based on LIFETIME exposure to trauma or adverse childhood experiences. \*\***

#### NEGLECT

This item rates the severity of neglect an individual has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or a lack of access to needed medical care (medical neglect) or failure to receive academic instruction (educational neglect).

Question(s) to consider:

- Have you ever been left alone or with your siblings but without adult supervision?
- Has your family/caregiver ever withheld or denied giving you food, medical treatment, or education when you needed it?
- Have you ever left your child alone without adult supervision?

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | There is no evidence that youth has experienced neglect.  |
| 1 | Youth has experienced minor or occasional neglect. Youth may have been left at home alone for a number of hours with no adult supervision or there may be occasional failure to provide adequate supervision of youth.          |
| 2 | Youth has experienced a moderate level of neglect. Youth may have been left home alone overnight or there may be occasional failure to provide adequate food, shelter, or clothing with corrective action.                      |
| 3 | Youth has experienced a severe level of neglect including multiple and/or prolonged absences (e.g., a day or more) by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. |

## SEXUAL ABUSE

This item rates the youth's experience of sexual abuse.

<p>Question(s) to consider:</p> <ul style="list-style-type: none"><li>Has someone ever touched your (your child's) private parts when you didn't want them to?</li><li>Has someone ever forced you (your child) to have sex with them?</li></ul>	<b>Ratings &amp; Descriptions</b>
	0 There is no evidence the youth has experienced sexual abuse.
	1 There is a suspicion that the youth has experienced sexual abuse with some degree of evidence or the youth has experienced "mild" sexual abuse including but not limited to direct exposure to sexually explicit materials. Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation. Youth who have experienced secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) also would be rated here.
	2 Youth has experienced one or a couple of incidents of sexual abuse that were not chronic or severe. This might include a youth who has experienced molestation without penetration on a single occasion.
	3 Youth has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time. This abuse may have involved penetration, multiple perpetrators, and/or associated physical injury.

## PHYSICAL ABUSE

This item rates the youth's experience of physical abuse.

<p>Question(s) to consider:</p> <ul style="list-style-type: none"><li>Have you (your child) ever been hit, punched, kicked, or beaten at home or somewhere else?</li></ul>	<b>Ratings &amp; Descriptions</b>
	0 There is no evidence that the youth has experienced physical abuse.
	1 There is a suspicion that youth has experienced physical abuse, but no confirming evidence. Spanking that does not leave marks or does not use items such as cords or belts would be included. The threat of physical harm without actual harm inflicted also qualifies here.
	2 Youth has experienced a moderate level of physical abuse. This may include one or more incidents of physical punishment (e.g., hitting, punching) or intentional harm that results in injuries, such as bruises or marks. It may also include use of items such as cords or belts.
	3 Youth has experienced severe and repeated physical abuse with intent to do harm and/or that causes sufficient physical harm to necessitate hospital treatment.

## EMOTIONAL ABUSE

This item rates the degree of severity of emotional abuse, including verbal and nonverbal forms. This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a youth, and/or "emotional neglect" defined as the denial of emotional attention and/or support from caregivers.

<p>Question(s) to consider:</p> <ul style="list-style-type: none"><li>Have you (your child) ever had someone at home insult you, scream at you, call you names, or humiliate you in a way that was scary for you or that made you feel hurt or bad?</li></ul>	<b>Ratings &amp; Descriptions</b>
	0 There is no evidence that youth has experienced emotional abuse.
	1 Youth has experienced mild emotional abuse. For instance, youth may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support by caregivers.
	2 Youth has experienced a moderate degree of emotional abuse. For instance, youth may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
	3 Youth has experienced significant or severe emotional abuse over an extended period of time (at least one year). For instance, youth is completely ignored by caregivers, or threatened/terrorized by others.

### MEDICAL TRAUMA

This item rates the severity of medical trauma experienced by the youth. Not all medical procedures are experienced as traumatic. Medical trauma results when a medical experience is **perceived by the youth** as mentally or emotionally overwhelming. Potential medical traumas include, but are not limited to: the onset of a life threatening illness; sudden painful medical events; chronic medical conditions resulting from an injury or illness; or another type of traumatic event. Medical procedures or surgical procedures experienced by the youth that are perceived as traumatic are rated here.

Question(s) to consider: <ul style="list-style-type: none"><li>Have you (your child) ever had a painful or scary medical procedure, medical treatment, or surgery when you were sick or injured?</li></ul>	Ratings & Descriptions	
	0	There is no evidence that the youth has experienced any medical trauma.
	1	Youth has had a medical experience that was mildly overwhelming for the youth. Examples include events that were acute in nature and did not result in ongoing medical needs and associated distress such as minor surgery, stitches or a bone setting.
	2	Youth has had a medical experience that was perceived as moderately emotionally or mentally overwhelming. Such events might include acute injuries and moderately invasive medical procedures such as major surgery that required only short term hospitalization.
	3	Youth has had a medical experience that was perceived as extremely emotionally or mentally overwhelming. The event itself may have been life threatening and may have resulted in chronic health problems that altered the youth's physical or mental functioning.

### FAMILY VIOLENCE

This item describes the severity of exposure to/observation of family violence. A youth who directly experienced family violence or witnessed family violence is rated here.

Question(s) to consider: <ul style="list-style-type: none"><li>Have you (your child) ever seen or heard a family member being hit, punched, kicked, or beaten?</li></ul>	Ratings & Descriptions	
	0	There is no evidence that youth has witnessed family violence.
	1	Youth has witnessed one episode of family violence and there was no lasting injury.
	2	Youth has witnessed/experienced repeated episodes of family violence, but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.
	3	Youth has witnessed/experienced repeated and severe episodes of family violence or has intervened in one or more episodes of family violence. Significant injuries have occurred and have been witnessed (i.e., seen or heard) by the youth as a direct result of the violence.

### COMMUNITY VIOLENCE

This item rates the severity of exposure to community violence.

Question(s) to consider: <ul style="list-style-type: none"><li>Have you (your child) ever directly experienced, seen, or heard people being hit, punched, stabbed, kicked, shot, or killed in your neighborhood or community?</li><li>Have you (your child) ever been a victim of or witnessed criminal activity in your neighborhood or community?</li></ul>	Ratings & Descriptions	
	0	There is no evidence that youth has witnessed or experienced violence in the community.
	1	Youth has witnessed occasional fighting or other forms of violence in the community. Youth has not been directly impacted by the community violence (i.e., violence not directed at self, family, or friends) and exposure has been limited.
	2	Youth has witnessed multiple instances of community violence and/or the significant injury of others in his/her community, or has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence/criminal activity that was not life threatening.
	3	Youth has witnessed or experienced severe and repeated instances of community violence and/or the death of another person in his/her community as a result of violence, or is the direct victim of violence/criminal activity in the community that was life threatening, or has experienced chronic/ongoing impact as a result of community violence (e.g., family member injured and no longer able to work).

## SCHOOL VIOLENCE

This item rates the severity of exposure to school violence.

Question(s) to consider:	Ratings & Descriptions	
<ul style="list-style-type: none"><li>Have you (your child) ever directly experienced, seen, or heard you or someone else being hit, punched, or involved in a fight at school?</li><li>Have you ever been bullied at school?</li><li>Have there ever been violent attacks or deaths in your school?</li></ul>	0	There is no evidence that youth has witnessed violence in the school setting.
	1	Youth has witnessed occasional fighting or other forms of violence in the school setting. Youth has not been directly impacted by the violence (i.e., violence not directed at self or close friends) and exposure has been limited.
	2	Youth has witnessed multiple instances of school violence and/or the significant injury of others in his/her school setting, or has had friends injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to minor injury.
	3	Youth has witnessed repeated and severe instances of school violence and/or the death of another person in his/her school setting, or has had friends who were seriously injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to significant injury or lasting impact.

## NATURAL OR MAN-MADE DISASTERS

This item rates the severity of exposure to either natural or man-made disasters.

Question(s) to consider:	Ratings & Descriptions	
<ul style="list-style-type: none"><li>Have you (your child) ever been in a disaster, such as a tornado, flooding, hurricane, or wildfire?</li><li>Have you (your child) ever experienced an accident or explosion caused by another person?</li><li>(If yes) Was someone hurt?</li></ul>	0	There is no evidence that youth has experienced any natural or man-made disaster.
	1	Youth has been exposed to disasters second-hand (e.g., on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as a fire, earthquake, or man-made disaster, including car accident, plane crash, or bombing.
	2	Youth has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a youth may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down.
	3	Youth has been directly exposed to multiple or severe natural or man-made disasters and/or a disaster that caused significant harm or death to a loved one, or there is an ongoing impact or life disruption due to the disaster (e.g., house burns down, caregiver loses job).

## WAR/TERRORISM AFFECTED

This item rates the severity of exposure to war, political violence, or torture, and it also rates the degree to which a child has been affected by terrorism. Terrorism is defined as “the calculated use of violence or threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally politically, religious or ideological.” Terrorism includes attacks by individuals acting in isolation (e.g., sniper attacks).

Question(s) to consider:	Ratings & Descriptions	
<ul style="list-style-type: none"><li>• Have you (your child) ever been in a place where there was war?</li><li>• Have you (your child) experienced an act of terrorism in your community?</li><li>• Was someone injured, tortured, or killed during the war or terrorist attacks?</li><li>• (If yes) Were you or your family forced to move out of your community because it was dangerous, people were killed, or there were bombings or fighting?</li><li>• Have you and your family ever lived in a refugee camp?</li></ul>	0	No evidence that youth has been exposed to war, political violence, terrorism, or torture.
	1	Youth did not live in war or refugee camp, but family was affected by war. Family members directly related to the youth may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war. This does not include youth who have lost one or both parents during the war. Rate here when the youth’s community has experienced an act of terrorism, but the youth was not directly impacted. The exposure of the youth has been limited to pictures seen through media.
	2	Youth has been affected by war, or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Youth may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of youth. Youth may have spent extended amount of time in refugee camp. Rate here when the youth has been affected by terrorism within his/her community, but did not directly witness the attack. Youth may live near the area where attack occurred and be accustomed to seeing the infrastructure that was disrupted due to attack (e.g., utilities or school), and youth may see signs of the attack in neighborhood. Youth may know people who were injured in the attack.
	3	Youth has experienced the direct effects of war. Youth may have feared for his/her own life during war or terrorism due to bombings or shelling very near to him/her. Youth may have been directly injured, tortured, kidnapped, or injured in a terrorist attack. Youth may have served as a soldier, guerrilla, or other combatant in his/her home country. Rate here when youth has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

## WITNESS/VICTIM TO CRIMINAL ACTIVITY

This item rates the severity of exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, child sexual exploitation, assault, or battery.

Question(s) to consider:	Ratings & Descriptions	
<ul style="list-style-type: none"><li>• Have you (your child) ever been a victim and/or a witness to a crime such as drug dealing, prostitution, robbery, assault?</li><li>• (If yes) Was someone injured, threatened, or killed?</li></ul>	0	There is no evidence that the youth has been victimized or witnessed significant criminal activity.
	1	There is a strong suspicion or evidence that the youth is a witness of at least one significant criminal activity. For instance, a youth may have been exposed to one type of criminal event but without necessarily having a direct impact on the youth.
	2	Youth has witnessed multiple incidents or types of criminal activities. Youth is a direct victim of criminal activity, and/or witnessed the victimization of a family member or friend. This could include exposure to more than one type of criminal activity, or exposure to ongoing drug use, drug dealing, or child sexual exploitation without causing injury or harm to the youth.
	3	Youth has been exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm or youth witnessed the death of a loved one. This could include chronic or significant exposure to criminal activity in multiple forms or direct involvement in these activities which may put them at significant risk of harm (e.g., in middle of drug dealing, may be forced into child sexual exploitation, etc.).

**PARENTAL CRIMINAL BEHAVIOR (birth parents & legal guardians only)**

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

<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Have your parents or family (or any legal guardian) been involved in criminal activities or ever been in jail?</li> </ul>	<p>Ratings &amp; Descriptions</p> <table border="1"> <tr> <td>0</td><td>There is no evidence that any of the youth's parents have ever been engaged in the criminal justice system or have a history of criminal behavior.</td></tr> <tr> <td>1</td><td>One of youth's parents has a history of criminal behavior AND involvement in the justice system, but youth has not been in contact with this parent for at least one year.</td></tr> <tr> <td>2</td><td>One of youth's parents has a history of criminal behavior resulting in a conviction or incarceration and youth has been in contact with this parent in the past year.</td></tr> <tr> <td>3</td><td>Two or more of youth's parents have history of criminal behavior resulting in incarceration.</td></tr> </table>	0	There is no evidence that any of the youth's parents have ever been engaged in the criminal justice system or have a history of criminal behavior.	1	One of youth's parents has a history of criminal behavior AND involvement in the justice system, but youth has not been in contact with this parent for at least one year.	2	One of youth's parents has a history of criminal behavior resulting in a conviction or incarceration and youth has been in contact with this parent in the past year.	3	Two or more of youth's parents have history of criminal behavior resulting in incarceration.
0	There is no evidence that any of the youth's parents have ever been engaged in the criminal justice system or have a history of criminal behavior.								
1	One of youth's parents has a history of criminal behavior AND involvement in the justice system, but youth has not been in contact with this parent for at least one year.								
2	One of youth's parents has a history of criminal behavior resulting in a conviction or incarceration and youth has been in contact with this parent in the past year.								
3	Two or more of youth's parents have history of criminal behavior resulting in incarceration.								

**DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES**

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

<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Have you (your child) ever lived apart from your parents/caregivers?</li> <li>If yes, how long have you (your child) lived apart from your parents/caregivers?</li> <li>What happened that resulted in you (your child) living apart from your parents/caregivers?</li> </ul>	<p>Ratings &amp; Descriptions</p> <table border="1"> <tr> <td>0</td><td>There is no evidence that the youth has experienced disruptions in caregiving and/or attachment losses.</td></tr> <tr> <td>1</td><td>Youth may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (e.g., youth shifted from care of biological mother to paternal grandmother). Youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.</td></tr> <tr> <td>2</td><td>Youth has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the youth has had at least one disruption involving placement with an unknown caregiver. Youth who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.</td></tr> <tr> <td>3</td><td>Youth has been exposed to multiple/repeated placement changes (e.g., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a youth's life (e.g., loss of community, school placement, peer group). Examples would include a youth in several short-term unknown placements (e.g., moved from emergency foster care to additional foster care placements) and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification).</td></tr> </table>	0	There is no evidence that the youth has experienced disruptions in caregiving and/or attachment losses.	1	Youth may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (e.g., youth shifted from care of biological mother to paternal grandmother). Youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.	2	Youth has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the youth has had at least one disruption involving placement with an unknown caregiver. Youth who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.	3	Youth has been exposed to multiple/repeated placement changes (e.g., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a youth's life (e.g., loss of community, school placement, peer group). Examples would include a youth in several short-term unknown placements (e.g., moved from emergency foster care to additional foster care placements) and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification).
0	There is no evidence that the youth has experienced disruptions in caregiving and/or attachment losses.								
1	Youth may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (e.g., youth shifted from care of biological mother to paternal grandmother). Youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.								
2	Youth has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the youth has had at least one disruption involving placement with an unknown caregiver. Youth who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.								
3	Youth has been exposed to multiple/repeated placement changes (e.g., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a youth's life (e.g., loss of community, school placement, peer group). Examples would include a youth in several short-term unknown placements (e.g., moved from emergency foster care to additional foster care placements) and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification).								

**EXPLOITATION EXPERIENCES**

This item rates the history and level of current risk of exploitation of the youth by others. Exploitation refers to the action or fact of treating someone unfairly in order to benefit from them or make use of someone and benefit from his/her resources. Exploitation of a youth can include: bullying/coercing someone to get a benefit (homework, financial/money, identity documentation or other resources), or victimization such as child sexual exploitation, forced labor, or human trafficking.

<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Have you (your child) ever been bullied?</li> <li>Have you ever felt taken advantage of or manipulated into doing something that you didn't want to do?</li> <li>Have you (your child) ever been forced to do something against your will?</li> </ul>	<p>Ratings &amp; Descriptions</p> <table border="1"> <tr> <td>0</td><td>No evidence of exploitation of the youth; OR no significant history of youth being exploited within the past; the youth may have been robbed or bullied on one or more occasions in the past, but no pattern of exploitation exists.</td></tr> <tr> <td>1</td><td>Youth has a history of being exploited but has not been exploited, bullied or victimized in the past year and is not presently at risk of re-exploitation.</td></tr> <tr> <td>2</td><td>Youth has been exploited within the past year but is not currently in acute risk of re-exploitation; this might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.</td></tr> <tr> <td>3</td><td>Youth has been recently exploited and/or is in acute risk of re-exploitation; examples include child sexual exploitation, being forced into parentified roles and responsibilities, and living with an abusive relationship.</td></tr> </table>	0	No evidence of exploitation of the youth; OR no significant history of youth being exploited within the past; the youth may have been robbed or bullied on one or more occasions in the past, but no pattern of exploitation exists.	1	Youth has a history of being exploited but has not been exploited, bullied or victimized in the past year and is not presently at risk of re-exploitation.	2	Youth has been exploited within the past year but is not currently in acute risk of re-exploitation; this might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.	3	Youth has been recently exploited and/or is in acute risk of re-exploitation; examples include child sexual exploitation, being forced into parentified roles and responsibilities, and living with an abusive relationship.
0	No evidence of exploitation of the youth; OR no significant history of youth being exploited within the past; the youth may have been robbed or bullied on one or more occasions in the past, but no pattern of exploitation exists.								
1	Youth has a history of being exploited but has not been exploited, bullied or victimized in the past year and is not presently at risk of re-exploitation.								
2	Youth has been exploited within the past year but is not currently in acute risk of re-exploitation; this might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.								
3	Youth has been recently exploited and/or is in acute risk of re-exploitation; examples include child sexual exploitation, being forced into parentified roles and responsibilities, and living with an abusive relationship.								

## ACCIDENT

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

**Note:** The type of accident experienced by the youth should be recorded on the Texas CANS 2.0 Rating Sheet. When entering the rating of this item into eCANS, please use the Add Comments box to describe the type of accident experienced by the youth.

Question(s) to consider: <ul style="list-style-type: none"><li>• Have you (your child) ever been in an accident, such as a fall, car accident, poisoning, or any other unintentional/unfortunate event?</li><li>• (If yes) Was someone injured or killed?</li></ul>	Ratings & Descriptions	
	0	There is no evidence that the youth has experienced an accident.
	1	Youth has experienced an accident that was mildly overwhelming for the youth. The accident did not result in ongoing medical needs and associated distress such as stitches, bone setting, or a minor surgery.
	2	Youth has had an accident that was perceived as moderately emotionally or mentally overwhelming. The accident resulted in acute injuries and moderately invasive medical procedures such as a major surgery that requires a short term hospitalization.
	3	Youth has experienced a major accident, or the accident was perceived as extremely emotionally or mentally overwhelming. The accident may have been life threatening or may have resulted in chronic health problems that altered the youth's physical functioning. The accident may have caused a death or major loss.



## TRAUMATIC STRESS SYMPTOMS

This section rates the severity of the symptoms and a range of reactions that the youth may exhibit in response to any of the variety of traumatic experiences described in the above section (Child Traumatic Experiences). The youth reactions may interfere with his or her daily life and ability to function and interact with others. Unlike the “Child Traumatic Experiences” section of this domain, **this section is rated based on how the child is doing over the past 30 days**. For the initial CANS, the presence of symptoms or reactions can be rated outside the past 30 days if those reactions or symptoms are related to the reason why youth is in need of services or treatment. All items in the this section are rated according to the action levels as noted below.

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

- 0 No evidence of any needs or symptoms.
- 1 Youth has history of symptoms in response to a traumatic event but there is no evidence that the symptoms or reactions currently impact the youth’s functioning, or successful treatment has been completed and youth has recovered. Preventative activities may be needed to prevent the re-occurrence of these symptoms; OR youth experiences symptoms related to child traumatic stress. The current traumatic stress symptoms are not impacting the child’s daily functioning and ability to cope and interact with others. This requires monitoring.
- 2 Youth experiences symptoms or reactions to a traumatic event that impact the youth’s functioning. The presence of these symptoms requires action in the recovery and/or service plan to ensure that this identified symptom, reaction, need or risk behavior is addressed.
- 3 Youth experiences dangerous or disabling symptoms or reactions to a traumatic event that place the youth or others at risk. Requires immediate or intensive action (services or treatment) to address the need.

### INSTRUCTIONS

*Now I am going to ask you questions about the reactions that you (your child) have had since the events that happened to you (your child) and how do you feel or deal with them. Some of these questions may bring up intense emotions or memories. You may feel free to ask to take a break during this section.*

### ADJUSTMENT TO TRAUMA

This item is used to describe the youth who is having difficulties adjusting to a traumatic experience, as defined by the 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.

**Note:** This item allows you to rate the overall severity of the broad range of trauma-related symptoms the youth may be experiencing. The remaining items in this domain will allow you to also rate each of the specific types of traumatic stress symptoms.

	Ratings & Descriptions
Question(s) to consider: <ul style="list-style-type: none"> <li>• Since the event, how are you (your child) adjusting?</li> <li>• Are you (your child) experiencing any changes in behavior or reacting differently to your daily activities?</li> </ul>	0 No evidence that youth has experienced a traumatic life event, OR youth has adjusted well to traumatic/adverse experiences.
	1 The youth has experienced a traumatic event and there are some changes in his/her behavior that are controlled by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
	2 Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with youth’s functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavior symptoms, tantrums, and withdrawn behavior.
	3 Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma.

## TRAUMATIC GRIEF/SEPARATION

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

	Ratings & Descriptions
Question(s) to consider:	
<ul style="list-style-type: none"><li>Since the event, have you (your child) experienced loss or have you (your child) been feeling very sad?</li></ul>	0 There is no evidence that the youth is experiencing traumatic grief reactions or separation from the loss of significant caregivers. Either the youth has not experienced a traumatic loss (e.g., death of a loved one) or the youth has adjusted well to separation.
<ul style="list-style-type: none"><li>How have you (your child) been dealing with the loss or feelings of sadness since the event?</li></ul>	1 Youth is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
	2 Youth is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some, but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
	3 Youth is experiencing significant traumatic grief reactions. Youth exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

## RE-EXPERIENCING

This item rates symptoms that consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM criteria for PTSD.

	Ratings & Descriptions
Question(s) to consider:	
<ul style="list-style-type: none"><li>Since the event, have you (your child) been remembering the event?</li></ul>	0 Youth has no evidence of intrusive symptoms.
<ul style="list-style-type: none"><li>Are the memories of what happened interrupting your daily life?</li></ul>	1 Youth has some problems with re-experiencing symptoms, such as occasional intrusive thoughts, distressing memories, and/or nightmares about traumatic events.
<ul style="list-style-type: none"><li>Do you feel like you have moments in which you are reliving what happened, like it's happening again in your mind?</li></ul>	2 Youth has moderate difficulties with re-experiencing, such as frequent intrusive symptoms/distressing memories. Youth may have recurrent frightening dreams (e.g., multiple times a week) with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. Youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions (e.g., racing heart, somatic complaints) to exposure to traumatic cues. These symptoms interfere with youth's functioning in at least one area.
<ul style="list-style-type: none"><li>Do you have nightmares about what happened?</li></ul>	3 Youth has significant problems with re-experiencing, such as frequent and overwhelming intrusive symptoms/distressing memories. Youth may exhibit trauma-specific reenactments that include sexually or physically harmful behavior that could be traumatizing to other youth or sexual play with adults or related behaviors that put the safety of the youth or others at risk. Youth may also exhibit persistent flashbacks, delusions or hallucinations related to the trauma that impede the youth's functioning in multiple areas.
<u>For the Caregiver:</u>	
<ul style="list-style-type: none"><li>Does your child talk a lot about what happened or tell the story of what happened on a frequent basis?</li></ul>	
<ul style="list-style-type: none"><li>Does your child's play time include playing with themes related to the events that happened?</li></ul>	

## HYPERAROUSAL

This item rates symptoms that include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, and/or exaggerated startle response. Youth may also commonly manifest physical symptoms such as stomachaches and headaches. These symptoms are part of the DSM criteria for PTSD.

Question(s) to consider: <ul style="list-style-type: none"><li>Since the event, have you been feeling more jumpy than usual or more irritable?</li><li>When you think about the event, do you have a strong reaction emotionally or physically? If yes, what do you experience?</li></ul>	Ratings & Descriptions	
	0	Youth has no evidence of hyperarousal symptoms.
	1	Youth exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Youth may also occasionally manifest distress-related physical symptoms such as stomachaches and headaches.
	2	Youth has moderate symptoms of hyperarousal or physiological reactivity associated with the traumatic event(s). The youth may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, and/or exaggerated startle response. Youth who commonly manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the youth and/or caregiver(s) and negatively impact day-to-day functioning.
	3	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, hypervigilance, and/or exaggerated startle response. The intensity or frequency of these symptoms are overwhelming for the youth and impede day-to-day functioning in many areas.

## AVOIDANCE

This item rates symptoms that include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD.

Question(s) to consider: <ul style="list-style-type: none"><li>Since the event, do you (your child) avoid things that remind you or make you think about the event?</li><li>Do you avoid being near people, places, or certain things so you won't remember what happened?</li></ul>	Ratings & Descriptions	
	0	Youth has no evidence of avoidance symptoms.
	1	Youth exhibits some avoidance. This youth may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings, or conversations associated with the trauma.
	2	Youth has moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the youth may also avoid activities, places, or people that arouse recollections of the trauma.
	3	Youth exhibits significant or multiple avoidant symptoms. This youth may avoid thoughts and feelings as well as situations and people associated with the trauma and be unable to recall important aspects of the trauma.

## NUMBING

This item rates symptoms that include numbing responses that are part of the DSM criteria for PTSD. These responses were not present before the trauma.

Question(s) to consider: <ul style="list-style-type: none"><li>Since the event, do you (your child) ever feel as though you are in a cloud or fog where you don't feel or react to anything (feel numb)?</li></ul>	Ratings & Descriptions	
	0	Youth has no evidence of numbing responses.
	1	Youth exhibits some problems with numbing. This youth may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
	2	Youth has moderate to severe numbing responses. This 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	Youth experiences significant numbing responses or multiple symptoms of numbing. This youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

## DISSOCIATION

This item rates symptoms such as daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This item may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder), but can also exist when other diagnoses are primary (e.g., PTSD, depression).

### Question(s) to consider:

- Since the event, do you ever feel like you are daydreaming or spacing out?
- Do you easily forget what you were doing or forget things?
- Do you feel like time has gone by and you didn't notice, and you don't remember what happened during that time?

### For the Caregiver:

- Have you noticed changes in the personality of your child, like your child turns into another person or acts in a different way since the event?

### Ratings & Descriptions

- |   |  |
|---|--|
| 0 | Youth has no evidence of dissociation or dissociative symptoms.  |
| 1 | Youth experiences minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.  |
| 2 | Youth experiences a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified "with dissociative features." |
| 3 | Youth experiences severe dissociative disturbances. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Youth is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Youth shows rapid changes in personality or evidence of distinct personalities. Youth who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.                                    |

## EMOTIONAL / PHYSICAL DYSREGULATION

This item rates symptoms that are characterized by difficulties with arousal or emotional regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyper aroused, or quickly fluctuating energy level. Youth may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. Youth's behavior likely reflects his/her difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

**Note:** This item should be rated in the context of what is normative for youth's age/developmental stage.

	Ratings & Descriptions
<p>Question(s) to consider:</p> <ul style="list-style-type: none"><li>• Since the event, do you (your child) ever experience difficulties controlling your emotions (for example, you can't stop crying or can't calm down if you are angry)?</li><li>• Since the event, have you (your child) had difficulties controlling your body (for example, have you peed or pooped in your bed or in your clothes)?</li><li>• Have you had any difficulty controlling how much or how little you eat or sleep?</li></ul>	<p>0 No evidence of having difficulties regulating emotional or physiological responses. Youth's emotional responses and energy level are appropriate to the situation.</p>
	<p>1 Youth experiences some minor and occasional difficulties with affect/physiological regulation that do not impact the youth's functioning in daily activities. Youth has history of minor or occasional difficulties with affect/physiological regulation that the youth can now regulate. Youth may 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). Youth may have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.</p>
	<p>2 Youth experiences moderate problems with affect/physiological regulation. Youth has difficulty modulating emotional responses or has more persistent difficulties in regulating bodily functions. 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). Youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or have persistent physical/somatic complaints. Youth's behavior likely reflects difficulties with 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).</p>
	<p>3 Youth experiences severe and chronic problems with highly dysregulated affective and/or physiological responses. 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 emotional states). Youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, 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"). Youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or elimination problems.</p>

## 5. CHILD BEHAVIORAL & EMOTIONAL HEALTH NEEDS (AGES: 6 - 17)

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

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

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

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

### PSYCHOSIS / THOUGHT DISTURBANCE

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

Question(s) to consider:

- Do you ever hear/see/feel something that was not actually there?
- Do you ever feel people are following you or are trying to hurt you?

For the Caregiver:

- Has your child ever done strange/bizarre things that make no sense to you?
- Has anyone ever told you that your child has a thought disorder/psychotic condition?

Ratings & Descriptions

- 0 No evidence of psychotic symptoms. Both thought processes and content are within normal range.
- 1 Evidence of disruption in thought processes or content. Youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes youth with a history of hallucinations but none currently. Use this category for youth who are below the threshold for one of the DSM diagnoses listed above.
- 2 Evidence of disturbance in thought process or content that may be impairing youth's functioning in at least one life domain. Youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.
- 3 Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the youth or others at risk of physical harm.

## DEPRESSION

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

Question(s) to consider:

- Do you (your child) feel sad most of the time?
- Do you cry a lot?
- Do you get irritable or angry easily?
- Have you lost interest in things that you used to enjoy?
- Are you having problems sleeping and/or eating?

For the Caregiver:

- Have you ever wondered if your child is depressed?
- Have you noticed your child crying more than usual or withdrawing from activities he/she used to enjoy?
- Have you noticed changes in appetite or sleep?

### Ratings & Descriptions

- 0 No evidence of problems with depression.
- 1 History or suspicion of depression or evidence of mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior.
- 2 Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in youth's ability to function in at least one life domain.
- 3 Clear evidence of disabling level of depression that makes it virtually impossible for the youth to function in any life domain. This rating is given to a youth with a severe level of depression. This would include a youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here. This level is used to indicate an extreme case of one of the disorders from the category listed above.

## ANXIETY

This item rates the youth's level of fearfulness (the emotional response to real or perceived imminent threat) and/or anxiety (the anticipation of future threat) experienced as feelings of worry, distress, and/or somatic symptoms of tension.

Question(s) to consider:

- Do you (your child) ever feel nervous, anxious, or fearful?
- Do you worry a lot that bad things will happen?

For the Caregiver:

- Is your child avoiding normal activities out of fear?

### Ratings & Descriptions

- 0 No evidence of anxiety symptoms.
- 1 There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the DSM 5 anxiety disorders.
- 2 Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the youth's ability to function in at least one life domain.
- 3 Clear evidence of debilitating level of anxiety that makes it virtually impossible for the youth to function in any life domain.

## MANIA

This item rates the presence of mania or a manic episode.

Mania or a manic episode is a distinct period during which there is an abnormally, persistently elevated, expansive or irritable mood and persistent increase in activity or energy that is present for most of the day, nearly every day, for a period of at least one week. In addition, it is accompanied by three additional symptoms that can include: decrease need for sleep, inflated self-esteem, euphoria or grandiosity, more talkative than usual or pressured speech, distractibility, increase in goal-directed activity or psychomotor agitation, or excessive involvement in activities that have a high potential for painful consequences. For youth, these symptoms are recurrent, inappropriate to the context, and beyond what is expected for the development of the youth. Therefore, presence of mania should be judged according to the youth's own baseline behavior, development, and with consideration of situational factors.

### Question(s) to consider:

- Do you (your child) have periods of feeling super happy/excited for hours or days at a time?
- Do you have periods of feeling very angry/cranky for hours or days at a time?
- Do you have periods of time that you feel like you don't need to sleep or eat?

### For the Caregiver:

- Does your child go through intense mood changes?
- Does your child have extreme behavior changes?
- Do these mood changes affect how your child acts at school or at home?

### Ratings & Descriptions

- 0 This rating indicates a youth with no evidence of mania or manic behavior.
- 1 There are some concerns about mania either because the youth has a history of notable mania that should be prevented from returning, or the youth's current mood appears to be elevating.
- 2 The youth is currently displaying mild to moderate symptoms of mania and the symptoms are interfering with his/her functioning.
- 3 Clear evidence of a manic episode that has reached a disabling level or impairment in functioning that places the youth at risk of hospitalization to prevent harm to self or others.

## IMPULSIVITY / HYPERACTIVITY

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

### Question(s) to consider:

- Is it difficult for you (your child) to sit still and remain quiet for a long periods of time?
- Do ever get in trouble because you can't stop fidgeting, moving around, or talking?

### For the Caregiver:

- Have other people told you your child is "hyper"?

### Ratings & Descriptions

- 0 No evidence of symptoms of loss of control of behavior.
- 1 There is a history or evidence of mild levels of impulsivity evident in action or thought that place the youth at risk of future functioning difficulties. The youth may exhibit limited impulse control, e.g., youth may yell out answers to questions or may have difficulty waiting his/her turn. Some motor difficulties may be present as well, such as pushing or shoving others.
- 2 Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the youth's functioning in at least one life domain. This indicates a youth with moderate levels of impulsive behavior who may represent a significant management problem. A youth who often intrudes on others and often exhibits aggressive impulses would be rated here.
- 3 Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the youth at risk of physical harm. This indicates a youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The youth may be impulsive on a nearly continuous basis. He or she endangers self or others without thinking.



## ATTENTION / CONCENTRATION

This item rates problems with attention, concentration, and task completion. These symptoms may be part of Attention-Deficit/Hyperactivity Disorder in the DSM 5.

**Note:** Inattention/distractibility not related to opposition would also be rated here.

<p>Question(s) to consider:</p> <ul style="list-style-type: none"><li>• Do you (your child) have trouble focusing, concentrating, or paying attention?</li><li>• Do you get distracted easily?</li></ul>	<p>Ratings &amp; Descriptions</p> <table><tr><td>0</td><td>This rating is used to indicate a youth with no evidence of attention or concentration problems. This youth is able to stay on task in an age-appropriate manner.</td></tr><tr><td>1</td><td>This rating is used to indicate a youth with evidence of mild problems with attention or concentration. Youth may have some difficulties staying on task for an age-appropriate time period in school or play.</td></tr><tr><td>2</td><td>This rating is used to indicate a youth with moderate attention problems. In addition to problems with sustained attention, youth may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A youth who meets DSM 5 diagnostic criteria for ADHD would be rated here.</td></tr><tr><td>3</td><td>This rating is used to indicate a youth with severe impairment of attention or concentration. A youth with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.</td></tr></table>	0	This rating is used to indicate a youth with no evidence of attention or concentration problems. This youth is able to stay on task in an age-appropriate manner.	1	This rating is used to indicate a youth with evidence of mild problems with attention or concentration. Youth may have some difficulties staying on task for an age-appropriate time period in school or play.	2	This rating is used to indicate a youth with moderate attention problems. In addition to problems with sustained attention, youth may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A youth who meets DSM 5 diagnostic criteria for ADHD would be rated here.	3	This rating is used to indicate a youth with severe impairment of attention or concentration. A youth with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.
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## OPPOSITIONAL BEHAVIOR

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

<p>Question(s) to consider:</p> <ul style="list-style-type: none"><li>• Do you follow the rules at home and/or at school?</li><li>• Do you complete a task when asked or do you argue about it?</li></ul> <p>For the Caregiver:</p> <ul style="list-style-type: none"><li>• Does your child generally do what you ask him/her to do?</li><li>• How often does he/she argue with you when asked to complete a task?</li><li>• Is your child's refusal to comply with the rules negatively affecting him/her at home and/or at school?</li></ul>	<p>Ratings &amp; Descriptions</p> <table><tr><td>0</td><td>No evidence of oppositional behaviors.</td></tr><tr><td>1</td><td>There is a history of or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.</td></tr><tr><td>2</td><td>Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the youth's functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM 5 would be rated here.</td></tr><tr><td>3</td><td>Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the youth has severe problems with compliance with rules or adult instruction or authority. A youth rated at this level would be a severe case of Oppositional Defiant Disorder.</td></tr></table>	0	No evidence of oppositional behaviors.	1	There is a history of or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.	2	Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the youth's functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM 5 would be rated here.	3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the youth has severe problems with compliance with rules or adult instruction or authority. A youth rated at this level would be a severe case of Oppositional Defiant Disorder.
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2	Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the youth's functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM 5 would be rated here.								
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the youth has severe problems with compliance with rules or adult instruction or authority. A youth rated at this level would be a severe case of Oppositional Defiant Disorder.								

## CONDUCT

This item rates the degree to which a youth engages in behavior that is consistent with the presence of a Conduct Disorder.

Question(s) to consider: <ul style="list-style-type: none"><li>Do you (your child) often lie to stay out of trouble?</li><li>Have you (your child) ever destroyed or stolen other people's things?</li><li>Have you (your child) ever hurt other people and/or animals?</li></ul>	Ratings & Descriptions
	0 No evidence of serious violations of others or laws.
	1 There is a history, suspicion or evidence of some problems associated with antisocial behavior including, but not limited to, lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.
	2 Clear evidence of antisocial behavior including, but not limited to, lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.
	3 Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the youth or community at significant risk of physical harm due to these behaviors. This rating indicates a youth with a severe conduct disorder. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

## ANGER CONTROL

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

Question(s) to consider: <ul style="list-style-type: none"><li>Do you (your child) get mad/angry often?</li><li>What do you (your child) do when you get mad/angry?</li></ul>	Ratings & Descriptions
	0 No evidence of any significant anger control problems.
	1 History, suspicion, or evidence of some problems with controlling anger. Youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
For the Caregiver: <ul style="list-style-type: none"><li>Does your child get upset, frustrated, and/or angry easily?</li><li>What does your child do?</li></ul>	2 Youth's difficulties with controlling his/her anger are impacting functioning in at least one life domain. His/her temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
	3 Youth's temper or anger control problem is dangerous. He/she frequently gets into fights that are often physical. Others likely fear him/her.

## SUBSTANCE USE (Triggers Module [6] Substance Use, page 85 when this item is rated '1', '2' or '3'.)

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

Question(s) to consider: <ul style="list-style-type: none"><li>Do you (your child) use alcohol and/or drugs? How often do you use?</li><li>Has your (your child) substance use negatively affected your home life or school?</li><li>Have you (your child) ever been to any type of substance use recovery classes/meetings/treatment?</li></ul>	Ratings & Descriptions
	0 This rating is for a youth who has no notable substance use history or difficulties at the present time.
	1 Youth has substance use problems that might occasionally interfere with his/her daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.
	2 *Youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
For the Caregiver: <ul style="list-style-type: none"><li>Has anyone reported that your child is using alcohol and/or drugs?</li><li>How frequently does your child use substances?</li></ul>	3 *Youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the youth. Immediate and/or intensive interventions are indicated.

\* Consider a referral to a substance use provider.

## EATING DISTURBANCE

This item rates problems with eating and feeding-related behavior that impair physical health or psychosocial functioning (e.g., disturbances in body image, binge eating, purging, and refusing to eat). Food hoarding should also be rated here.

**Note:** Pica is rated in the item below.

Question(s) to consider:

- Do you (your child) have any problems/issues with eating?
- Do you try to control what you eat? Do you feel out of control when you eat?
- What types of things do you do to control your weight?
- Does your child try to control food by hiding it, restricting it, or over-eating?
- Has your child ever needed medical treatment/care due to eating issues?

Ratings & Descriptions

- 0 This rating is for a youth with no evidence of feeding or eating disturbances.
- 1 This rating is for a youth with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or body type when of normal weight or below weight. This could also include some binge eating patterns. A youth with a history of feeding or eating disturbances is also rated here.
- 2 \*Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising).
- 3 \*Feeding and eating disturbance is disabling and can be potentially life-threatening. Immediate medical care or hospitalization might be required. Daily binge-purge behaviors should be rated here.

\*Consider a referral for specialized treatment.

## PICA

This item rates an eating disorder involving the compulsive ingestion of non-nutritive substances.

Question(s) to consider:

- Do you eat objects like metal pins, magnets, or other things that are unusual or dangerous?

Ratings & Descriptions

- 0 No evidence that the youth eats unusual or dangerous materials.
- 1 Youth has a history of having eaten unusual or dangerous materials consistent with the diagnosis of Pica.
- 2 Youth has eaten unusual or dangerous materials consistent with the diagnosis of Pica, which is interfering with the youth's functioning.
- 3 Youth's ingesting of dangerous materials is dangerous or disabling; youth has become physically ill, placed his/her life in danger by eating dangerous materials (e.g., lead paint).

## ATYPICAL BEHAVIOR / AUTISM SPECTRUM

This item rates a spectrum of closely related disorders with a shared core of symptoms. Each individual on the autism spectrum has problems to some degree with social skills, empathy, communication, and flexible behavior, but the level of disability and the combination of symptoms varies significantly from person to person.

Question(s) to consider:

- Do everyday noises bother you?
- Would you rather play alone or with others?

For the Caregiver:

- Does your child have difficulty communicating, maintaining relationships, and/or playing with others?
- Does your child self-soothe with any unusual behaviors (i.e., rocking, repeating phrases, hand gestures)?

Ratings & Descriptions

- 0 There is no evidence of atypical behaviors or an autism spectrum disorder.
- 1 Evidence of some atypical behaviors. The youth may have symptoms of autism, but these symptoms are below the threshold for an autism diagnosis and do not have significant effect on functioning.
- 2 Clear evidence of persistent atypical behaviors that started in early childhood that show persistent deficits in social communication and social interaction across multiple contexts and restricted and repetitive patterns of behavior, interests or activities. This rating also indicates a youth who meets DSM criteria for autism spectrum disorder.
- 3 This rating indicates a youth who meets criteria for autism spectrum disorder and has high end needs to treat and manage severe symptoms on the autism spectrum.

**SUPPLEMENTAL:** This rating indicates a youth who meets criteria for Autism Spectrum Disorder according to the most recent version of the DSM.

- A. Persistent deficits in social communication and social interaction across multiple contexts currently or by history.
- B. Restricted, repetitive patterns of behavior, interests, or activities currently or by history.
- C. Symptoms must be present in the early developmental period.
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

## ATTACHMENT

This item rates the youth's significant parental or caregiver relationships.

Ratings & Descriptions	
<p>Question(s) to consider:</p> <ul style="list-style-type: none"><li>• Do you always want to know where your parent/caregiver is?</li><li>• Do you avoid being around your parent/caregiver?</li><li>• What comforts you? Does your parent/caregiver comfort you?</li></ul> <p><u>For the Caregiver:</u></p> <ul style="list-style-type: none"><li>• Does your child get upset in response to reasonable periods of separation?</li><li>• Does your child have detached and unresponsive behavior?</li><li>• Do you have difficulty comforting and/or soothing your child?</li><li>• Does your child seem to be overly distrustful or overly friendly with strangers?</li></ul>	<p>0 No evidence of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and youth's development of a sense of security and trust. Caregiver appears able to respond to youth cues in a consistent, appropriate manner, and youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p>
	<p>1 There is some evidence of insecurity in the caregiver-youth relationship. Caregiver may at times have difficulty accurately reading youth bids for attention and nurturance, may be inconsistent in response, or may be occasionally intrusive. Youth may have mild 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 ways. Youth may have minor difficulties with appropriate physical/emotional boundaries with others.</p>
	<p>2 Attachment relationship is marked by sufficient difficulty as to interfere with youth's functioning and require intervention. Caregiver may consistently misinterpret youth cues, act in an overly intrusive way, or ignore/avoid youth bids for attention/nurturance. Youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, or may have ongoing difficulties with physical or emotional boundaries with others.</p>
	<p>3 Youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in caregiving relationships), OR youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Youth is considered at ongoing risk due to the nature of his/her attachment behaviors. A youth who meets the DSM criteria for Reactive Attachment Disorder would be rated here. Youth may have experienced significant early separation from or loss of a caregiver, may have experienced chronic inadequate care from early caregivers, or youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.</p>

## 6. LIFE FUNCTIONING DOMAIN (AGES: 0-17)

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

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

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

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

### FAMILY FUNCTIONING

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

Question(s) to consider:

- How do you (your child) get along with your family?
- Do you have arguments/fights with members of your family on a regular basis?

For the Caregiver:

- Has there ever been any violence between any members of your family?

#### Ratings & Descriptions

- 0 No evidence of problems in relationships with family members, and/or youth is doing well in relationships with family members.
- 1 History or suspicion of problems. Youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with youth. Arguing may be common but does not result in major problems.
- 2 Youth is having problems with parents, siblings and/or other family members that are impacting the youth's functioning. Frequent arguing or difficulty maintaining positive relationships may be observed.
- 3 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.

### LIVING SITUATION

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

Question(s) to consider: <ul style="list-style-type: none"><li>Do you (your child) get along with everyone that you are currently living with?</li></ul>	Ratings & Descriptions	
	0	No evidence of problems with functioning in current living environment. Youth and caregivers feel comfortable and safe dealing with issues that come up in day-to-day life.
	1	Youth experiences mild problems with functioning in current living situation. Caregivers express some concern about youth's behavior in living situation, and/or youth and caregiver have some difficulty dealing with issues that arise in daily life.
	2	Youth has moderate to severe problems with functioning in current living situation. Youth has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Youth and caregivers have difficulty interacting effectively with each other much of the time.
	3	Youth has profound problems with functioning in current living situation. Youth is at immediate risk of being removed from living situation due to his/her behaviors.

### SCHOOL / DAYCARE (Triggers Module [7] School, page 87 when this item is rated '1', '2' or '3'.)

This item rates the youth's overall functioning at school and may include attendance, behavior and achievement.

Question(s) to consider: <ul style="list-style-type: none"><li>How are you doing in school?</li><li>Do you have any of the following problems: skipping school, attendance, behavior problems, failing classes?</li></ul> <u>For the Caregiver:</u> <ul style="list-style-type: none"><li>Has teacher or other school personnel called you to talk about your child's behaviors and/or academic issues?</li></ul>	Ratings & Descriptions	
	0	Youth is performing well in school.
	1	Youth is performing adequately in school although some problems may exist.
	2	Youth is experiencing moderate problems with school attendance, behavior, and/or achievement.
	3	Youth is experiencing severe problems in school with school attendance, behavior and/or achievement.

### 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.

Question(s) to consider: <ul style="list-style-type: none"><li>Do you get along with other people your age?</li><li>Do you (your child) get along with adults?</li></ul> <u>For the Caregiver:</u> <ul style="list-style-type: none"><li>Does your child make/keep friends easily?</li></ul>	Ratings & Descriptions	
	0	No evidence of problems and/or youth has developmentally appropriate social functioning.
	1	There is a history or suspicion of problems in social relationships. Youth is having some difficulty interacting with others and building and/or maintaining relationships.
	2	Youth is having some moderate problems with his/her social relationships that interfere with functioning in other life domains and/or building and maintaining relationships.
	3	Youth is experiencing severe disruptions in his/her social relationships. Youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the youth's social relationships presents imminent danger to the youth's safety, health, and/or development.

## RECREATION / PLAY IN YOUNG CHILD

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

Question(s) to consider: <ul style="list-style-type: none"><li>What do you (your child) like to do during your free time?</li></ul>	Ratings & Descriptions
	0 Youth has and enjoys positive recreational activities on an ongoing basis.
	1 Youth is participating in recreational activities, although some problems may exist.
	2 Youth is having moderate problems with recreational activities. Youth may experience some problems with effective use of leisure time.
	3 Youth has no access to or interest in recreational activities. Youth has significant difficulties making use of leisure time.

## DEVELOPMENTAL FUNCTIONING (Triggers Module [8] Developmental Disabilities, page 89 when this item is rated '1', '2' or '3'.)

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

Question(s) to consider: <ul style="list-style-type: none"><li>Do you feel like you are learning at the same speed as your peers?</li><li>Do you feel like your body is developing at the same rate as your peers?</li></ul> <u>For the Caregiver:</u> <ul style="list-style-type: none"><li>Has your child reached appropriate developmental milestones (such as, walking, talking)?</li><li>Has anyone ever told you that your child may have developmental and/or intellectual delays?</li></ul>	Ratings & Descriptions
	0 No evidence of developmental delay and/or youth has no developmental problems or intellectual disability.
	1 There are concerns about possible developmental delay. Youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.
	2 *Youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
	3 *Youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

\*Consider referral for additional evaluation to access developmentally appropriate community resources.

## COMMUNICATION

This item rates the youth's ability to communicate through any medium, including vocalizations, sign language, and written communication.

Question(s) to consider: <ul style="list-style-type: none"><li>Have you ever been diagnosed with a problem understanding or using words to express yourself?</li></ul> <u>For the Caregiver:</u> <ul style="list-style-type: none"><li>Tell me about any concerns you have ever had about your child's ability to understand and use words.</li><li>Has anyone told you that your child has or could have a learning problem related to understanding others or expressing him/herself?</li></ul>	Ratings & Descriptions
	0 Youth's receptive and expressive communication appear developmentally appropriate. There is no reason to believe that the youth has any problems communicating.
	1 Youth's receptive abilities are intact, but youth has limited expressive capabilities, or vice versa.
	2 Youth has limited receptive AND expressive capabilities.
	3 Youth is unable to communicate in any way, including pointing or grunting.

## PHYSICAL

This item identifies any physical limitations and could include chronic physical conditions such as limitations in vision or hearing, or difficulties with fine or gross motor functioning.

### Questions to Consider

- Do you have any physical limitations?
- How much do your physical limitations interfere with your life?
- Are there activities that you cannot do because of the physical limitations?

### Ratings and Descriptions

- 0 Youth has no physical limitations.
- 1 Youth has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here, as well as treatable medical conditions that result in physical limitations (e.g. asthma).
- 2 Youth has a physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
- 3 Youth has severe physical limitations due to multiple physical conditions.

## MEDICAL

This item rates the youth's current physical health status.

### Questions to Consider

- Are you (is the youth) generally healthy?
- Do you have any medical problems?
- How much does your medical condition interfere with your life?

### Ratings and Descriptions

- 0 Youth is healthy.
- 1 Youth has history or current medical problems that require medical treatment. These conditions are transient and treatable.
- 2 Youth has a chronic illness that requires ongoing medical intervention.
- 3 Youth has a life threatening illness or medical condition.

**Supplemental Information:** Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2.' The rating '3' is reserved for life threatening medical conditions.

## SLEEP

This item rates the 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.

### Question(s) to consider:

- Do you (your child) sleep well?
- Do you (your child) have any sleep issues (e.g., bedwetting, nightmares, waking up in the middle of the night)?

### Ratings & Descriptions

- 0 Youth gets a full night's sleep each night.
- 1 Youth has some problems sleeping. Generally, youth gets a full night's sleep, but at least once a week problems arise. This may include occasionally waking, bed wetting, or nightmares.
- 2 Youth is having problems with sleep. Sleep is often disrupted and youth seldom obtains a full night of sleep.
- 3 Youth is generally sleep deprived. Sleeping is difficult for the youth and he/she is not able to get a full night's sleep.



## ELIMINATION

This item rates the inappropriate elimination of urine or feces. Encopresis is an elimination disorder that involves repeatedly having bowel movements in inappropriate places after the age when bowel control is normally expected. Enuresis, more commonly called bed-wetting, is an elimination disorder that involves release of urine into bedding, clothing, or other inappropriate places. Both of these disorders can occur during the day or at night, can be voluntary or involuntary, and may occur together, although most often they occur separately.

**Note:** Elimination disorders may be caused by a physical condition, a side effect of a drug, or a psychiatric disorder.

Question(s) to consider:

- Do you (your child) find it hard to go to the bathroom for any reason?

For the Caregiver:

- Does your child urinate/defecate at inappropriate times and/or in inappropriate places?
- If your child is young, does he/she have issues with constipation?

Ratings & Descriptions

- 0 There is no evidence of elimination problems.
- 1 Youth may have a history of elimination difficulties, but is presently not experiencing this other than on rare occasions.
- 2 Youth demonstrates problems with elimination on a consistent basis. This is interfering with the youth's functioning. Also rated here are infants who may completely lack a routine in elimination and develop constipation as a result.
- 3 Youth demonstrates significant difficulty with elimination on a daily basis and this seriously interferes with the youth's daily functioning. The youth's difficulty with elimination may also pose health risks to the youth or others.

## PERSONAL HYGIENE / SELF-CARE (Age 3 years +)

This item rates the youth's ability to take care of personal hygiene and self-care needs, including dressing, bathing, eating, etc.

Question(s) to consider:

- Do you (your child) take a bath and get dressed on your own?
- Have you (your child) ever been teased or bullied due to how you look or smell?

For the Caregiver:

- Does your child require prompting or assistance to eat, bathe, toilet, or dress?
- Has anyone reported that your child's lack of hygiene is creating negative consequences for him/her?

Ratings & Descriptions

- 0 No evidence of hygiene or grooming problems. This is characterized by the ability to independently complete all relevant activities such as bathing, grooming, and dressing.
  - 1 This is characterized by difficulties that impair the youth's level of functioning, but do not represent a significant short or long-term threat to the youth's well-being.
  - 2 This is characterized by an extreme disruption in one self-care skill or moderate disruption in more than one self-care skill. The self-care does not represent an immediate threat to the youth's safety, but has the potential to create significant long-term problems if not addressed.
  - 3 This is characterized by extreme disruptions in multiple self-care skills. The youth's self-care abilities are sufficiently impaired that he/she represents an immediate threat to himself/herself and requires 24-hour supervision to ensure safety.
- N/A Youth is 0-2 years old.

### GENDER IDENTITY (Age 3 years +)

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

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

Question(s) to consider:

- What is your (your child's) gender (male/female/other)?
- Does your (your child's) gender match your (your child's) physical body?

For the Caregiver:

- Does your child identify with their physical gender?
- Is your child confused or distressed about his/her gender?

#### Ratings & Descriptions

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

\* For more information visit: <http://cssr.berkeley.edu/cwscmsreports/documents/Information%20Guidelines%20P4.pdf>

### SEXUAL DEVELOPMENT (Age 5 years +) (Triggers Module [9] Sexual Development, 91 when item is rated '1', '2' or '3')

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. Sexually abusive behaviors are rated elsewhere.

Question(s) to consider:

- Are you currently or have you been sexually active?
- Have all of your sexual encounters been positive and safe experiences?

For the Caregiver:

- Is your child sexually active?
- Is there any reason to worry about your child's sexual behavior?
- Does your child have less/more interest in sex than other children his/her age?

#### Ratings & Descriptions

- |     |   |
|-----|---|
| 0   | No evidence of issues with sexual development.  |
| 1   | History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains.                              |
| 2   | Moderate to serious problems with sexual development that interferes with youth's functioning in other life domains.                                  |
| 3   | Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation. |
| N/A | Youth is 0-4 years old.   |

### SEXUAL ORIENTATION (Age 5 years +)

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

Question(s):

- Do you (does your child) identify as lesbian, gay, bisexual, transgender, questioning, pan amorous and/or straight?
- Have you (has your child) ever been at risk for hurting yourself due to confusion or stress about your sexual orientation?

#### Ratings & Descriptions

- |     |  |
|-----|--|
| 0   | Youth has a clear and consistent sexual orientation and is connected to others who support his/her orientation.  |
| 1   | Youth is experiencing some confusion or is struggling with issues related to his/her sexual orientation.   |
| 2   | Youth has significant struggles with his/her sexual orientation. Youth may have identified as LGBTQ, however he/she is not connected with others who support him/her.  |
| 3   | Youth is experiencing significant problems due to conflict regarding his/her sexual orientation that are preventing functioning in at least one life domain (i.e., school, family/home, etc.). This conflict may be internal and/or may be attributed to, or exacerbated by, external factors within the community, home, or school environment. |
| N/A | Youth is 0-4 years old.  |

**JUDGEMENT / DECISION-MAKING (Age 6 years +)**

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

<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Do you (your child) make decisions/choices that place you (your child) at risk or harm?</li> <li>Do you (your child) have friends that make decisions/choices that place you (your child) at risk or harm?</li> </ul>	Ratings & Descriptions	
	0	No evidence of problems with judgment or decision making that result in harm to development and/or well-being.
	1	There is a history or suspicion of problems with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being.
	2	Problems with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being. As a result, the youth requires more supervision than expected for his/her age.
	3	Youth makes decisions that would likely result in significant physical harm to self or others. Therefore, youth requires intense and constant supervision, over and above that expected for youth's age.
	N/A	Youth is 0-5 years old.

**LEGAL (Age 10 years +)**

This item rates the youth's (not the family's) involvement with the legal system. This could include involvement in the juvenile or adult justice systems.

<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Have you ever broken the law?</li> <li>Have you (your child) ever been arrested? Detained? Placed on probation?</li> </ul> <p>For the Caregiver:</p> <ul style="list-style-type: none"> <li>Has your child ever admitted to breaking the law?</li> </ul>	Ratings & Descriptions	
	0	Youth has no known legal involvement.
	1	Youth has a history of legal problems, but currently is not involved with the legal system and is not currently on parole or probation.
	2	Youth has some legal problem, is currently involved in the legal system, and may have active parole and/or probation mandates.
	3	Youth has serious current or pending legal difficulties that place him/her at risk for a re-arrest or youth is currently incarcerated.
	N/A	Youth is 0-9 years old.

**INDEPENDENT LIVING SKILLS (Age 14 years +)**

This item rates the youth's ability to do relevant activities of daily living. Independent living skills include money management, cooking, transportation, etc.

<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Are you (your child) able to complete daily tasks without help (e.g., cooking, cleaning, and laundry)?</li> <li>Do you feel able to live on your own?</li> </ul> <p>For the Caregiver:</p> <ul style="list-style-type: none"> <li>Do you think your child will be able to live on his/her own?</li> </ul>	Ratings & Descriptions	
	0	Youth is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.
	1	Youth with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet, etc. Problems with money management may occur at this level. This level indicates a youth who is fully capable of independent living, but needs to learn additional independent living skills.
	2	Youth with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living (e.g., difficulty with cooking, cleaning, and self-management when unsupervised) are apparent. Youth needs to learn independent living skills.
	3	Youth with a profound impairment of independent living skills. This individual would be expected to be unable to live independently given his/her current status. Problems require a structured living environment. Youth needs an immediate intervention to develop an independent living plan.
	N/A	Youth is 0-13 years old.

**JOB FUNCTIONING (Age 14 years +)**

This item rates functioning in a vocational setting. An internship or similar unpaid position could be considered here, along with all paid positions. This item rates how a youth is doing in the job and job-related functions.

Ratings & Descriptions	
Question(s) to consider: <ul style="list-style-type: none"><li>• Do you (your child) have a job?</li><li>• If so, how are you (your child) doing at your job?</li></ul>	0 No evidence of any problems in work environment.
	1 Youth has some mild problems at work (e.g., occasional tardiness and/or conflict).
	2 Youth has moderate problems at work (e.g., frequent tardiness, argumentative with coworkers and/or supervisors).
	3 Youth has severe problems at work in terms of attendance, performance, or relationships. Youth may have recently lost job.
	N/A Youth is 0-13 years old.

## 7. CAREGIVER NEEDS & STRENGTHS (AGES 0 - 17)

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

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

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

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

### SUPERVISION

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

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Are you able to supervise, monitor and discipline your child?</li> <li>Do you need support/assistance from others to care for your child/children?</li> </ul>	<ul style="list-style-type: none"> <li>0 No evidence caregiver needs help or assistance in monitoring or disciplining the youth, and/or caregiver has good monitoring and discipline skills.</li> <li>1 Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.</li> <li>2 Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.</li> <li>3 Caregiver is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Youth is at risk of harm due to absence of supervision or monitoring.</li> </ul>

### INVOLVEMENT WITH CARE

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

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Do you participate in your child's services (e.g., attend appointments, share child's history, and assist in planning)?</li> <li>Do you need help to meet the expectations of your child's service providers?</li> </ul>	<ul style="list-style-type: none"> <li>0 No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for the youth.</li> <li>1 Caregiver is consistently involved in the planning and/or implementation of services for the youth but is not an active advocate on behalf of the youth. Caregiver is open to receiving support, education, and information.</li> <li>2 Caregiver does not actively involve him/herself in services and/or interventions intended to assist the youth.</li> <li>3 Caregiver wishes for the youth to be removed from his/her care.</li> </ul>

### KNOWLEDGE OF CHILD'S NEEDS

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

	Ratings & Descriptions
Question(s) to consider:	0 Caregiver is fully knowledgeable about the youth's psychological strengths and weaknesses, talents and limitations.
• Do you understand what your child needs to be healthy and successful?	1 Caregiver, while being generally knowledgeable about the youth, has some mild deficits in knowledge or understanding of the youth's psychological condition or his/her talents, skills and assets.
• Do you receive information from professionals about your child that you don't understand?	2 Caregiver does not know or understand the youth well and significant deficits exist in the caregiver's ability to relate to the youth's problems and strengths.
	3 Caregiver has little or no understanding of the youth's current condition. His/her knowledge problems about the youth's strengths and needs place the youth at risk of significant negative outcomes.

### ORGANIZATIONAL SKILLS

This item rates the caregiver's household management within the context of community services. For example, the caregiver may be forgetful about appointments or occasionally fail to return case manager calls.

	Ratings & Descriptions
Question(s) to consider:	0 No evidence the caregiver has difficulties organizing and maintaining the household to support needed services and/or caregiver is well organized and efficient.
• Do you struggle to remember and attend appointments?	1 Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager.
• Do you feel overwhelmed and exhausted by the amount of appointments and phone calls regarding your child?	2 Caregiver has moderate difficulty organizing and maintaining household to support needed services.
	3 Caregiver is unable to organize household to support needed services.

### SOCIAL RESOURCES

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

	Ratings & Descriptions
Question(s) to consider:	0 Caregiver has significant social and family networks that actively help with caregiving.
• Do you have enough family/friends to help you take care of your family's needs?	1 Caregiver has some family, friends, or social network that actively helps with caregiving.
• Are you comfortable reaching out to family/friends to ask for help regarding the needs of your family?	2 Caregiver has some family, friends, or social network that may be able to help with parenting/caregiving.
	3 Caregiver has no family or social network to help with parenting/caregiving.

## RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver and does not include the likelihood that the child or youth will be removed from the household.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"><li>Are you currently living in a stable housing situation?</li><li>Have you ever been homeless?</li></ul>	<ul style="list-style-type: none"><li>0 Caregiver has stable housing with no known risks of instability.</li><li>1 Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.</li><li>2 Caregiver has moved multiple times in the past year. Housing is unstable.</li><li>3 Caregiver has experienced periods of homelessness in the past six months.</li></ul>

## PHYSICAL HEALTH

This item rates health problems that the caregiver may be experiencing that prevent or limit his/her ability to parent the youth. This item does not rate depression or other mental health issues.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"><li>Do you have any physical health needs that make it difficult for you to care for your child/children?</li></ul>	<ul style="list-style-type: none"><li>0 Caregiver has no physical health limitations.</li><li>1 Caregiver has physical health limitations that mildly impact care of the youth.</li><li>2 Caregiver has physical limitations that moderately impact care of the youth.</li><li>3 Caregiver has physical limitations that prevent caring for the youth.</li></ul>

## 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 youth.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"><li>Do you have any mental health needs that make it difficult for you to care for your child/children?</li></ul>	<ul style="list-style-type: none"><li>0 No evidence of caregiver mental health difficulties.</li><li>1 There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.</li><li>2 Caregiver has some mental health difficulties that interfere with his or her capacity to parent.</li><li>3 Caregiver has mental health difficulties that make it impossible for him/her to parent at this time.</li></ul>

## SUBSTANCE USE

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

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"><li>Do you have any substance use/abuse issues that make parenting more difficult?</li><li>Do you have a history of substance use issues that still affect your ability to provide for your family (e.g., criminal charges, pending court dates, or convictions)?</li></ul>	<ul style="list-style-type: none"><li>0 No evidence of caregiver substance use issues.</li><li>1 There is a history, suspicion or mild use of substances, and/or caregiver is in recovery from substance abuse difficulties where there is no interference in his/her ability to parent.</li><li>2 Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.</li><li>3 Caregiver has substance abuse difficulties that make it impossible for him/her to parent at this time.</li></ul>

### MARITAL / PARTNER VIOLENCE IN THE HOME

This item rates the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and caring for the child.

Question(s) to consider:

- Do you and your partner or spouse handle disagreements/ arguments in a respectful and calm manner (e.g., no yelling or physical contact)?
- When you and your partner have disagreements/arguments does it disrupt the household (e.g., yelling, physical contact and/or one partner leaving)?
- Do you and your partner ever get into physical conflicts, where at least one person hits, punches, slaps, or kicks the other?

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | Parent/caregiver(s) appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.  |
| 1 | Mild to moderate level of family problems, including marital difficulties and partner arguments. Parent/caregivers are generally able to keep arguments to a minimum when youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another. |
| 2 | Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Youth often witnesses these arguments or the use of verbal aggression by one partner to control the other.   |
| 3 | Profound level of caregiver or marital violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate the youth's difficulties or put the youth at greater risk.  |

### POST-TRAUMATIC REACTIONS

This item rates post-traumatic stress reactions faced by parent/caregiver. Post-traumatic reactions refers to the range of reactions and symptoms an individual experiences after experiencing directly or indirectly a traumatic event that impacts his/her ability to cope or his/her functioning in daily activities. These reactions could be a result of the parents'/caregivers' own trauma exposure or after his/her child experiences a traumatic event. These reactions may include: hyper arousal, emotional deregulation, numbing and avoidance, nightmares, and flashbacks that are related to their child's or their own traumatic experiences.

Question(s) to consider:

- Have you experienced or witnessed any scary, stressful events or life threatening events in your life that someone could consider traumatic? What reactions or changes in your behavior, emotions or sleep have you had since then?
- Do these experiences limit or affect your ability to parent your child?

Ratings & Descriptions

- |   |  |
|---|--|
| 0 | Parent/caregiver has adjusted to traumatic experiences without notable post-traumatic stress reactions. A caregiver who has not experienced a traumatic event is rated here.   |
| 1 | Parent/caregiver has some mild adjustment problems related to youth's or his/her own traumatic experiences. Parent/caregiver may exhibit some guilt about child's trauma or become somewhat detached or estranged from others. These symptoms do not impact his/her ability to care for the youth/child.   |
| 2 | Parent/caregiver has experienced moderate reactions or moderate adjustment difficulties related to traumatic experiences, and these difficulties may impact the caregiver's ability to care for the child. Parent/caregiver may have a range of reaction such as emotional deregulation, or nightmares of the trauma.  |
| 3 | Parent/caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact the caregiver's ability to care for the child or parent. The severe symptoms might include frequent intrusive thoughts, flashbacks, hyper vigilance, constant anxiety, avoidance (e.g. avoiding the child) or dissociation. |

### DEVELOPMENTAL

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

Question(s) to consider:

- Do you have any limitations that affect your ability to care for your child?
- Have you been told you have any type of disability?

Ratings & Descriptions

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



### ACCESS TO CHILD CARE

This item rates the caregiver's ability to access safe and sufficient child care. Access to child care may include paid services or informal supports.

Question(s) to consider:

For the Caregiver:

- Do you have access to day care/child care services? (This includes after school services.)

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | Caregiver has access to sufficient child care services. |
| 1 | Caregiver has adequate access to child care services.   |
| 2 | Caregiver has limited access to child care services.    |
| 3 | Caregiver has no access to child care services.         |

### MILITARY TRANSITIONS

This item rates the caregiver's military transition such as reunification, relocation, deployment, injuries or death as a result of military service and discharges. If the youth has another family member that lives in the same household as the youth and caregiver, and those military transitions impact the youth and the caregiver, then those military transitions are also rated here.

**Note:** Consider rating military transitions that have had an impact in the past year.

Question(s) to consider:

For the Caregiver:

- Have you ever served in the military? If yes, did military life impact you or your family's life?
- Have you moved/relocated/deployed due to military service?
- If yes, how does it affect your role as caregiver?

Ratings & Descriptions

- |   |  |
|---|--|
| 0 | Caregiver is not experiencing any military life transitions. Caregivers not involved in military services would also be rated here.  |
| 1 | Caregiver is anticipating a transition related to military service in the near future or a caregiver experienced a transition in the past which was challenging. The military transition currently does not impact the lives of the caregiver and youth. |
| 2 | Caregiver is currently experiencing a transition related to military service. These transitions are not impacting the roles or ability to care for the youth.  |
| 3 | Caregiver is experiencing a transition related to military service that has a major impact on their caregiving roles related to the youth.   |

### FAMILY STRESS (Triggers Module [10] Family/Caretaker, page 93 when item is rated '1', '2' or '3'.)

This item rates the caregiver's ability to manage stress resulting from the youth's behavioral and emotional needs. Stressors may include the physical or time burdens of caring for the youth, or the emotional impact of the youth's needs on the family.

Question(s) to consider:

For the Caregiver:

- Is it hard to balance the challenges of daily life and managing your child's needs?
- Do you ever feel like you can't manage/balance those needs?
- Does your stress ever interfere with your ability to care for your child?

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | Caregiver is able to manage the stress of youth's needs.  |
| 1 | Caregiver is adequately managing the stress of youth's needs, but has some difficulties.  |
| 2 | Caregiver has limited ability to manage the stress of youth's needs. This stress interferes with his/her capacity to give care. |
| 3 | Caregiver is unable to manage the stress associated with youth's needs. This stress prevents the caregiver from parenting.      |

### \*SAFETY\*

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

Question(s) to consider:

For the Caregiver:

- Is your home safe for your children?
- Are you or someone concerned about the safety of your children in your home?

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | Household is safe and secure. Youth is at no risk from others.  |
| 1 | Household is safe but concerns exist about the safety of the youth due to history or others who might be abusive. |
| 2 | Youth is in some danger from one or more individuals with access to the home.                                     |
| 3 | Youth is in immediate danger from one or more individuals with access to the home or with unsupervised access.    |

**\*All clinicians are legally required to report suspected child abuse or neglect.**

## 8. ACCULTURATION (AGES: 0 - 17)

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

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

**Question to Consider for this Domain:** How does the youth's membership in a particular cultural group impact his or her stress and wellbeing?

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

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

### LANGUAGE

This item looks at whether the child 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.

<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Do you (your child) read/write/speak English fluently?</li> <li>Do you or any of your family members require an interpreter?</li> </ul>	<p>Ratings &amp; Descriptions</p> <ul style="list-style-type: none"> <li>0 No evidence that there is a need or preference for an interpreter and/or the youth and family speak and read English.</li> <li>1 Youth and/or family speak or read English, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.</li> <li>2 Youth and/or significant family members do not speak English. A translator or native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.</li> <li>3 Youth and/or significant family members do not speak English. An Interpreter or native language speaker is needed for successful intervention; no such individual is available from among natural supports.</li> </ul>
--	---

## CULTURAL IDENTITY

This item refers to whether the youth is experiencing any difficulties or barriers to his/her connection to his/her cultural identity. This cultural identity may be defined by a number of factors including race, religion, ethnicity, geography or sexual orientation, gender identity and expression (SOGIE). This item measures the extent to which feelings related to cultural identity cause stress or influence the behavior of the youth.

Question(s) to consider:

- Do you and/or your family identify with a specific group/culture?

### Ratings & Descriptions

- 0 Youth has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
- 1 Youth has struggled in the past with her/his group or sub group membership, but is presently comfortable with her/his identity or there are mild issues related to identity.
- 2 Youth expresses some distress or conflict about her/his SOGIE/racial/ethnic/cultural identity that interferes with the youth's or family's functioning. Youth may have cultural identity but is not connected with others who share this culture.
- 3 Youth expresses significant distress or conflict about her/his SOGIE/racial/ethnic/cultural identity. Youth may reject her/his cultural group identity, which severely interferes with the youth's or family's functioning and/or requires immediate action.

## RITUAL

This item rates the youth and family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

Question(s) to consider:

- Are you and your family able to participate in the traditions/customs of your culture?

### Ratings & Descriptions

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

## CULTURAL STRESS

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

Question(s) to consider:

- Have you (your child) experienced discrimination/racism due to your cultural identity?

### Ratings & Descriptions

- 0 No evidence of stress between the youth's cultural identity and current environment or living situation.
- 1 Some mild or occasional stress resulting from friction between the youth's cultural identity and his/her current environment or living situation.
- 2 Youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Youth needs support to learn how to manage cultural stress.
- 3 Youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Youth needs immediate plan to reduce culture stress.

## 9. PSYCHIATRIC HOSPITALIZATIONS HISTORY (AGES: 0 - 17)

This domain rates history and duration of psychiatric hospitalizations. Psychiatric hospitalization is defined as an admission to an inpatient psychiatric facility for a duration of at least 24 hours at least once over the youth's lifetime. This includes admissions to a psychiatric hospital, psychiatric specialty unit, or a general hospital for psychiatric reasons (e.g., suicide attempt).

### NUMBER OF HOSPITALIZATIONS Past 180 days

Number of times youth has been hospitalized for psychiatric reasons within the **past 180 days**.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Within the past 180 days, how many times has the youth been admitted to a psychiatric hospital?</li> </ul>	0 Zero
	1 One
	2 Two
	3 Three or more

### NUMBER OF HOSPITALIZATIONS <30 days ~ Past 2 years

Number of times youth has been hospitalized for psychiatric reasons for 30 days or less within the **past 2 years**.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Within the past 2 years, how many times has the youth been admitted to a psychiatric hospital for 30 days or less?</li> </ul>	0 Zero
	1 One
	2 Two
	3 Three or more

### NUMBER OF HOSPITALIZATIONS >30 days ~ Past 2 years

Number of times youth has been hospitalized for psychiatric reasons for 30 days or longer within the **past 2 years**.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Within the past 2 years, how many times has the youth been admitted to a psychiatric hospital for 30 days or longer?</li> </ul>	0 Zero
	1 One
	2 Two
	3 Three or more

### TIME SINCE MOST RECENT DISCHARGE

This item captures the amount of time the youth has spent in the community since discharge from the most recent psychiatric hospitalization.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>How long has the youth been home/discharged from his/her most recent psychiatric hospital stay?</li> </ul>	0 More than 12 months
	1 6 months to 12 months
	2 3-5 months
	3 Less than 3 months
	N/A Youth has never been hospitalized.

## I0. PSYCHIATRIC CRISIS HISTORY (AGES: 0 - 17)

This item rates the number of psychiatric crisis episodes in the past 90 days. This includes psychiatric- or substance use-related ER visits, 23-hour observation in hospital, MCOT responses, crisis services, crisis hotlines, crisis respite, etc.

### NUMBER OF PSYCHIATRIC CRISIS EPISODES ~ Past 90 Days

This includes psychiatric- or substance abuse-related ER visits, 23 hour observation in hospital, MCOT responses, crisis respite, etc.

Question(s) to consider:

- Within the past 90 days, how many times has the youth experienced a mental health crisis issue?

#### Ratings & Descriptions

0 Zero

1 One

2 Two

3 Three or more

# II. INFANT & YOUNG CHILDREN DOMAIN (CHILDREN AGES 0-5)

This domain examines the behavioral and physical development of young children 0-5 years old.

**N/A:** This domain is not applicable for youth ages 6-17.

For **Children Ages 0-5 Domain**, use the following categories and action levels:

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

## CHILD RISK BEHAVIORS

Risk behaviors are actions that can get children in trouble or put them in danger of harming themselves or others.

### SELF-HARM

This item rates repetitive self-harm and non-suicidal self-injury to the body that is generally serving a self-soothing purpose and results in physical injury to the child. Examples include: cutting, biting, head-banging, slapping, hair pulling, and burning.

Question(s) to consider:

- Have you (your child) ever tried to hurt yourself (for example, by scratching, biting, cutting, head-banging, hair pulling, or burning)?

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | No evidence of any form of self-injury.   |
| 1 | History of self-injury, but none evident in the past 30 days.                               |
| 2 | Engaged in self-injury that did not require medical attention within the past 30 days.      |
| 3 | Engaged in significant self-injury that required medical attention within the past 30 days. |

### AGGRESSIVE BEHAVIOR

This item rates behavior that causes or threatens to cause physical or emotional harm to others. It can range from verbal abuse to property destruction.

Question(s) to consider:

- Do you (your child) get angry with other people or with animals?
- What do you do?

For the Caregiver:

- Has your child ever hurt another person/animal due to aggressive behavior/play? Has the school/day care complained about aggressive behavior?

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | No evidence of aggressive behavior toward people or animals.  |
| 1 | There is either a history of aggressive behavior toward people or animals, or mild concerns in this area that have not yet interfered with functioning.                 |
| 2 | There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. |
| 3 | The child displays a dangerous level of aggressive behavior that involves harm to animals or others. Caregivers have difficulty managing this behavior.                 |

### SOCIAL MISBEHAVIOR (INTENTIONAL MISBEHAVIOR)

This item describes intentional behaviors that a child engages in to force others to sanction him/her. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which he/she lives) that put the child at some risk and leads adults to administer consequences to the child.

**Note:** It is not necessary that the child be able to articulate that the purpose of his/her misbehavior is to provide sanctions/consequences to rate this item. There is always, however, a benefit to the child resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for children who engage in such behavior solely due to developmental delays.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"><li>How do you (your child) get along with others?</li></ul> <p><u>For the Caregiver:</u></p> <ul style="list-style-type: none"><li>Does your child sometimes have problems with people because of the way he/she treats them?</li><li>What happens when your child gets in trouble?</li></ul>	<p>0 Child shows no evidence of problematic social behaviors.</p> <p>1 Mild level of problematic social behavior. This might include occasional inappropriate social behavior that leads adults to give consequences to the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.</p> <p>2 Moderate level of problematic social behavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble at home or in the community.</p> <p>3 Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly give consequences to the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions/consequences (e.g., expulsion from preschool).</p>

### SEXUAL REACTIVE BEHAVIORS

This item rates sexually reactive behaviors which include age-inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexual practices.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"><li>Do you (your child) touch your private parts?</li><li>Do you (your child) touch other children's private parts?</li></ul> <p><u>For the Caregiver:</u></p> <ul style="list-style-type: none"><li>Has your child had any incidents or reports of sexually inappropriate behavior?</li><li>Does your child imitate other people's sexual behavior?</li></ul>	<p>0 Child has not engaged in any sexual behavior that appears to be imitating previous sexual abuse.</p> <p>1 Child has history of sexual abuse that places him/her at risk of sexually reactive behavior or has a history of sexual behavior that appears to imitate or mirror prior abuse, but has not engaged in such behavior for more than one year.</p> <p>2 Child engages in sexual behavior that imitates/mirrors or is related to previous sexual abuse in the past year.</p> <p>3 Child engages in sexual behavior that mirrors or is related to previous sexual abuse that places either the child or others in significant danger of harm in the past year.</p>

### BULLYING OTHERS

This item rates behavior that involves intimidation or threats (either verbal and/or physical) of peers and/or younger children.

**Note:** Only a bully is rated on this item; a victim of bullying is not rated here. Victims of bullying are identified in the School Violence item of the Traumatic Experiences Domain.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"><li>Do you (your child) ever bully other children?</li></ul>	<p>0 No evidence that the child has ever engaged in bullying.</p> <p>1 There is a history or suspicion of bullying, or child has engaged in bullying behavior or associated with groups that have bullied other children.</p> <p>2 Child has bullied other children in school or community, or has either bullied the other children individually or led a group that bullied a child.</p> <p>3 Child has repeatedly utilized threats or actual violence to bully children in school and/or community.</p> <p>N/A Child is 0-2 years old.</p>

## FIRE SETTING

This item rates intentional fire setting. Malicious or reckless use of fire should be rated here.

**Note:** Fires that are accidental should not be considered fire setting.

Question(s) to consider:

- Have you (your child) ever played with matches or started a fire?
- What did you do?

For the Caregiver:

- If your child set a fire, was there property/natural resource (trees and plants) damage or any injury to people or animals?

### Ratings & Descriptions

- 0 No evidence or history of fire setting behavior.
- 1 History of fire setting, but not in the past six months.
- 2 Rate here if one of the following is true:
  - Repeated fire-setting behavior over a period of at least two years even if not in the past six months.
  - Recent fire setting behavior (in past six months), but not of the type that has endangered the lives of others or destroyed natural resources.
- 3 Acute threat of fire setting. Child intentionally set fire that endangered the lives of others or destroyed natural resources (e.g., attempting to burn down a house or setting a forest fire).
- N/A Child is 0-2 years old.

## RUNAWAY

This item rates behaviors related to child choosing to leave or being forced to leave an environment that provides them shelter/housing.

Question(s) to consider:

- Have you (your child) ever run away from home?

For the Caregiver:

- Has your child ever run away and/or threatened to run away from home/school/treatment setting?
- How long was your child away from home?

### Ratings & Descriptions

- 0 This rating is for a child with no history of running away and no ideation involving escaping from the present living situation.
- 1 This rating is for a child with no recent history of running away, but who has expressed ideation about escaping present living situation or treatment. Child may have threatened running away on one or more occasions or may have a history (lifetime) of running away, but not in the past year.
- 2 This rating is for a child who has run away from home once or run away from one treatment setting within the past year. Also rated here is a child who has run away to home (parental or relative) in the past year.
- 3 This rating is for a child who has (1) run away from home and/or treatment settings within the last 7 days **OR** (2) run away from home and/or treatment setting twice or more overnight during the past 30 days. A child who is currently a runaway is rated here.
- N/A Child is 0-2 years old.

## CHILD RISK FACTORS

This section examines factors that impact the child's development and that may pose possible risks.

### BIRTH WEIGHT

This item rates the child's weight as compared to normal development. The child's current weight is not rated here unless the child is a newborn baby.

Question(s) to consider:

For the Caregiver:

- Was your child born underweight, overweight, or normal weight?

### Ratings & Descriptions

- 0 Child was born within normal range for weight and has been since birth. A child with a birth weight of 5.5 pounds (2500 grams) or greater would be rated here.
- 1 Child was born underweight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 3.3 pounds (1500 grams) and 5.4 pounds (2499 grams) would be rated here.
- 2 Child was considerably underweight to the point of presenting a development risk to the child. A child with a birth weight of 2.2 pounds (1000 grams) to 3.2 pounds (1499 grams) would be rated here.
- 3 Child was extremely underweight to the point where the child's life is threatened. A child with a birth weight of less than 2.2 pounds (1000 grams) would be rated here.
- N/A Unknown



## PRENATAL CARE

This item rates the health care and birth circumstances experienced by the child in utero.

Ratings & Descriptions	
0	Child's biological mother had adequate prenatal care (e.g., ten or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
1	Child's biological mother had some minor concerns in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had six 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	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 four 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	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.
N/A	Unknown

## LABOR & DELIVERY

This item rates the conditions associated with and consequences arising from complications in labor and delivery of the child.

Ratings & Descriptions	
0	Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
1	Child or mother had some mild problems during delivery, but youth does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g., shoulder displacement) to the child would be rated here.
2	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 who needed some resuscitative measures at birth, would be rated here.
3	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.
N/A	Unknown

## SUBSTANCE EXPOSURE

This item rates the child's exposure to substance use and abuse both before and after birth.

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

## PARENT OR SIBLING PROBLEMS

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

Question(s) to consider:

For the Caregiver:

- Do any siblings have any medical problems, developmental delays, or behavioral problems?
- Do the parents have significant medical issues, developmental delays, or behavioral problems?

### Ratings & Descriptions

- 0 The child's parents have no developmental disabilities. The child has no siblings or existing siblings are not experiencing any developmental or behavioral problems.
- 1 The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g., Attention Deficit, Oppositional Defiant, or Conduct Disorders). Child may have at least one healthy sibling.
- 2 The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g., a severe version of any of the disorders cited above or any developmental disorder).
- 3 One or both of the child's parents have been diagnosed with a developmental disability or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).

N/A Unknown

## MATERNAL AVAILABILITY

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

Question(s) to consider:

For the Caregiver:

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

### Ratings & Descriptions

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

N/A Unknown

## CHILD FUNCTIONING / DEVELOPMENT

This section examines aspects of the child's development related to both physical and behavioral health.

<b>MOTOR</b>	
This item rates the child's fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, walking) motor functioning.	
<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Can you (your child) grasp small things, like crayons, scissors, or a cup?</li> </ul> <p><u>For the Caregiver:</u></p> <ul style="list-style-type: none"> <li>Does your child balance, sit, crawl or walk according to age?</li> <li>Does your child have difficulties with picking up, grabbing, or holding objects?</li> <li>What does he/she do?</li> </ul>	<p>Ratings &amp; Descriptions</p> <p>0 Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.</p> <p>1 The child has mild deficits in fine (e.g., using scissors) or gross motor skills. The child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.</p> <p>2 The child has moderate motor deficits. For example, a non-ambulatory child with fine motor skills (e.g., reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn who does not have a sucking reflex in the first few days of life would be rated here.</p> <p>3 The child has severe or profound motor deficits. For example, a non-ambulatory child with additional movement deficits would be rated here, as would any child older than six months who cannot lift his/her head.</p>
<b>PERSISTENCE</b>	
This item rates the child's ability to continue an activity.	
<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Do you (your child) keep trying when something gets hard?</li> </ul> <p><u>For the Caregiver:</u></p> <ul style="list-style-type: none"> <li>When an activity gets difficult, does your child have the ability to continue or does he/she give up?</li> </ul>	<p>Ratings &amp; Descriptions</p> <p>0 Child has a strong ability to continue an activity when challenged or encountering obstacles.</p> <p>1 Child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.</p> <p>2 Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the child in this area.</p> <p>3 Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.</p>
<b>CURIOSITY</b>	
This item rates the child's self-initiated efforts to discover his/her world.	
<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>Do you (your child) like to try new things?</li> </ul> <p><u>For the Caregiver:</u></p> <ul style="list-style-type: none"> <li>Tell me about your child's level of curiosity.</li> <li>How does your child react to new objects and places?</li> </ul>	<p>Ratings &amp; Descriptions</p> <p>0 This level indicates a child with exceptional curiosity. For example, child displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.</p> <p>1 This level indicates a child with good curiosity. For example, an ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.</p> <p>2 This level indicates a child with limited curiosity. For example, a child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.</p> <p>3 This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.</p>

## EATING

This item rates feeding and eating disorders characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning.

Question(s) to consider:

- Do you (your child) like to eat lots of different foods?

For the Caregiver:

- Does your child eat a variety of nutritious foods, neither overeating nor under eating?
- What is your child's eating pattern and schedule?

### Ratings & Descriptions

- 0 No evidence of problems related to eating.
- 1 Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.
- 2 Moderate problems with eating are present and impair the child's functioning. Infants may be finicky eaters, spit food, or overeat. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat.
- 3 Severe problems with eating are presently putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area.

## SENSORY REACTIVITY

This item rates the child's ability to use all senses including vision, hearing, smell, touch, taste, and kinesthetic.

Question(s) to consider:

For the Caregiver:

- Let's talk about your child's sensory functioning. Does your child have any difficulties with vision, hearing, smell, touch, or taste?
- Does your child seem averse to touching certain objects, texture or surfaces?

### Ratings & Descriptions

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

## ADAPTABILITY

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

Question(s) to consider:

For the Caregiver:

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

### Ratings & Descriptions

- 0 Child has a strong ability to adjust to changes and transitions.
- 1 Child has the ability to adjust to changes and transitions; when challenged, the child is successful with caregiver support.
- 2 Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
- 3 Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

## INTERPERSONAL / SOCIAL BEHAVIOR

This item rates the interpersonal and social skills of the child with peers and adults.

Question(s) to consider:

- What are the names of your (your child's) friends?
- Do you (your child) get along with your (your child's) friends?

For the Caregiver:

- How does your child get along with others?
- Does your child have close friends?
- Can your child maintain healthy friendships?

### Ratings & Descriptions

- 0 Significant interpersonal strengths. Child has close friends, is friendly with others, and has a history of building and maintaining relationships.
- 1 Moderate level of interpersonal strengths. Child may have a history of forming positive relationships with peers and/or non-caregivers. Child may have at least one healthy relationship that he/she has been able to maintain; child is friendly with others.
- 2 Mild level of interpersonal strengths. Child has some social skills that facilitate positive relationships with peers and adults but may not have successfully maintained previous healthy friendships.
- 3 Very limited ability to make and maintain positive relationships. Child lacks social skills and has no history of positive relationships with peer and adults.

## CHILD BEHAVIORAL / EMOTIONAL NEEDS

These items identify the child's behavioral and emotional health needs, as well as mental health and well-being.

### ATTACHMENT

This item rates the child's significant parental or caregiver relationships.

Question(s) to consider:

- Do you (your child) like to be very close to your mom and dad?

For the Caregiver:

- How does your child react when he/she is away from caregivers?
- Do you have difficulty comforting and/or soothing your child?
- How does your child react to strangers?
- Is your child overly fearful or overly friendly?

#### Ratings & Descriptions

- 0 No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver appears able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.
- 1 Mild problems with attachment. There is some evidence of insecurity in the caregiver-child relationship. Caregiver may at times have difficulty accurately reading child bids for attention and nurturance, may be inconsistent in response, or may be occasionally intrusive. Child may have mild 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 may have minor difficulties with appropriate physical/emotional boundaries with others.
- 2 Moderate problems with attachment. Attachment relationship is marked by sufficient difficulty as to require intervention. Caregiver may consistently misinterpret child cues, act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, or may have ongoing difficulties with physical or emotional boundaries with others.
- 3 Severe problems with attachment. Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in caregiving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of his/her attachment behaviors. A child who meets the criteria for Reactive Attachment Disorder in DSM 5 would be rated here. Child may have experienced significant early separation from or loss of caregiver, may have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

### EMOTIONAL CONTROL (TEMPERAMENT)

This item rates the child's ability to control his/her emotional and behavioral responses.

Question(s) to consider:

- What do you (your child) do when you get mad or sad?

For the Caregiver:

- How does your child control his/her emotions?
- Can your child calm down when crying, upset, or angry?

#### Ratings & Descriptions

- 0 Child has no problems with emotional control.
- 1 Child has mild problems with emotional control that can be overcome with caregiver support.
- 2 Child has a moderate level of problems with emotional control that interferes most of the time with functioning. Infants may be difficult to console most of the time and do not respond well to caregiver support. Older children may quickly become frustrated and hit or bite others.
- 3 Child has a significant level of emotional control problems that are interfering with development. Caregivers are not able to mediate the effects of this.

## FAILURE TO THRIVE

This item rates the normal physical development, specifically growth and weight gain.

Question(s) to consider:

For the Caregiver:

- What type of growth or developmental problem did your child have after being born?
- Was your child born underweight or prematurely?
- Does your child have any medical conditions that delay growth?

### Ratings & Descriptions

- 0 The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
- 1 The child has mild delays in physical development or may have experienced past problems with growth and ability to gain weight. The child may be presently experiencing slow development in this area.
- 2 The child is experiencing delays in physical development including problems in his/her ability to maintain weight or growth. The child may be below the 5th percentile for age and sex, may weigh less than 80% of his/her ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th).
- 3 The child has severe problems with physical development (including more than one of the above) that puts him/her at serious medical risk.

## DEPRESSION

This item rates depressive symptoms, including: irritability or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, loss of interest in pleasurable activities, and loss of motivation.

Question(s) to consider:

- Do you (your child) feel sad a lot?
- What do you (your child) do when you (your child) get mad?

For the Caregiver:

- Does your child have a lot of temper tantrums?
- Have you noticed your child crying more than usual or withdrawing from activities he/she used to enjoy? Have you noticed changes in appetite or sleep?

### Ratings & Descriptions

- 0 This rating is given to a child with no evidence of depressive symptoms.
  - 1 History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life functioning.
  - 2 Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly with child's ability to function in at least one life domain (e.g., day care/school, family/home, etc.).
  - 3 Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain. This would include a child who is irritable almost all the time or one whose emotional symptoms prevent any participation in day care/school, friendship groups, or family life.
- N/A Child is 0-2 years old.

## ANXIETY

This item rates the child's level of fearfulness (the emotional response to real or perceived imminent threat) and/or anxiety (the anticipation of future threat) experienced as feelings of worry, distress, and/or somatic symptoms of tension.

Question(s) to consider:

- Do you (your child) think bad things will happen?

For the Caregiver:

- Does your child worry a lot or get anxious or fearful?
- Is he/she avoiding normal activities out of fear?

### Ratings & Descriptions

- 0 No evidence of anxiety or fearfulness.
- 1 History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event with minimal impact on life functioning.
- 2 Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain (e.g., school, family/home, etc.). This could include excessive worry, frequent panic attacks, fear or avoidant behavior, hypervigilance, or obsessions/compulsions that are time consuming.
- 3 Clear evidence of a debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain (e.g., school, family/home, etc.). A child with a severe level of anxiety that puts him/her at physical risk will be rated here.

### ATYPICAL BEHAVIOR

This item rates behaviors that may include mouthing after three years, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

Question(s) to consider:  
For the Caregiver:

- Does your child calm down by doing any unusual behaviors (e.g., rocking, repeating phrases, hand gestures)?

#### Ratings & Descriptions

- 0 No evidence of atypical behaviors in the child.
- 1 History or reports of atypical behaviors by others, but not observed by caregivers.
- 2 Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
- 3 Clear evidence of atypical behaviors that are consistently present and interfere with the child's functioning on a regular basis.

### IMPULSIVITY / HYPERACTIVITY

This item rates the child's level of impulsivity (hasty actions that occur in the moment without forethought that have high potential for harm to the individual - e.g., darting into the street without looking) and/or hyperactivity (excessive motor activity when it is not appropriate, or excessive fidgeting, tapping, or talkativeness, e.g., child often leaves seat in situations when remaining seated is expected).

Question(s) to consider:

- Can you (your child) sit still?

For the Caregiver:

- Does your child have difficulties sitting still or remaining quiet more than other children his/her age?
- Does your child get in trouble at home or school for impulsive behaviors or hyperactivity?

#### Ratings & Descriptions

- 0 No evidence of impulsivity or hyperactivity.
- 1 Some problems with impulsive or hyperactive behavior that places the child at risk of future functioning difficulties.
- 2 Clear evidence of problems with impulsive/ hyperactive behavior that interferes with the child's ability to function in at least one life domain (e.g., day care/school, family, etc.).
- 3 Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.
- N/A Child is 0-2 years old.

### OPPOSITIONAL BEHAVIOR

This item rates the child's relationship to authority figures. Generally, oppositional behavior is in response to conditions set by a parent, teacher, or other figure with responsibility for and control over the child. Oppositional behavior includes angry/irritable mood, argumentative/defiant behavior, or vindictiveness exhibited during interaction with at least one individual who is in a position of authority toward the child. Appropriate developmental milestone of a toddler learning to say "no" is not rated here.

Question(s) to consider:

- Do you (your child) do what your mom and dad tell you?

For the Caregiver:

- How often does your child refuse to do what you ask?
- Has the teacher/other adult told you your child does not follow rules or directions?

#### Ratings & Descriptions

- 0 No evidence
- 1 History or recent onset (past 6 weeks) of defiance towards authority figures. This rating indicates that the child has mild problems with compliance with some rules or adult instructions. Child may occasionally talk back to teacher or parent/caregiver; there may be letters or calls from school.
- 2 Clear evidence of oppositional and/or defiant behavior toward authority figures, which is currently interfering with the child's functioning in at least one life domain (e.g., day care/school, family/home, etc.). Behavior causes emotional harm to others. A child who meets the criteria for Oppositional Defiant Disorder in DSM 5 would be rated here.
- 3 Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instructions. The child would be virtually always noncompliant and would repeatedly ignore authority.
- N/A Child is 0-2 years old.

## EATING DISTURBANCE

This item rates problems with eating and feeding-related behavior that impair physical health or psychosocial functioning (e.g., disturbances in body image, binge eating, purging, and refusing to eat). Food hoarding should also be rated here. **Note:** Pica is rated separately (see next item). The intentional use of laxatives provided by the caregiver to the child with the intent to help child lose weight should be rated separately under the Safety Item.

Question(s) to consider:

For the Caregiver:

- Does your child have any problems with eating?
- Does your child try to control food by hiding it, restricting it, or over eating?
- Has your child ever needed medical treatment/care due to eating issues?

### Ratings & Descriptions

- |   |  |
|---|--|
| 0 | This rating is for a youth with no evidence of feeding or eating disturbances.   |
| 1 | This rating is for a youth with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns. A youth with a history of feeding or eating disturbances is also rated here.  |
| 2 | * Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, persistent refusal to eat). |
| 3 | * Feeding and eating disturbance is disabling and can be potentially life-threatening. Immediate medical care or hospitalization might be required. Daily binge-purge behaviors should be rated here.  |

N/A Child is 0-2 years old.

\*Consider a referral for specialized treatment.

## PICA

This item rates an eating disorder involving the compulsive ingestion of non-nutritive substances.

Question(s) to consider:

For the Youth:

- Do you like to eat strange objects?

For the Caregiver:

- Does your child eat objects like metal pins, magnets, or other things that are unusual or dangerous?

### Ratings & Descriptions

- |   |   |
|---|---|
| 0 | No evidence that the child eats unusual or dangerous materials.   |
| 1 | Child has repeatedly eaten unusual or dangerous materials consistent with the diagnosis of Pica; however, this behavior has not occurred in the past 30 days. |
| 2 | Child has eaten unusual or dangerous materials consistent with the diagnosis of Pica in the past 30 days.   |
| 3 | Child has become physically ill during the past 30 days by eating dangerous materials (e.g., lead paint).   |

N/A Child is 0-2 years old.

\*A rating of 2 or 3 may require a referral to a primary care physician for an exam.



## 12. CHILD INVOLVEMENT IN CHILD PROTECTIVE SERVICES (AGES: 0 - 17)

This section explores the youth's history and time in Child Protective Services custody.

### YEARS IN CARE

This item rates the amount of time the youth has been in the custody of the Child Protective Services.

Question(s) to consider:

- Has Child Protective Services ever been involved with you and your family at any time?
- Have you been in care before? How long have you been in care?

For the Caregiver:

- Has your child/children been in the custody of Child Protective Services? If yes, how long?

#### Ratings & Descriptions

- |     |   |
|-----|---|
| 0   | Youth was only recently taken into Child Protective Services custody and has been in care for less than six months.                                     |
| 1   | Youth has been in Child Protective Services care for over six months but less than one year.  |
| 2   | Youth has been in Child Protective Services care for at least a year but less than two years.   |
| 3   | Youth has been in Child Protective Services care for over two years or has been in care at least once before the current entry.                         |
| N/A | Youth has never been in custody of Child Protective Services, OR youth has been in Child Protective Services custody in the past, but is not currently. |

### PLACEMENT HISTORY

This item rates the number of placements that the youth has experienced since being in the custody of Child Protective Services.

Question(s) to consider:

- Are you currently in the custody of Child Protective Services? How many homes have you lived in?

For the Caregiver:

- Is your child currently in the custody of Child Protective Services? How many different placements has your child lived in?

#### Ratings & Descriptions

- |     |   |
|-----|---|
| 0   | Youth has been in the same placement since entry to Child Protective Services' care.  |
| 1   | Youth has moved one time since entry to Child Protective Services' care or had multiple positive moves (e.g., child/youth moved from a foster home to a relative home). |
| 2   | Youth has moved two times but less than four times since coming into Child Protective Services' care.   |
| 3   | Youth has moved four or more times since coming into Child Protective Services' care.   |
| N/A | Youth has never been in placement with Child Protective Services, OR youth has been in Child Protective Services placement in the past, but is not currently.           |

**Supplemental Information:** Information can be gathered from caregiver, or Child Protective Services caseworker. N/A is not appropriate for anyone in Child Protective Services custody.

# INDIVIDUALIZED ASSESSMENT MODULES

Complete a specific module only if indicated  
by the triggering item(s) in the domains

# [I] DANGEROUSNESS MODULE

This module rates aspects of the youth's exposure to and involvement in violent behaviors, risk factors related to youth's violence that place others or self in danger, and resiliency factors that may help youth's recovery and eliminate violent behavior. Violent behavior may include fights and violent behaviors towards other people, cruelty to animals, and damage to property. This module is divided into three sections: historical risk factors, emotional/ behavioral risks, and resiliency factors.

## HISTORICAL RISK FACTORS

The item listed under this section is a risk factor for violent behavior. This section rates the risk factor that occurred over the youth's lifetime.

HISTORY OF PERPETRATING VIOLENCE											
This item rates the youth's involvement in violent behavior over his/her lifetime.											
Question(s) to consider: <ul style="list-style-type: none"><li>Have you (your child) engaged in any violent behavior in the past? What type?</li><li>Where others injured or was property damaged as a result of the violence?</li></ul>	<table><tr><th colspan="2">Ratings &amp; Descriptions</th></tr><tr><td>0</td><td>No evidence of any history of violent behavior by the youth.</td></tr><tr><td>1</td><td>Youth has engaged in forms of violent behavior including vandalism, minor destruction of property, or physical fights in which no one was injured (e.g., shoving, wrestling).</td></tr><tr><td>2</td><td>Youth has engaged in 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. Moderate property damage as a result of youth's violent behavior would be rated here.</td></tr><tr><td>3</td><td>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. Significant property damage would be rated here.</td></tr></table>	Ratings & Descriptions		0	No evidence of any history of violent behavior by the youth.	1	Youth has engaged in forms of violent behavior including vandalism, minor destruction of property, or physical fights in which no one was injured (e.g., shoving, wrestling).	2	Youth has engaged in 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. Moderate property damage as a result of youth's violent behavior would be rated here.	3	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. Significant property damage would be rated here.
Ratings & Descriptions											
0	No evidence of any history of violent behavior by the youth.										
1	Youth has engaged in forms of violent behavior including vandalism, minor destruction of property, or physical fights in which no one was injured (e.g., shoving, wrestling).										
2	Youth has engaged in 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. Moderate property damage as a result of youth's violent behavior would be rated here.										
3	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. Significant property damage would be rated here.										

## EMOTIONAL / BEHAVIORAL RISKS

The items listed below are identified as emotional/behavioral risk factors for violent behavior.

**Items in this section are rated based on the past 30 days.**

FRUSTRATION MANAGEMENT											
This item rates the degree to which the youth is able to manage a feeling of anger or annoyance caused by being unable to do a task or activity, or face a challenge or limitation that prevents the successful engagement with or completion of an activity.											
Question(s) to consider: <ul style="list-style-type: none"><li>How do you (your child) manage or control your frustration or anger when something bothers you or annoys you?</li></ul>	<table><tr><th colspan="2">Ratings &amp; Descriptions</th></tr><tr><td>0</td><td>Youth appears to be able to manage frustration well. No evidence of problems of frustration management.</td></tr><tr><td>1</td><td>Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, youth is able to calm self down following an angry outburst.</td></tr><tr><td>2</td><td>Youth has moderate problems managing frustration. When frustrated, youth's anger is causing functioning problems in school, at home, or with peers.</td></tr><tr><td>3</td><td>Youth becomes explosive and dangerous to others when frustrated. Youth demonstrates little self-control in these situations and others must intervene to restore control and safety.</td></tr></table>	Ratings & Descriptions		0	Youth appears to be able to manage frustration well. No evidence of problems of frustration management.	1	Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, youth is able to calm self down following an angry outburst.	2	Youth has moderate problems managing frustration. When frustrated, youth's anger is causing functioning problems in school, at home, or with peers.	3	Youth becomes explosive and dangerous to others when frustrated. Youth demonstrates little self-control in these situations and others must intervene to restore control and safety.
Ratings & Descriptions											
0	Youth appears to be able to manage frustration well. No evidence of problems of frustration management.										
1	Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, youth is able to calm self down following an angry outburst.										
2	Youth has moderate problems managing frustration. When frustrated, youth's anger is causing functioning problems in school, at home, or with peers.										
3	Youth becomes explosive and dangerous to others when frustrated. Youth demonstrates little self-control in these situations and others must intervene to restore control and safety.										

## HOSTILITY

This item rates the youth's expression of hostility or an unfriendly state, attitude or action as a result of conflict, opposition or resistance in thought or principle.

Question(s) to consider: <ul style="list-style-type: none"><li>When you have problems, are you hostile with others?</li></ul>	Ratings & Descriptions	
	0	Youth appears to not experience or express hostility except in situations where most people would become hostile. No evidence of problems with hostility.
	1	Youth appears hostile but does not express it. Others experience youth as being angry.
	2	Youth expresses hostility regularly.
	3	Youth is almost always hostile either in expression or appearance. Others may experience youth as 'full of rage' or 'seething.'

## PARANOID THINKING

This item rates the degree to which the youth experiences perceptions or ideations involving suspiciousness or false belief that one is being harassed, persecuted or unfairly treated. These thoughts are not accounted for by the youth's cultural or religious background or the youth's level of intelligence.

Question(s) to consider: <ul style="list-style-type: none"><li>Do you ever feel that others are out to get you or have something against you?</li><li>How often are you guarded or suspicious of others?</li></ul>	Ratings & Descriptions	
	0	Youth does not appear to experience any paranoid thinking.
	1	Youth is suspicious of others, but is able to evaluate these suspicions and adjust his/her thinking appropriately.
	2	Youth believes that others are 'out to get' him/her. Youth has trouble accepting that these beliefs may not be accurate. Youth at times is suspicious and guarded, but at other times can be open and friendly. Youth suspicions can be put to rest with reassurance.
	3	Youth believes that others plan to cause him/her harm. Youth is nearly always suspicious and guarded.

## SECONDARY GAINS FROM ANGER

This item rates the degree to which the youth uses angry behavior for personal gain or to manipulate others.

Question(s) to consider: <ul style="list-style-type: none"><li>What do you gain when you are aggressive or violent towards others?</li><li>How do you feel after you have anger outbursts or you are violent toward others?</li></ul>	Ratings & Descriptions	
	0	Youth either does not engage in angry behavior or, when he/she does become angry, youth does not appear to derive any benefits from this behavior.
	1	Youth unintentionally has benefited from angry behavior; however, there is no evidence that youth intentionally uses angry behavior to achieve desired outcomes.
	2	Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
	3	Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth's life appear intimidated.

## VIOLENT THINKING

This item rates the degree to which the youth thinks about violence or has violent ideations.

Question(s) to consider: <ul style="list-style-type: none"><li>How often do you think about violent things or doing something violent? Tell me about that.</li></ul>	Ratings & Descriptions	
	0	There is no evidence that youth engages in violent thinking.
	1	Youth has some occasional or minor thoughts about violence.
	2	Youth has violent ideations. The youth's language is often characterized as having violent themes and problem solving often refers to violent outcomes.
	3	Youth has specific homicidal ideation or appears obsessed with thoughts about violence.

## RESILIENCY FACTORS

The items listed below are identified as resiliency factors for violent behavior. Resiliency factors are factors that increase the capacity of the youth to overcome violent behavior or promote non-violent behavior.

Items in this section are rated based on the past 30 days.

AWARENESS OF VIOLENCE POTENTIAL									
This item rates the youth's awareness of his/her own potential for violence.									
<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>How can you tell that you are going to be aggressive or violent before it happens?</li> <li>What things make you violent or aggressive with others?</li> </ul> <p>For the Caregiver:</p> <ul style="list-style-type: none"> <li>Does your child take responsibility for his/her own actions after behaving aggressively or violently?</li> <li>Or does he/she blame others or justify the behavior?</li> </ul>	<p>Ratings &amp; Descriptions</p> <table> <tr> <td>0</td> <td>Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors. Youth accepts responsibility for past and future behaviors. Youth is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.</td> </tr> <tr> <td>1</td> <td>Youth is generally aware of his/her potential for violence. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge him/her.</td> </tr> <tr> <td>2</td> <td>Youth has some awareness of his/her potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for his/her actions.</td> </tr> <tr> <td>3</td> <td>Youth has no awareness of his/her potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.</td> </tr> </table>	0	Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors. Youth accepts responsibility for past and future behaviors. Youth is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.	1	Youth is generally aware of his/her potential for violence. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge him/her.	2	Youth has some awareness of his/her potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for his/her actions.	3	Youth has no awareness of his/her potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.
0	Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors. Youth accepts responsibility for past and future behaviors. Youth is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.								
1	Youth is generally aware of his/her potential for violence. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge him/her.								
2	Youth has some awareness of his/her potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for his/her actions.								
3	Youth has no awareness of his/her potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.								
RESPONSE TO CONSEQUENCES									
This item rates the youth's insight regarding consequences for his/her violent behavior.									
<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>What risks or consequences can you have if you are aggressive or behave violently?</li> <li>What's the worst thing that can happen if you are aggressive or violent to others?</li> </ul> <p>For the Caregiver:</p> <ul style="list-style-type: none"> <li>Does your child seem to care and understand the consequences he/she has after his/her aggressive or violent behavior?</li> </ul>	<p>Ratings &amp; Descriptions</p> <table> <tr> <td>0</td> <td>Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and refrain from violent behavior.</td> </tr> <tr> <td>1</td> <td>Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences for violent behavior.</td> </tr> <tr> <td>2</td> <td>Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.</td> </tr> <tr> <td>3</td> <td>Youth is unresponsive to consequences for his/her violent behavior.</td> </tr> </table>	0	Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and refrain from violent behavior.	1	Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences for violent behavior.	2	Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.	3	Youth is unresponsive to consequences for his/her violent behavior.
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2	Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.								
3	Youth is unresponsive to consequences for his/her violent behavior.								
COMMITMENT TO SELF CONTROL									
This item rates the youth's commitment to controlling his/her violent behavior.									
<p>Question(s) to consider:</p> <ul style="list-style-type: none"> <li>How do you try to control your aggressive behavior?</li> <li>Is controlling your anger important to you?</li> </ul>	<p>Ratings &amp; Descriptions</p> <table> <tr> <td>0</td> <td>Youth is fully committed to controlling his/her violent behavior.</td> </tr> <tr> <td>1</td> <td>Youth is generally committed to controlling his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.</td> </tr> <tr> <td>2</td> <td>Youth is ambivalent about controlling his/her violent behavior.</td> </tr> <tr> <td>3</td> <td>Youth is not interested in controlling his/her violent behavior at this time.</td> </tr> </table>	0	Youth is fully committed to controlling his/her violent behavior.	1	Youth is generally committed to controlling his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.	2	Youth is ambivalent about controlling his/her violent behavior.	3	Youth is not interested in controlling his/her violent behavior at this time.
0	Youth is fully committed to controlling his/her violent behavior.								
1	Youth is generally committed to controlling his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.								
2	Youth is ambivalent about controlling his/her violent behavior.								
3	Youth is not interested in controlling his/her violent behavior at this time.								

## ENGAGEMENT IN TREATMENT

This item rates the youth's engagement in his/her treatment that is intended to reduce violent behavior.

Question(s) to consider:

For the Youth:

- How do you participate in your treatment?
- Do you care about the goals or decisions that are made about you and your treatment?

For the Caregiver:

- Does your child seem involved in the treatment?

### Ratings & Descriptions

- |   |   |
|---|---|
| 0 | Youth is fully involved in his/her treatment. Family supports treatment as well.  |
| 1 | Youth or family is engaged in treatment, but not both. Youth may be somewhat engaged in treatment for violent behavior, while family members are active, or youth may be very engaged in treatment while family members are unsupportive. |
| 2 | Youth and family are ambivalent about treatment engagement. Youth and/or family may be skeptical about treatment effectiveness or suspicious about mental health professionals' intentions.   |
| 3 | Youth and family are unwilling to engage in treatment. Youth with treatment needs who is not currently receiving treatment would be rated here.   |

## [2] SEXUALLY AGGRESSIVE BEHAVIOR (SAB) MODULE

This module rates the youth's sexually abusive behavior or any non-consenting sexual activity initiated by the youth in which one of the following conditions apply: use or threat of physical force or age or power differential. Sexual behavior in which the youth takes advantage of a less powerful or younger individual through seduction, coercion, or force is also rated here. **Please note the time frame for rating each item. Some items in this module use a different time frame than the last 30-days.**

### RELATIONSHIP (Please rate most recent episode of sexual behavior.)

The item rates the nature of the relationship between the youth and his/her sexual victim.

Question(s) to consider:

- Have you (your child) touched someone's private parts without their permission or after they said, "No, don't touch me"?
- Have you ever forced anyone to have sex with you?
- Have you (your child) had any sexual activity with anyone younger than you (him/her) or someone with disabilities?
- If yes to any of the above questions: As a result of that sexual activity, was anyone hurt or injured?

Ratings & Descriptions

- 0 No evidence of victimizing others. Youth is engaged in sexual activities, but all parties in sexual activity appear to be consenting; there is no power differential.
- 1 Youth is having sexual activities with others that appear to be consenting, but there is a significant power differential between parties in the sexual activity with this youth being in the position of authority or power.
- 2 Youth is clearly victimizing at least one individual with sexually abusive behavior.
- 3 Youth is severely victimizing at least one individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

### PHYSICAL FORCE / THREAT (Please rate the highest level of the most recent episode of sexual behavior.)

This item rates the level of physical force, or threat of physical force, in the context of the youth's sexual encounters.

Question(s) to consider:

- During your sexual activities, have you (your child) ever threatened anyone or have you physically forced, hit, or tied anyone?

Ratings & Descriptions

- 0 No evidence of the use of any physical force or threat of force in either the commission of the sexual encounter or in attempting to hide it.
- 1 Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sexual encounter. The use or threat of force occurred before, during or after the sexual encounter.
- 2 Evidence of the use of mild to moderate force in the sexual encounter. There is some physical harm or risk of physical harm.
- 3 Evidence of severe physical force in the commission of the sexual encounter. Victim harmed or at risk for physical harm from the use of force.

### PLANNING (Please rate the highest level of the most recent episode of sexual behavior.)

This item rates the degree to which the youth participates in planning predatory sexual encounters.

Question(s) to consider:

- Did you plan what you were going to do in advance, or did it happen spontaneously?
- Do you think about who is the easiest person to target, or do you think in advance who are you going to have sex with?

Ratings & Descriptions

- 0 No evidence of any planning. Youth sexual encounters appear entirely opportunistic.
- 1 There is some evidence of the youth's efforts to get into situations where likelihood of opportunities for sexual encounters is enhanced.
- 2 There is evidence of youth's engaging in some planning of sexual encounters.
- 3 There is considerable evidence of youth's predatory sexual behavior in which victim is identified prior to the act, and the encounter is premeditated.

**AGE DIFFERENTIAL (Please rate the highest level of the most recent episode of sexual behavior.)**

This item rates the difference in age between the youth (perpetrator) and victim.

Question(s) to consider:	<b>Ratings &amp; Descriptions</b>
<ul style="list-style-type: none"> <li>Tell me the ages of all the people with whom you have had sexual activities or sexual interactions.</li> </ul>	0 Ages of the perpetrator (youth) and victim are less than 3 years apart.
	1 Age differential between perpetrator (youth) and victim is 3 to 4 years.
	2 Age differential between perpetrator (youth) and victim at least 5 years, <b>but</b> perpetrator is less than 13 years old.
	3 Age differential between perpetrator (youth) and victim at least 5 years <b>and</b> perpetrator is 13 years old or older.

**POWER DIFFERENTIAL**

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

Questions to Consider	<b>Ratings and Descriptions</b>
<ul style="list-style-type: none"> <li>Does the youth use his/her power to victimize others?</li> </ul>	0 No evidence of victimizing others. The sexual activity appears to be mutual and consenting. No power differential.
	1 Although the sexual activity appears to be mutual, there is a significant power differential between parties with this youth being in the position of authority or power or history of a significant power differential.
	2 Youth is clearly using authority or power to victimize another individual with sexually abusive behavior. For example: a youth sexually abusing a younger child while babysitting. This would not include physical violence, but may include coercion and threats of physical harm to the victim or loved ones.
	3 Youth is clearly using authority or power to severely victimize another individual with both physical violence and sexually abusive behavior. For example: a youth beating and sexually exploiting a developmentally delayed individual.

**TYPE OF SEX ACT (Please rate the highest level of the most recent episode of sexual behavior.)**

This item rates the type of activity involved in the youth's sexual acts.

Question(s) to consider:	<b>Ratings &amp; Descriptions</b>
<ul style="list-style-type: none"> <li>Can you describe the type of sexual contacts and sexual activities that you have had with others?</li> </ul>	0 Youth's sexual acts involve touching or fondling only.
<ul style="list-style-type: none"> <li>What type of sexual activities have you done or participated in (e.g., touching/fondling, penetration with fingers, oral sex, penetration of genitals/anus, penetration with objects)?</li> </ul>	1 Youth's sexual acts involve fondling plus possible penetration with fingers or oral sex.
	2 Youth's sexual acts involve penetration into genitalia or anus with body part.
	3 Youth's sexual acts involve physically dangerous penetration due to differential size or use of an object.



**RESPONSE TO ACCUSATION (Please rate the highest level from the past 30 days.)**

This item rates the youth's response to accusations of sexually aggressive behavior.

## Question(s) to consider:

- How did you react when you were accused of your sexual behavior?
- How do you feel about that?
- Are you responsible for what happened?

## Ratings &amp; Descriptions

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

**TEMPORAL CONSISTENCY**

This item rates the length of time over which the youth has shown sexual aggressive behavior.

## Question(s) to consider:

- When did you start to have sex with others? How old were you when you started being sexually aggressive toward others?
- How frequently are you sexually aggressive with others or force others to have sexual activities with you?
- How much time passes between each of your sexually aggressive behaviors?

## Ratings &amp; Descriptions

- 0 Youth has never exhibited sexually aggressive behavior or has developed this behavior only in the past three months following a clear stressor.
- 1 Youth has exhibited sexually aggressive behavior during the past two years **OR** youth has become sexually aggressive towards others in the past three months despite the absence of any clear stressors.
- 2 Youth has exhibited sexually aggressive behavior for an extended period of time (i.e., more than two years), but has had periods of time without perpetrating sexually aggressive behaviors.
- 3 Youth has continuously exhibited sexually aggressive behavior for an extended period of time (i.e., more than two years).

**HISTORY OF SEXUALLY ABUSIVE BEHAVIOR TOWARDS OTHERS**

This item identifies the number of sexually abusive incidents or acts in which the youth has engaged over his/her lifetime.

## Question(s) to consider:

- How many times have you ever abused others or have you been sexually aggressive with others?

## Ratings &amp; Descriptions

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

**SEVERITY OF SEXUAL ABUSE OF YOUTH AS A VICTIM**

This item rates the history and severity of the youth's sexual abuse as the victim.

**Note:** The youth's sexually abusive behaviors as the perpetrator should not be rated here.

## Question(s) to consider:

- What happened?
- Did the person that abused you touch you or did this person penetrate you?

## Ratings &amp; Descriptions

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

**TYPE OF PRIOR SEXUAL AGGRESSIVE BEHAVIOR (SAB) TREATMENT**

This item rates the type of treatment the youth has received for sexually aggressive behavior.

Question(s) to consider:

- Have you ever received any type of treatment for your sexual aggression?
- Which treatments did you receive?
- Did someone mandate that treatment? If so, who?

Ratings & Descriptions

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

**SUCCESS OF PRIOR SEXUAL AGGRESSIVE BEHAVIOR (SAB) TREATMENT**

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

Question(s) to consider:

- Which treatments did you complete?
- Did they help?
- How did they help?

Ratings & Descriptions

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

# [3] RUNAWAY MODULE

This module assesses the youth's runaway/elopement behavior. Runaway behavior is defined as a youth choosing to leave or being forced to leave an environment that provides him/her with shelter.

## FREQUENCY OF RUNNING AWAY

This item rates how often the youth runs away.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>How many times have you run away from home in the past year?</li> </ul>	0 Youth has only run away once in past year
<ul style="list-style-type: none"> <li>In the past month?</li> </ul>	1 Youth has run away more than once in the past year, but not more than once during any given month.
	2 Youth runs frequently, but not at every opportunity.
	3 Youth runs at every opportunity.

## CONSISTENCY OF DESTINATION

This item rates the regularity of the youth's runaway destinations.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Where do you go when you run away?</li> </ul>	0 Youth always runs away to the same location.
<ul style="list-style-type: none"> <li>Do you always go to the same place?</li> </ul>	1 Youth usually runs away to the same location.
	2 Youth runs to a different location but it is located in the same neighborhood/area as his/her normal destination.
	3 Youth runs away to a variety of locations. There is no discernible pattern.

## SAFETY OF DESTINATION

This item rates the level of safety of the locations to which the youth runs. Safety is defined as the level of risk or danger to which the youth is exposed.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Are the places that you run away to safe?</li> </ul>	0 Youth runs to a safe environment that meets his/her basic needs (e.g. food, shelter).
	1 Youth runs to environments that are generally, but not always, safe.
	2 Youth runs to unsafe environments that cannot meet his/her basic needs.
	3 Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.

## INVOLVEMENT IN ILLEGAL ACTS

This item rates the participation of the youth in status offenses and other illegal activities while running away.

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>When you run away, do you ever get involved in any activities that would be considered dangerous or illegal?</li> </ul>	0 Youth does not engage in status offenses or other illegal activities while running away.
<ul style="list-style-type: none"> <li>What are those activities?</li> </ul>	1 Youth engages in status offenses while running away (e.g., curfew violations, underage drinking).
	2 Youth engages in illegal activities while running away (e.g., trespassing).
	3 Youth engages in dangerous illegal activities while running away (e.g., child sexual exploitation).

### LIKELIHOOD OF RETURN ON OWN

This item rates the efforts made on the part of the youth to avoid returning to his/her original environment.

Question(s) to consider:

- After you run away, do you ever return on your own without anyone asking you or looking for you?
- Have you ever resisted going back after you ran away?

#### Ratings & Descriptions

- 0 Youth will return from running away on his/her own without prompting or being found.
- 1 Youth will return without resistance from running away when found.
- 2 Youth will make himself/herself difficult to find and/or might passively resist return once found.
- 3 Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

### INVOLVEMENT OF OTHERS

This item rates the extent to which others assist in the youth's running away.

Question(s) to consider:

- Does anyone encourage you or support you when you run away?
- Have you run away with others?

#### Ratings & Descriptions

- 0 Youth runs away by himself/herself. Others are not involved in the planning or participation of the youth's running away.
- 1 There is no intervention to discourage youth from running away by individuals aware of the youth's intentions.
- 2 Others encourage youth to run away.
- 3 Others actively cooperate to facilitate running away behavior.

### REALISTIC EXPECTATIONS

This item rates the youth's understanding of the possible implications of his/her running away behavior.

Question(s) to consider:

- What do you expect to happen after you run away?
- What risks or consequences can you have when you run away?
- What's the worst thing that can happen if you run away?

#### Ratings & Descriptions

- 0 Youth has realistic expectations about the implications of his/her running away behavior.
- 1 Youth has appropriate expectations about the implications of his/her running away behavior, but might be hoping for a somewhat optimistic outcome.
- 2 Youth has unrealistic expectations about implications of his/her running away behavior.
- 3 Youth has obviously false or delusional expectations about the implications of his/her running away behavior.

### PLANNING

This item rates the premeditated efforts the youth makes to run away.

Question(s) to consider:

- Have you ever planned to run away or does it happen spontaneously (because the opportunity suddenly presents itself)?
- Do you think in advance about running away, and plan the details of what are you going to do and where you are going to go?

#### Ratings & Descriptions

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

# [4] JUVENILE JUSTICE (JJ) MODULE

For the purposes of this module delinquent behavior includes status offenses, delinquent acts and/or criminal acts. The delinquent and criminal acts are interchangeable if the youth is being charged as an adult.

SERIOUSNESS									
This item rates the legal seriousness of the youth's delinquent/criminal behavior.									
Question(s) to consider: <ul style="list-style-type: none"> <li>Tell me about the times you ran away, broke a curfew, stole things, or did things that might be considered as "breaking the law" or delinquent.</li> <li>Describe the times that you've been involved with the court. Did you receive a citation, court dates, restitution, and/or probation (include status and criminal offenses)?</li> </ul>	Ratings & Descriptions <table> <tr> <td>0</td><td>Youth engaged in only status offenses (e.g. curfew, ran away, truancy, theft).</td></tr> <tr> <td>1</td><td>Youth engaged in delinquent behavior that required community service restitution and/or prevention classes (e.g. minor in possession, theft, criminal trespass).</td></tr> <tr> <td>2</td><td>Youth engaged in delinquent/criminal behavior that required some type of court supervision/intervention (e.g. deferred probation).</td></tr> <tr> <td>3</td><td>Youth engaged in delinquent/criminal behavior that required formal court supervision and/or placement outside of the youth's home (e.g. formal probation, drug treatment, Texas Youth Commission Facility).</td></tr> </table>	0	Youth engaged in only status offenses (e.g. curfew, ran away, truancy, theft).	1	Youth engaged in delinquent behavior that required community service restitution and/or prevention classes (e.g. minor in possession, theft, criminal trespass).	2	Youth engaged in delinquent/criminal behavior that required some type of court supervision/intervention (e.g. deferred probation).	3	Youth engaged in delinquent/criminal behavior that required formal court supervision and/or placement outside of the youth's home (e.g. formal probation, drug treatment, Texas Youth Commission Facility).
0	Youth engaged in only status offenses (e.g. curfew, ran away, truancy, theft).								
1	Youth engaged in delinquent behavior that required community service restitution and/or prevention classes (e.g. minor in possession, theft, criminal trespass).								
2	Youth engaged in delinquent/criminal behavior that required some type of court supervision/intervention (e.g. deferred probation).								
3	Youth engaged in delinquent/criminal behavior that required formal court supervision and/or placement outside of the youth's home (e.g. formal probation, drug treatment, Texas Youth Commission Facility).								
HISTORY									
This item rates past delinquent/criminal behavior.									
Question(s) to consider: <ul style="list-style-type: none"> <li>Please list all the citations/detentions that you (your child) have received (include all offenses: truancy, runaway, curfew, minor in possession and/or any criminal offenses).</li> <li>When did you get these citations/detentions?</li> </ul>	Ratings & Descriptions <table> <tr> <td>0</td><td>The most recent status offense and/or criminal/delinquent behavior is the FIRST known occurrence.</td></tr> <tr> <td>1</td><td>Youth engaged in multiple delinquent/criminal behaviors in the past for less than one year.</td></tr> <tr> <td>2</td><td>Youth has engaged in multiple delinquent/criminal behavior acts for more than one year but has had periods of at least three months where he/she did not engage in delinquent/criminal behavior.</td></tr> <tr> <td>3</td><td>Youth has engaged in multiple delinquent/criminal acts for more than one year without any period of at least three months where she/he did not engage in criminal or delinquent behavior.</td></tr> </table>	0	The most recent status offense and/or criminal/delinquent behavior is the FIRST known occurrence.	1	Youth engaged in multiple delinquent/criminal behaviors in the past for less than one year.	2	Youth has engaged in multiple delinquent/criminal behavior acts for more than one year but has had periods of at least three months where he/she did not engage in delinquent/criminal behavior.	3	Youth has engaged in multiple delinquent/criminal acts for more than one year without any period of at least three months where she/he did not engage in criminal or delinquent behavior.
0	The most recent status offense and/or criminal/delinquent behavior is the FIRST known occurrence.								
1	Youth engaged in multiple delinquent/criminal behaviors in the past for less than one year.								
2	Youth has engaged in multiple delinquent/criminal behavior acts for more than one year but has had periods of at least three months where he/she did not engage in delinquent/criminal behavior.								
3	Youth has engaged in multiple delinquent/criminal acts for more than one year without any period of at least three months where she/he did not engage in criminal or delinquent behavior.								
ARRESTS / DETENTION									
This item rates the number of times youth has been arrested and/or taken into custody (detained).									
Question(s) to consider: <ul style="list-style-type: none"> <li>Have you engaged in any delinquent activities or offenses, such as truancy, curfew, and student code violations?</li> <li>Have you ever been arrested?</li> </ul>	Ratings & Descriptions <table> <tr> <td>0</td><td>Youth has no history of arrests/detention. Youth has only been cited for status offenses.</td></tr> <tr> <td>1</td><td>Youth has history of delinquency, but no arrests in the past 30 days.</td></tr> <tr> <td>2</td><td>Youth has 1 to 2 arrests/detention in last 30 days.</td></tr> <tr> <td>3</td><td>Youth has more than 2 arrests/detention in last 30 days.</td></tr> </table>	0	Youth has no history of arrests/detention. Youth has only been cited for status offenses.	1	Youth has history of delinquency, but no arrests in the past 30 days.	2	Youth has 1 to 2 arrests/detention in last 30 days.	3	Youth has more than 2 arrests/detention in last 30 days.
0	Youth has no history of arrests/detention. Youth has only been cited for status offenses.								
1	Youth has history of delinquency, but no arrests in the past 30 days.								
2	Youth has 1 to 2 arrests/detention in last 30 days.								
3	Youth has more than 2 arrests/detention in last 30 days.								

## PLANNING

This item rates whether the youth planned to engage in criminal/delinquent behavior or whether the criminal/delinquent behavior was committed spontaneously.

Question(s) to consider:

- Have you ever planned any of the criminal or delinquent activities that you participated in?
- Or did they happen spontaneously (because the opportunity suddenly presented itself)?
- Do you think in advance or plan the details of the delinquent or criminal activities that you participate in?

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | No evidence of any planning and criminal/delinquent behavior appears spontaneous or impulsive.  |
| 1 | Evidence suggests that youth places himself/herself into situations where criminal/delinquent behavior is likely to occur, although not planned by the youth. |
| 2 | Evidence that the youth engaged in some planning of criminal/delinquent behavior.   |
| 3 | Considerable evidence of significant planning of criminal/delinquent behavior. The youth's behavior is clearly premeditated.                                  |

## COMMUNITY SAFETY

This item rates the degree to which the youth puts the community at risk.

Question(s) to consider:

- Do you participate in activities or do things that put others in danger or physical harm? Tell me about that.

Ratings & Descriptions

- |   |  |
|---|--|
| 0 | Youth presents no risk to the community. The youth can be unsupervised in the community.                 |
| 1 | Youth engages in behavior that represents a risk to community property.                                  |
| 2 | Youth engages in behavior that indirectly places community residents in some danger of physical harm.    |
| 3 | Youth engages in behavior that directly places community members in danger of significant physical harm. |

## LEGAL COMPLIANCE

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

Question(s) to consider:

- What do you do to follow the orders of a court or meet the expectations of your probation (e.g., paying fines, completing community service, or reporting to probation officer)?
- Have you missed any appointments or violated your probation or court orders?

Ratings & Descriptions

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

## PEER INFLUENCES

This item rates the degree of any negative impact to which the youth is exposed through his/her peers. A peer is a person who belongs to the same age group or social groups as the youth.

Question(s) to consider:

- Do your friends engage in criminal/delinquent behaviors/activities?
- How many of them identify as gang members?

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | Youth's primary peer group does not engage in criminal/delinquent behavior.   |
| 1 | The youth's primary peer group includes some individuals who engage in criminal/delinquent behaviors.   |
| 2 | The majority of the youth's primary peer group engages in criminal/delinquent behaviors. The youth does not identify self as a member of a criminal gang.   |
| 3 | Youth identifies self as a member of a gang or group whose membership encourages or requires illegal behavior as an aspect of the gang or group membership. |

### PARENTAL INFLUENCES

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

Question(s) to consider:

- Do your parents or guardians have any history of doing any criminal activities or have any of them ever been incarcerated?
- When was the last time you had contact with them?

Ratings & Descriptions

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

### ENVIRONMENTAL INFLUENCES

This item rates the effect of the community setting and its surroundings on the youth's behavior (e.g., community violence and criminal activities).

Question(s) to consider:

- Are there any criminal or delinquent activities happening in your family, your neighborhood, or in your community?
- Does that encourage you or make you do or participate in criminal/delinquent activities?

Ratings & Descriptions

- |   |   |
|---|---|
| 0 | No evidence that the youth's environment encourages or exposes the youth to any criminal/delinquent behavior. |
| 1 | Problems in the youth's environment that might expose the youth to criminal/delinquent behavior.              |
| 2 | Problems in the youth's environment that clearly expose the youth to criminal/delinquent behavior             |
| 3 | Problems in the youth's environment that encourage the youth to engage in criminal/delinquent behavior.       |

# [5] FIRE SETTING MODULE

This module rates aspects of a youth's fire setting behavior. **Please note the time frame for rating each item. Some items in this module use a different time frame than the last 30-days.**

## SERIOUSNESS (Please rate most recent incident.)

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

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>What happened after you started fires?</li> <li>What was the extent of the damage?</li> <li>Was any property damaged or were there any injuries?</li> </ul>	<p>0 Youth has engaged in fire setting that resulted in little to no damage (e.g. camp fire in the back yard which scorched some lawn).</p> <p>1 Youth has engaged in fire setting that resulted only in some property damage that required repair.</p> <p>2 Youth has engaged in fire setting which caused significant damage to property (e.g. burned down house). Fire may have resulted in minor injuries to self or others (e.g. first degree burn to a finger).</p> <p>3 Youth has engaged in fire setting that seriously injured self or others requiring medical attention.</p>

## HISTORY

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

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>How many times have you started fires?</li> <li>When did that happen?</li> </ul>	<p>0 Youth has only one known occurrence of fire setting behavior in the past (LIFETIME).</p> <p>1 Youth has engaged in multiple acts of fire setting in the past year.</p> <p>2 Youth has engaged in multiple acts of fire setting for more than one year, but has had periods of at least 6 months where youth did not engage in fire setting behavior.</p> <p>3 Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 6 months where youth did not engage in fire setting behavior.</p>

## PLANNING (Please rate most recent incident.)

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

Question(s) to consider:	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Do you plan to set fires or do you do it spontaneously because the opportunity suddenly presents itself?</li> </ul>	<p>0 No evidence of youth's planning any fires or fire setting behaviors. Fire setting behavior appears opportunistic or impulsive.</p> <p>1 There is evidence to suggest that youth places himself/herself into situations where the likelihood of fire setting behavior is enhanced.</p> <p>2 There is evidence that youth has done some planning of fire setting behavior.</p> <p>3 There is considerable evidence that the youth has engaged in significant planning of fire setting behavior. Behavior is clearly premeditated.</p>



**USE OF ACCELERANTS (Please rate most recent incident.)**

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

Question(s) to consider:

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

**Ratings & 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 Evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

**INTENTION TO HARM (Please rate most recent incident.)**

This item rates the extent to which the youth intended to injure others when fire setting.

Question(s) to consider:

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

**Ratings & Descriptions**

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

**COMMUNITY SAFETY**

This item rates the level of risk the youth poses to the community due to his/her fire setting behavior.

Question(s) to consider:

- When you started the fires, did you place other people in your community at risk?
- Do other people think that you put them at risk when you start fires?

**Ratings & Descriptions**

- 0 Youth presents no risk to the community. He/she could be unsupervised in the community.
- 1 Youth engages in fire setting behavior that represents a risk to community property.
- 2 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 youth's behavior.
- 3 Youth engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Youth attempts to use fires to hurt others.

**RESPONSE TO ACCUSATION**

This item rates the reaction of the youth as he/she is confronted with the behavior.

Question(s) to consider:

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

**Ratings & Descriptions**

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

## REMORSE

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

Question(s) to consider:	Ratings & Descriptions	
	0	Youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Youth is able to apologize directly to affected individuals.
	1	Youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, youth is unable or unwilling to apologize to affected people.
	2	Youth accepts some responsibility for behavior, but also blames others. Youth may experience regret at being caught or receiving consequences, and may express remorse, but only in an attempt to reduce consequences.
	3	Youth accepts no responsibility and does not appear to experience any remorse.

## LIKELIHOOD OF FUTURE FIRES

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

Question(s) to consider:	Ratings & Descriptions	
	0	Youth is unlikely to set fires in the future. Youth able and willing to exert self-control over fire setting.
	1	Youth presents risk of fire setting in the future.
	2	Youth remains at risk of fire setting if left unsupervised. Youth struggles with self-control and should be monitored.
	3	Youth presents a real and present danger of fire setting in the immediate future. Youth unable or unwilling to exert self-control over fire setting behavior.

# [6] SUBSTANCE USE MODULE

This module rates the severity of the youth's substance use which includes alcohol, tobacco, caffeine, illegal drugs, inappropriate use of prescription medications, and inhalation of any substance for recreational purposes.

## SEVERITY OF USE

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

	Ratings & Descriptions
Question(s): <ul style="list-style-type: none"> <li>How often do you use any drugs or drink alcohol?</li> <li>When was the last time that you had any alcohol or drugs (AOD)?</li> <li>What problems do you experience after you use drugs or alcohol?</li> </ul>	0 Youth is currently refraining from substance use and has been substance free for at least six months. 1 Youth is currently refraining from substance use, but only in the past 30 days <b>OR</b> youth has been substance free for more than 30 days and is living in an environment that makes substance use difficult. 2 Youth actively uses substances, but the substance use is not daily. However, substance use/abuse is severe enough to cause some relational, school, or community issues for the youth. 3 Youth uses substances on a daily basis. The youth has significant impairments in relationships with others as a result of the frequency and severity of substance use/abuse. The youth may experience these difficulties across multiple settings.

## DURATION OF USE

This item rates the length of time the youth has been using substances.

	Ratings & Descriptions
Question(s): <ul style="list-style-type: none"> <li>When did you start using alcohol or drugs?</li> <li>How long have you remained sober and not used any alcohol or drugs?</li> </ul>	0 Youth began using substances in the past year but does not regularly use substances at this time. 1 Youth has been using substances for at least one year, but there have been periods of at least 30 days where youth did not have any use. 2 Youth has been using substances for at least one year and less than five years, but has not been using daily. 3 Youth has been using substances daily for more than the past year or intermittently for at least five years.

## STAGE OF RECOVERY

This item rates the youth's phase in recovery.

	Ratings & Descriptions
Question(s): <ul style="list-style-type: none"> <li>How are you trying to be or remain sober from alcohol or drugs?</li> <li>Are you participating in any recovery program or treatment (e.g., self-help, 12-Step, AOD treatment, etc.)?</li> </ul>	0 Youth is substance free, and is able to recognize and avoid risk factors for future substance use. Youth is not currently enrolled in any intensive programming or treatment. 1 Youth is actively participating in treatment to remain substance free. 2 Youth recognizes that he/she has a problem, but is not willing to take steps for recovery. 3 Youth is in denial regarding the existence of any substance use problem.

### PEER INFLUENCES

This item rates the degree of impact a youth's peers have on his/her substance use. A peer is a person who belongs to the same age group or social group as the youth.

#### Question(s):

- Do your friends and peers use any alcohol or drugs?
- Do you belong to any group that thinks that using any alcohol or drugs is normal/common?

#### Ratings & Descriptions

- 0 Youth's peer group does not use substances.
- 1 Youth's peer group does not use substances. Youth has some peers outside of the main group that do use substances.
- 2 The majority of the youth's peer group use substances.
- 3 All of the youth's peer group consistently use substances.

### PARENTAL INFLUENCES

This item rates the influence of the parent/caregiver/legally authorized representative's (LAR) substance use on the youth.

#### Question(s):

- Do any of your parents or guardians use any alcohol or drugs?
- Have any of them used drugs/alcohol in the past?
- Have any of your parents or guardians ever shared their alcohol or drugs with you?

#### Ratings & Descriptions

- 0 There is no evidence that youth's parents/guardians/LARs have used substances.
- 1 One of youth's parents/guardians/LARs has a history of using substances, but not in the past year.
- 2 One or both of youth's parents/guardians/LARs have been intoxicated with substances in the presence of the youth within the past 30 days.
- 3 One or both of youth's parents/guardians/LARs use substances with the youth.

### ENVIRONMENTAL INFLUENCES

This item rates the effect of the youth's community setting on his/her substance use.

#### Question(s):

- Do you know of people in your family, your neighborhood or in your community that use alcohol or drugs?
- Are you or someone concerned about your safety because of people using alcohol or drugs around you?
- Does anyone encourage you to use alcohol or drugs?
- Is there anything that you do or anyone in your life does that helps you or stops you from using alcohol or drugs?
- Have you ever been removed by Child Protective Services because of AOD in your household?

#### Ratings & Descriptions

- 0 No evidence that the youth's environment encourages or exposes the youth to any substance use.
- 1 There may be a history of substance use activity in the youth's community and the youth's environment might expose the youth to substance use. Although the environment is negative, the youth has other positive supports (caregiver supervision, involvement in extracurricular activities, and/or involvement with prosocial peers) that outweigh the environment.
- 2 There is a moderate level of substance use within the youth's community. The youth's environment clearly exposes the youth to substance use and the likelihood of the youth using substances increases. There are only a few positive supports present in the youth's life.
- 3 There are immediate concerns about the safety and well-being of the youth and his/her family due to active substance use within the community. The youth's environment encourages and exposes the youth to substance use. There are no positive supports in place to prevent substance use.

# [7] SCHOOL MODULE

This module describes the youth's overall functioning in a school environment, including preschool, daycare, and other educational settings.

## SCHOOL / DAYCARE BEHAVIOR

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

Question(s):	Ratings & Descriptions
<ul style="list-style-type: none"> <li>How are you behaving in school?</li> <li>Have you had any detentions or suspensions?</li> <li>Have you ever been expelled from school and needed to go to an alternative placement?</li> </ul>	<p>0 No evidence of behavioral problems at school, OR youth is behaving well in school.</p> <p>1 Youth is behaving adequately in school although some behavior problems that exist may be related to relationship with either teachers or peers. A single detention might be rated here.</p> <p>2 Youth is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.</p> <p>3 Youth is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.</p>

## SCHOOL ACHIEVEMENT

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

Question(s):	Ratings & Descriptions
<ul style="list-style-type: none"> <li>How are your grades in school?</li> <li>Are you having difficulty with any subjects?</li> <li>Are you at risk of failing any classes or repeating a grade?</li> </ul>	<p>0 No evidence of issues in school achievement and/or youth is doing well in school.</p> <p>1 Youth is doing adequately in school although some problems with achievement exist.</p> <p>2 Youth is having moderate problems with school achievement. He/she may be failing some subjects.</p> <p>3 Youth is having severe achievement problems. He/she may be failing most subjects or has been retained (held back) a grade level. Youth might be more than one year behind same-age peers in school achievement.</p>

## SCHOOL ATTENDANCE

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

Question(s):	Ratings & Descriptions
<ul style="list-style-type: none"> <li>Do you have any difficulty attending school?</li> <li>Are you on time to school?</li> <li>How many times a week are you absent?</li> <li>Once you arrive in school, do you stay in school for the rest of the day?</li> </ul>	<p>0 Youth attends school regularly.</p> <p>1 Youth has some problems attending school but generally goes to school. May miss up to one day per week on average, or may have had moderate to severe problems during the past six months, but has been attending school regularly during the past month.</p> <p>2 Youth is having problems with school attendance. He/she is missing at least two days each week on average.</p> <p>3 Youth is generally absent from school.</p>

**RELATION WITH TEACHERS / CAREGIVERS**

This item rates the youth's relationship with teachers and/or authority figures in a school or other educational setting.

**Question(s):**

- Describe your relationships with teachers and authority figures in school.
- Do you get along with all of your teachers or is there one or more teacher or authority figure with whom you have difficulty getting along?

**Ratings & Descriptions**

- |   |  |
|---|--|
| 0 | Youth has established positive relationships with teachers and authority figures within the educational setting.   |
| 1 | Youth has occasional difficulties relating to at least one teacher or authority figure at school. Difficulties during one class period (e.g., math, gym) may have been identified. |
| 2 | Youth has moderate difficulties relating to teachers and authority figures at school that notably interfere with his/her ability to learn.   |
| 3 | Youth has severe difficulties relating to all teachers and authority figures within the school setting. These difficulties currently prevent the youth from learning.              |

# [8] DEVELOPMENTAL DISABILITIES MODULE

This module describes the presence of intellectual, physical, or developmental disabilities.

## COGNITIVE (INTELLECTUAL) FUNCTIONING

This item rates cognitive impairment characterized by deficits in general mental abilities such as: reasoning, problem solving, planning, processing information and abstract thinking.

	Ratings & Descriptions
Question(s): <ul style="list-style-type: none"> <li>What grade are you in?</li> </ul>	0 Youth's cognitive functioning measures or appears to be within normal range. There are no concerns regarding the youth's adaptive functioning. Youth is achieving academically at an appropriate level.
For the Caregiver: <ul style="list-style-type: none"> <li>Does your child have an individualized educational plan (IEP), a 504 plan, or other interventions to assist with learning in school?</li> </ul>	1 Youth's cognitive functioning measures or appears to be within the below average range resulting in mild deficits in comprehension, achievement, and adaptive functioning. Youth may have one or two subject specific weaknesses or an inability to follow complex directives, but does not require any formal or intensive interventions.
<ul style="list-style-type: none"> <li>Has your child been diagnosed with any learning disorders?</li> </ul>	2 Youth's cognitive functioning measures or appears to be within the mild to borderline intellectual range resulting in moderate deficits in comprehension, achievement, and adaptive functioning. Youth has identified academic difficulties that may require special school placement, an individualized educational plan (IEP), a 504 plan, or other interventions that assist in alleviating functional limitations derived from low cognitive functioning. Youth may also require concrete examples and simple directions to be successful in a variety of settings.
	3 Youth's cognitive functioning measures or appears to be at or below the moderate intellectual range resulting in severe and profound deficits in comprehension, achievement, and adaptive functioning. Youth is receiving special instruction in school or community for basic, daily life functioning skills. A caregiver, paraprofessional, or coach may accompany the individual to assist in performing various daily tasks. Youth may also be nonverbal.

## DEVELOPMENTAL

This item rates the degree to which a developmental disability impacts the youth's daily functioning. Developmental disabilities are severe, chronic disabilities that are attributable to a mental or physical impairment or a combination of both. They are manifested before the age of 22 years and are likely to continue indefinitely. Between the ages of 9 to 22 years, they result in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

This reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. If the youth is zero to nine years old, he/she can meet less than three of the above criteria to be diagnosed with a developmental disability by a qualified mental health professional (e.g., licensed psychologist) or physician (see DSM 5 for additional information).

	Ratings & Descriptions
Question(s): <ul style="list-style-type: none"> <li>Are you able to complete self-care tasks, such as bathing and dressing?</li> </ul>	0 Youth's development appears within normal range. There is no evidence to suggest the youth has any developmental problems.
<ul style="list-style-type: none"> <li>Are you able to express yourself verbally and understand others when they speak with you?</li> </ul>	1 Evidence that a mild developmental delay is present. Youth may be referred to community-based agencies for skills training as necessary. Schools may put informal modifications or accommodations in place to facilitate learning and navigating the school environment.
	2 Evidence of a moderate developmental delay is present. This may including pervasive developmental disorders (PDDs) such as Autism, Tourette's, Down's Syndrome, and/or other significant developmental delays. Youth may require significant supports in most settings to address functional limitations.
	3 Evidence of a severe developmental delay is present. Youth requires significant supports to navigate all aspects of daily life functioning. Special community placements may be necessary for youth with severe developmental delays.

## MOTOR

This item rates the youth's fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, walking) motor functioning.

### Question(s):

- Do you (your child) have difficulties with balance, sitting, crawling, walking or running according to your (his/her) age?
- Can you (your child) pick up, grab, and hold objects according to your (his/her) age?
- Do you have any difficulties moving around or doing things at a desk, such as using scissors, coloring or writing?

### Ratings & Descriptions

- 0 Youth's fine and gross motor functioning appears developmentally appropriate. There is no evidence to support that youth has skill deficits.
- 1 Youth has mild deficits in fine (e.g., using scissors) or gross motor skills (e.g. drinking from a cup). The youth may have exhibited a delay in meeting milestones (e.g., sitting, standing, walking, or running), but youth has met those milestones.
- 2 The youth has moderate fine (e.g. writing/using a pencil) or gross motor deficits (e.g. opening a door). For example, a non-ambulatory youth with fine motor skills (e.g., reaching, grasping) or an ambulatory youth with severe fine motor deficits would be rated here.
- 3 The youth has severe or profound motor deficits. For example, a non-ambulatory youth with additional movement deficits would be rated here.

## SENSORY REACTIVITY

This item rates the youth's ability to use all senses including vision, hearing, smell, touch, taste, and tactile/touch.

### Question(s):

- Do you have any difficulty with your hearing?
- Do you have any difficulty with your vision?
- Do you not like to touch certain textures, substances, or surfaces?

### Ratings & Descriptions

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



# [9] SEXUAL DEVELOPMENT MODULE

This module rates the youth's development toward being sexually mature in behavior and attitudes from infancy through puberty to adulthood.

## HYPERSEXUALITY

This item describes youth exhibiting unusual or excessive concern with or indulgence in sexual activity. **Note:** Hypersexuality may be a primary condition, or the symptom of another medical disease or condition and may also present as a side effect of medication.

### Question(s):

- Are you (Is your child) frequently thinking about sex or any type of sexual activities?
- Do you frequently do things that are sexual in nature or do you engage in any type of sexual activity? What do you do?
- Are others concerned about your (your child's) sexual behavior? How?

### Ratings & Descriptions

- |   |   |
|---|---|
| 0 | Youth shows no evidence of hyper sexuality <b>OR</b> youth has, but it has been ruled as a symptom of another medical condition or a side effect of medication. |
| 1 | Youth has mild problems with hypersexual behavior.  |
| 2 | Youth has moderate to serious problems with hypersexual behavior that interferes with his/her functioning.  |
| 3 | Youth has severe problems with hyper sexuality behavior that places him/her at high risk for significant sanctions.   |

## MASTURBATION

This item refers to the level of appropriateness regarding the youth's sexual self-stimulation behavior.

### Question(s):

- How frequently do you touch your private parts or masturbate?
- Where do you do this?
- Is this a private or a public place?

### For the Caregiver:

- Does your child struggle with finding the appropriate times and places to masturbate?

### Ratings & Descriptions

- |   |   |
|---|---|
| 0 | When and if the youth masturbates, it is kept private and discrete.   |
| 1 | Youth's masturbatory behavior is private, but not always discrete. For example, a youth who gets caught masturbating multiple times by caregiver.     |
| 2 | Youth engages in frequent masturbatory behavior that interferes with functioning. An occasion of public masturbation might be rated here.             |
| 3 | Youth engages in masturbatory behavior that places him/her at high risk for significant sanctions. Multiple public masturbations would be rated here. |

## SEXUALLY PROBLEMATIC BEHAVIORS

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

### Question(s):

- Have you ever touched others in their private parts? What happened?
- Have you ever been naked in public or shown your private parts to others?
- Have you been involved in any sexual activities or done anything that others are concerned about because it was sexually inappropriate? What did you do?

### Ratings & Descriptions

- |   |   |
|---|---|
| 0 | Youth shows no evidence of problems with sexual behavior in the past year.  |
| 1 | Mild problems or history of sexually problematic behaviors. For example, occasional inappropriate sexual behavior or language. Mild forms of sexualized behavior might be rated here. Poor boundaries regarding physical/sexual contact.  |
| 2 | Moderate to serious problems of sexually problematic behavior. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, voyeurism, or multiple older sexual partners, or frequent sexualized language. Age-inappropriate sexualized behaviors, experimentation, or lack of physical/sexual boundaries would be rated here. |
| 3 | Severe problems of sexually problematic behavior. Child sexual exploitation, exhibitionism, or other severe sexualized behavior would be rated here.  |

**KNOWLEDGE OF SEX (Please rate behavior in the past 30 days)**

This item rates the developmentally appropriate understanding of information related to sex education and sexuality.

**Question(s):**

- What do you know about sex, sexuality and your private body parts?
- What do you know about sexual transmitted diseases?

**For the Caregiver:**

- What does your child know about sex, sexuality and sexual transmitted diseases?

**Ratings & Descriptions**

- |   |  |
|---|--|
| 0 | Youth has a developmentally appropriate level of knowledge about sex and sexuality.  |
| 1 | Youth may be more knowledgeable about sex and sexuality than would be indicated by their age.  |
| 2 | Youth has significant deficits in knowledge about sex or sexuality. These deficits interfere with child's functioning in at least one life domain.   |
| 3 | Youth has significant deficits in knowledge about sex and/or sexuality that places him/her at risk for significant physical or emotional harm. A youth with a sexually transmitted disease due to lack of appropriate knowledge will also be rated here. |

**CHOICE OF RELATIONSHIPS (Please rate behavior in the past 30 days)**

This item rates youth decisions in selecting appropriate interpersonal relationships and partners.

**Question(s):**

- Have you ever been sexually active? Who are your past and present sexual partners?
- Have any of your relationships ever been risky or dangerous because of specific sexual behaviors?
- Are you concerned about your (your child's) relationships or sexual partners?

**Ratings & Descriptions**

- |   |   |
|---|---|
| 0 | Youth demonstrates developmentally appropriate choices in relationships with a potential sexual component.                  |
| 1 | Youth has history of poor choices in selecting relationships with regard to sexuality.                                      |
| 2 | Youth currently or recently has exhibited poor choices in terms of selecting relationships for reasons involving sexuality. |
| 3 | Youth involves self in notably inappropriate or dangerous relationships for reasons involving sexuality.                    |

**PREGNANCY AND CHILD BEARING**

This item rates youth who have children, are expecting a baby (pregnancy), or have experienced a miscarriage(s) and/or an abortion(s).

**Question(s):**

- Have you ever been pregnant?
- Have you ever had a miscarriage and/or had an abortion?

If youth is a male,

- Do you have any children? Have you ever lost a baby or have any of your girlfriends had a miscarriage or an abortion of a baby that was yours?

**Ratings & Descriptions**

- |   |  |
|---|--|
| 0 | No evidence that youth has ever been pregnant or has impregnated a woman. There is no evidence that the youth has had a miscarriage or an abortion.                          |
| 1 | Youth has history of having a miscarriage or having an abortion. A male youth who has impregnated a woman, but fetus was lost due to miscarriage or abortion, is rated here. |
| 2 | Youth is currently pregnant. A male youth who has impregnated a woman who is waiting to give birth is rated here.  |
| 3 | Youth has one or more biological children.   |

# [10] FAMILY/CARETAKER MODULE

This module rates the caregiver's (parent/guardian/legally authorized representative [LAR]) capacity and resources to appropriately care for the youth.

## HYGIENE & SELF-CARE / DAILY LIVING SKILLS

This item rates the caregiver's ability to participate in self-care activities (including eating, bathing, dressing and toileting) and its impact on the caregiver's ability to provide care for the youth.

### Question(s):

- Are you able to independently complete hygiene and grooming activities, such as bathing, grooming, and dressing?
- Is there any self-care task with which you need assistance?

### Ratings & Descriptions

- 0 The caregiver possesses daily living skills.
- 1 The caregiver has had difficulties with daily living skills in the past, or needs verbal prompting to complete daily living skills.
- 2 The caregiver needs assistance (physical prompting) to complete the daily living skills. The caregiver's challenges with daily living skills interferes with his/her ability to care for the youth.
- 3 The caregiver is unable to complete the daily living skills which makes it impossible to care for the youth. The caregiver needs immediate intervention.

## CULTURAL STRESS

This item rates experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between the parent/caregiver's own cultural identity and the predominant culture in which he/she lives. Racism is a form of cultural stress, as are all forms of discrimination.

### Question(s):

- Have you experienced stress from others' reactions to your cultural identity?
- Have you experienced discrimination/racism due to your cultural identity?

### Ratings & Descriptions

- 0 No evidence of stress between parent/caregiver's cultural identity and environment.
- 1 Some mild or occasional stress resulting from friction between the parent/caregiver's cultural identity and his/her environment.
- 2 Parent/caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain (e.g., work, family/home, etc.).
- 3 Parent/caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Parent/caregiver needs an immediate plan to reduce cultural stress.

## EMPLOYMENT / EDUCATIONAL

This item rates the performance of the caregiver in work and/or educational/school settings. This performance can include issues of behavior, attendance, achievement, and/or productivity.

### Question(s):

- Are you currently employed or do you stay at home with your children?
- If you are employed, are you having any problems at work?
- If you are not employed, are you struggling to get and keep a job that supports your family financially?
- How are you supporting your family financially?

### Ratings & Descriptions

- 0 Caregiver is gainfully employed and/or enrolled in an educational setting/school.
- 1 Some problems with work or education/school functioning are present. Caregiver may have some problems in work or educational environment, OR Caregiver has had problems with work or educational functioning in the past.
- 2 Work, educational/school, and/or learning difficulties are present. Caregiver, may be recently unemployed, or has an inability to complete educational/school course work. Caregiver may need a variety of interventions or a coordination of community-based services to address employment and/or learning difficulties.
- 3 A severe degree of work, school, and/or learning difficulties is present. Caregiver is chronically unemployed and unable to complete any education/school program. Caregiver needs immediate interventions and coordination of community-based services.

## EDUCATIONAL ATTAINMENT

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

Question(s):

- What is the highest level of education you successfully completed?
- Are you satisfied with your education level?

### Ratings & Descriptions

- 0 Caregiver has achieved all educational goals **OR** has no educational goals, which has no impact on vocational functioning.
- 1 Caregiver has set educational goals and is currently making progress toward achieving them.
- 2 Caregiver has set educational goals, but is currently not making progress toward achieving them.
- 3 Caregiver has no educational goals, and lack of educational achievement is interfering with the caregiver's vocational functioning. Caregiver needs educational/vocational intervention.

## LEGAL

This item rates the caregiver's involvement with the legal system. Legal involvement may be in the civil or criminal systems. Civil systems include child support, child custody, divorce, and evictions.

Question(s):

- Have you ever been involved with the legal system?
- Have you ever been arrested and placed in jail?
- If so, are you currently on probation/parole/have a pending court date?

### Ratings & Descriptions

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

## MOTIVATION FOR CARE

This item rates the desire of the caregiver to support the youth in care. The caregiver need not have an understanding of the youth's diagnosis; however, the caregiver participates in recommended or prescribed care (e.g., administering prescribed medications and cooperating with care providers).

Question(s):

- Do you participate in care recommended or prescribed for your child?
- Do you support your child's participation in care?

### Ratings & Descriptions

- 0 The caregiver is engaged in the youth's care and supports the youth in participating in care.
- 1 The caregiver is willing for the youth to participate in care; however the caregiver may need prompts at times.
- 2 The caregiver is often unwilling to support the youth's care and is often uncooperative with service providers. Caregiver may need coaching or other supports to assist in supporting the youth's care plan.
- 3 The caregiver refuses to allow the youth to participate in care including taking prescribed medications or cooperating with recommended care.

## FINANCIAL RESOURCES

This item rates income and other sources of money available to caregivers that can be used to address family needs.

Question(s):

- Are you able to pay your bills and provide basic needs for your family?
- Are you struggling financially?

### Ratings & Descriptions

- 0 Caregiver has sufficient financial resources to raise the youth.
- 1 Caregiver has some financial resources that help with raising the youth.
- 2 Caregiver has limited financial resources to help with raising the youth.
- 3 Caregiver has no financial resources to help with raising the youth. Caregiver needs financial resources.

## TRANSPORTATION

This item rates the caregiver's ability to provide appropriate transportation for his/her child.

	Ratings & Descriptions
Question(s): For the Caregiver:	0 Caregiver has no transportation needs. Caregiver is consistently able to transport the youth to appointments, school, activities, etc.
• Do you have access to a car/bus/shuttle to transport you and your family to necessary appointments (doctor/school/work/store)?	1 Caregiver has occasional transportation needs (e.g., appointments). Parent/caregiver has difficulty transporting the youth to appointments, school, activities, etc., no more than weekly.
• If not, what arrangements do you make for your transportation needs?	2 Caregiver has frequent transportation needs. Caregiver has difficulty transporting the youth to appointments, school, activities, etc., regularly (e.g., once a week). Caregiver needs assistance transporting the youth and accessing transportation resources.
	3 Caregiver has no access to appropriate transportation and is unable to transport the youth to appointments, school, and activities, etc. Caregiver needs immediate intervention and development of transportation resources.

# APPENDIXES

# APPENDIX I: SUICIDE SAFETY PLANNING INTERVENTION

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

## SAFETY PLAN

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Place \_\_\_\_\_
4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_

2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_

3. Suicide Prevention Lifeline: 1-800-273-TALK (8255)

4. Local Emergency Service \_\_\_\_\_  
Emergency Services Address \_\_\_\_\_  
Emergency Services Phone \_\_\_\_\_

**Making the environment safe:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**The one thing that is most important to me and worth living for:**

\_\_\_\_\_

# APPENDIX II: INSTRUCTIONS FOR USE IN THE CHILD WELFARE SYSTEM

## THE TEXAS CANS 2.0 (CHILD WELFARE)

### **Background**

Senate Bill (SB) 125, 84th legislative session, now requires that within 45 days of entering the conservatorship of the Department of Family and Protective Services (DFPS), every child shall receive a developmentally appropriate comprehensive assessment that includes a trauma screening and interviews with individuals knowledgeable about the child's needs. To fill this requirement, the Texas Department of State Health Services (DSHS) and the Texas Department of Family and Protective Services (DFPS) have collaborated with Dr. John Lyons for the development of a comprehensive version of the CANS tool specifically with children who are newly entering DFPS conservatorship hereafter known as the Texas CANS 2.0 (child welfare). The Texas CANS 2.0 (child welfare) tool includes a wider range of CANS domains and items to better identify and address the multi-system needs of these children. This version serves as a comprehensive psychosocial assessment, trauma screening, and suicide screening as well as to inform service planning, permanency planning, placement decisions, and levels of care.

### **Policy**

The State of Texas requires that every child entering the conservatorship of DFPS on or after September 1, 2016, is assessed using the Texas CANS 2.0 (child welfare) tool within the first 30 days. All assessments must be entered into the eCANS system, an online portal which houses assessments and generates recommended treatment services based on their scores.

The Texas CANS 2.0 (child welfare) is appropriate for use with infants, children, and adolescents ages 0-17. However, state policy only requires that children ages 3-17 are assessed at this time. For ease of use, the term “youth” will be used throughout the document to refer to individuals throughout the entire age range. The term “child” is utilized in the Children 0-5 Domain. Where there is a question, the terms “child” and “youth” are interchangeable. Specific age ranges for scoring certain domains are noted in the Texas CANS 2.0 (child welfare) manual and on the scoring form.

## THE TEXAS CANS 2.0 (CHILD WELFARE) MANUAL CONTAINS REFERENCES TO THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 5<sup>TH</sup> EDITION (DSM 5).

### **TRAINING AND CERTIFICATION FOR CLINICIANS**

Annual training and certification is required for those who administer the CANS. Training is available through the Praed Foundation, and is located online at [www.canstraining.com](http://www.canstraining.com). Assessors must select the training titled Texas CANS Comprehensive 2.0 (child welfare), currently located on the second page. CANS certification is valid for one calendar year from the training completion date. Assessors must retake the training and re-certify annually in order to continue to perform CANS assessments and access the eCANS system.

The Texas CANS 2.0 (child welfare) was developed from a communimetric perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans, which include the application of evidence-based practices. There are six key characteristics that distinguish a communimetric tool.



## INSTRUCTIONS

### Six Key Principles of a Communimetric Tool

1. **Items were selected because they are each relevant to service planning.** An item exists in the tool because it might lead down a unique pathway regarding decision-making.
2. **Each item uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels, please see below.
3. **Rating should describe the youth, not the youth in services.** If an intervention is present that is masking a need, but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e., “2” or “3”).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the youth’s developmental and/or chronological age depending on the item. In other words, delinquency is not relevant for a very young child, but would be for an older youth. Alternatively, school achievement should be considered within the framework of expectations based on the 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.”
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the youth’s present circumstances.** A 30-day window is used for ratings in order to make sure assessments stay relevant to the youth’s present circumstances. However, if there is good reason, the action levels can be used to override the 30-day rating period. During the initial assessment, the rating is based on the presenting needs that can be outside of the 30-day rating period. Additionally, if the presenting problem or the behavior occurred prior to 30 days and is still a focus of treatment, this behavior would be rated outside of the 30-day window.

## SCORING THE TEXAS CANS 2.0 (CHILD WELFARE)

The Texas CANS 2.0 (child welfare) was created as a strength-based model that focuses on identifying the youth and family's strengths, needs, and supports in order to develop a service plan focused on achieving permanency for the youth. Throughout the manual there are recommended questions that the assessor may use to elicit responses from the youth and caregiver.

Most sample questions are open-ended in order to guide conversations about specific topics. It is important to rate the information as it is given by the youth and his/her family to identify *what* is happening to the child and *not why* it is happening.

The Texas CANS 2.0 (child welfare) is composed of domains (e.g., Child Strengths, Child Risk Behaviors, etc.) and modules (e.g., Juvenile Justice, School, etc.) that reflect detailed areas of the child’s history, functioning, supports, needs, and strengths that can be reflected in the service plan. Basic core items within domains are initially rated for youth and caregivers, then modules are triggered by key items. Items within the domains and modules are scored on a scale of 0-3. The two primary rating scales of the CANS are the “Needs Scale” and the “Strengths Scale.” The meaning of the scores in the 0-3 scale are significantly different for the Child Strengths domain than for the other domains, which focus on identifying needs. Within the CANS domains and modules, each rating represents an action level for a need or a strength that may be included in a service plan depending on the scores. The majority of all Texas CANS 2.0 (child welfare) domains utilize one of the two scales described below:

### Action Levels for “Strengths” Items in the Child Strengths Domain (“Strengths Scale”)

**0-Centerpiece Strength:** Indicates an item where a strong strength exists and can be used as a centerpiece for strengths-based service planning. If the youth does not have a particular strength, the item is scored as having “no evidence” of a strength in that area and receives a score of 3.

**1-Useful Strength:** Indicates an item where a strength exists and can be included in strengths-based service planning, but not as a centerpiece of the plan.

**2-Identified Strength:** Indicates an item where potential strengths are identified, but require significant development before they can be effectively utilized in strengths-based service planning.

**3-No Strength Identified:** Indicates an item in which a potential strength is not identified. Effort can be made to develop this item into a potential strength.

### Action Levels for “Needs” Items (“Needs Scale”)

**0-No Evidence of Need:** Indicates that there is no reason to believe that a particular need exists. This might indicate the presence of a strength. If the youth does not have a particular need, the item can be scored as having “no evidence” of an issue in that area.

**1-Watchful Waiting/Prevention:** Indicates that this item requires monitoring and/or preventative actions to ensure that this area does not deteriorate. A score of 1 can also indicate a history of a behavior that currently does not need to be addressed in treatment.

**2-Action Needed:** Indicates that an action item must be added to the service plan to address the identified need. A score of 2 indicates the current presence of a behavior or symptom.

**3-Immediate/Intensive Action Needed:** Indicates an immediate or intensive action is required to address the identified need. This must be included in the service plan. For some items, a score of 3 indicates a need for immediate crisis services.

## COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) AND TRAUMATIC EXPERIENCES DOMAIN

The Columbia-Suicide Severity Rating Scale (C-SSRS) Screener and the Traumatic Experiences domain each have a different a scoring structure than the domains measuring needs and strengths. The C-SSRS has been included in the Texas CANS 2.0 (child welfare) tool as the Suicide Risk domain and as a best practice for suicide risk assessment. This scale can be found as the second domain and ***must only be completed for children ages four and older*** in order to assess the suicidality of older youth. An Overall Suicide Risk Item has been developed and incorporated into this scale to match the scoring format of the action levels on the “Needs Scale.” Instructions for completing the C-SSRS Screener domain and additional details about this scale and domain can be found on page 13 of this manual. Should your assessment with the member trigger the need for the suicide risk screener you will also need to complete a safety plan with the member and caregiver. Appendix I of the CANS training manual provides a template called Suicide Safety Planning Intervention. You can use this tool as a safety plan or you can continue to use the safety plan that you currently utilize in your practice.

The Traumatic Experiences domain has a unique scale to screen children and youth for exposure to traumatic events and for symptoms resulting from exposure. This domain has a unique structure and is divided into two sections: Child Trauma Experiences and Traumatic Stress Symptoms. Details about this domain and the scoring scale can be found on pages 20 (Child Trauma Experiences) and 27 (Traumatic Stress Symptoms) of this manual.

There are separate instructions for the Traumatic Experiences domain in order to identify specific events that the youth and his/her family have experienced that may require specific treatment. It is important to remember that identifying and naming the traumatic event may create intense reactions for the youth and his/her family that may need to be addressed immediately. During this section, be mindful that explicit details may be difficult to describe and could trigger emotional reactions. Please respect the youth and his/her family's boundaries.

## USE OF TEXAS CANS 2.0 (CHILD WELFARE) DATA

### **Child Protective Services Service Planning**

Service Planning is the process of developing, implementing and evaluating the services and efforts towards achieving permanency for a child and family. The caseworker must develop, document, and get supervisor approval of the initial Child Plan of Service within 45 days of a child's entry into substitute care. Child Protective Services will utilize the recommendations from the CANS 2.0 (child welfare) assessment to develop an individualized service plan that builds on the strengths and identifies resources to address the behavioral, physical and mental health needs of the child and family/caregivers. Engagement of the child, family and caregivers is of the utmost importance when developing a service plan; the family should be seen as the experts on their needs.

The STAR Health managed care organization (MCO) will also incorporate the recommendations from the CANS 2.0 (child welfare) assessment into the healthcare service plan of each child enrolled in service management. The assigned MCO service manager will use the healthcare service plan to guide the ongoing provision of medically necessary treatment services and to assist the family in coordinating with other services, such as community resources or recreational activities.

# APPENDIX III:

## ADDITIONAL INSTRUCTIONS FOR USING THE TEXAS CANS 2.0 BY COMMUNITY MENTAL HEALTH PROVIDERS UNDER THE TEXAS RESILIENCE AND RECOVERY (TRR) SERVICE DELIVERY SYSTEM.

For questions specific to the use of the Texas CANS 2.0 in the Texas community behavioral health system, please contact:

**Health and Human Services Commission**  
Medical & Social Services Division  
Behavioral Health Services Unit  
Program Services Section I  
8317 Cross Park Drive, Ste. 350, MC 2091  
Austin, TX 78754  
[CMHTeam@dshs.state.tx.us](mailto:CMHTeam@dshs.state.tx.us)  
[CMHTeam@hhsc.state.tx.us](mailto:CMHTeam@hhsc.state.tx.us)

### **Community Mental Health Services**

The Texas CANS 2.0 serves as a comprehensive psychosocial assessment, trauma screening, and suicide screening for both the child welfare and community mental health systems. It also serves as a guide for level of care decision-making, recovery planning, facilitating quality improvement initiatives, and measuring service outcomes for youth receiving community mental health services under TRR. The Texas CANS 2.0 is completed as part of the Uniform Assessment as required by the Texas Administrative Code Title 25, Part 1, Chapter 412, Subchapter G. Mental Health Community Services Standards.

Before administering the Texas CANS 2.0, the “Chief Complaint” item located in the demographics section on the scoring form should be completed to provide information about the youth and family’s reason for seeking assistance.

### **Level of Care Determination**

The use of the CANS assessment to determine levels of care is defined in the Clinical Management for Behavioral Health Services (CMBHS) Use Case Specification manual. Services specific to each level of care are described in the Texas Resilience and Recovery Utilization Management Guidelines for Child and Adolescent Services.

### **Recovery Planning**

Community mental health providers organize the youth’s needs, strengths, and goals to create a recovery plan. The recovery plan, formerly referred to as a treatment plan, is a person-driven care plan as the youth and caregiver define meaningful life and family goals, as well as design their unique path(s) to attain goals in partnership with the provider. Objectives developed in the planning process are what the youth and caregiver will do, change, or accomplish in order to achieve their recovery goals.

The youth's strengths and abilities are identified and used to meet needs and overcome barriers that have been identified in the uniform assessment. The recovery plan is individualized, developmentally appropriate, child-centered and family-focused.

- For children/youth in LOC Youth Empowerment Services (YES) Waiver and LOC-4, the wraparound plan and the recovery plan can be one document that includes all of the required sections.
- Texas Administrative Code (TAC) Title 25, Part 1, Chapter 412, Subchapter G and Chapter 415, Subchapter B detail various components that are included in the recovery plan. These components include transition planning for the youth to the community, supplementing the youth's natural resources, and developing the plan in conjunction with the youth and his/her caregiver(s).

### **Outcome Measurement**

The CANS is used to define performance outcome measures of community mental health services. These outcome measures are found in the Performance Contract of the Local Mental Health Authorities that provide TRR services.

## **COLUMBIA-SUICIDE SEVERITY RATING SCALE**

The C-SSRS has been included in the Texas CANS 2.0 (child welfare) tool as the Suicide Risk domain and as a best practice for suicide risk assessment. This scale can be found as the second domain and ***must only be completed for children ages four and older*** in order to assess the suicidality of older youth. An Overall Suicide Risk Item has been developed and incorporated into this scale to match the scoring format of the action levels on the "Needs Scale." Instructions for completing the C-SSRS Screener domain and additional details about this scale and domain can be found on page 13 of this manual. Should your assessment with the member trigger the need for the suicide risk screener you will also need to complete a safety plan with the member and caregiver. Appendix I of the CANS training manual provides a template called Suicide Safety Planning Intervention. You can use this tool as a safety plan or you can continue to use the safety plan that you currently utilize in your practice. Further information about the C-SSRS can be found at: [http://www.cssrs.columbia.edu/about\\_cssrs.html](http://www.cssrs.columbia.edu/about_cssrs.html)

## **TRAINING AND CERTIFICATION FOR CLINICIANS**

Annual training and certification is required for those who administer the CANS. Providers must achieve an interrater reliability coefficient of at least 0.70 on their certification test in order to use the tool. Training is available through the Praed Foundation training platform, and is located online at [www.canstraining.com](http://www.canstraining.com).

CANS Superuser training is available for supervisors or staff to provide technical assistance, oversee providers that administer, score and utilize the Texas CANS to develop recovery plans and guide quality care of children and youth in services. CANS Superuser in-person training is available through the Centralized Training Infrastructure at <https://tango.uthscsa.edu/cttesting/>. The certification of the CANS Superuser training requires for the provider: (a) to have scored at least 0.80 interrater reliability score in their CANS certification test in order to be eligible to complete the CANS Superuser training, (b) attend at least a one-day in-person Superuser training by an approved trainer, (c) develop and score a case vignette using the CANS, and (d) provide a brief presentation about the CANS to an approved trainer or approved staff by the Praed Foundation and Chapin Hall within 30 days of the completion of the Superuser training.

# APPENDIX IV:

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## APPENDIX V: TEXAS CANS 2.0 RATING SHEET



# TEXAS CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) 2.0

CLIENT INFORMATION			
Child's Name (First)	(Middle)	(Last)	Date of Birth (mm/dd/yyyy)
Case ID	Medicaid ID	Person ID	Provider ID

CHILD STRENGTHS (Ages 0 to 17)					
0 = Centerpiece strength		2 = Identified strength			
1 = Useful strength		3 = Not yet identified as a strength			
Item	NA	0	1	2	3
Family		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optimism (Age 3+)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational (Age 3+)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational (Age 3+)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talents/Interests (Age 3+)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual/Religious (Age 3+)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Involvement (Age 3+)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Supports		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Permanence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Involvement with Care (Age 3+)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping & Survival Skills (Age 3+)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience (Age 3+)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUICIDE RISK: C-SSRS SCREENER (Ages 4 to 17)				
Ask questions SR1 and SR2. If the answer to SR2 is YES then ask questions SR3-SR6. If the answer to SR2 is NO, skip and go directly to question SR6.				
<input type="checkbox"/> N/A Ages 0 to 3		YES Lifetime	YES Past Month	
	NO	History	Month	
<b>SR1. Wish to be Dead</b>				
Have you wished you were dead or wished you could go to sleep and not wake up?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SR2. Non-Specific Active Suicidal Thoughts</b>				
Have you actually had any thoughts of killing yourself? (If answer is NO, skip to question SR6)				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SR3. Suicidal Thoughts with Method (without specific plan or intent to act)</b>				
Have you thought about how you might do this?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SR4. Suicidal Intent without Plan</b>				
Have you had these thoughts and had some intention of acting on them?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SR5. Suicidal Intent with Plan</b>				
Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		YES Lifetime	YES Past 3 Months	
	NO	History	Months	
<b>SR6. Suicidal Behaviors</b>				
Have you done anything, started to do anything or prepared to do anything to end your life?				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Overall Suicide Risk</b>				
0	NO rating on SR1, SR2 and SR6			
1	YES rating on SR1 and/or SR2 (Lifetime or Past Month) and NO rating on SR3, SR4, SR5 and SR6			
2	YES rating on SR3 Lifetime, and/or SR4 Lifetime, and/or SR5 Lifetime, and/or SR6 Lifetime			
3	YES rating on SR4 Past Month and/or SR5 Past Month and/or SR6 Past 3 Mos			
Item	0	1	2	3
Overall Suicide Risk*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*A rating of 2 or 3 on this item requires the same-day development of a safety plan. It is recommended to do a full risk assessment such as the C-SSRS.				

CHILD RISK BEHAVIORS (Ages 6 to 17)				
<input type="checkbox"/> N/A Ages 0 to 5				
0 = No Evidence				
1 = History or sub-threshold; watch/prevent				
2 = Recent behavior/causing problems; requires action				
3 = Acute/causing severe problems; requires immediate or intensive action				
Item	0	1	2	3
Self-Harm Behavior (Self-Mutilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reckless Behavior (Other Self-Harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danger to Others (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Aggression (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runaway (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquent Behavior (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Setting (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Behavior/Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAUMATIC EXPERIENCES (Ages 0 to 17)				
<b>Child Trauma Experiences</b>				
0 = No evidence of any trauma of this type				
1 = Mild exposure, a single incident or suspicion of this trauma				
2 = Multiple incidents or a moderate degree of this trauma				
3 = Repeated and severe incidences of this trauma				
Item	0	1	2	3
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural or Man-made Disasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witness/Victim to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Criminal Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruptions in Caregiving/Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation Experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Traumatic Stress Symptoms</b>				
0 = No evidence of any needs or symptoms				
1 = History of symptoms or current mild symptoms; watch/prevent				
2 = Moderate symptoms that impact functioning				
3 = Severe symptoms or reactions; requires immediate/intensive action				
Item	0	1	2	3
Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Grief/Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-experiencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperarousal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissociation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional and/or Physical Dysregulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Note: CANS modules can be found on page 3 of this form.

CHILD BEHAVIORAL & EMOTIONAL HEALTH NEEDS (Ages 6 to 17)				
<input type="checkbox"/> N/A Ages 0 to 5 0 = No Evidence 1 = History or sub-threshold; watch/prevent 2 = Needs impact functioning consistent with diagnosable disorder 3 = Needs are dangerous/disabling				
Item	0	1	2	3
Psychosis (Thought Disturbance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention/Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atypical Behavior/Autism Spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE FUNCTIONING DOMAIN (Ages 0 to 17)					
0 = No evidence of needs 1 = History, watchful waiting/prevent 2 = Needs impact functioning 3 = Needs are dangerous/disabling					
Item	NA	0	1	2	3
Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/Daycare (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/Play in Young Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Functioning (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene/Self-Care (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Identity (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Development (9) (Age 5+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation (Age 5+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Decision-Making (Age 6+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal (Age 10+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living Skills (Age 14+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Functioning (Age 14+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER NEEDS AND STRENGTHS (Ages 0 to 17)				
0 = No evidence of needs 1 = History, watchful waiting/prevent 2 = Needs impact functioning 3 = Needs are dangerous/disabling				
Item	0	1	2	3
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Child's Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital/Partner Violence in the Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Traumatic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Stress (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCULTURATION (Ages 0 to 17)				
0 = No evidence of needs 1 = History, watchful waiting/prevent 2 = Needs impact functioning 3 = Needs are dangerous/disabling				
Item	0	1	2	3
Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PSYCHIATRIC HOSPITALIZATIONS HISTORY (Ages 0 to 17)					
Item	NA	0	1	2	3+
Number of hospitalizations (past 180 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of hospitalization of 30 days or less within the past 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of hospitalizations greater than 30 days within the past 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time since most recent discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Crisis History (Ages 0 to 17)	0	1	2	3+	
Number of crisis episodes in the past 90 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFANTS AND YOUNG CHILDREN DOMAIN (Children Ages 0 to 5)					
**This domain is to be completed for infants/children 0 to 5 years of age.**					
<input type="checkbox"/> N/A Ages 6 to 17 0 = No Evidence 1 = History or sub-threshold; watch/prevent 2 = Needs impact functioning consistent with diagnosable disorder 3 = Needs are dangerous/disabling					
<b>Child Risk Behaviors</b>					
Item	NA	0	1	2	3
Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Misbehavior (Intentional Misbehavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Reactive Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying Others (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Setting (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runaway (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Risk Factors</b>					
Item	UNK	0	1	2	3
Birth Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor & Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent or Sibling Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Functioning/Development</b>					
Item	0	1	2	3	
Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Reactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal/Social Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Behavioral/Emotional Needs</b>					
Item	NA	0	1	2	3
Attachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Control (Temperament)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atypical Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity/Hyperactivity (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional Behavior (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disturbance (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pica (Age 3+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD INVOLVEMENT IN CHILD PROTECTIVE SERVICES					
Item	NA	0	1	2	3
Years in Care (Ages 0 to 17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement History (Ages 0 to 17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CANS MODULES

(1) Dangerousness	(3) Runaway	(5) Fire Setting	(7) School	(9) Sexual Development
(2) Sexually Aggressive Behavior	(4) Juvenile Justice	(6) Substance Use	(8) Developmental Disabilities	(10) Family/Caretaker

0 = No evidence of needs	2 = Needs impact functioning
1 = History, watchful waiting/prevent	3 = Needs are dangerous/disabling
<b>(1) DANGEROUSNESS</b>	
<b>Historical Risk Factors</b>	0 1 2 3
History of Perpetrating Violence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Emotional/Behavioral Risks</b>	0 1 2 3
Frustration Management	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hostility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Paranoid Thinking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Secondary Gains from Anger	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Violent Thinking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Resiliency Factors</b>	0 1 2 3
Aware of Violence Potential	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Response to Consequences	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Commitment to Self Control	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Engagement in Treatment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>(2) SEXUALLY AGGRESSIVE BEHAVIOR MODULE</b>				
<b>Item</b>	0	1	2	3
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Force/Threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age Differential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Differential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of Sex Act</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Accusation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporal Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of SAB towards Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severity of Sexual Abuse of Youth as Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Prior SAB Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Success of Prior SAB Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(3) RUNAWAY</b>				
<b>Item</b>	0	1	2	3
Frequency of Running Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of Destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety of Destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in Illegal Acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood of Return on Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realistic Expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(4) JUVENILE JUSTICE (JJ)</b>				
<b>Item</b>	0	1	2	3
Seriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrests/Detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 = No evidence of needs	2 = Needs impact functioning			
1 = History, watchful waiting/prevent	3 = Needs are dangerous/disabling			
<b>(5) FIRE SETTING</b>				
<b>Item</b>	0	1	2	3
Seriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Accelerants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intention to Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Accusation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remorse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood of Future Fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(6) SUBSTANCE USE</b>				
<b>Item</b>	0	1	2	3
Severity of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage of Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(7) SCHOOL</b>				
<b>Item</b>	0	1	2	3
School/Daycare Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relations with Teachers/Caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(8) DEVELOPMENTAL DISABILITIES</b>				
<b>Item</b>	0	1	2	3
Cognitive (Intellectual) Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Reactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(9) SEXUAL DEVELOPMENT</b>				
<b>Item</b>	0	1	2	3
Hypersexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Problematic Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Child Bearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(10) FAMILY/CARETAKER*</b>				
<b>*For Community Mental Health Services only</b>				
<b>Item</b>	0	1	2	3
Hygiene & Self-Care/Daily Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment/Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>