New Mexico
Crisis Assessment Tool

Ages 0 to 21

2021
REFERENCE
GUIDE

John Praed Foundation • 550 N Kingsbury Street, #101 • Chicago, IL 60654 • www.praedfoundation.org

ACKNOWLEDGEMENTS

The New Mexico Crisis Assessment Tool (CAT) is a subset of the New Mexico Child and Adolescent Needs and Strengths (CANS). Along with the various Child and Adolescent Needs and Strengths (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 CAT is an open domain tool for use in service delivery systems that address the mental health of children, youth and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is required for appropriate use.

Literary Preface/Comment regarding gender references:

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

Additionally, "child/youth" is being utilized in reference to "child," "youth," "adolescent," or "young adult." This is due to the broad range of ages to which this manual applies (e.g., ages 0 to 21 years old).

For specific permission to use please contact the Praed Foundation. For more information on the CANS contact:

John S. Lyons, PhD
Director
Center for Innovation in Population Health
Professor, Health, Management & Policy
University of Kentucky
College of Public Health
John.Lyons@uky.edu

April D. Fernando, PhD
Associate Director, Workforce Development
Center for Innovation in Population Health
Assistant Professor, Health, Behavior & Society
University of Kentucky
College of Public Health
April.Fernando@uky.edu

Praed Foundation
info@praedfoundation.org
http://praedfoundation.org

TABLE OF CONTENTS

INTRODUCTION

NEW MEXICO CRISIS ASSESSMENT TOOL

The New Mexico Crisis Assessment Tool (CAT) is a decision support and communication tool to allow for the rapid and consistent communication of the needs of children, youth and their caregivers. It is intended to be completed by those who are directly involved with the individual. The form serves as both a decision support tool and as documentation of the identified needs of the child/youth served along with the decisions made with regard to treatment and placement.

The CAT is composed of a subset of items from the New Mexico Child and Adolescent Needs and Strengths (CANS) tool, which serves as the standardized assessment for all children and youth In New Mexico who may access publicly-funded behavioral health services. The CAT and the CANS together comprise a broader toolkit of linked assessments that are designed to meet the unique needs of multiple public payer systems, while also breaking down barriers to accessing behavioral health treatment. This suite of assessments is designed to reduce the duplicate collection of administrative and clinical data points needed to appropriately assess a child/youth and family's needs and strengths while establishing a commonality of language between children, youth, families, providers, and payer systems.

THE CANS

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

SIX KEY PRINCIPLES OF THE CANS

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

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

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

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

5. **The ratings are generally "agnostic as to etiology."** In other words this is a descriptive tool; it is about the "what" not the "why." While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the "why" is considered in rating these items.

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

HISTORY AND BACKGROUND OF THE CANS

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

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

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

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

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, & Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

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

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

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child 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 children/youth's and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

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

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

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

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

The rating of '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/youth.

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

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

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

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

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

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

HOW IS THE CANS USED?

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

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

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

IT FACILITATES OUTCOMES MEASUREMENT

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

IT IS A COMMUNICATION TOOL

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

CANS: A BEHAVIOR HEALTH CARE STRATEGY

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

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

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

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the child/youth and family the CANS domains and items (see the CANS Domain and Item list on page 13) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

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

★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes," "and"—things that encourage people to continue.

★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking, "If I were this person, I would do x" or "That's just like my situation, and I did x." But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or youth that you are with them.

★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "Does that make sense to you?" Or "Do you need me to explain that in another way?"

★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

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

Often, people will make comments about other people's observations such as "Well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "So your mother

feels that when he does x that is obnoxious. What do YOU think?" The CANS is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when ..." demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a "total picture" of the individual and family, and offer them the opportunity to change any ratings.

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

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

REFERENCES

American Psychiatric Association (APA) (2013). Diagnostic and Statistical Manual of Mental *Disorders, 5th Ed. (DSM-5).* Washington DC: American Psychiatric Publishing.

Anderson, R.L., & Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health, 17*, 259-265.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Child and Youth Services Review, 34*, 2345-2352.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2013). Patterns of out of home decision making. *Child Abuse & Neglect 37*, 871-882.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2014). Out of home placement decision making and outcomes in youth welfare: A longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research*, 41, published online March 28.

Cordell, K.D., Snowden, L.R., & Hosier, L. (2016). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Child and Youth Services Review*, 60, 129-135.

Epstein, R.A., Schlueter, D., Gracey, K.A., Chandrasekhar, R., & Cull, M.J. (2015). Examining placement disruption in Child Welfare, *Residential Treatment for Children & Youth, 32*(3), 224-232.

Israel, N., Accomazzo, S., Romney, S., & Zlatevski, D. (2015). Segregated care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth,* 32(3), 233-250.

Lardner, M. (2015). Are restrictiveness of care decisions based on youth level of need? A multilevel model analysis of placement levels using the Child and Adolescent Needs and Strengths assessment. *Residential Treatment for Children & Youth*, 32(3), 195-207.

Lyons, J.S. (2004). *Redressing the emperor: Improving the children's public mental health system*. Westport, CT: Praeger Publishing.

Lyons, J.S. (2009). *Communimetrics: A communication theory of measurement in human service settings.* New York: Springer.

Lyons, J.S., & Weiner, D.A. (2009). (Eds.) *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management*. New York: Civic Research Institute.

CAT BASIC STRUCTURE

The Crisis Assessment Tool domains and items are noted below. A rating of '1', '2' or '3' on items noted in italics trigger the completion of specific Individualized Assessment Modules.

DOMAINS AND ITEMS

Individual Strengths
- Family Strengths
- Interpersonal
- Educational Setting
- Natural Supports
- Optimism (6+)
- Community Life (6+)

Life Functioning
- Social Functioning
- Developmental/Intellectual
- Medical/Physical
- School/Early Education
- Sleep (1+)
- Living Situation (6+)
- Decision Making (6+)
- Legal (6+)

Behavioral/Emotional Needs
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional
- Adjustment to Trauma
- Anger Control
- Attachment Difficulties
- Regulatory (0-5)
- Atypical Behaviors (0-5)
- Failure to Thrive (0-5)
- Psychosis (6+)
- Substance Use (6+)
- Conduct (Antisocial Behavior) (6+)

Risk Behaviors
- Victimization/Exploitation
- Self-Harm (0-5)
- Flight Risk (0-5)
- Suicide Risk (6+)
- Non-Suicidal Self-Injur. Behav. (6+)
- Other Self-Harm (Recklessness) (6+)
- Danger to Others (6+)
- Delinquent/Criminal Behavior (6+)
- Runaway (6+)
- Intentional Misbehavior (6+)
- Fire Setting (6+)

Child Protection
- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Neglect
- Marital/Partner Violence in Home

INDIVIDUAL STRENGTHS DOMAIN

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

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

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

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

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

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

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

FAMILY STRENGTHS (All Ages)

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

Questions to Consider	Ratings and Descriptions
• Does the child/ youth have good relationships with any family member? • Is there potential to develop positive family relationships? • Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth?	0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.* Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities. 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support. [continues]

FAMILY STRENGTHS continued

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

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

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

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

INTERPERSONAL (All Ages)

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

Ratings and Descriptions

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

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

Ages 0-5: Significant interpersonal strengths. Child has a prosocial or "easy" temperament and is interested in initiating relationships with others. If an infant, exhibits anticipatory behavior when fed or held.

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

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

Age 0-5: Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiation by adults but may not initiate interactions themselves.

Questions to Consider

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

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

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

Age 0-5: Child requires strength building to learn to develop good relational skills. Child may be shy or uninterested in interactions with others, or – if still an infant -- child may have a temperament that makes attachment to others a challenge.

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

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

Age 0-5: There is no evidence of observable interpersonal skills. Child does not exhibit age-appropriate gestures (social smile, cooperative play, etc.). An infant who constantly exhibits gaze aversion would be rated here.

EDUCATIONAL SETTING (All Ages)

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

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

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

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

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

NA Child/youth is not in school due to age: child is either very young or has already graduated.

NATURAL SUPPORTS (All Ages)

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

Questions to Consider

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Child/youth has some identified natural supports, however, these supports are not actively contributing to the child/youth's healthy development.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Child/youth has no known natural supports (outside of family and paid caregivers).

OPTIMISM (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Child/youth has a strong and stable optimistic outlook for their future.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Child/youth is generally optimistic about their future.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Child/youth has difficulty maintaining a positive view of themselves and their life. Child/youth's outlook may vary from overly optimistic to overly pessimistic.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

COMMUNITY LIFE (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

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

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

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

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

LIFE FUNCTIONING DOMAIN

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

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

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

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

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

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

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

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

Questions to Consider	Ratings and Descriptions
• Is the child/youth pleasant and likeable? • Do same age peers like the child/ youth? • Do you feel that the child/youth can act appropriately in social settings?	0 *No evidence of any needs; no need for action.* No evidence of problems and/or child/youth has developmentally appropriate social functioning.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships. **Age 0-5**: Child is having some problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child/youth is having some problems with social relationships that interfere with functioning in other life domains. **Age 0-5:** Child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support. [continues]

SOCIAL FUNCTIONING continued

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

Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

Age 0-5: Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

DEVELOPMENTAL/INTELLECTUAL (All Ages)

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

Questions to Consider

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

Ratings and Descriptions

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

No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.

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

There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.

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

Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

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

Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

MEDICAL/PHYSICAL (All Ages)
This item describes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider

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

Ratings and Descriptions

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.

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

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

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems with functioning in current educational environment.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or evidence of problems with functioning in current daycare, preschool or school environment. Child/youth may be enrolled in a special program.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth is experiencing difficulties maintaining their behavior, attendance, and/or progress in current daycare, preschool or school setting.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth's problems with functioning in the daycare, preschool or school environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or unmet needs.

NA Child/youth is not in daycare/preschool/school due to age or home schooling.

SLEEP (Age 1+)
This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Questions to Consider	Ratings and Descriptions	
• Does the child/ youth appear rested? • Is the child/youth often sleepy during the day? • Does the child/ youth have frequent nightmares or difficulty sleeping? • How many hours does the child/youth sleep each night?	0	*No evidence of any needs; no need for action.* Child/youth gets a full night's sleep each night and feels rested.
	1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares. Sleep is not restful for the child/youth.
	2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep and doesn't feel rested. Difficulties in sleep are interfering with their functioning in at least one area of their life.
	3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep and does not feel rested. Child/youth's sleep deprivation is dangerous and places them at risk.
	NA	Child is younger than 12 months old.

LIVING SITUATION (Age 6+)
This item refers to how the child/youth is functioning in the child/youth's current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider

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

Ratings and Descriptions

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

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

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

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being unable to remain in present living situation due to problematic behaviors.

DECISION MAKING (Age 6+)
This item describes the child/youth's age-appropriate decision making process and understanding of choices and consequences.

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems with judgment or decision making that result in harm to development and/or well-being.

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

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

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

LEGAL (Age 6+)

This item indicates the child/youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating.

Questions to Consider

- Has the child/youth ever admitted to breaking the law?
- Has the child/youth ever been arrested?
- Has the child/youth ever been in detention?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has no known legal difficulties or involvement with the court system.

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

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

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

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

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

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

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

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

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

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

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

IMPULSIVITY/HYPERACTIVITY (All Ages)

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

Questions to Consider	Ratings and Descriptions
• Is the child/youth unable to sit still for any length of time? • Does the child/ youth have trouble paying attention for more than a few minutes? • Is the child/youth able to control their behavior, talking?	0 *No evidence of any needs; no need for action.* No evidence of symptoms of loss of control of behavior. 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others. 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here. [continues]

IMPULSIVITIY/HYPERACTIVITY continued

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

DEPRESSION (All Ages)

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

Questions to Consider • Is child/youth concerned about possible depression or chronic low mood and irritability? • Has the child/youth withdrawn from normal activities? • Does the child/ youth seem lonely or not interested in others?	Ratings and Descriptions 0 *No evidence of any needs; no need for action.* No evidence of problems with depression. 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior. **Age 0-5**: Infants may appear withdrawn and slow to engage at times; young children may be irritable or demonstrate constricted affect. 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain. 3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

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

Questions to Consider

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

Ratings and Descriptions

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.
Age 0-5: Anxiety or fear is present, but child is able to be soothed and supported.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.
Age 0-5: Child may show irritability or heightened reactions to certain situations, significant separation anxiety, or persistent reluctance or refusal to cope with fear-inducing situation(s).

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

OPPOSITIONAL (NON-COMPLIANCE WITH AUTHORITY) (All Ages)

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

ADJUSTMENT TO TRAUMA (All Ages)

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

Questions to Consider

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

Ratings and Descriptions

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

No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.

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

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

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

Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain.

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

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

ANGER CONTROL (All Ages)

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

ATTACHMENT DIFFICULTIES (All Ages)
This item rates the level of difficulties the child/youth has with attachment and their ability to form relationships.

Questions to Consider

- Does the child/ youth struggle with separating from caregiver?
- Does the child/ youth approach or attach to strangers?

Ratings and Descriptions

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

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

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

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

Age 0-5: Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant.

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

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

Age 0-5: Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development.

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

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

Age 0-5: Infant/child may be unable to separate or be calmed following a separation from caregiver.

REGULATORY (Age 0-5)

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

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

ATYPICAL BEHAVIORS (Age 0-5)

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the child's functioning.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency, and are disabling or dangerous.

FAILURE TO THRIVE (Age 0-5)

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
The child does not appear to have any problems with regard to weight gain or development. No evidence of failure to thrive.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
The child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The child may presently be experiencing slow development in this area.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
The child is experiencing problems in their ability to maintain weight or growth. The child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th).

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

PSYCHOSIS (THOUGHT DISORDER) (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of psychotic symptoms. Both thought processes and content are within normal range.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

SUBSTANCE USE (Age 6+)

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

Questions to Consider

- Has the child/youth used alcohol or drugs on more than an experimental basis?
- Do you suspect that the child/youth may have an alcohol or drug use problem?
- Has the child/youth been in a recovery program for the use of alcohol or illegal drugs?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth has no notable substance use difficulties at the present time.

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

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

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

CONDUCT (ANTISOCIAL BEHAVIOR) (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of serious violations of others or laws.

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

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

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

RISK BEHAVIORS DOMAIN

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

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

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

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

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

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

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

VICTIMIZATION/EXPLOITATION (All Ages)

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

Questions to Consider	Ratings and Descriptions
• Has the child/youth ever been bullied or the victim of a crime? • Has the child/youth traded sexual activity for goods, money, affection or protection? • Has the child/youth been a victim of human trafficking? • Is the child/youth parentified or has taken on parental responsibilities and has this impacted their functioning?	0 *No evidence of any needs; no need for action.* No evidence that the child/youth has experienced victimization or exploitation. They may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Individual is not presently at risk for re-victimizations or exploitation.
	1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Suspicion or history of victimization or exploitation, but the child/youth has not been victimized to any significant degree in the past year. Individual is not presently at risk for re-victimization or exploitation.
	2 *Action is required to ensure that the identified need or risk behavior is addressed.* Child/youth has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.
	3 *Intensive and/or immediate action is required to address the need or risk behavior.* Child/youth has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, or sexual activity) or living in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members.

SELF-HARM (Age 0-5)

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

NA Child is younger than 12 months old.

FLIGHT RISK (Age 3-5)

This item refers to any planned or impulsive running or bolting behavior that presents a risk to the safety of the child. **The child should be 3 years of age or older to rate this item.**

Questions to Consider

- Has the child ever run away from home, school, or any other place?
- If so, where did they go? How long did they stay away? How were they found?
- Do they ever threaten to run away?

Ratings and Descriptions

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

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

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Child has engaged in escape behaviors during the past 30 days. Repeated bolting would be rated here.

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

NA Child is younger than 3 years old OR child/youth is 6 years of age or older. For child/youth 6 years of age or older, rate the Runaway item.

SUICIDE RISK (Age 6+)

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

Questions to Consider	Ratings and Descriptions
• Has the child/youth ever talked about a wish or plan to die or to kill themselves? • Has the child/youth ever tried to commit suicide?	0 *No evidence of any needs; no need for action.* No evidence of suicidal ideation.
	1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.
	2 *Action is required to ensure that the identified need or risk behavior is addressed.* Recent, but not acute, suicidal ideation or gesture.
	3 *Intensive and/or immediate action is required to address the need or risk behavior.* Current suicidal ideation and intent OR command hallucinations that involve self-harm.

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

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

Questions to Consider	Ratings and Descriptions
• Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)? • Does the child/ youth ever purposely hurt themselves (e.g., cutting)?	0 *No evidence of any needs; no need for action.* No evidence of any forms of self-injury.
	1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* A history or suspicion of self-injurious behavior.
	2 *Action is required to ensure that the identified need or risk behavior is addressed.* Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
	3 *Intensive and/or immediate action is required to address the need or risk behavior.* Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

OTHER SELF-HARM (RECKLESSNESS) (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

DANGER TO OTHERS (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

DELINQUENT/CRIMINAL BEHAVIOR (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence or no history of delinquent behavior.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.

RUNAWAY (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

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

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has no recent history of running away but has expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run home (parental or relative).

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Child/youth has run from home and/or treatment settings in the recent past and presents an imminent flight risk. A child/youth who is currently a runaway is rated here.

INTENTIONAL MISBEHAVIOR (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the child/youth's life.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).

FIRE SETTING (Age 6+)

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

Questions to Consider

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of fire setting by the child/youth.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History of fire setting but not in the recent past.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Recent fire setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

CHILD PROTECTION

These items identify abuse and neglect items for the child/youth, along with any violence in the child/youth's home.

Question to Consider for this Domain: Has the child/youth been exposed to any abuse or neglect? Is there interpersonal violence occurring in the child/youth's home?

For the **Child Protection Domain, Abuse and Neglect items**, the following categories and descriptions are used:

No	No evidence of any trauma of this type.
Yes	Child/youth has had experience or there is suspicion that the child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

SEXUAL ABUSE (All Ages)
This item describes whether or not the child/youth has experienced sexual abuse.

Questions to Consider	Ratings and Descriptions	
• Has the caregiver or child/youth disclosed sexual abuse? • How often did the abuse occur? • Did the abuse result in physical injury?	No	There is no evidence that the child/youth has experienced sexual abuse.
	Yes	Child/youth has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Child/youth with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

PHYSICAL ABUSE (All Ages)
This item describes whether or not the child/youth has experienced physical abuse.

Questions to Consider	Ratings and Descriptions	
• Is physical discipline used in the home? What forms? • Has the child/ youth ever received bruises, marks, or injury from discipline?	No	There is no evidence that the child/youth has experienced physical abuse.
	Yes	Child/youth has experienced or there is a suspicion that they have experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

NEGLECT (All Ages)

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

Questions to Consider	Ratings and Descriptions	
• Is child/youth receiving adequate supervision? • Are basic needs for food and shelter being met? • Is the child/youth allowed access to necessary medical care? Education?	No	There is no evidence that the child/youth has experienced neglect.
	Yes	Child/youth has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., child/youth left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

EMOTIONAL ABUSE (All Ages)

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

Questions to Consider	Ratings and Descriptions	
• How does the caregiver talk to/interact with the child/youth? • Is there name calling or shaming in the home?	No	There is no evidence that child/youth has experienced emotional abuse.
	Yes	Child/youth has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention or completely ignored, or threatened/terrorized by others.

For the **Marital/Partner Violence item**, use the following categories and action levels:

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

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

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

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

MARITAL/PARTNER VIOLENCE IN THE HOME (All Ages)
This item describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and childcare.

Questions to Consider

- How are power and control handled in the caregivers' relationship with each other?
- How frequently does the child/youth witness caregiver conflict?
- Does the caregivers' conflict escalate to verbal aggression, physical attacks or destruction of property?

Ratings and Descriptions

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

Parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

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

History of marital difficulties and partner arguments. Parents/caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.

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

Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which child/youth often witnesses.

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

Marital or partner difficulties often escalates to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate child/ youth's difficulties or put the child/youth at greater risk.

Supplemental Information: Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregiver partners. Since marital/partner violence is a risk factor for child abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The child/youth's past exposure to martial/ partner violence with current or other caregivers is rated a '1'. This item would be rated a '2' if the child/youth is exposed to marital/partner violence in the household and child protective services must be called; a '3' indicates that the child/youth is in danger due to marital/partner violence in the household and requires immediate attention.