05/06/2015

The State of Maryland

CANS-F

CHILD & ADOLESCENT NEEDS & STRENGTHS – FAMILY VERSION FOR IN-HOME SERVICES

SCORING MANUAL

A large number of individuals have collaborated in the development of the CANS-F for In-Home Services (the family version of the Maryland Child and Adolescent Needs and Strengths assessment. This assessment is intended to assist with understanding family circumstances and in planning for services and monitoring outcomes. It has been designed to support the planning and evaluation of service systems. The trauma items were developed in collaboration with Cassandra Kisiel, Ph.D., Glenn Saxe, M.D., Margaret Blaustein, Ph.D., Heide Ellis, Ph.D. and with the SAMHSA-funded National Child Traumatic Stress Network. The CANS-F is an open domain tool for use in service delivery systems that address the mental health of youth and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. We recommend training and certification to ensure its proper and reliable use. For more information about other versions of the CANS, contact:

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Maryland Child and Adolescent Needs and Strengths (CANS-F)
CANS Family for In-Home Services

SECTION 1. FAMILY AND YOUTH INFORMATION	Completed Date	Click here to enter a date.
NAME OF CASEHEAD/FAMILY	CASEHEAD/FAMILY ID #	Open Date
		Click here to enter a date.

FAMILY AND HOUSEHOLD COMPOSITION		
Caregiver/ Adult in Household Name	**DOB/Age**	**Relationship to CASEHEAD**
1.	Click here to enter a date.	Choose an item.
2.	Click here to enter a date.	Choose an item.
3.	Click here to enter a date.	Choose an item.
4.	Click here to enter a date.	Choose an item.

FAMILY AND HOUSEHOLD COMPOSITION			
Youth Name	**DOB/Age**	**School / Grade**	**Relationship to CASEHEAD**
1.	Click here to enter a date.		Choose an item.
2.	Click here to enter a date.		Choose an item.
3.	Click here to enter a date.		Choose an item.
4.	Click here to enter a date.		Choose an item.
5.	Click here to enter a date.		Choose an item.
6.	Click here to enter a date.		Choose an item.
7.	Click here to enter a date.		Choose an item.
8.	Click here to enter a date.		Choose an item.
9.	Click here to enter a date.		Choose an item.
10.	Click here to enter a date.		Choose an item.

Reason and Source of Referral and Agency Perception of the Issues (include family issues identified by referral source)

FAMILY'S PRESENTATION OF PROBLEMS (include specifics of problem, duration, & family's proposed solution)	
Caregiver's Description	**Child's Description** (identify each child's responses)

PAST AND CURRENT SERVICES		
Name of Service (include name and contact if relevant)	**Current or Past?**	**Helpful?**
1.	Choose an item.	Choose an item.
2.	Choose an item.	Choose an item.
3.	Choose an item.	Choose an item.
4.	Choose an item.	Choose an item.

SECTION 2. COMPREHENSIVE FAMILY ASSESSMENT

Family Functioning	**Rating Scale:** 0=No evidence of need 2=ACT to address need 1=Monitor, collect more info 3=ACT immediately, intensely		
	Rating (0-3)	**Comments:** (comments required for ratings of ≥1)	**Strength?**
Parental-Caregiver collaboration			☐
Relations among siblings			☐
Extended family relations			☐
Family conflict			☐
Family communication			☐
Family role appropriateness			☐
Safety			☐
Social Resources			☐
Additional Info on Family Functioning	Family Relationships Safety/Discipline Social Supports		
Financial Resources			☐
Residential stability			☐

Family Finances

Income:

Employment income (monthly total from all employment)	_____
Child support (monthly amount via CSE **or** directly from non-custodial parent)	_____
Temporary Cash Assistance -TCA (monthly amount)	_____
Food Stamps (monthly amount)	_____
SSI/SSDI/Social Security Retirement/Social Security Survivor's benefits	_____
Unemployment	_____
Other	_____
MONTHLY TOTAL	_____

Health Insurance:

Caregivers have health insurance? ☐ Yes ☐ No if yes, provider name? _____
Children have health insurance? ☐ Yes ☐ No if yes, provider name?_____

DOES THIS FAMILY NEED ASSISTANCE WITH FINANCIAL RESOURCES (e.g., budgeting, bill payment, debt, insurance)**?**
☐ Yes ☐ No Explanation:

DOES THIS FAMILY OWN OR RENT? ☐ Own ☐ Rent

Explanation of concerns (related to the neighborhood or home):

DOES THIS FAMILY HAVE RELIABLE TRANSPORTATION? ☐ Yes ☐ No

SECTION 3. COMPREHENSIVE CAREGIVER ASSESSMENT

CAREGIVER	**Rating Scale:** 0=No evidence of need 1=Monitor, collect more info 2=ACT to address need 3=ACT immediately, intensely					
Caregiver (reference # above)	**#1**	**#2**	**#3**	**#4**	**Comments:** (comments required for ratings of ≥1)	**Strength?**
Supervision						☐
Involvement with care						☐
Emotional responsiveness						☐
Boundaries						☐
Discipline						☐
Post-traumatic Reactions						☐
Marital/Partner Conflict						☐
Physical Health						☐
Mental health						☐
Developmental						☐
Substance use						☐
Caregiver Criminal Behavior						☐
Additional Caregiver Info	Physical Health Mental Health Substance Abuse Legal-Marital Status					

Medical/Dental History:

Date of last physical? Click here to enter a date. Not available? ☐
Date of last dental? Click here to enter a date. Not available? ☐
Immunizations up to date? ☐ Yes ☐ No Explanation:

CAREGIVER ADVOCACY	**Rating Scale:** 0=No evidence of need 1=Monitor, collect more info 2=ACT to address need 3=ACT immediately, intensely		
Caregiver	**Rating (0-3)**	**Comments:** (comments required for ratings of ≥1)	**Strength?**
Knowledge of family-child needs			☐
Knowledge of service options			☐
Knowledge of rights & responsibilities			☐
Ability to listen			☐
Ability to communicate			☐
Natural supports			☐

NATURAL SUPPORTS			
Name	**Address**	**Phone**	**Relationship to Family/Youth**
1.			Choose an item.
2.			Choose an item.
3.			Choose an item.
4.			Choose an item.
5.			Choose an item.
PROFESSIONAL SUPPORTS / INTERESTED PARTIES			
Name	**Address**	**Phone**	**Relationship to Family/Youth**
1.			Choose an item.
2.			Choose an item.
3.			Choose an item.
4.			Choose an item.
5.			Choose an item.

	Rating Scale: 0=No evidence of need 2=ACT to address need 1=Monitor, collect more info 3=ACT immediately, intensely		
Caregiver	**Rating (0-3)**	**Comments:** (comments required for ratings of ≥1)	**Strength?**
Satisfaction with youth's living arrangement			☐
Satisfaction with youth's educational arrangement			☐
Satisfaction with service arrangement			☐
Additional Caregiver Advocacy Info			

SECTION 4. FAMILY CULTURE ASSESSMENT

ACCULTURATION	**Rating Scale:** 0=No evidence of need 2=ACT to address need 1=Monitor, collect more info 3=ACT immediately, intensely		
	Rating (0-3)	**Comments:** (comments required for ratings of ≥1)	**Strength?**
Language			☐
Cultural Identity			☐
Gender/Sexual Identity			☐
Ritual			☐
Additional Caregiver Advocacy Info			

SECTION 5. COMPREHENSIVE CHILD ASSESSMENT

CHILD FUNCTIONING	**Rating Scale:** 0=No evidence of need 1=Monitor, collect more info 2=ACT to address need 3=ACT immediately, intensely					
Child (Corresponds with # above)	**#1**	**#2**	**#3**	**#4**	**Comments:** (comments required for ratings of ≥1)	**Strength?**
Relationship with biological mother						☐
Relationship with biological father						☐
Relationship with primary caregiver						☐
Relationship with other family adults						☐
Relationship with siblings						☐
Medical/Physical						☐
Intellectual (IQ only)						☐
Speech Language Delay						☐
Autism Spectrum/PDD						☐
Social Functioning						☐
School Attendance						☐
School Achievement						☐
School Behavior						☐
Mental Health Needs					If >1 please complete Behavioral/Emotional Needs Section	
Risk Behaviors					If >1 please complete Child Risk Behaviors Section	
Adjustment to Trauma					If >1 please complete Trauma Experiences Section	
Additional Child Information						

TRAUMA EXPERIENCES (over LIFETIME)	**Rating Scale:** 0=No evidence of exposure 1=mild exposure 2=moderate exposure 3=severe exposure				
Child (Corresponds with # above)	**#1**	**#2**	**#3**	**#4**	**Comments:** (comments required for ratings of "1" and above)
Sexual Abuse					
Physical Abuse					
Emotional Abuse					
Neglect					
Medical Trauma					
Witness to Family Violence					
Community Violence					
School Violence					
Natural/Man-made Disasters					
War-Affected					
Terrorism-Affected					
Witness/Victim to Criminal Activity					

(AT DISCHARGE)

DOES THIS FAMILY NEED FURTHER SERVICES? ☐ Yes ☐ No

Develop service plan to build on strengths and address areas of family, caregiver and youth needs.

(Strengths can assist in addressing need areas, or present opportunities to promote healthy development.)

Run Spell Check

AUTHORIZATION

Worker name and ID		**Supervisor name**	
Worker signature	**Date**	**Supervisor signature (approved)**	**Date**
	Click here to enter a date.		Click here to enter a date.

SECTION 5. CHILD ASSESSMENT MODULES

CHILD BEHAVIORAL/ EMOTIONAL NEEDS	**Rating Scale:** 0=No evidence of need 1=Monitor, collect more info 2=ACT to address need 3=ACT immediately, intensely				
Child (Corresponds with # above)	**#1**	**#2**	**#3**	**#4**	**Comments:** (comments required for ratings of "1" and above)
Psychosis					
Attn Deficit / Impulse Control					
Depression / Mood Disorder					
Anxiety					
Oppositional Behavior					
Conduct / Antisocial Behavior					
Substance Abuse					
Eating Disturbance					
Anger Control					
Attachment Difficulties					

CHILD RISK BEHAVIORS	**Rating Scale:** 0=No evidence of need 1=Monitor, collect more info 2=ACT to address need 3=ACT immediately, intensely				
Child (Corresponds with # above)	**#1**	**#2**	**#3**	**#4**	**Comments:** (comments required for ratings of "1" and above)
Suicide Risk					
Self-Injurious Behaviors					
Reckless Behaviors					
Danger to Others					
Sexual Aggression					
Sexually Reactive Behaviors					
Runaway					
Delinquent Behavior					
Fire-Setting					
Intentional Misbehavior					
Bullying					
Exploited					

Key Characteristics of CANS-F

1. Item rating levels *translate directly into action*.
2. *The assessment focuses on the family and youth needs*, not interventions that could mask a need.
3. *Assessors consider family culture and youth development* before rating the level of action that is needed.
4. 30-day window keeps assessments relevant and fresh.

SCORING DEFINITIONS & GUIDELINES

The CANS-F is comprised of five sections of items. These sections are:

- Family Functioning
- Caregiver Needs & Strengths
- Caregiver Advocacy
- Child Functioning
- Acculturation

There are 3 additional youth sections that should be completed when indicated by responses in the child functioning section. These sections are:

- Trauma Experiences
- Child Behavioral/Emotional Needs
- Child Risk Behaviors

GENERAL STRATEGIES FOR USING THIS SCORING MANUAL TO SCORE ITEMS

1. Review the general scoring definitions for the specific CANS-F section. (Listed below the section heading.)

2. Read the definition of the specific item.

These two strategies will be sufficient for many instances.

If further guidance is desired, examples and specific possible definitions for each rating (i.e., "0," "1," "2," "3," or—for some items—"N/A") are given. However, please note that these *examples are not comprehensive*.

SCORING GUIDELINES FOR THE STRENGTHS

Traditionally, assessments have focused solely on the needs, problems and deficits of the family and youth. This approach has negative consequences for family engagement, accuracy of information and creative strategies for intervening around areas of need. In a collaborative assessment process the conversation should touch on both areas of need for the family and youth as well as their strengths and accomplishments. When working with families that are frustrated and lack hope, discussions around strengths can be challenging but are essential to a successful working relationship. While providing an empathic ear to allow for clients to share their struggles it is important to remember that these deficits should not define them. Their unique skills, talents and attributes should be woven into the conversation as a way to better understand the youth and family as a whole. This can be accomplished through direct questioning ("What does your son do well?", "Tell me about a time when you were proud of your daughter for an accomplishment.") or by picking out details from a story that place the youth and family in a positive frame ("It sounds like you have really stuck with your son even in very challenging circumstances.")

When using the CANS-F strengths are scored by checking the Strength box next to the item. Strengths and needs work differently. Not all items without an identified need are automatically a strength, just as the absence of a strength does not automatically make it an area of need. When completing the assessment with the family and youth, you will identify strengths that can be useful in:

- **addressing an area of need, or**
- **increasing positive areas in their life**

For those familiar with the strengths scoring used in the MD CANS, you will remember that the ratings are connected to the usefulness of the strength related to the planning process.

0	***Identified & highly useful strength - can be used as a centerpiece for a strength-based plan.***
1	***Identified & useful strength - resource requires further development to serve as a focus of a strength-based plan.***
2	***Identified, but not yet useful strength – potential resource requires significant development before it can be effectively utilized as a focus of a strength-based plan.***
3	***Not yet identified strength - efforts are needed to identify potential resource(s) for strength-building efforts.***

Checking the strengths box means that this strength will be useful for service planning with the family and youth. Items indicated as strengths can be incorporated into the service plan either as an existing strength or something that should be further developed as part of the service plan.

RECOMMENDATIONS FOR USING THE CANS-F ASSESSMENT TO DRIVE SERVICE PLANNING

After completing your assessment with the family it is often helpful to organize the information collected on the CANS-F form before designing your service plan with the family. The following worksheet is one approach for organizing your CANS-F ratings.

Strengths

Place strengths into one or both of the columns under the strength heading. *Useful Strengths* are strengths that can be used within the service plan to address needs or promote healthy development. Strengths placed in the *Need Further Development* column are strengths that the team intends to develop as part of the service plan. Often times these strengths will serve as protective factors for the family in the future. *(Protective factors are often defined as characteristics of a person, situation, or environment that are associated with a lower chance of a experiencing an adverse event.)*

Pathway

Pathway Needs are needs rated with a 2 or 3 that will guide and intervention rather than be the focus of the intervention. These are typically more static (e.g. Intellectual, Trauma Experiences) and are helpful to consider when choosing the type of intervention.

Treatment Targets

Treatment Target Needs are needs rated with a 2 or 3 that are the intended target of the intervention (e.g., Anxiety, Ability to Listen). These can be clusters, or groups, of items that have been hypothesized to have the same root cause. These are often referred to as overlapping needs (symptoms presentation) related to a single underlying problem. The item or cluster or items should be organized on the worksheet in separate rows to identify each separate treatment target.

Outcomes

Outcome Needs are where you expect to see the effect of the intervention. For example, if your treatment target was ADHD you might expect to see an improvement in school behavior (school behavior would be the *Outcome Need* in this example.) In some cases the item selected as the *Treatment Target Need* will be the same item identified as the *Outcome Need*; in other cases the two will be distinct.

CANS-F ORGANIZATIONAL FRAMEWORK

STRENGTHS

Useful Strengths are strengths that can be used within the service plan to address needs or promote healthy development. Strengths placed in the *Need Further Development* column are strengths that the team intends to develop as part of the service plan.

Useful Strengths	Needs further development

NEEDS

Pathway Needs are needs rated with a 2 or 3 that will guide and intervention rather than be the focus of the intervention. These are typically more static and are helpful to consider when choosing the type of intervention.

Treatment Target Needs are needs rated with a 2 or 3 that are the intended target of the intervention. These can be clusters or groups of items that are hypothesized to have the same root cause.

Outcome Needs are where you expect to see the effect of the intervention. In some cases the item selected as the *Treatment Target Need* will be the same item identified as the *Outcome Need*; in other cases the two will be distinct.

Pathway	Treatment Target	Outcome

FAMILY FUNCTIONING

What are the needs and strengths of the family system?

This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g. joint custody).

For **Family Functioning**, the following categories and action levels are used:

0 indicates an area where there is no evidence of any needs. No action is required. This may be a strength.
1 indicates an area that requires monitoring, watchful waiting, or preventive activities.
2 indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
3 indicates an area that requires immediate or intensive action.

FF1. **PARENTAL-CAREGIVER COLLABORATION**

This item refers to the relationship between parents (or other primary caregivers) with regard to working together in child rearing activities.

POTENTIAL INTERVIEW QUESTIONS: *Ask parent/caregiver to describe his/her relationship with his/her partner. Observe and describe caregivers' interaction, degree of cooperation & collaboration.*

0	Adaptive collaboration. Parents usually work together regarding issues of the development and well-being of the children. They are able to negotiate disagreements related to their children.
1	Mostly adaptive collaboration. Generally good parental collaboration with occasional difficulties negotiating miscommunications or misunderstanding regarding issues of the development and well-being of the children.
2	Limited adaptive collaboration. Moderate problems of communication and collaboration between two or more adult caregivers with regard to issues of the development and well-being of the youth.
3	Significant difficulties with collaboration. Minimal collaboration and destructive or sabotaging communication among any parents regarding issues related to the development and well-being of the youth.

FF2. **RELATIONS AMONG SIBLINGS**

This item refers to how the children in the family (brothers and sisters as well as step and half siblings) get along with each other.

POTENTIAL INTERVIEW QUESTION: *Ask caregivers to describe how children get along. Observe and describe how children interact, play and cooperate with each other.*

0	Adaptive relationships. Siblings generally get along well. Occasional fights or conflicts between them occur, but are quickly resolved.
1	Mostly adaptive relationships. Siblings generally get along; however, when fights or conflicts arise there is some difficulty in resolving them.
2	Limited adaptive relationships. Siblings often do not get along. They generally attempt to resolve their fights or conflicts but have limited success in doing so.
3	Significant difficulties with relationships. Siblings do not get along. The relationships are marked by detachment or active, continuing conflicts, and may include physical violence.

FF3. **EXTENDED FAMILY RELATIONS**

This item refers to the family's relationship with other relatives (does not necessarily have to be a blood relation) who do not currently live with the family but do live in the same relative geographic area.

POTENTIAL INTERVIEW QUESTIONS: *Who are grandparents, aunts, uncles, cousins, other extended family* (collect names)*? Where do they live* (include address & phone)*? Is there other extended family* (collect names)*? Are they supportive?*

0	Adaptive relationships. Extended family members play a central role in the functioning and well-being of the family. They have predominately positive relationships with members of the extended family and conflicts are resolved quickly.
1	Mostly adaptive relationships. Extended family members play a supportive role in family functioning. They generally have positive relationships with members of the extended family. Conflicts may linger but eventually are resolved.
2	Limited adaptive relationships. Extended family members are marginally involved in the functioning and well-being of the family. They have generally strained or absent relationships with extended family members.
3	Significant difficulties with relationships. Family is not in contact or estranged from extended family members. They have negative relationships with continuing conflicts.

FF4. **FAMILY CONFLICT**

This item refers to how much fighting occurs between family members. Domestic violence refers to physical fighting in which family members might get hurt. This item does not have to be limited to the household if there is a pattern on conflictual relationships between the family and members of the extended family.

POTENTIAL INTERVIEW QUESTIONS: *Do interactions typically lead to arguments or confrontations? Is there a pattern of conflict in the family's interactions with each other and other individuals outside of the family?*

0	Minimal conflict. Family gets along well and negotiates disagreements appropriately.
1	Some Conflict. Family generally gets along fairly well but when conflicts arise resolution is difficult.
2	Significant conflict. Family is generally argumentative and conflict is a fairly constant theme in family communications.
3	Domestic violence. Threat or occurrence of physical, verbal or emotional altercations. Family with a current restraining order against one member would be rated here.

FF5. **FAMILY COMMUNICATION**

This item refers to the ability of all family members to talk to each other about their thoughts and feelings. It should only be about communication within the family (does not have to be in the same home).

POTENTIAL INTERVIEW QUESTIONS: *Are family members generally aware of how other family members are doing? Does lack of communication lead to problems within the family? Are individual members of the family able to express their needs to other family members?*

0	Adaptive communication. Family members generally are able to directly communicate important information among each other. Family members are able to understand each other's feelings and needs.
1	Mostly adaptive communication. Family members can communicate important information among each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent.
2	Limited adaptive communication. Family members generally are unable to directly communicate important information among each other. Family members have difficulties understanding each other's feelings and needs.
3	Significant difficulties with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs.

FF6. **FAMILY ROLE APPROPRIATENESS**

Boundaries refer to the ability of family members to separate themselves as individuals and appropriately separate communication with various family members. Hierarchies refer to the organization of decision-making authority in the family.

POTENTIAL INTERVIEW QUESTIONS: *Does the family recognize and respect the boundaries of other family members? Is there a clear delineation between the authority of the caregivers and the youth in the family?*

0	Adaptive boundaries. Family has strong appropriate boundaries among members. Clear inter-generational hierarchies are maintained.
1	Mostly adaptive boundaries. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles.
2	Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist.
3	Significant difficulties with boundaries. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist.

FF7. **SAFETY**

This item refers to the degree to which family members are safe from being physically injured in the home.

POTENTIAL INTERVIEW QUESTIONS: *Are there safety issues in the home? Are there safety issues in the neighborhood that threaten the family? Are there firearms in the house that are accessible? Are guns and ammunition kept separately and locked up? Do other relatives or friends that visit the home have weapons?*

0	No safety concern. Family provides a safe home environment for all family members.
1	Mild safety concern. Family home environment presents some mild possibility of neglect or exposure to undesirable influences (e.g., alcohol/drug abuse, gang membership of family members) but no immediate risk is present.
2	Moderate safety concern. Family home environment presents moderate possibility to family members including abuse and neglect or exposure to individuals who could harm the youth.
3	Severe safety concern. Family home environment presents a clear and immediate probability of harm to family members. Individuals in the environment present immediate risk of significant physical harm.

FF8. **SOCIAL RESOURCES**

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

POTENTIAL INTERVIEW QUESTIONS: *Do you have family members or friends who can help you when you need it?*

0	Family has sufficient resources/supports so that there are few limitations on what can be provided.
1	Family has the necessary resources/supports to help address their major and basic needs but those resources might be stretched.
2	Family has limited resources/supports (e.g. a grandmother living in same town who is sometimes available to watch the child(ren)).
3	Family has severely limited resources/supports. The family's health and safety are at risk due to lack of sufficient resources.

FF9. **FINANCIAL RESOURCES**

This item refers to the income and other sources of money available to family members (particularly caregivers) that can be used to address family needs; please include government assistance.

POTENTIAL INTERVIEW QUESTIONS: *Does family need assistance with budgeting, bill payment, debt, insurance? Complete Family Income table on page 2 of the CANS-F Assessment Form.*

0	No difficulties. Family has financial resources necessary to meet needs.
1	Mild difficulties. Family has financial resources necessary to meet most needs; however, some limitations exist.
2	Moderate difficulties. Family has financial difficulties that limit their ability to meet significant family needs.
3	Significant difficulties. Family experiencing financial hardship, poverty.

FF10. **RESIDENTIAL STABILITY**

This item rates the family's current and likely future housing circumstances.

POTENTIAL INTERVIEW QUESTIONS: *Is your current housing situation stable? Do you have any concerns that you may have to move in the near future? Have you lost your housing? Complete Residential Stability questions on page 2 of the CANS-F Assessment Form.*

0	This rating indicates a family/caregiver in stable housing with no known risks of instability.
1	This rating indicates a family/caregiver that is currently in stable housing but there are possible risks of housing disruption (e.g., loss of job).
2	This rating indicates a family/caregiver that has moved frequently or has very unstable housing.
3	This rating indicates a family/caregiver that is currently homeless.

CAREGIVER

What are the needs and strengths of the caregiver(s) in the family system?

This section focuses on the caregiver(s) in the family system. Each adult living in the family defined above who has any caregiver responsibilities would be rated separately in this section.

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

0 indicates an area where there is no evidence of any needs. No action is required. This may be a strength.
1 indicates an area that requires monitoring, watchful waiting, or preventive activities.
2 indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
3 indicates an area that requires immediate or intensive action.

C1. **SUPERVISION**

This rating is used to determine the caregiver's capacity to provide the level of monitoring and discipline needed by the youth.

POTENTIAL INTERVIEW QUESTIONS: *How do you feel about your ability to keep an eye on and discipline your child/children? Do you think you might need some help with these issues?*

0	This rating is used to indicate a caregiver circumstance in which supervision and monitoring are appropriate and functioning well.
1	This level indicates a caregiver circumstance in which supervision is generally adequate but inconsistent. This may include a caregiving situation in which one member of the caregiving team is capable of appropriate monitoring and supervision, but others are not capable or not consistently available.
2	This level indicates a caregiver circumstance in which appropriate supervision and monitoring are very inconsistent and frequently absent.
3	This level indicates a caregiver circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.

C2. **INVOLVEMENT WITH CARE**

This rating should be based on the level of involvement the caregiver(s) has in the planning and provision of youth welfare and related services.

POTENTIAL INTERVIEW QUESTIONS: *How do you feel about being involved in services for your child(ren)? Do you feel comfortable being an advocate? Would you like any help to become more involved?*

0	This level indicates a caregiver(s) who is *actively involved* in the planning and/or implementation of services and is able to be an *effective advocate* on behalf of the youth.
1	This level indicates a caregiver(s) who is *consistently involved* in the planning and/or implementation of services for the youth but is *not an active advocate* on behalf of the youth.
2	This level indicates a caregiver(s) who is *minimally involved* in the care of the youth. In the case of the Permanency Plan caregiver, the caregiver may visit individual when in out-of-home placement, but does not become involved in service planning and implementation.
3	This level indicates a caregiver(s) who is *uninvolved* with the care of the youth. In the case of the Permanency Plan caregiver, the caregiver may want individual out of the home or fails to visit the youth when the youth is in residential placement.

C3. **EMOTIONAL RESPONSIVENESS**

This item refers to the caregiver's ability to understand and respond appropriately to the joys, sorrows, anxieties and other feelings of children.

POTENTIAL INTERVIEW QUESTIONS: *Describe the caregiver's ability to emotionally respond to child(ren). Can the caregiver demonstrate empathy toward children? Can the caregiver meet the child(ren)'s emotional needs?*

0	Adaptive emotional responsiveness. Caregiver is emotionally empathic and attends to child's emotional needs.
1	Mostly adaptive emotional responsiveness. Caregiver is generally emotionally empathic and typically attends to child's emotional needs. However, certain psychological issues undermine the Caregiver's emotional responsiveness.
2	Limited adaptive emotional responsiveness. Caregiver is often not empathic and frequently is not able to attend to child's emotional needs.
3	Significant difficulties with emotional responsiveness. Caregiver is not empathic and rarely attends to the child's emotional needs.

C4. **BOUNDARIES**

This item refers to the caregiver's ability to maintain appropriate boundaries. This item may include physical separation, respecting privacy, and preventing children from being exposed to developmentally inappropriate information.

POTENTIAL INTERVIEW QUESTIONS: *Are caregiver's expectations of child appropriate? Are appropriate limits set on child's behavior?*

0	Adaptive boundaries. Caregiver has strong, appropriate boundaries between her/himself and her/his children.
1	Mostly adaptive boundaries. Caregiver has generally appropriate boundaries between her/himself and her/his children. Mild boundary violations may occur at times. Minor problems of rigidity of boundaries may occur.
2	Limited adaptive boundaries. Caregiver has problems maintaining appropriate boundaries between her/him and her/his children. Mild boundary violations may be routine or significant boundary violations may be occasional. Boundaries may be rigid.
3	Significant difficulties with boundaries. Caregiver has significant and consistent problems maintaining appropriate boundaries between her/himself and her/his children or is excessively rigid in her boundaries.

C5. **DISCIPLINE**

Discipline refers to the caregiver's ability to encourage children's positive behaviors through the use of a variety of different techniques including but not limited to praise, redirection, and punishment.

POTENTIAL INTERVIEW QUESTIONS: *What kinds of discipline are most often used in the family (talking, time-out, yelling, spanking, grounding, etc.)? Who does most of the disciplining in the home? What discipline works best in the family? What have you tried that hasn't worked?*

0	Good discipline methods. Caregiver generally demonstrates an ability to discipline her/his children in a consistent and benevolent manner. She/he usually is able to set age appropriate limits and to enforce them.
1	Adequate discipline methods. Caregiver is often able to set age appropriate limits and to enforce them. On occasion her/his interventions may be either too harsh or too lenient. At times, her/his expectations of her/his children may be too high or too low.
2	Inadequate discipline methods. Caregiver demonstrates limited ability to discipline her children in a consistent and benevolent manner. She/he rarely is able to set age appropriate limits and to enforce them. Her/his interventions may be erratic and overly harsh but not physically harmful. Her/his expectations of her/his children are frequently unrealistic.
3	Significant difficulties with discipline methods. Caregiver disciplines her/his children in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful.

C6. **CAREGIVER POSTTRAUMATIC REACTIONS**

This rating describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to their youth's or their own traumatic experiences.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.
1	Caregiver has some mild adjustment problems related to their youth's or their own traumatic experiences. Caregiver may exhibit some guilt about their youth's trauma or become somewhat detached or estranged from others.
2	Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.
3	Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hyper-vigilance, and constant anxiety.

C7. **MARITAL/PARTNER CONFLICT**

This rating describes the degree of difficulty or conflict in the caregiver relationship.

POTENTIAL INTERVIEW QUESTIONS:

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

C8. **PHYSICAL HEALTH**

Physical health includes medical and physical challenges faced by the caregiver(s) that affects parenting.

POTENTIAL INTERVIEW QUESTIONS: *How is your health? Do you have any health problems that make it hard for you to take care of your family?*

0	Caregiver(s) has no physical health limitations that impact assistance or attendant care.
1	Caregiver(s) has some physical health limitations that interfere with provision of assistance or attendant care.
2	Caregiver(s) has significant physical health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is physically unable to provide any needed assistance or attendant care.

C9. **MENTAL HEALTH**

This item refers to the caregiver's mental health status that affects parenting. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery.

POTENTIAL INTERVIEW QUESTIONS: *Do you have mental health needs that make parenting more difficult?*

0	Caregiver(s) has no mental health limitations that impact assistance or attendant care.
1	Caregiver(s) has some mental health limitations that interfere with provision of assistance or attendant care.
2	Caregiver(s) has significant mental health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is unable to provide any needed assistance or attendant care due to serious mental illness.

C10. **DEVELOPMENTAL** (COGNITIVE DEVELOPMENT)

This item describes the caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities that might affect parenting.

POTENTIAL INTERVIEW QUESTIONS: *Has anyone ever told you that you may have developmental problems that make parenting/caring for your child more difficult?*

0	Caregiver(s) has no developmental limitations that impact assistance or attendant care.
1	Caregiver(s) has some developmental limitations that interfere with provision of assistance or attendant care.
2	Caregiver(s) has significant developmental limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is unable to provide any needed assistance or attendant care due to serious developmental disabilities.

C11. **SUBSTANCE USE**

This item rates the caregiver's pattern of alcohol and/or drug use that affects parenting. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery.

POTENTIAL INTERVIEW QUESTIONS: *Do you have any substance abuse needs that make parenting more difficult?*

0	Caregiver(s) has no substance-related limitations that impact assistance or attendant care. Long-term recovery would be rated here.
1	Caregiver(s) has some substance-related limitations that interfere with provision of assistance or attendant care. History and short-term recovery would be rated here.
2	Caregiver(s) has significant substance-related limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is unable to provide any needed assistance or attendant care due to serious substance dependency or abuse.

C12. **CAREGIVER CRIMINAL BEHAVIOR**

This item rates the criminal behavior of the caregiver.

POTENTIAL INTERVIEW QUESTIONS:

0	No evidence that youth's caregivers have ever engaged in criminal behavior.
1	One of youth's caregivers has history of criminal behavior but youth has not been in contact with this caregiver for at least one year.
2	One of youth's caregivers has history of criminal behavior resulting in incarceration and youth has been in contact with this caregiver in the past year.
3	Both of youth's parents have history of criminal behavior resulting in incarceration.

CAREGIVER ADVOCACY

Do the caregiver(s) need assistance in their role as advocates in their family system?

This section provides an opportunity for your family to assess its current level of ability to advocate for members, particularly youth who have needs. In addition, three items are provided to allow the family to describe its perspective on the appropriateness of living, educational, and services arrangements for youth members.

For **Caregiver Advocacy**, the following categories and action levels are used:

0 indicates an area where there is no evidence of any needs. No action is required. This may be a strength.
1 indicates an area that requires monitoring, watchful waiting, or preventive activities.
2 indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
3 indicates an area that requires immediate or intensive action.

CA1. **KNOWLEDGE OF FAMILY/CHILD NEEDS**

This item refers to the caregiver's ability to recognize the needs of the family and individual family members.

POTENTIAL INTERVIEW QUESTIONS: *Do you have any concerns about your child(ren)'s mental health? Do you have any concerns about child(ren)'s risky behaviors? Do you have any concerns about drugs / alcohol related to the children?*

0	Caregiver(s) have strong understanding of family and child needs.
1	Caregiver(s) have understanding of family and child needs but may still require some help in learning about certain aspects of these needs.
2	Caregiver(s) require assistance in understanding family and/or child needs.
3	Caregiver(s) require substantial assistance in identifying and understanding family and child needs.

CA2. **KNOWLEDGE OF SERVICE OPTIONS**

This item refers to the choices the family might have for specific treatments, interventions or other services that might help the family address their needs or the needs of one of the family's members. This does not include services or information provided by the Department.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregiver(s) have strong understanding of service options.
1	Caregiver(s) have understanding of service options but may still require some help in learning about certain aspects of these services.
2	Caregiver(s) require assistance in understanding service options.
3	Caregiver(s) require substantial assistance in identifying and understanding service options.

CA3. **KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES**

This item refers to the caregiver's ability to understand and acknowledge the legal and societal expectations and responsibilities of their caregiver roles. This does not factor in Departmental involvement.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregiver(s) have strong understanding of rights and responsibilities.
1	Caregiver(s) have understanding of rights and responsibilities but may still require some help in learning about certain aspects of these needs.
2	Caregiver(s) require assistance in understanding rights and responsibilities.
3	Caregiver(s) require substantial assistance in identifying and understanding rights and responsibilities.

CA4. **ABILITY TO LISTEN**

This item refers to the caregiver's ability to hear both positive and negative feedback about him/herself and family members. This item would include asking clarifying questions.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregiver(s) is able to listen carefully and understand both good and bad news regarding family and child issues.
1	Caregiver(s) has listening skills but sometimes struggles to hear either good or bad news regarding family and child issues.
2	Caregiver(s) requires help learning to listen effectively.
3	Caregiver(s) requires substantial help learning to listen effectively.

CA5. **ABILITY TO COMMUNICATE**

This item refers to the caregiver's ability to effectively describe his/her needs as well as needs of other family members in a manner that others can understand.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregiver(s) is able to express feeling and thoughts effectively with regard to family and child issues. Others hear, understand, and respond.
1	Caregiver(s) is able to express feeling and thoughts but sometimes struggle to express these so that others can listen and/or understand.
2	Caregiver(s) requires help learning to express feelings and thoughts effectively with regard to family and child issues.
3	Caregiver(s) requires substantial help learning to express feelings and thoughts effectively with regard to family and child issues.

CA6. **NATURAL SUPPORTS**

These ratings refer to unpaid helpers in the youth's natural environment. These include individuals who provide social support to the target youth and family.

0	Caregiver(s) has substantial natural supports to assist in addressing most family and child needs.
1	Caregiver(s) has natural supports but some limitations exist whereby these supports are insufficient to address some family and child needs.
2	Caregiver(s) has limited natural supports.
3	Caregiver(s) has no natural supports.

CA7. **SATISFACTION WITH YOUTH'S LIVING ARRANGEMENT**

This item refers to the caregiver's satisfaction with the current living arrangement of any youth identified with needs. If a youth lives at home this describes the caregiver's desire to maintain this placement.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregiver(s) is pleased with identified youth's current living arrangement.
1	Caregiver(s) is satisfied with identified youth's current living arrangement, although some improvements could be made.
2	Caregiver(s) believes a change in living arrangement is desirable.
3	Caregiver(s) believes an immediate change in living arrangement is required.

CA8. **SATISFACTION WITH YOUTH'S EDUCATIONAL ARRANGEMENT**

This item describes the degree to which the caregiver is satisfied with the education placement of children in the family.

POTENTIAL INTERVIEW QUESTIONS: *Does caregiver attend / understand IEP meetings? Is caregiver satisfied with educational services provided by the local public school system?*

0	Caregiver(s) is pleased with identified youth's current educational arrangement.
1	Caregiver(s) is satisfied with identified youth's current educational arrangement, although some improvements could be made.
2	Caregiver(s) believes a change in educational arrangement is desirable.
3	Caregiver(s) believes an immediate change in educational arrangement is required.

CA9. **SATISFACTION WITH SERVICES ARRANGEMENT**

This item refers to the degree to which the caregiver(s) is satisfied with any services (or lack thereof) for children in their care.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregiver(s) is pleased with identified youth's current services arrangement.
1	Caregiver(s) is satisfied with identified youth's current services arrangement, although some improvements could be made.
2	Caregiver(s) believes a significant change in services arrangement is desirable.
3	Caregiver(s) believes an immediate and significant change in services arrangement is required.

ACCULTURATION

How much of a concern is the cultural fit between youth and environment?

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

0 indicates an area where there is no evidence of any needs.
1 indicates an area that requires monitoring, watchful waiting, or preventive activities.
2 indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
3 indicates an area that requires immediate or intensive action.

A1. **LANGUAGE**

This item includes both spoken and sign language. A '2' or '3' indicates need for an interpreter appropriate for necessary proceedings.

POTENTIAL INTERVIEW QUESTIONS: *Do the youth or significant family members have any difficulty communicating (either because English is not their first language, or due to another communication issue such as the need to use/learn sign language)?*

0	Youth and family speak English well.
1	Youth and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but a qualified individual(s) can be identified within natural supports.
3	Youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

A2. **CULTURAL IDENTITY**

Cultural identify refers to the youth's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, or lifestyle.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have a sense of belonging to a specific cultural group? Does the youth have role models, friends, and community members who share his/her sense of culture?*

0	Youth has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Youth is experiencing some confusion or concern regarding cultural identity.
2	Youth has significant struggles with his/her own cultural identity. Youth may have cultural identity but is not connected with others who share this culture.
3	Youth has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

A3. **GENDER / SEXUAL IDENTITY**

This item refers to the youth's gender identity including transgender, heterosexual, gay/lesbian, bisexual, transsexual, etc.

0	Youth has clear and consistent gender/sexual identity and is connected to others who share or support his/her sexual identity.
1	Youth is experiencing some confusion or concern regarding gender/sexual identity.
2	Youth has significant struggles with his/her own gender/sexual identity. Youth may have gender/sexual identity but is not connected with others who are supportive.
3	Youth is experiencing significant problems due to conflict regarding his/her gender/sexual identity.

A4. **RITUAL**

Cultural rituals are activities and traditions that support cultural identity, including the celebration of culturally specific holidays such as Kwanza, Hanukkah, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).

POTENTIAL INTERVIEW QUESTIONS: *Is your child able to celebrate with others (e.g., friends, family, and community members) who share their traditions and customs?*

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

CHILD FUNCTIONING

How much is the youth struggling in the major areas of life?

This section is used to describe the strengths and needs of all children and youth under the age of 18 living in the family defined above.

For **Child Functioning**, the following categories and action levels are used:

0 indicates an area where there is no evidence of any needs. No action is required. This may be a strength.
1 indicates an area that requires monitoring, watchful waiting, or preventive activities.
2 indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
3 indicates an area that requires immediate or intensive action.

CF1. **RELATIONSHIP WITH BIOLOGICAL MOTHER**

This item refers to the youth's relationship with his/her birth mother only.

POTENTIAL INTERVIEW QUESTIONS: *Where is the child's mother? Is the mother involved? Does she visit?*

0	Adaptive relationship. Youth has a generally positive relationship with biological mother. The youth appears to have formed a secure attachment, and can turn to mother for security, comfort or guidance.
1	Mostly adaptive relationship. Youth has a somewhat positive relationship with biological mother. The youth appears to have mild attachment problems that interfere with his/her ability to turn to mother for security, comfort, or guidance.
2	Limited adaptive relationship. Youth has a somewhat negative relationship with biological mother. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to mother for security, comfort, or guidance.
3	Significant difficulties with relationship. Youth has no ongoing relationship with his/her biological mother. The youth appears to have severe attachment problems.

CF2. **RELATIONSHIP WITH BIOLOGICAL FATHER**

This item refers to the youth's relationship with his/her birth father only.

POTENTIAL INTERVIEW QUESTIONS: *Where is the child's father? Is the father involved? Does he visit?*

0	Adaptive relationship. Youth has a generally positive relationship with biological father. The youth appears to have formed a secure attachment, and can turn to father for security, comfort or guidance.
1	Mostly adaptive relationship. Youth has a somewhat positive relationship with biological father. The youth appears to have mild attachment problems that interfere with his/her ability to turn to father for security, comfort, or guidance.
2	Limited adaptive relationship. Youth has a somewhat negative relationship with biological father. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to father for security, comfort, or guidance.
3	Significant difficulties with relationship. Youth has no ongoing relationship with his/her biological father. The youth appears to have severe attachment problems.

CF3. **RELATIONSHIP WITH PRIMARY CAREGIVER** *(if not biological mother or father)*

This item refers to the youth relationship with whoever is his/her primary caregiver at the moment.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have a positive relationship with the caregiver? Are there appropriate boundaries? Does the youth get their emotional needs met?*

0	Adaptive relationship. Youth has a generally positive relationship with primary caregiver. The youth appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.
1	Mostly adaptive relationship. Youth has a somewhat positive relationship with primary caregiver. The youth appears to have mild attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort, or guidance.
2	Limited adaptive relationship. Youth has a somewhat negative relationship with primary caregiver. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort, or guidance.
3	Significant difficulties with relationship. Youth has no ongoing relationship with his/her primary caregiver. The youth appears to have severe attachment problems.

CF4. **RELATIONSHIP WITH OTHER FAMILY ADULTS**

This item refers to the youth's involvement with adult family members who do not have primary caregiving responsibilities for the youth.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have any significant relationships with other adult family members? Can you describe those relationships?*

0	Adaptive relationships. Youth is able to have predominately positive relationships with other adult family members and is able to participate in conflict resolution with them.
1	Mostly adaptive relationships. Youth is able to have generally positive relationships with other adult family members. At times, conflicts may occur and linger between them but eventually are resolved.
2	Limited adaptive relationships. Youth is only able to have peripheral relationships with other adult family members or the relationships are strained.
3	Significant challenges with relationships. Adult family members are available emotionally and practically, but the youth is unable to have relationships with them.

CF5. **RELATIONSHIP WITH SIBLINGS**

This item refers to the youth's relationship with brothers and sisters including half-siblings, step-siblings, and foster siblings.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have a positive relationship with his/her siblings? Can you describe those relationships?*

0	Adaptive relationships. Youth is able to have predominately positive relationships with siblings and is able to participate in conflict resolution with them.
1	Mostly adaptive relationships. Youth is able to have generally positive relationships with siblings. At times, conflicts may occur and linger between them but eventually are resolved.
2	Limited adaptive relationships. Youth is only able to have peripheral relationships with siblings or the relationships are strained.
3	Limited adaptive relationships. Youth is only able to have peripheral relationships with siblings or the relationships are strained.

CF6. **MEDICAL/PHYSICAL**

This item refers to the youth's current medical health problems and physical impediments (i.e., both acute and chronic).Vision, weight, and asthma concerns would also be rated here. This item excludes mental health issues.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth generally healthy? Does s/he have any medical or physical problems? Does s/he have to see a doctor regularly to treat any problems (like asthma, diabetes)? Are there any activities the youth cannot do because of a physical or medical condition? How much does this interfere with her/his life?*

0	No evidence of health problems and/or child is healthy.
1	Youth has *mild* medical or physical problems (usually transient and treatable) that require medical evaluation or intervention.
2	Youth has *serious* medical or physical problems that require medical treatment or intervention. Or youth has a *chronic* illness or a physical challenge that requires *ongoing* medical intervention.
3	Youth has *life-threatening* illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to youth's safety, health, and/or development.

CF7. **INTELLECTUAL** (IQ only)

This rating describes the youth's cognitive/intellectual functioning.

POTENTIAL INTERVIEW QUESTIONS: *In general, does the youth learn as quickly as other youth around the same age? Has the youth's intelligence ever been assessed? What is the youth's IQ score?*

0	No evidence that youth has any problems with intellectual functioning and/or youth*'s* intellectual functioning appears to be in normal range.
1	Borderline to low average IQ (IQ between 70 and 85).
2	Mild to moderate delayed intellectual functioning (IQ between 50 and 70).
3	Severe or profound delayed intellectual functioning (IQ less than 50).

CF8. **SPEECH/LANGUAGE DELAY**

This rating describes the youth's ability to understand, process, and express language. Youth with a history of hearing problems or neglect are at risk for language development delays.

POTENTIAL INTERVIEW QUESTIONS: *Compared to other youth the same age, did the youth start talking on time? Is the youth's speech understandable to most people? Has a teacher, doctor, or anyone else ever expressed concern about the youth's speech and language development? Should speech and language therapy services be included in an intervention plan (e.g., in school)?*

0	No evidence of delays in speech and language development. Youth is able to understand and express self without difficulty.
1	Youth has mild difficulties with receptive or expressive ability. For instance, youth stutters or frequently requires repetition due to not understanding/processing directions given.
2	Speech and language presents a real frustration and barrier to social functioning for youth. A youth who meets criteria for a communication disorder, would be rated here.
3	Youth is unable to communicate at all or only on a very basic level with sounds or a very limited vocabulary.

CF9. **AUTISM SPECTRUM / PDD**

This rating describes symptoms of pervasive developmental disorders (PDDs), such as Autism, Asperger's, PDD NOS, Rett Syndrome, and Child Disintegrative Disorder. Youth with these symptoms demonstrate deficits in 1) social interaction, 2) verbal and nonverbal communication, and 3) repetitive behaviors or interests. In addition, they will often have unusual responses to sensory experiences, such as certain sounds or the way objects look. Each of these symptoms can be mild to severe and present in each individual youth differently.

POTENTIAL INTERVIEW QUESTIONS: *Since birth how responsive to people was the youth, compared to other youth of the same age? As a baby or toddler, did the youth maintain eye contact, respond to his/her name, and smile as often, as other children of the same age? Was the youth able to see the world through someone else's perspective? Compared to other youth of the same age, were there any delays in speaking? Since birth, does the youth focus on one object for long periods of time or have a hard time with breaks in routine?*

0	No evidence of a pervasive developmental disorder.
1	Evidence of a mild PDD. Youth may have symptoms of a PDD, but symptoms are below threshold for a PDD diagnosis and do not have a significant effect on youth's development.
2	Youth meets criteria for a PDD. Developmental delays create significant challenges for this youth.
3	Severe PDD. Youth is unable to meet developmental milestones.

CF10. **SOCIAL FUNCTIONING**

This item rates difficulty a youth may have in relationships with adults and similar-age others. It includes age-appropriate behavior, the ability to make and sustain adaptive adult and peer relationships, and adequate sources of <u>adaptive</u> adult and peer relationships.

POTENTIAL INTERVIEW QUESTIONS: *How well does the youth get along with adults and peers? Does s/he develop healthy relationships with adults and peers easily? Has s/he kept healthy relationships for a long time or does s/he tend to change those frequently?*

0	No evidence of problems and/or youth has developmentally appropriate social functioning with adults and peers.
1	History/ suspicion or youth is having some minor problems in making and keeping adaptive relationships.
2	Youth is having some moderate problems with relationships that interfere with other life domains.
3	Youth is experiencing severe disruptions in relationships. Youth may have no friends, or s/he has constant conflict in relations, or relationships are maladaptive. The quality of the youth's relationships presents imminent danger to youth's safety, health, and/or development.

CF11. **SCHOOL ATTENDANCE**

This item rates issues of tardiness and/or truancy. If school is not in session, rate the last 30 days when school was in session.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth had any difficulty with getting to or staying in school? Has the teacher or other school personnel expressed concern about the youth's attendance?*

0	No evidence of attendance problems. Youth attends regularly.
1	Youth has some problems attending school but generally goes to school. S/he may miss up to one day per week on average. Or s/he may have moderate to severe problems in the past six months but has been attending school regularly in the past month.
2	Youth is having problems with school attendance. S/he is missing at least two days per week on average.
3	Youth is not going to school. Youth is generally truant or refusing to go to school.

CF12. **SCHOOL ACHIEVEMENT**

This item rates the youth's grades or level of academic achievement. Failing most subjects or being more than one year behind same-age peers would be rated '3.'

POTENTIAL INTERVIEW QUESTIONS: *How is the youth doing academically? Is s/he having difficulty with any subjects? Is s/he at risk of failing any classes? Of being left back? Has the teacher or other school personnel expressed concern about the youth's academic performance?*

0	No evidence of issues in school achievement and/or youth is doing well in school.
1	Youth is doing adequately in school, although some problem with achievement exists.
2	Youth is having moderate problems with school achievement. S/he may be failing some subjects.
3	Youth is having severe achievement problems. S/he may be failing most subjects or has been retained a grade level ("left back"). Youth might be more than one year behind same-age peers in school achievement.

CF13. **SCHOOL BEHAVIOR**

This item rates the behavior of the youth in school or school-like settings (e.g., Head Start, pre-school). A rating of '3' would indicate a youth, who is still having problems after special efforts have been made (e.g., problems in a special education class). If youth is currently not attending (e.g., summer break, expelled, truancy), rate behavior when youth last attended.

POTENTIAL INTERVIEW QUESTIONS: *How is the youth doing in school? Has the teacher or other school personnel expressed concerns about the youth's behavior?*

0	No evidence of behavior problems at school or day care and/or youth is behaving well.
1	Youth is behaving adequately in school, although some behavior problems exist. May be related to either relationship with teachers or peers. A single detention might be rated here.
2	Youth is having moderate behavioral difficulties at school. S/he is disruptive and may have received sanctions including suspensions or multiple detentions.
3	Youth is having severe problems with behavior in school. S/he is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

CF14. **MENTAL HEALTH NEEDS**

This item is used to describe the youth's current mental health. <u>If the youth receives a rating of 1 or higher please complete the Child Behavioral/Emotional Needs Section</u>.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth in emotional distress? Does the youth need behavioral health services? Is the youth in need of mental health therapy to address their emotional or behavioral needs?*

0	No mental health challenges. Youth has no signs of any notable mental health problems.
1	Mild mental health challenges. Youth may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated.
2	Moderate mental health challenges. Youth has a diagnosable mental health problem that interferes with his/her functioning.
3	Significant challenges with mental health. Youth has a serious psychiatric disorder.

CF15. **RISK BEHAVIORS**

This item describes any behavior that has the potential of placing the child or others at risk of physical harm. Suicidal behavior, violence, recklessness, A&D use, and sexual aggression would be rated here. If the youth receives a rating of 1 or higher please complete the Child Risk Behaviors Section.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth at risk of hurting themselves or someone else?*

0	No evidence of any high risk behavior.
1	Child has a notable history of high risk behavior but not in the past month.
2	Child engages in high risk behavior that interferes with functioning and may place self or others at risk of physical harm.
3	Child engages in high risk behavior that places him/her or others at immediate risk of physical harm.

CF16. **ADJUSTMENT TO TRAUMA**

This item covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. This dimension covers both adjustment disorders and posttraumatic stress disorder from DSM-IV. Behaviors which might indicate trauma reactions include anxiousness/hyper-vigilance, regression to behavior of younger ages (e.g., toileting problems, babyish speech, failure to engage in self-feeding, bathing, and other self-care), appetite disruption, withdrawal of interest from pleasurable activities, and other signs of emotional dysregulation after significant life events.

POTENTIAL INTERVIEW QUESTIONS: *Has youth experienced a traumatic event? Does s/he experience frequent nightmares? Is s/he troubled by flashbacks? Is s/he unusually afraid of being alone, or of participating in normal activities?*

0	No evidence of problems associated with traumatic life events.
1	History, suspicion, or mild level of need regarding adjustment to trauma. Youth may have an adjustment disorder or other reaction that might ease with the passage of time. Or youth may be recovering from a more extreme reaction to a traumatic experience.
2	Marked adjustment problems associated with traumatic experiences. Youth may have nightmares or other notable symptoms of Adjustment Disorder or Acute Stress Disorder. Adjustment is interfering with functioning in at least one life domain.
3	Youth has post-traumatic stress difficulties as a result of traumatic experience. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD).

TRAUMA EXPERIENCES

*These ratings are made based on **lifetime** exposure* to trauma. Perpetrators should NOT be rated here.*
(Note: Definitions of trauma experiences were taken from the National Child Traumatic Stress Network (NCTSN).)

For **Trauma Experiences,** the following rating categories are used:

0 indicates that there is no evidence of any trauma of this type.
1 indicates that exposure to this trauma type is suspected or considered mild.
2 indicates moderate exposure to this trauma type.
3 indicates severe exposure to this trauma type (often with medical and physical consequences).

TE1. **SEXUAL ABUSE**

This rating describes the youth's experience of sexual abuse and the impact of the abuse on youth functioning. Sexual abuse includes a wide range of sexual behaviors that take place between a youth and an older person or alternatively between a youth and another youth. Behaviors that are sexually abusive often involve bodily contact, such as sexual kissing, touching, fondling of genitals, and intercourse. However, behaviors may be sexually abusive even if they do not involve contact, such as of genital exposure ("flashing"), verbal pressure for sex, and sexual exploitation for purposes of prostitution or pornography.

0	No evidence that youth has experienced sexual abuse.
1	Suspicion that youth has experienced sexual abuse.
2	Sexual abuse. Youth might have experienced one or multiple incidences.
3	Severe sexual abuse. Youth might have experienced one severe incident or accumulated incidences (perhaps chronic) warranting this rating.

TE2. **PHYSICAL ABUSE**

This rating describes the youth's experience of physical abuse and the impact of the abuse on youth functioning. Physical abuse means causing or attempting to cause physical pain or injury. It can result from punching, beating, kicking, burning, or harming a child in other ways. Sometimes an injury occurs when a punishment is not appropriate for a child's age or condition. It may also include misuse of medical/chemical restraint or inappropriate sanctions.

0	No evidence that youth has experienced physical abuse.
1	Suspicion that youth has experienced physical abuse.
2	Moderate level of physical abuse and/or repeated forms of physical punishment (e.g., hitting, punching).
3	Severe and repeated physical abuse with intent to do harm and that causes sufficient physical harm to necessitate hospital treatment.

TE3. **EMOTIONAL ABUSE**

This rating describes the youth's experience of emotional abuse (including verbal and nonverbal) and the impact of the abuse on youth functioning. Emotional abuse encompasses ignoring, isolating, exploiting, corrupting, verbally assaulting (i.e., belittling, ridiculing, using pejorative labels), constant criticizing, terrorizing, threatening (i.e., threatening physical or sexual abuse or deprivation of life necessities), bullying, intimidating, harassing, neglecting, or rejecting (i.e., actively refusing to respond to youth needs). Emotional abuse also includes excessive, aggressive, or unreasonable demands that place expectations on a youth beyond her/his capacity.

0	No evidence that youth has experienced emotional abuse.
1	Suspicion or mild emotional abuse. For instance, youth may experience some insults or is occasionally referred to in a derogatory manner by caregivers.
2	Moderate emotional abuse. For instance, youth may be consistently denied emotional attention from caregivers, insulted or humiliated, or intentionally isolated from others.
3	Severe emotional abuse over an extended period of time (at least one year). For instance, youth is completely ignored by caregivers, or threatened/terrorized by others.

TE4. **NEGLECT**

This rating describes the youth's exposure to neglect and the impact of this exposure on youth functioning. Youth neglect occurs when a caregiver does not give a youth the care needed according to her/his age. Neglect may be physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision), medical (e.g., failure to provide necessary medical or mental health treatment), educational (e.g., failure to educate a youth or attend to special education needs), and emotional (e.g., inattention to a youth's emotional needs, failure to provide psychological care, or permitting the youth to use alcohol or other drugs). Neglect also includes poor supervision for a youth, including putting her/him in the care of someone incapable of caring for youth. It can also mean abandoning a youth or expelling her/him from home.

0	No evidence that youth has experienced neglect.
1	Suspicion of or minor/occasional neglect. Youth may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of youth.
2	Moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
3	Severe level of neglect, including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

TE5. **MEDICAL TRAUMA**

This rating describes the youth's exposure to medical trauma and the impact of this exposure on youth functioning. Medical trauma refers to reactions that youth may have to pain, injury, and serious illness or to "invasive" medical procedures (such as surgery) or treatments (such as burn care) that are sometimes frightening.

0	No evidence that youth has experienced any medical trauma.
1	Mild medical trauma, including minor surgery (e.g., stitches, bone setting).
2	Moderate medical trauma, including major surgery or injuries requiring hospitalization.
3	Severe (i.e., life-threatening) medical trauma.

TE6. **WITNESS TO FAMILY VIOLENCE**

This rating describes the youth's exposure to family violence and the impact of this exposure on youth functioning. Family violence, also often referred to as domestic violence, may occur between spouses, domestic partners, romantic partners not living together, siblings, caregiver(s), sibling(s), relatives, and cohabitants. Family violence includes physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence.

0	No evidence that youth has witnessed family violence.
1	Suspicion that youth has been exposed to family violence. Youth might have witnessed one episode of family violence or have had mild or limited exposure to family violence.
2	Moderate family violence. Youth might have witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.
3	Severe family violence. Youth might have witnessed repeated and severe episodes of family violence or has had to intervene in episodes of family violence. Significant injuries have occurred and have been witnessed by the youth as a direct result of the violence.

TE7. **COMMUNITY VIOLENCE**

This rating describes the youth's exposure to community violence and the impact of this exposure on youth functioning. Community violence includes predatory violence (e.g., robbery) and violence that comes from personal conflicts between people who are not family members. It may include brutal acts such as shootings, rapes, stabbings, and beatings. Youth may experience trauma as victims or witnesses.

0	No evidence that youth has witnessed or experienced violence in the community.
1	Youth has witnessed occasional fighting or other forms of violence in the community. Youth has <u>not</u> been directly impacted by the community violence (i.e., violence not directed at self, family, or friends) and exposure has been limited.
2	Youth has witnessed the significant injury of others in his/her community, or has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence that was not life-threatening, or has witnessed/experienced chronic or ongoing community violence.
3	Youth has witnessed or experienced the death of another person in his/her community as a result of violence, or is the direct victim of violence in the community that was life-threatening, or has experienced chronic/ongoing impact as a result of community violence (e.g., family member injured and no longer able to work).

TE8. **SCHOOL VIOLENCE**

This rating describes the youth's exposure to school violence and the impact of this exposure on youth functioning. School violence includes fatal and nonfatal student or teacher victimization, threats to or injury of students, fights at school, and students carrying weapons to school.

0	No evidence that youth has witnessed violence in the school setting.
1	Youth has witnessed occasional fighting or other forms of violence in the school setting. Youth has <u>not</u> been directly impacted by the violence (i.e., violence not directed at self or close friends) and exposure has been limited.
2	Youth has witnessed the significant injury of others in his/her school setting, or has had friends injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to minor injury, or has witnessed ongoing/chronic violence in the school setting.
3	Youth has witnessed the death of another person in his/her school setting, or has had friends who were seriously injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to significant injury or lasting impact.

TE9. **NATURAL OR MAN-MADE DISASTERS**

This rating describes the youth's exposure to either natural or man-made disasters and the impact of this exposure on youth functioning. ***Natural disasters*** *may include hurricanes, floods, tornadoes, earthquakes, brush fires, tsunami, typhoon, avalanche, blizzard, mudslide, volcanic eruption, cyclone, and wildfire. Other more minor natural occurrences in this category include heat waves, droughts, extreme precipitation, and hail storms.* ***Man-made disasters*** *consist of a broad category of life events, which can cause a traumatic response, both for direct and indirect victims. They might include transportation accidents and crashes (e.g., airplane, train, automobile), bridge/mine collapse, explosions, and energy/chemical containment failures. Factors to consider in disaster trauma include death or injury of loved one or self, home/habitat destruction, financial loss, and displacement from family or friends or community.*

0	No evidence that youth has been exposed to natural or man-made disasters.
1	Youth has been exposed to disasters second-hand (i.e., on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters, such as a fire or earthquake or man-made disaster, including car accident, plane crashes, or bombings.
2	Youth has been directly exposed to a disaster or witnessed the impact of a disaster on a family member or friend. For instance, a youth may have observed a caregiver who has been injured in a car accident or has watched his neighbor's house burn down.
3	Youth has been directly exposed to a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g., house burns down, caregiver loses job).

TE10. **WAR-AFFECTED**

This rating describes the youth's direct exposure to war, political violence, or torture and the impact of this exposure on youth functioning. This type of trauma can be the result of living in a region affected by bombing, shooting, or looting, as well as forced displacement to a new home due to political reasons. Some young refugees have served as soldiers, guerrillas, or other combatants in their home countries, and their traumatic experiences may closely resemble those of combat veterans. Violence or trauma related to terrorism is not included here.

0	No evidence that youth has been exposed to war, political violence, or torture.
1	Youth did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the youth may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war, or both. This does not include youth who have lost one or both parents during the war.
2	Youth has been affected by war or political violence. S/he may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Youth may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of youth. Youth may have spent extended amount of time in refugee camp.
3	Youth has experienced the direct affects of war. Youth may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped. Some may have served as soldiers, guerrillas, or other combatants in their home countries.

TE11. **TERRORISM-AFFECTED**

This rating describes the degree to which a youth has been affected by terrorism. Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological." Terrorism includes attacks by individuals acting in isolation (e.g., sniper attacks) as well as attacks by groups or people acting for groups.

0	No evidence that youth has been affected by terrorism or terrorist activities.
1	Youth's community has experienced an act of terrorism, but the youth was not directly impacted by the violence (i.e., youth lives close enough to site of terrorism that they may have visited before or youth recognized the location when seen on TV, but youth's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.
2	Youth has been affected by terrorism within his/her community, but did not directly witness the attack. Youth may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of youth's daily life may be disrupted due to attack (e.g. utilities or school), and youth may see signs of the attack in neighborhood (e.g., destroyed building). Youth may know people who were injured in the attack.
3	Youth has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

TE12. **WITNESS/VICTIM TO CRIMINAL ACTIVITY**

This rating describes the degree of severity of exposure to criminal activity.

0	No evidence that youth has been victimized via or witnessed significant criminal activity.
1	Youth is a witness of significant criminal activity.
2	Youth is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Youth is a victim of criminal activity that was life-threatening or caused significant physical harm or youth witnessed the death of a loved one.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

To what degree do mental health challenges impair the youth/family's life?

For **Behavioral/Emotional Needs,** the following categories and symbols are used:

0 indicates an area where there is no evidence of any needs.
1 indicates a history, suspicion, or mild level of need, thus requiring *monitoring, watchful waiting, or preventive activities*.
2 indicates moderate need (i.e., impairing at least one life domain), thus requiring *action* to address this need.
3 indicates severe need (i.e., impairing multiple life domains), thus requiring *immediate or intensive action*.

BEN1. **PSYCHOSIS**

The primary symptoms of psychosis include hallucinations (experiencing things others do not experience), delusions (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), unusual thought processes, strange speech, or bizarre behavior. The most common form of hallucinations is tactile, followed by auditory, and then visual. DSM-IV disorders included on this dimension are schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, delusional disorder, shared psychotic disorder, substance-induced psychosis, psychosis due to a general medical condition, psychosis NOS.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever talked about hearing, seeing or feeling something that was not actually there? Has the youth ever done strange or bizarre things that didn't seem to make sense? Does the youth have strange beliefs about things? Has anyone ever told you that the youth has a thought disorder or a psychotic condition?*

0	No evidence of thought disorder. Both thought processes and content are within normal range.
1	History, suspicion, or mild level of need regarding thought processes or content. The youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This category would be used for youth who are sub-threshold for one of the DSM diagnoses listed above.
2	Moderate disturbance in thought processes or content. The youth may be somewhat delusional or have brief or intermittent hallucinations. The youth's speech may be at times quite tangential or illogical. This level would be used for youth who meet the diagnostic criteria for one of the disorders listed above.
3	Severe psychotic disorder. The youth frequently experiences symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions, hallucinations or both. Command hallucinations would be coded here. This level is used for extreme cases of the diagnoses listed above.

BEN2. **ATTENTION DEFICIT/IMPULSE CONTROL**

This rating focuses on the loss of control or intentional behavior, sometimes referred to as problems in executive functioning. Youth with impulse problems tend to engage in behavior without thinking, regardless of consequences. Symptoms of Attention Deficit and Hyperactivity Disorder and Impulse Control Disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth able to sit still for any length of time? Does s/he have trouble paying attention for more than a few minutes? Is the youth able to control him/herself? Does the youth report feeling compelled to do something despite negative consequences?*

0	No evidence of attention, hyperactivity, or impulse problems.
1	History, suspicion, or mild level of need regarding attention, hyperactivity, or impulse control. Youth may have some difficulties staying on task for an age appropriate time period.
2	Moderate symptoms of attention, hyperactivity, or impulse control problems. A youth who meets DSM-IV diagnostic criteria for ADHD would be rated here.
3	Severe impairment of attention/dangerous impulse control problems. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g. running into the street, dangerous driving or bike riding). A youth with profound symptoms of ADHD would be rated here.

BEN3. **DEPRESSION/MOOD DISORDER**

Symptoms included in this dimension are irritable, depressed, or manic mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation. This dimension can be used to rate symptoms of the following mood disorders as specified in DSM-IV: dysthymic disorder, major depressive disorder, depressive disorder NOS, bipolar disorder NOS, bipolar I, bipolar II, mood disorder NOS.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth seem depressed or irritable? Has s/he withdrawn from normal activities? Does the youth seem lonely or not interested in others?*

0	No evidence of mood disorder symptoms.
1	History, suspicion, or mild level of need regarding mood disorder symptoms. Mild symptoms associated with a recent negative life event with minimal impact on life domain functioning.
2	Moderate level of mood disorder symptoms that interfere with functioning in at least one life domain. This level is used to rate youth who meet the criteria for an affective disorder listed above.
3	Severe level of mood disorder symptoms. This would include a youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be coded here. This level is used to indicate a severe case of one of the disorders listed above.

BEN4. **ANXIETY**

This item describes the youth's level of fearfulness, worrying, panic attacks, or other characteristics of anxiety disorders.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have any problems with anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Does the youth act frightened or afraid? Does the youth worry a lot?*

0	No evidence of any anxiety or fearfulness.
1	History, suspicion, or mild level of need regarding anxiety disorder symptoms. Mild to moderate symptoms associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the other listed disorders.
2	Moderate level of anxiety disorder symptoms that has interfered significantly in youth's ability to function in at least one life domain.
3	Severe level of anxiety disorder symptoms that makes it virtually impossible for the youth to function in any life domain.

BEN5. **OPPOSITIONAL BEHAVIOR** (Non-compliance with authority)

This item is intended to capture how the youth relates to authority <u>across contexts</u>. Authority figures include caregivers, school officials, police, and other powerful adults. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on <u>non-compliance to authority</u> rather than on seriously breaking social rules, norms, and laws.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth do what adults and other people of authority ask him/her to do? Have teachers or other adults reported that the youth does not follow rules or directions? Does the youth argue with adults when they try to get her/him to do something?*

0	No evidence of oppositional behavior. Youth is generally compliant, recognizing that all children and youth fight authority some.
1	History, suspicion, or mild level of need regarding compliance with authority figures. Behavior has minimal impact on life domain functioning. Youth may occasionally talk back to teacher, parent/caregiver. Caregiver may receive letters or calls from school regarding youth's noncompliance with school rules.
2	Moderate problems with compliance with authority figures. Behavior interferes with functioning in at least one life domain. A youth who meets the criteria for Oppositional Defiant Disorder in DSM-IV would be rated here.
3	Severe problems with compliance with authority figures. Behavior interferes with functioning in multiple life domains. A youth rated at this level would be a severe case of Oppositional Defiant Disorder. They would be virtually always noncompliant. Youth repeatedly ignores authority.

BEN6. **CONDUCT / ANTISOCIAL BEHAVIOR**

These symptoms indicate purposeful acts against society, rule-breaking for sport, satisfaction from subordination or pain of others, and lack of remorse/guilt for such acts. Acts include antisocial behaviors like pathological lying, shoplifting/stealing, vandalism, deliberate destruction of property, cruelty to animals, and assault. This dimension would include the symptoms of Conduct Disorder as specified in the DSM. Training example: Youth blindfolded foster sister, told her to walk down the steps, and – while there were still four steps remaining – told her she'd reached the bottom of the steps.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth honest? How does the youth handle telling the truth/lies? Has the youth been part of any criminal behavior? Has the youth ever shown violent or threatening behavior towards others? Has the youth ever tortured animals or set fires?*

0	No evidence of serious violations of others or laws.
1	History, suspicion, or mild level of need regarding antisocial behavior. Youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex, and community. This might include occasional truancy, repeated severe lying, or petty theft from family.
2	Moderate antisocial behavior. This could include episodes of planned aggressive or other antisocial behavior. A youth rated at this level should meet the criteria for a diagnosis of Conduct Disorder.
3	Severe antisocial behavior. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior that places youth or community at significant risk of physical harm due to these behaviors.

BEN7. **SUBSTANCE ABUSE**

These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with DSM-IV Substance-related Disorders.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth used alcohol or any kind of drugs on more than an experimental basis? Does the youth have an alcohol or drug use problem? Has anyone reported that they think the youth might be using alcohol or drugs?*

0	No evidence of substance use. If the person is in recovery for greater than 1 year, they should be coded here although this is unlikely for a youth.
1	History, suspicion, or mild level of need regarding substance use that might occasionally impair functioning (e.g., intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently abstinent for at least 30 days.
2	Moderate substance abuse problem that interferes with functioning in at least one life domain and thus requires treatment. Substance abuse problems consistently interfere with the ability to function optimally but do not completely preclude functioning in an unstructured setting.
3	Severe substance abuse problem. Youth requires detoxification, is dependant or addicted to alcohol and/or drugs. Youth intoxicated at the time of assessment (i.e., currently under the influence) is included here. A substance-exposed infant who demonstrates symptoms of substance dependence would be rated here.

BEN8. **EATING DISTURBANCE**

This item describes any needs involving the youth's food intake, such as food hoarding, overeating, anorexia, bulimia, rigid food preferences, and inability to chew/swallow due to muscle problems. Pica (i.e., persistently eating non-nutritive substances) would also be included.

POTENTIAL INTERVIEW QUESTIONS: *How does the youth feel about his/ her body? Does s/he seem to be overly concerned about his/her weight? Does s/he ever refuse to eat, binge eat, or hoard food? Has the youth ever been hospitalized for eating related issues?*

0	No evidence of any problems related to eating.
1	History, suspicion, or mild level of need regarding eating minimal impairment in functioning. This could include some preoccupation with weight or calorie intake. Youth of normal weight or below normal weight who are preoccupied with their body size or type would be rated here. This could also include some binge eating patterns.
2	Moderate problems with eating that impair functioning in at least one life domain. Youth may be finicky eaters, have few food preferences and not have a clear pattern of when they eat. They may spit food or overeat or may have problems with oral motor control.
3	Severe problems with eating, either in the mechanics of eating or with respect to food preferences, are present and are putting the youth at risk developmentally. The youth and family are very distressed and unable to overcome problems in this area.

BEN8. **ANGER CONTROL**

This item captures the youth's ability to identify and manage their anger when frustrated, regardless of the impulsivity component to behavior. (TIP: For concurrent ratings, consider how quickly the youth "cools down," esp. after youth receives desired response or object.)

POTENTIAL INTERVIEW QUESTIONS: *How does the youth control his/her temper? Does s/he get upset or frustrated easily? Does s/he become physically aggressive when angry? Does s/he have a hard time managing anger if someone criticizes or rejects him/her?*

0	No evidence of developmentally inappropriate anger control problems.
1	Mild problems with controlling anger. S/he may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems, getting him/her in significant trouble with peers, family, and/or school. This level may be associated with some physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

BEN9. **ATTACHMENT DIFFICULTIES**

This items describes the youth's ability to form secure, age-appropriate emotional bonds with important others, display appropriate boundaries in their interactions with others (e.g., lack of clinginess, distancing), and appropriately differentiate their interactions with close others versus strangers. This item should be rated within the context of developmental appropriateness and the youth's significant relationships, including caregiver relationships and peer relationships. Social impairment due solely to developmental disorder or delay should NOT be rated here.

0	No evidence of attachment problems. Youth exhibits age-appropriate emotional bonds with caregiver(s) and peers.
1	Mild problems with attachment. There is some evidence of insecurity in the youth-caregiver relationship. Youth may have minor difficulties with appropriate physical/emotional boundaries with others.
2	Moderate problems with attachment. Youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers and peers, and may have ongoing difficulties with physical or emotional boundaries with others.
3	Severe problems with attachment. Youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior) OR youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Youth is considered at ongoing risk due to the nature of attachment behaviors. A youth who meets the criteria for Reactive Attachment Disorder (RAD) in DSM would be rated here. Youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers.

CHILD RISK BEHAVIORS

To what degree is the youth a danger to self and others?

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

0 indicates an area where there is no evidence of any needs.
1 indicates an area that requires monitoring, watchful waiting, or preventive activities.
2 indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
3 indicates an area that requires immediate or intensive action.

CRB1. **SUICIDE RISK**

This rating describes the presence of thoughts or behaviors aimed at taking one's life. This item rates overt and covert thoughts and efforts on the part of an individual to end his/her life. A rating of 2 or 3 would indicate the need for a safety plan.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever talked about a wish or plan to die or to kill him/herself? Has s/he ever tried to commit suicide?*

0	No evidence or history of suicidal or self-harming behaviors that are life-threatening.
1	History or suspicion of suicidal ideation or gesture, but no suicide attempts during the past 30 days.
2	Recent suicidal ideation or gesture, but not in past 24 hours. Self-harming behaviors that are life-threatening in the past 30 days (including today) without suicidal ideation or intent would be rated here.
3	Current suicidal ideation, intent, and/or attempt.

CRB2. **SELF-INJURIOUS BEHAVIOR** (for self-soothing)

This rating includes repetitive physically harmful behavior that generally serves a self-soothing function for the youth and could exist in the absence of suicidal intent. Rubbing, burning, face slapping, head banging against surfaces, carving, and cutting on the arms or legs would be common examples of self-mutilation behavior. Giving oneself tattoos also would be an example. Repeatedly piercing one's skin is another example. Professional tattoos or body piercing would not be classified as self-mutilation.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever talked about a wish or plan to hurt him/herself? Does the youth ever purposely hurt him/herself (e.g. cutting)?*

0	No evidence of self-injurious behavior.
1	History or suspicion of self-injurious behavior.
2	Engaged in self-injurious behavior that *does not require medical attention*.
3	Engaged in self-injurious behavior that *requires medical attention*.

CRB3. **RECKLESS BEHAVIOR** (without intent to harm self or others)

This rating includes reckless and dangerous behaviors that, while <u>not intended to harm self or others</u>, place the youth or others at some jeopardy. These behaviors could include dangerous thrill-seeking and other stunts for the sake of distraction or entertainment. Suicidal or self-injurious behavior is NOT rated here. (Please note that this rating is also related to Judgment/Decision-Making rating.)

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever talked about or acted in a way that might be dangerous to him/herself (e.g., reckless behavior such as subway surfing, riding on top of cars, reckless driving, climbing bridges, promiscuity)?*

0	No evidence of behaviors that place the youth at risk of physical harm.
1	History, suspicion, or mild level of reckless and risk-taking behavior that places youth at risk of physical harm.
2	Engaged in reckless behavior or intentional risk-taking behavior that places him/her in danger of *physical harm*.
3	Engaged in reckless behavior or intentional risk-taking behavior that places him/her at immediate risk of *death*.

CRB4. **DANGER TO OTHERS** (with intent to harm)

This item rates the youth's violent or aggressive behavior with the intention cause significant bodily harm to others. This rating includes actual and threatened violence, beyond normative displays (e.g., boys pushing each other around to say "hello" without intent to harm). Imagined violence (e.g., drawings, lists of potential targets for violence), when extreme, may be rated here. Homicidal ideation would be rated here. A rating of 2 or 3 would indicate the need for a safety plan.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever injured another person on purpose? Does s/he get into physical fights? Has the youth ever threatened to kill or seriously injure another person?*

0	No evidence or history of aggressive behaviors towards others (including people and animals).
1	History of aggressive behavior or verbal aggression towards others.
2	Recent aggressive or threatening behavior (e.g., homicidal ideation, physically harmful aggression, or dangerous fire setting) but not within past 24 hours.
3	Frequent or dangerous (significant harm) level of aggression to others. Youth is an immediate risk to others.

CRB5. **SEXUAL AGGRESSION**

Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which youth takes advantage of a younger or less powerful youth through seduction, trickery, bribery or force.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever been accused of being sexually aggressive with another youth? What happened after that?*

0	No evidence of problems with sexual behavior in the past year.
1	History or suspicion of sexual aggression or mild problems of sexually abusive behavior. For example, occasional inappropriate sexually aggressive/harassing language or behavior.
2	Moderate problems with sexually abusive behavior, For example, frequent inappropriate sexual behavior. Frequent disrobing would be rated here only if it was sexually provocative. Frequent inappropriate touching would be rated here.
3	Severe problems with sexually abusive behavior. This would include the rape or sexual abuse of another person involving sexual penetration and other sexual acts.

CRB6. **SEXUALLY REACTIVE BEHAVIORS**

Sexually reactive behavior includes both age-inappropriate sexualized behaviors that may place a youth at risk for victimization or risky sexual practices. The primary distinction between sexual aggression and sexually reactive behaviors is that youth with sexually reactive behaviors target peers or older/more powerful others.

0	No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.
1	History, suspicion, or some evidence of sexually reactive behavior. Youth may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place youth at great risk. A history of sexually provocative behavior would be rated here.
2	Moderate problems with sexually reactive behavior that place youth at some risk. Youth may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
3	Severe problems with sexually reactive behaviors. Youth exhibits sexual behaviors that place youth or others at immediate risk.

CRB7. **RUNAWAY**

In general, to classify as a runaway or elopement, the youth is gone overnight or very late into the night.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever run away from home, school or any other place? If so, where did s/he go? How long did s/he stay away? How did you find her/him? Did s/he ever threaten to run away?*

0	No evidence of running away or elopement from the present living situation.
1	History or suspicion of runaway behavior. This rating includes youth who has expressed ideation about eloping from present living situation or treatment. Youth may have threatened running away on one or more occasions or have a history (lifetime) of running away but not in the past year.
2	Youth has run away from home once or run away from one treatment setting within the past year. Youth might have run away to home (parental or relative) in the past year from a treatment setting.
3	Youth has run away from home and/or treatment settings within the last 7 days or run away from home and/or treatment setting for two or more overnight stays during the past 30 days. Destination is NOT a return to home of parent or relative.

CRB8. **DELINQUENT BEHAVIOR**

This rating includes both criminal behavior and status offenses that may result from youth failing to follow required behavioral standards (e.g., truancy). <u>These behaviors include those known beyond court-involvement</u>. Sexual offenses should be included as criminal behavior. Substance use should NOT be counted here.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth been involved in any delinquent activities including truancy and curfew violations? Has the youth ever been arrested?*

0	No evidence or no history of criminal or delinquent behavior.
1	History or suspicion of criminal or delinquent behavior but none in the past 30 days. Status offenses in the past 30 days would be rated here.
2	Moderate level of criminal activity including a high likelihood of crimes committed in the past 30 days. Examples would include vandalism, shoplifting, etc.
3	Severe level of criminal or delinquent activity in the past 30 days. Examples would include car theft, residential burglary, gang involvement, etc.

CRB9. **FIRE-SETTING**

This item refers to behavior involving the intentional setting of fires that might be dangerous to the 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.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever played with matches or set a fire? Did the fire-setting behavior destroy property or endanger the lives of others?*

0	No evidence or history of fire-setting behavior.
1	History or fire-setting but not in past six months. History of malicious fire-setting might warrant a rating here for longer than six months.
2	Recent fire-setting behavior (in past six months) but not of the type that has endangered the lives of others (e.g., playing with matches) or repeated fire-setting behavior over a period of at least two years, even if not in the past six months.
3	Acute threat of fire-setting. Youth has set fire that endangered the lives of others (e.g., attempting to burn down a house).

CRB10. **INTENTIONAL MISBEHAVIOR** (i.e., sanction-seeking behavior)

This rating describes obnoxious social behaviors that a youth engages in to intentionally force adults to sanction him/her. In other words, he/she is trying to get caught usually for some secondary gain (e.g., avoidance of adverse stimulus, attention, "cry for help").

POTENTIAL INTERVIEW QUESTIONS: *Does the youth ever intentionally do or say things to upset others? Has the youth sworn at someone or done other behavior that was insulting, rude, or obnoxious? Does the youth seem to purposely get in trouble by making you or other adults angry with them?*

0	No evidence of intentional misbehavior.
1	Mild level of problematic intentional misbehavior. This might include occasionally inappropriate social behavior that forces adults to sanction the youth. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included at this level.
2	Moderate level of problematic intentional misbehavior. Behavior is causing problems in the youth's life. Youth may be intentionally getting in trouble in school or at home.
3	Severe level of problematic intentional misbehaviors. This would be indicated by frequent seriously inappropriate behavior that force adults to seriously and/or repeatedly sanction the youth. Social behaviors are sufficiently severe that they place the youth at risk of significant sanctions (e.g. expulsion, removal from the community).

CRB11. **BULLYING**

Bullying is a pattern of behavior in which the youth intentionally torments others in physical, verbal, or psychological ways. Bullying can range from hitting, shoving, name-calling, threats, and mocking to extorting money and treasured possessions; it can also include shunning others and spreading rumors about targets. Bullies might also use email, chat rooms, instant messages, social networking websites, and text messages to taunt others or hurt their feelings. This item describes the history and current risk of the youth bullying others.

0	No evidence that youth has ever engaged in bullying at school or in the community.
1	History or suspicion of bullying, or youth has been involved with groups that have bullied other youths, either in school or in the community, however, youth has not had a leadership role in these groups.
2	Youth has bullied other youth in school or in the community. Youth has either bullied others individually or led a group that bullied youth.
3	Youth has repeatedly utilized threats or actual violence to bully youth in school and/or community.

CRB12. **EXPLOITED**

This item is used to examine history and level of current risk for exploitation, which includes being bullied or taken advantage of by others. This item includes youth who are currently being bullied at school or in their community. It would also include youth who are exploited in other ways (e.g., sexual abuse, prostitution, inappropriate expectations based on a youth's level of development, forced to take on a parental level of responsibility, etc).

0	No evidence of recent exploitation and no significant history of victimization within the past year. The youth may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Youth is not presently at risk for re-victimization.
1	History or suspicion of exploitation. Youth has not been exploited in the past year. Youth is not presently at risk for re-victimization.
2	Recently exploited (within the past year) but is not in acute risk of re-exploitation. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.
3	Recently exploited and is in acute risk of re-exploitation. Examples include working as a prostitute and living in an abusive relationship.