Utah Comprehensive Assessment of Needs & Strengths

UCANS

Comprehensive Lifespan Assessment
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User Guide
ACKNOWLEDGMENTS

The development of this new assessment was initiated in direct response to feedback from participants, families, providers, other stakeholders, and the waiver renewal workgroup. An assessment workgroup identified the areas of information used most often by person-centered planning teams and service providers.

The UCANS is a modified version of the Illinois Medicaid-Comprehensive Assessment of Needs and Strengths (IM+CANS). We appreciate the effort and expertise that went into designing the IM+CANS as a comprehensive lifespan assessment capable of crossing multiple service systems.

Along with the various Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) versions for mental health, developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The UCANS is an open domain tool for use in service delivery systems that address the needs and strengths of children, adolescents, adults, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is required for appropriate use.

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

Additionally, “individual” is being used in reference to “child,” “youth,” “adolescent,” “young adult” or “adult.” This is due to the broad range of ages to which this user guide applies.

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Utah Comprehensive Assessment of Needs & Strengths UCANS 2021
INTRODUCTION

THE UTAH COMPREHENSIVE ASSESSMENT OF NEEDS AND STRENGTHS (UCANS)

UCANS is a comprehensive lifespan assessment of global needs and strengths through a standardized, modular framework that supports person-centered planning.

- A complete set of core and modular UCANS items, addressing topics such as Risk Behavior, Trauma Exposure/Adverse Childhood Experiences (ACEs), Behavioral/Emotional Needs, Life Functioning, Substance Use, Developmental Disabilities, and Cultural Factors;
- A fully integrated assessment and service planning tool; and
- A physical Health Risk Assessment (HRA).

At the core of the UCANS is the Child and Adolescent Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA), communimetric tools that contain a set of core and modular items that identify an individual’s strengths and needs using a ‘0’ to ‘3’ scale. The items support service planning and level of care decision-making, facilitate quality improvement initiatives, and monitor the outcomes of services.

The UCANS also includes a Health Risk Assessment (HRA), developed to support a holistic, wellness approach to assessment and service planning by integrating physical health and behavioral health in the assessment process. The HRA is a series of physical health questions for the individual that is designed to: 1) assess general health, 2) identify any modifiable health risks that can be addressed with a primary health care provider, 3) facilitate appropriate health care referrals as needed, and 4) ensure the incorporation of both physical and behavioral health needs directly into service planning.

The UCANS is designed to reduce the duplicate collection of administrative and clinical data points needed to appropriately assess an individual’s needs and strengths, while establishing a commonality of language between clients, families, providers, and payer systems.

WHAT ARE THE CANS AND ANSA?

The UCANS was developed from and uses the same framework as the Child and Adolescent Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA) tools. Each tool is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS/ANSA is to accurately represent the shared vision of the individual-serving system—individuals and families. As such, completion of the tool is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the tool is designed based on communication theory rather than using psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS/ANSA.

Six Key Principles of a Communimetric Tool

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

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

3. **Rating should describe the individual, not the individual in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual’s developmental and/or chronological age depending on the item.

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

6. **A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the individual’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

**HISTORY AND BACKGROUND OF THE CANS AND ANSA**

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

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

The CANS/ANSA is made of domains that focus on various areas in an individual’s life, and each domain is made up of a group of specific items. There are domains that address how the individual functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family’s beliefs and preferences, and about general family concerns that can be rated if relevant. The provider gives a number rating to each of these items. These ratings help the provider, individual and family understand where intensive or immediate action is most needed, and also where an individual has assets that could be a major part of the treatment or service plan.

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

**History**

The CANS and ANSA grew out of John Lyons’ work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assessed those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the ANSA. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, & Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.
The CANS/ANSA assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the individual and the parent/caregiver, looking primarily at the 30-day period prior to completion of the CANS/ANSA. It is a tool developed with the primary objective of supporting decision making at all levels of care: individuals and families, programs and agencies, individual serving systems. It provides for a structured communication and critical thinking about the individual and their context. The CANS/ANSA is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual’s progress. It can also be used as a communication tool that provides a common language for all individual-serving entities to discuss the individual’s needs and strengths. A review of the case record in light of the CANS/ANSA assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

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

MEASUREMENT PROPERTIES

Information noted below is based on studies done on the CANS.

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

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

RATING NEEDS AND STRENGTHS

The CANS/ANSA is easy to learn and is well liked by children, youth and adult clients, their families, providers and other partners in the services system because it is easy to understand and does not necessarily require complex scoring or calculations in order to be meaningful.

• Basic core items — grouped by domain — are rated for all individuals.
• A rating of ‘1’, ‘2’ or ‘3’ on key core items triggers extension modules.
• Individual assessment modules provide additional questions for information in a specific area.
Each CANS/ANSA rating suggests different pathways for service planning. For the majority of items, there are four levels of rating with specific anchored definitions (trauma experiences are the exception). These item level descriptions are designed to translate into the following action levels (separate for needs and strengths):

### Basic Design for Rating Needs

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level of Need</th>
<th>Appropriate Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of need</td>
<td>No action needed</td>
</tr>
<tr>
<td>1</td>
<td>Significant history or possible need</td>
<td>Watchful waiting/prevention/additional assessment</td>
</tr>
<tr>
<td>2</td>
<td>Need interferes with functioning</td>
<td>Action/intervention required</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling</td>
<td>Immediate action/intensive action required</td>
</tr>
</tbody>
</table>

### Basic Design for Rating Strengths

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level of Need</th>
<th>Appropriate Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Centerpiece strength</td>
<td>Central to planning</td>
</tr>
<tr>
<td>1</td>
<td>Strength present</td>
<td>Useful in planning</td>
</tr>
<tr>
<td>2</td>
<td>Identified strength</td>
<td>Build or develop strength</td>
</tr>
<tr>
<td>3</td>
<td>No strength identified</td>
<td>Strength creation or identification may be indicated</td>
</tr>
</tbody>
</table>

The rating of ‘N/A’ for ‘not applicable’ is available for a few items under specified circumstances (see reference guide descriptions). For those items where the ‘N/A’ rating is available, it should be used only in the rare instances where an item does not apply to that particular individual. For some items (i.e., Potentially Traumatic/Adverse Childhood Experiences), rating options are ‘No/Yes.’ There is a rating guide provided that describes ‘No’ and ‘Yes’ ratings, and each item also has more detailed anchor descriptions for ‘No’ and ‘Yes’ ratings.

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

Remember that the item anchor descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual. Ratings of ‘1’, ‘2’, or ‘3’ on key core items trigger additional questions in the individualized assessment modules: Parenting/Caregiving, Independent Activities of Daily Living, Dangerousness, Sexually Problematic Behavior, Sexually Aggressive Behavior, Runaway, and Justice/Crime.

The CANS/ANSA is an information integration tool, intended to include multiple sources of information (e.g., individual and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS/ANSA supports the belief that individuals and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with individual and their families (if relevant) to discover individual and family functioning and strengths. Failure to demonstrate an individual’s skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on an individual’s strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family (if relevant) and individual in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the ANSA and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) supports effective services for individual and families.
As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the ANSA assessment. A rating of ‘2’ or ‘3’ on a CANS/ANSA need suggests that this area must be addressed in the service or treatment plan. A rating of a ‘0’ or ‘1’ identifies a strength that can be used for strength-based planning and a ‘2’ or ‘3’ a strength that might be the focus of strength-building activities. It is important to remember that when developing service and treatment plans for healthy individual trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop individual capabilities are a promising means for development, and play a role in reducing risky behaviors.

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

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

**HOW IS THE CANS/ANSA USED?**

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

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

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

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

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

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

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

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

Making the Best Use of the ANSA

Individuals often have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the ANSA and how it will be used. The description of the ANSA should include teaching the individual and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the individual and family the ANSA domains and items (see the ANSA Core Item list on page 12) and encourage them to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with them. Individuals and families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed ANSA ratings should be reviewed with each individual and family. Encourage them to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

Listening Using the ANSA

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

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes,” “and”—things that encourage people to continue
- **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did X.” But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the individual that you are with them.
- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned
that the silence means something else, you can always ask “does that make sense to you”? Or “do you need me to explain that in another way?”

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

**Redirect the Conversation to One’s Own Feelings and Observations**

Often, people will make comments about other people’s observations such as “well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “So your mother feels that when he does X, that is obnoxious. What do YOU think?”

**Acknowledge Feelings**

People will be talking about difficult things and it is important to acknowledge that. Giving a simple acknowledgement will demonstrate empathy, such as “I hear you saying that it can be difficult when. . .”.

**Wrapping it Up**

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

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings. Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

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


UCANS BASIC STRUCTURE & CORE ITEMS

The UCANS expands depending upon the needs of the individual and the family. Basic core items are rated for all clients. Items for specific age groups are identified with the age specification after the item (e.g., 6+ indicates the item should be completed for individuals ages 6 and older). Individualized Assessment Modules are triggered by key core items (see italics below). Modules gather additional detail on a specific topic.

UCANS CORE ITEMS

Life Functioning
- Transportation
- Family Functioning
- Living Situation
- Residential Stability
- Social Functioning
- Recreation/Play
- Communication
- Medical/Physical
- Medication
- Motor
- Sensory
- Persist./Curiosity/Adaptability
- Elimination
- School/Preschool/Daycare (0-20)
- Sleep (1+)
- Activities of Daily Living (3+)
- Decision-Making (3+)
- Legal (6+)
- Sexual Development (6+)
- Intimate Relationships (16+)
- Employment Functioning (16+)
- Parental/Caregiving Role (16+)
- Independent Living Skills (16+)
- Routines (21+)
- Functional Communication (21+)
- Loneliness (21+)

Client Strengths
- Family Strengths
- Interpersonal/Social Connect.
- Natural Supports

UCANS CORE ITEMS

Life Functioning
- Spiritual/Religious/Belief System
- Educational Setting
- Relationship Permanence (0-20)
- Resiliency (2+)
- Optimism (6+)
- Talents and Interests (6+)
- Cultural Identity (6+)
- Community Connection (6+)
- Involvement with Care (6+)
- Vocational (14+)
- Job History/Volunteering (16+)
- Wellness (21+)

Cultural Factors
- Language
- Traditions and Rituals
- Cultural Stress

Potentially Traumatic/Adverse Childhood Experiences (ACEs)
- Natural or Manmade Disaster
- Medical Trauma
- Disruptions in Caregiver/Attach. Losses
- Sexual Abuse
- Physical Abuse
- Neglect
- Emotional Abuse
- Parental Criminal Behavior
- Witness to Family Violence
- Witness to Comm./School Violence
- Victim/Witness to Criminal Activity

Behavioral/Emotional Needs
- Anxiety
- Depression
- Eating Disturbance
- Adjustment to Trauma
- Regulatory
- Atypical/Repetitive Behaviors
- Oppositional (3-18)
- Impulsivity/Hyperactivity (3+)
- Anger Contrl/Frustration Tolerance (3+)
- Substance Misuse (6+)
- Psychosis (Thought Disorder) (6+)
- Conduct/Antisocial Behavior (6+)
- Interpersonal Problems (16+)
- Mania (21+)

Risk Behaviors
- Victimization/Exploitation
- Self-Harm (0-5)
- Suicide Risk (3+)
- Intentional Misbehavior (3+)
- Flight Risk (3-5)
- Runaway (6-20)
- Non-Suicidal Self-Injur Behav (6+)
- Other Self-Harm (6+)
- Bullying Others (6+)
- Sexually Problematic Behavior (6+)
- Danger to Others (6+)
- Delinquent/Criminal Behav (6+)
- Flight Risk/Wandering (21+)
UCANS Modules

- Parenting/Caregiving (16+)
- Independent Activities of Daily Living (16+)
- Traumatic Stress Symptoms
- Runaway
- Sexually Problematic Behavior
- Sexually Aggressive Behavior Sub-Module
- Dangerousness
- Justice/Crime

CAREGIVER ADDENDUM

Additional items to be completed for individuals who live with a caregiver.

- Supervision
- Involvement with Care
- Knowledge
- Social Resources
- Financial Resources
- Residential Stability
- Medical/Physical
- Mental Health
- Substance Misuse
- Developmental
- Organization
- Safety
- Family Stress
- Marital/Partner Viol. In the Home
- Military Transitions
- Self-Care/Daily Living Skills
- Employment/Educational Functioning
- Legal Involvement
- Family Relationship to the System (0–21)
- Accessibility to Child Care (0–21)
- Empathy with Children (0–21)
This section focuses on the different arenas of social interaction found in the lives of individuals and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

For the Life Functioning Domain, the following categories and action levels are used:

0  No evidence of any needs; no need for action.
1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
2  Action is required to ensure that the identified need is addressed; need is interfering with the individual’s functioning.
3  Need is dangerous or disabling; requires immediate and/or intensive action.

**Question to Consider for this Domain:** How is the individual functioning in individual, family, peer, school, and community realms?
## TRANSPORTATION
This item is used to rate the level of transportation required to ensure that the individual can effectively participate in their services and community.

### Questions to Consider
- Does individual have reliable transportation?
- Are there any barriers to transportation?
- Does the individual need specialized equipment to use transportation?

### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td><strong>No evidence of any needs; no need for action.</strong> Individual has no transportation needs. They can get to appointments, school/work, activities, etc. consistently, and are able to access any special vehicle needs for transportation, if needed.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.</strong> Individual has occasional transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. no more than weekly and do not require a special vehicle.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</strong> Individual has frequent transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. regularly. Individual needs transportation assistance and access to special transportation resources.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Need is dangerous or disabling; requires immediate and/or intensive action.</strong> Individual has no access to appropriate transportation and is unable to get to appointments, school/work, activities, etc. Individual needs immediate intervention and development of transportation resources.</td>
</tr>
</tbody>
</table>

### Supplemental Information:
For children/youth and dependent adults, this item should be rated based on the caregiver’s transportation needs.
FAMILY FUNCTIONING
This item evaluates and rates the individual’s relationships with those who are in their family. It is recommended that the description of family should come from the individual’s perspective (i.e. who the individual describes as their family). In the absence of this information, consider biological and adoptive relatives, and their significant others with whom the individual is still in contact. Foster families should only be considered if they have made a significant commitment to the individual. For children/youth involved with child welfare, family refers to the person fulfilling the permanency plan. When rating this item evaluate the relationship the individual has with their family as well as the relationship of the family as a whole.

Questions to Consider
- How does the individual get along with the family?
- Are there problems/conflicts between family members?
- Has there ever been any violence in the family?
- What is the relationship like between the individual and their family?

Ratings and Descriptions

0  No evidence of any need; no need for action.
   No evidence of problems in relationships with family members, and/or individual is doing well in relationships with family members.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   History or suspicion of problems. Individual may be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the individual. Arguing may be common but does not result in major problems.

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Individual is having problems with parents, siblings and/or other family members that are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Individual is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

Supplemental Information: For adults, a spouse/partner, children and other family members can be considered here. Family Functioning should be rated independently of the problems the individual experienced or stimulated by the individual currently assessed. A rating of ‘3’ indicates that the individual’s problems with family are debilitating, placing them at risk. According to Utah law, domestic violence includes: hitting, kicking, threatening, harassing, unlawful detention, and interruption of a communication device of a cohabitant.
LIVING SITUATION
This item refers to how the individual is functioning in their current living arrangement. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider
- Is the individual at risk of being removed from the home or losing their placement?
- Does the individual’s behavior contribute to stress and tension in the home?
- How does the caregiver address issues that arise between members of the household?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action.</td>
</tr>
</tbody>
</table>

No evidence of problems with functioning in current living environment. Individual and caregivers feel comfortable and safe dealing with issues that come up in day-to-day life.

Individual experiences mild problems with functioning in current living situation. Caregivers express some concern about individual’s behavior in living situation, and/or individual and caregiver have some difficulty dealing with issues that arise in daily life.

Individual has moderate to severe problems with functioning in current living situation. Individual’s difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Individual and caregivers have difficulty interacting effectively with each other much of the time. Parents of infants are concerned about irritability of infant and ability to care for infant.

Individual has profound problems with functioning in current living situation. Individual is at immediate risk of being unable to remain in present living situation due to problematic behaviors.

Supplemental Information: When a child/youth is potentially returning to biological parents, this item is rated independent of the Family Functioning item. When the individual lives with biological or adoptive parents, this item is rated the same as the Family Functioning item. Hospitals, shelters and detention centers do not count as “living situations.” If an individual is presently in one of these places, rate the previous living situation.
Residential Stability
This item is used to rate the individual’s current and likely future housing circumstances. If the individual lives independently, their history of residential stability can be rated.

Questions to Consider

- Is the individual staying in temporary housing, homeless shelter, transitional housing?
- Does the individual speak of couch surfing or moving frequently and staying with friends?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. There is no evidence of residential instability. Individual has stable housing for the foreseeable future.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. Individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, some concern regarding residential instability if living independently, characterized by the potential loss of housing due to the person’s difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful is rated here.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. Individual has moved multiple times in the past year. Residential stability may benefit from support if the individual is living independently, characterized by recent and temporary lack of permanent housing.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. Individual has experienced periods of homelessness in the past six months. Residential instability requires support if the individual is living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.</td>
</tr>
</tbody>
</table>

Supplemental Information: Life circumstances put people in unstable housing and may be the cause of mental health challenges, not the result of mental health challenges. A person can be moving or is homeless for numerous reasons: domestic abuse, hostile environment, neglect, current environment is detrimental to a person’s recovery, unsafe housing, surrounding gang activity or dangerous neighborhood, no access to public transportation, etc. A child/youth or dependent adult may have needs regarding residential stability because of their caregiver. Regardless of the reason for unstable housing, the action levels should be used to best describe the current need of the individual.
SOCIAL FUNCTIONING
This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships.

Questions to Consider

- Currently, how well does the individual get along with others?
- Has there been an increase in conflicts with others?
- Do they have unhealthy friendships?
- Do they tend to change friends frequently?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   No evidence of problems and/or individual has developmentally appropriate social functioning.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   There is a history or suspicion of problems in social relationships. Individual is having some difficulty interacting with others and building and/or maintaining relationships.
   Age 0 through 5: Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Individual is having some problems with social relationships that interfere with functioning in other life domains.
   Age 0 through 5: Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Individual is experiencing significant disruptions in social relationships. Individual may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the individual’s social relationships presents imminent danger to the individual’s safety, health, and/or development.
   Age 0 through 5: Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.
RECREATION/PLAY
This item rates the individual’s access to and use of leisure activities. For younger children, it rates the degree to which they are given opportunities for and participate in age appropriate play.

Questions to Consider

- What activities is the individual involved in?
- Are there barriers to participation in extracurricular activities?
- How does the individual use their free time?

Ratings and Descriptions

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

No evidence of any problems with recreational functioning or play. Individual has access to sufficient activities that they enjoy and makes full use of leisure time to pursue recreational activities that support their healthy development and enjoyment.

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

Individual is doing adequately with recreational activities although at times has difficulty using leisure time to pursue recreational activities (e.g., financial, time or transportation constraints).

Age 0 through 5: Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.

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

Individual may experience some problems with recreational activities and effective use of leisure time.

Age 0 through 5: Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.

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

Individual has no access to or interest in recreational activities. Individual has significant difficulties making use of leisure time.

Age 0 through 5: Infant spends most of time non-interactive. Toddlers and preschoolers, even with adult encouragement, cannot demonstrate enjoyment or use play to further development.
COMMUNICATION
This item rates the individual’s ability to communicate through any medium, including spontaneous vocalizations and articulations. This item refers to learning involving expressive or receptive language. This item does not refer to challenges in expressing one’s feelings.

Questions to Consider

• Is the individual able to understand others’ communications?
• Is the individual able to communicate to others?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   Individual’s receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the individual has any problems communicating.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   Individual has receptive communication skills but limited expressive communication skills.
   Age 0 through 5: Infants may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Individual has both limited receptive and expressive communication that interferes with their functioning.
   Age 0 through 5: Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Individual has serious communication difficulties and is unable to communicate.
   Age 0 through 5: Communication difficulties include inability to point and grunt.

Supplemental Information: Children with receptive language issues may have trouble understanding what other people say. They could also have difficulty following simple directions and organizing information they hear. Receptive language issues can be hard to spot in very young children. Expressive language issues can be easier to identify early. This is because children with expressive language issues may be late to start talking and not speak until age 2. At age 3, they may be talking but hard to understand, and the problems persist into preschool. Some children, for instance, might understand the stories read to them but not be able to describe them even in a simple way.
**MEDICAL/PHYSICAL**
This item rates the individual’s current chronic or acute medical problems, and any physical limitation. It can include chronic physical conditions such as limitations in vision or hearing, or difficulties with fine or gross motor function.

**Questions to Consider**
- What is the individual’s health status?
- Do they have any medical or physical problems?
- How much does the individual’s physical or medical issues interfere with their life?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action.</td>
<td>No evidence that the individual has any medical or physical problems, and/or they are healthy.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.</td>
<td>Individual has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</td>
<td>Individual has serious medical or physical problems that require medical treatment or intervention. Or individual has a chronic illness or a physical challenge that requires ongoing medical intervention.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action.</td>
<td>Individual has a life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to individual’s safety, health, and/or development.</td>
</tr>
</tbody>
</table>

**Supplemental Information:** Most transient, treatable conditions would be rated as a ‘1.’ A person in need of a physical/medical examination would be rated as a ‘1.’ Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a ‘2.’ The rating ‘3’ is reserved for life threatening medical conditions.

*A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of the Health Risk Assessment.*
MEDICATION
This item focuses on the individual’s willingness or ability to participate in taking prescribed medication.

Questions to Consider

- Does the individual remember to take their medication?
- When prompted, does the individual take their medication?
- Does the individual take their prescribed medications as directed by their physician?
- Is there concern about the individual abusing their medications?
- Does the caregiver need reminders to help the individual take medication?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. Individual takes medications as prescribed without assistance or reminders, or individual is not currently on any prescribed medication.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. Individual usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); they may benefit from reminders and checks to consistently take medications.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. Individual takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition. Or, caregiver may be inconsistent in making sure the individual takes medication. Individual may benefit from direct supervision of medication.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. Individual does not take medication(s) prescribed for management of underlying medical conditions and their underlying medical conditions are not well controlled. An individual abusing their prescribed medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here.</td>
</tr>
</tbody>
</table>
**MOTOR**
This item describes the individual’s fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor development. Consider age and developmental phase when rating this item.

### Questions to Consider
- Does the individual meet motor-related developmental milestones?
- Does the individual show any fine or gross motor skill difficulties?

### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
</table>
| 0      | No evidence of any needs; no need for action.  
The individual’s development of fine and gross motor functioning appears normal. There is no reason to believe that individual has any problems with motor development. |
| 1      | Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.  
Individual may have mild fine (e.g. using scissors) or gross motor skill deficits. Individual has exhibited delayed sitting, standing, or walking, but has since reached those milestones. |
| 2      | Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
Individual has moderate motor deficits. A non-ambulatory individual with fine motor skills (e.g. reaching, grasping) or an ambulatory individual with severe fine motor deficits would be rated here. |
| 3      | Need is dangerous or disabling; requires immediate and/or intensive action.  
Individual has severe or profound motor deficits. A non-ambulatory individual with additional movement deficits would be rated here. |
SENSORY
This item describes the individual’s sensory functioning and development. Sensory functioning includes the ability to use all senses including vision, hearing, smell, touch, and kinesthetic. Consider age and developmental phase when rating this item.

Questions to Consider

- Does the individual have hearing or visual impairment; did they have sensory impairments in infancy?
- Does the individual become easily overwhelmed by sensory stimuli?
- How would the individual’s vision, hearing, smell, touch, taste, and kinesthetic senses be described?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   The individual’s sensory functioning appears normal. There is no reason to believe that the individual has any problems with sensory functioning.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   Individual may have a mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Individual may have a moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Individual has a significant impairment on one or more senses (e.g. profound hearing or vision loss).
### PERSISTENCE/CURIOSITY/ADAPTABILITY
This item describes the individual’s self-initiated efforts to discover their world.

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

#### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
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</tr>
</thead>
</table>
| 0      | No evidence of any needs; no need for action.  
Individual with exceptional curiosity and ability to continue an activity when meeting an obstacle. |
| 1      | Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.  
Individual with good curiosity and some ability to continue an activity that is challenging. An ambulatory individual who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here. |
| 2      | Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
Individual with limited curiosity and ability to continue an activity that is challenging. This is impacting their functioning in at least one life domain. Individual may be hesitant to seek out new information or environments, or reluctant to explore even presented objects. |
| 3      | Need is dangerous or disabling; requires immediate and/or intensive action.  
Individual with very limited or no observable curiosity and they have difficulties most of the time coping with challenging tasks that places their development at risk. Individual may seem frightened of new information or environments. |
**ELIMINATION**
This item refers to all dimensions of elimination.

Questions to Consider

- Does the individual have any difficulties with urination or defecation (e.g. constipation)?

<table>
<thead>
<tr>
<th>Ratings and Descriptions</th>
<th>0</th>
<th>No evidence of any needs; no need for action.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>There is no evidence of elimination problems.</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual demonstrates problems with elimination on a consistent basis that is interfering with their functioning. Individual may completely lack a routine in elimination and develop constipation as a result. A suspicion of and diagnosis of encopresis or enuresis is rated here.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual demonstrates significant difficulty with elimination to the extent that they and/or the caregiver is in significant distress or interventions have failed.</td>
</tr>
</tbody>
</table>

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

**Note:** Elimination disorders may be caused by a physical condition, a side effect of a drug, or a psychiatric disorder.
SCHOOL/PRESCHOOL/DAYCARE (AGE 0 - 20)
This item rates the individual’s experience in school/preschool/daycare settings and the individual’s ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, academic achievement, support from the school staff to meet the individual’s needs, and the individual’s behavioral response to these environments.

Questions to Consider

- What is the individual’s experience in school?
- Does the individual have difficulties with academics, social relationships, behavior, or attendance at school?

Ratings and Descriptions

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

No evidence of problems with functioning in current school/preschool/daycare environment.

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

History or evidence of problems with functioning in current school/preschool/daycare environment that is not interfering with functioning. Individual may be enrolled in a special program.

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

Individual is experiencing difficulties maintaining their behavior, attendance, or achievement in school/preschool/daycare setting.

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

Individual’s problems with functioning in school/preschool/daycare environment place them at immediate risk of being removed from program due to their attendance, behaviors, achievement, or unmet needs.

N/A Individual is not in school/preschool/daycare due to age or home schooling, or individual is age 21 or older.
### SLEEP (AGE 1+)
This item rates the individual’s sleep patterns. This item is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep, staying asleep, and sleeping too much. Bedwetting and nightmares should be considered sleep issues.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Does the individual appear rested?</td>
<td>0  <em>No evidence of any needs; no need for action.</em> There is no evidence of problems with sleep. Individual gets a full night’s sleep each night and feels rested.</td>
</tr>
<tr>
<td>- Are they often sleepy during the day?</td>
<td>1  <em>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.</em> Generally, the individual gets adequate sleep but at least once-a-week problems arise. This may include occasionally having difficulties falling asleep or awakening early or in the middle of the night, incontinence, or having nightmares. Sleep is not restful for the individual. Age 1 through 5: Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.</td>
</tr>
<tr>
<td>- Do they have frequent nightmares or difficulty sleeping?</td>
<td>2  <em>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</em> Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep and does not feel rested. Difficulties with sleep are interfering with their functioning in at least one area. Age 1 through 5: Toddlers and preschoolers may experience difficulty falling asleep, night walking, night terrors or nightmares on a regular basis.</td>
</tr>
<tr>
<td>- How many hours does the individual sleep each night?</td>
<td>3  <em>Need is dangerous or disabling; requires immediate and/or intensive action.</em> Individual is generally sleep deprived. Sleeping is almost always difficult and the individual is not able to get a full night’s sleep and does not feel rested. Individual’s sleep deprivation is dangerous and places them at risk. Parents or caregivers have exhausted numerous strategies for assisting the individual.</td>
</tr>
</tbody>
</table>

N/A  Individual is younger than 12 months of age.
ACTIVITIES OF DAILY LIVING (AGE 3+)
This item aims to describe the individual’s ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one’s personal hygiene.

Questions to Consider

- Does the individual show age-appropriate self-care skills?
- Is the individual able to complete all domains of self-care as is developmentally appropriate: eating, bathing, grooming, dressing, toileting, etc.?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   Individual’s self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the individual has any problems performing the basic activities of daily living.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   Individual requires verbal prompting on self-care tasks or daily living skills, or individual is able to use adaptations and supports to complete self-care.

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Individual requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Individual requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting).

N/A  Individual is younger than 3 years old.
**DECISION-MAKING (Age 3+)**

This item describes the individual’s ability to make decisions, and understanding of choices and consequences. This rating should reflect the degree to which an individual can concentrate on an issue, think through decisions, anticipate consequences of decisions, and follow through on decisions in an age-appropriate manner.

Questions to Consider

- How is the individual’s judgment and ability to make good decisions?
- Do they typically make good choices for themselves?

<table>
<thead>
<tr>
<th>Ratings and Descriptions</th>
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</thead>
<tbody>
<tr>
<td><strong>0</strong></td>
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<tr>
<td><strong>1</strong></td>
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<td></td>
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<tr>
<td><strong>3</strong></td>
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<tr>
<td></td>
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<tr>
<td>N/A</td>
</tr>
</tbody>
</table>
### LEGAL (AGE 6+)*
This item rates the individual’s involvement with criminal justice systems (juvenile or adult) due to their behavior. This item does not refer to family involvement in the legal system.

#### Questions to Consider
- Has the individual been arrested?
- Is the individual on probation?
- Are there charges pending, a history of incarceration, or a child support order against the individual?
- Is the individual on probation or parole?

#### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. Individual has no known legal difficulties or involvement with the legal system.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. Individual has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. Individual has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. Individual has serious current or pending legal difficulties that place them at risk for a court ordered out of home placement or incarceration including serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 6 years old.</td>
</tr>
</tbody>
</table>

### Supplemental Information
This item indicates the individual’s level of involvement with the criminal justice system, not involvement in the courts due to custody issues. Family involvement with the courts is not rated here—only the identified individual’s involvement is relevant to this rating. This issue uses the justice definition of delinquent behavior—where there are findings of guilt. Actual delinquent acts are described and rated in the Risk Behaviors domain, under the item Delinquent/Criminal Behavior.

*A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of the Justice/Crime Module.*
### SERIOUSNESS
This item rates the seriousness of the individual’s criminal offenses.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Individual has engaged only in status violations (e.g., curfew).</td>
</tr>
<tr>
<td></td>
<td>1 Individual has engaged in delinquent behavior.</td>
</tr>
<tr>
<td></td>
<td>2 Individual has engaged in criminal behavior.</td>
</tr>
<tr>
<td></td>
<td>3 Individual has engaged in criminal behavior that places other citizens at risk of significant physical harm.</td>
</tr>
</tbody>
</table>

### HISTORY
This item rates the individual’s history of criminal/delinquent acts. Rate using the timeframes provided in the descriptions.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Current criminal/delinquent behavior is the first known occurrence.</td>
</tr>
<tr>
<td></td>
<td>1 Individual has engaged in multiple criminal/delinquent acts in the past one year.</td>
</tr>
<tr>
<td></td>
<td>2 Individual has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where they did not engage in criminal/delinquent behavior.</td>
</tr>
<tr>
<td></td>
<td>3 Individual has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where they did not engage in criminal/delinquent behavior.</td>
</tr>
</tbody>
</table>

### ARRESTS
This item rates the individual’s history of arrest.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 Individual has no known arrests/detentions in past.</td>
</tr>
<tr>
<td></td>
<td>1 Individual has history of delinquency, but no recent arrests.</td>
</tr>
<tr>
<td></td>
<td>2 Individual has 1 to 2 recent arrests/detention.</td>
</tr>
<tr>
<td></td>
<td>3 Individual has more than 2 arrests/detentions in last 30 days.</td>
</tr>
</tbody>
</table>
**PLANNING**
This item rates the premeditation or spontaneity of the criminal/delinquent acts.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the individual engage in pre-planned acts?</td>
<td>0  No evidence of any planning. Delinquent/criminal behavior appears opportunistic or impulsive.</td>
</tr>
<tr>
<td>• Does the individual engage in spontaneous or impulsive criminal acts?</td>
<td>1  Evidence suggests that individual places themselves into situations where the likelihood of delinquent/criminal behavior is enhanced.</td>
</tr>
<tr>
<td></td>
<td>2  Evidence of some planning of delinquent/criminal behavior.</td>
</tr>
<tr>
<td></td>
<td>3  Considerable evidence of significant planning of delinquent/criminal behavior. Behavior is clearly premeditated.</td>
</tr>
</tbody>
</table>

**COMMUNITY SAFETY**
This item rates the level to which the delinquent/criminal behavior of the individual puts the community’s safety at risk.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Is the delinquency violent in nature?</td>
<td>0  Individual presents no risk to the community. They could be unsupervised in the community.</td>
</tr>
<tr>
<td>• Does the individual commit violent crimes against people or property?</td>
<td>1  Individual engages in behavior that represents a risk to community property.</td>
</tr>
<tr>
<td></td>
<td>2  Individual engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the individual’s behavior.</td>
</tr>
<tr>
<td></td>
<td>3  Individual engages in behavior that directly places community members in danger of significant physical harm.</td>
</tr>
</tbody>
</table>

**PEER INFLUENCES**
This item rates the level to which the individual’s peers engage in delinquent or criminal behavior.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Do the individual’s friends also engage in criminal behavior?</td>
<td>0  Individual’s primary peer social network does not engage in delinquent/criminal behavior.</td>
</tr>
<tr>
<td>• Are the members of the individual’s peer group involved in the criminal justice system or on parole/probation?</td>
<td>1  Individual has peers in their primary peer social network who do not engage in delinquent/criminal behavior but has some peers who do.</td>
</tr>
<tr>
<td></td>
<td>2  Individual predominantly has peers who engage in delinquent/criminal behavior, but individual is not a member of a gang.</td>
</tr>
<tr>
<td></td>
<td>3  Individual is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.</td>
</tr>
</tbody>
</table>
ENVIRONMENTAL INFLUENCES
This item rates the influence of community criminal behavior on the individual’s delinquent or criminal behavior.

Questions to Consider
- Does the individual live in a neighborhood/community with high levels of crime?
- Is the individual a frequent witness or victim of crime?

Ratings and Descriptions
0 No evidence that the individual’s environment stimulates or exposes them to any criminal behavior.
1 Suspicion that individual’s environment might expose them to criminal behavior.
2 Individual’s environment clearly exposes them to criminal behavior.
3 Individual’s environment encourages or enables them to engage in criminal behavior.

LEGAL COMPLIANCE
This item rates the individual’s compliance with rules of the court and probation.

Questions to Consider
- Is the individual compliant with the terms of their probation?
- Does the individual attend appointments, school, etc.?
- Is the individual actively or frequently violating probation?

Ratings and Descriptions
0 Individual is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
1 Individual is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
2 Individual is in partial noncompliance with standing court orders (e.g. individual is going to school/work but not attending court-ordered treatment).
3 Individual is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

End of Justice/Crime Module
SEXUAL DEVELOPMENT (AGE 6+)
This item looks at broad issues of sexual development including developmentally inappropriate behavior or sexual concerns, and the reactions of others to any of these factors. Sexual orientation, gender identity and expression (SOGIE) issues could be rated here only if they are leading to difficulties as defined by the individual. Sexually abusive behaviors are rated elsewhere.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
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</thead>
<tbody>
<tr>
<td>• Are there concerns about the individual’s healthy sexual development?</td>
<td>0  No evidence of any needs; no need for action.</td>
</tr>
<tr>
<td>• Is the individual sexually active?</td>
<td>No evidence of issues with sexual development.</td>
</tr>
<tr>
<td>• Does the individual have less/more interest in sex than others their biological age?</td>
<td>1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.</td>
</tr>
<tr>
<td>• Is the individual struggling with issues related to sexual orientation or gender identity?</td>
<td>History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include concerns about SOGIE or anxiety about the reaction of others.</td>
</tr>
<tr>
<td>N/A</td>
<td>2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.</td>
</tr>
<tr>
<td></td>
<td>Moderate to serious problems with sexual development that interfere with the individual’s life functioning in other life domains.</td>
</tr>
<tr>
<td></td>
<td>3  Need is dangerous or disabling; requires immediate and/or intensive action.</td>
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<tr>
<td></td>
<td>Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation.</td>
</tr>
<tr>
<td></td>
<td>N/A  Individual is younger than 6 years old.</td>
</tr>
</tbody>
</table>

**Supplemental Information:** Mindful use of this item can elicit information about experiences of sexual violence, misinformation, choices, and behavior that affects sexual development. An individual’s gaps in sexual knowledge and access to contraceptives can impact one’s sexual development, preventing the individual from engaging in safe and consensual sexual activities. Biological age and developmental phase must be considered when framing the sexual development conversation.
**INTIMATE RELATIONSHIPS (AGE 16+)**

This item rates the individual’s current status in terms of romantic/intimate relationships.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
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</tr>
</thead>
</table>
| • Is the individual in a romantic partnership or relationship at this time?         | 0  *No evidence of any needs; no need for action.*  
Individual has a strong, positive, adaptive partner relationship with another; or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship. |
| • What is the quality of this relationship?                                          | 1  *Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.*  
Individual has a generally positive partner relationship with another person. They may have had a problematic partner relationship in the past. |
| • Does the individual see the relationship as a source of comfort/strength or source of distress/conflict? | 2  *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Individual’s partner relationship interferes with their functioning. |
|                                                                                     | 3  *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Individual is currently involved in a negative or unhealthy relationship with another person. This relationship is either dangerous or disabling to the individual. |
|                                                                                     | N/A  *Individual is younger than 16 years old.*  
Supplemental Information: An individual’s gaps in knowledge or history of trauma can impact one’s engagement in healthy relationships. |
EMPLOYMENT FUNCTIONING (AGE 16+)*
If the individual is working, this item describes their functioning in a job setting.

Questions to Consider

- Is the individual able to meet expectations at work?
- Do they have regular conflict at work?
- Are they timely and able to complete responsibilities?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   No evidence of problems at work. Individual is gainfully employed.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   Individual experiences some problems with work functioning. Individual may have some problems in work environment involving attendance, productivity, or relations with others. OR the individual is not currently working, but is motivated and is actively seeking work.

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Individual experiences work problems including disruptive behavior and/or difficulties with performing required work. Supervisors likely have warned individual about problems with his/her work performance. OR although not working, the individual seems interested in doing so, but may have some anxiety about working.

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Work problems are dangerous or disabling, including aggressive behavior toward peers or superiors or severe attendance problems. Individual may be recently fired or at very high risk of firing (e.g. on notice). OR the individual has a long history of unemployment.

N/A  Individual is not currently working due to being a homemaker or retired, or is younger than 16 years old.

Supplemental Information: If the individual is receiving special vocational services, rate the individual's performance and behavior relative to their peer group. If it is planned for the individual to work in the regular economy, rate the individual's functioning compared to that peer group.
**PARENTAL/CAREGIVING ROLE (AGE 16+)**
This item focuses on an individual in any parental/caregiving role.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
</table>
| • Is the individual in any roles where they care for someone else – parent, grandparent, younger sibling, or their own child? | 0  *No evidence of any needs; no need for action.*  
Individual has a parenting or caregiving role, and they are functioning appropriately in that role. An individual that does not have a parental or caregiving role would be rated here. |
| • How well can the individual fill that role? | 1  *Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.*  
Individual has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role. |
| • Does the individual want to be more involved in parenting/caregiving? | 2  *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Individual has responsibilities as a parent/caregiver, and they currently struggle to meet these responsibilities; these responsibilities are currently interfering with the individual’s functioning in other life domains. |
|                           | 3  *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Individual has responsibilities as a parent/caregiver and is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the individual to function in other life domains. The individual has the potential of abuse or neglect in their parental/caregiving role. |
|                           | N/A  Individual is younger than 16 years old. |

**Supplemental Information:** An individual with a child, or an individual responsible for the care of another family member (e.g., an elderly parent or grandparent) would be rated here. Include pregnancy as a parenting role. A parentified youth is rated in the Victimization/Exploitation item.

*A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of the Parenting/Caregiving Module.*
PARENTING/CAREGIVING MODULE (AGE 16+)

This module is to be completed when the Life Functioning Domain, Parental/Caregiving Role item is rated ‘1,’ ‘2’ or ‘3.’

**Question to Consider for this Module:** What are the individual’s needs in their current parenting/caregiving role?

**SUPERVISION**
This item rates the capacity of the individual to provide the level of monitoring needed by the child or adult in their care.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the individual set appropriate limits on the child?</td>
<td>0 Individual’s supervision and monitoring of child or adult in their care is appropriate and functioning well.</td>
</tr>
<tr>
<td>Does the individual provide appropriate support to the child/adult being cared for?</td>
<td>1 Individual’s supervision is generally adequate but inconsistent.</td>
</tr>
<tr>
<td>Does the individual think they need help with these issues?</td>
<td>2 Individual’s supervision and monitoring are very inconsistent. They are frequently absent.</td>
</tr>
<tr>
<td></td>
<td>3 Individual’s supervision and monitoring are nearly always absent or inappropriate.</td>
</tr>
</tbody>
</table>

**KNOWLEDGE OF NEEDS**
This item is based on the individual’s knowledge of the specific strengths of the child or adult in their care, any needs experienced by the child or adult, and the individual’s ability to understand the rationale for the treatment or management of any problems.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
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</tr>
</thead>
<tbody>
<tr>
<td>How does the individual understand the needs of the child or adult in their care?</td>
<td>0 Individual is fully knowledgeable about the psychological strengths, needs, and limitations of the child or adult being cared for.</td>
</tr>
<tr>
<td>Does the individual have the necessary information to meet the needs of the child or the adult they are caring for?</td>
<td>1 Individual, while being generally knowledgeable about the child or adult being cared for, has some deficits in knowledge or understanding of the psychological condition or skills and assets of the child or adult being cared for.</td>
</tr>
<tr>
<td></td>
<td>2 Individual does not know or understand the child or adult being cared for well. Significant deficits exist in the individual’s ability to relate to the problems or strengths of the child or adult being cared for.</td>
</tr>
<tr>
<td></td>
<td>3 Individual has little or no understanding of the condition of the child or adult being cared for. The individual is unable to cope with the child or adult being cared for given their status at the time, not because of the needs of the dependent child/adult but because the individual does not understand or accept the situation.</td>
</tr>
</tbody>
</table>
ORGANIZATION
This item should be rated based on the ability of the individual to participate in or direct the organization of the household, services, and related activities.

Questions to Consider

- Does the individual need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?

Ratings and Descriptions

0  Individual is well organized and efficient.
1  History or evidence of individual’s difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or responsibilities.
2  Individual has moderate difficulties in organizing and maintaining household to support needed services.
3  Individual is unable to organize household to support needed services

MARITAL/PARTNER VIOLENCE IN THE HOME
This item describes the degree of difficulty or conflict in the individual’s intimate relationship; and the impact on parenting and caregiving.

Questions to Consider

- How does the individual and their spouse/partner manage conflict between them?
- How is power and control handled in the individual and their spouse/partner’s relationship with each other?
- Does the individual and their spouse/partner’s conflict escalate to verbal aggression, physical attacks, or destruction of property?

Ratings and Descriptions

0  Individual and their spouse/partner appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
1  Individual’s marital difficulties and partner arguments are generally able to be kept to a minimum when dependent child or adult being cared for is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
2  Individual’s marital difficulties and/or partner conflicts, including frequent arguments, often escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which dependent child/adult being cared for often witnesses.
3  Individual’s partner or marital difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate the difficulties experienced by the dependent child or adult being cared for, placing the child/adult at greater risk.

End of Parenting/Caregiving Module
**INDEPENDENT LIVING SKILLS (AGE 16+)**

This item describes the individual’s ability to take responsibility for and also manage themselves in an age appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include money management, cooking, housekeeping, finding transportation, etc. Ratings for this item focus on the presence or absence of short- or long-term risks associated with impairments in independent living abilities.

Questions to Consider

- Does individual know how to take care of themselves?
- Are they responsible when left unsupervised?
- Are they developing skills to eventually be able to live in an apartment by themselves?
- If living on their own, how well can they maintain the home?
- Does the individual use adaptations and supports independently, e.g. able to direct caregivers as needed?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. This level indicates an individual who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This level indicates an individual with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. Problems are generally addressable with training or supervision.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. This level indicates an individual with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing themselves when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. This level indicates an individual with an impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 16 years old.</td>
</tr>
</tbody>
</table>

*A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of Independent Activities of Daily Living Module.*
**INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE (AGE 16+)**

This module is to be completed when the Life Functioning Domain, Independent Living Skills item is rated ‘1,’ ‘2’ or ‘3.’

**Question to Consider for this Module:** What are the individual’s current needs regarding independent activities of daily living?

### MEAL PREPARATION
This item describes the individual’s ability to prepare healthy meals for themselves.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is the individual able to prepare meals independently?</td>
<td>0 Individual is fully independent preparing meals. Individual is able to select and safely prepare food that is reasonably healthy.</td>
</tr>
<tr>
<td>• Can the individual select reasonably healthy foods?</td>
<td>1 Individual is generally independent preparing meals, but makes somewhat poor choices for eating or relies on prepared meals or fast food.</td>
</tr>
<tr>
<td></td>
<td>2 Individual struggles with safe meal preparation. Individual has difficulty selecting and preparing meals in appropriate portions, or using utensils, appliances, or stove properly. Individual can prepare basic foods like cereal and sandwiches but does not cook.</td>
</tr>
<tr>
<td></td>
<td>3 Individual is not currently unable to safely prepare meals or select appropriate portion size (too little or too much), which results in harm or danger.</td>
</tr>
</tbody>
</table>

### SHOPPING
This item describes the individual’s ability to budget, select items, or plan for multiple shopping needs at one time (i.e., food, clothing, toiletries, etc.).

<table>
<thead>
<tr>
<th>Questions to Consider</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Is the individual able to shop independently?</td>
<td>0 Individual can shop independently to meet all of needs.</td>
</tr>
<tr>
<td>• Does the individual demonstrate good choices when shopping?</td>
<td>1 Individual can shop independently for themselves, but may struggle with spending or item selection or have some other shopping problems.</td>
</tr>
<tr>
<td></td>
<td>2 Individual struggles with shopping for themselves. Individual may be able to do some shopping, but challenges occur with shopping choices, habits, or expenditures that interfere with functioning.</td>
</tr>
<tr>
<td></td>
<td>3 Individual is unable to shop to meet basic needs, or choices, habits or expenditures pose significant risk to well-being, health, or safety.</td>
</tr>
</tbody>
</table>

**Supplemental Information:** Shopping includes: preparing shopping lists (grocery and other), selecting, purchasing and transportation of items, selecting method of payment and completing money transactions. Also included is internet shopping and related use of electronic devices such as computers, cell phones and tablets.
HOUSEWORK
This item describes the individual’s ability to keep a functioning and clean living space independently, or to seek out the necessary resources to do so.

Questions to Consider
- Is the individual able to do housework and maintain a clean living space independently?

Ratings and Descriptions
0  Individual does housework independently. Individual maintains a functioning and clean living space and takes care of challenges that happen as a routine aspect of living (e.g., clogged toilet, broken refrigerator, replacing light bulbs, etc.).
1  Individual can maintain a reasonably clean living space but may struggle with common challenges that happen with housing.
2  Individual has challenges with housework. Individual currently does not maintain a clean living environment or needs prompts, cues, or reminders about housework.
3  Individual is currently not able to do housework or living environment potentially poses a health risk.

MONEY MANAGEMENT
This item describes the individual’s ability to manage finances by keeping a budget or adjusting expenses to meet all or as many needs as possible.

Questions to Consider
- Is the individual able to understand how to budget?
- Does the individual understand how to keep expenditures within their income?

Ratings and Descriptions
0  Individual manages money independently. Individual appears to understand the relationship between income and expenditures and is able to keep expenditures within budget.
1  Individual may have some challenges with aspects of money management (e.g. over spending, losing small amount of money), but these challenges do not have a notable impact on functioning.
2  Individual has challenges with money management that notably interfere with functioning.
3  Individual is currently not able to manage money.
COMMUNICATION DEVICE USE
This item describes the individual’s ability to use a phone or other electronic device to communicate with others, properly monitor device use and service plan, and adequately care for the device. This item includes the use of email and social media as communication.

Questions to Consider

- Is the individual able to appropriately use communication devices?
- Does the individual have any challenges in using communication devices?

Ratings and Descriptions

0  Individual uses and manages communication devices appropriately and independently.

1  Individual has some challenges with aspects of communication devices (e.g. boundary issues with sharing contact information, photos or personal information, losing or damaging devices multiple times); however, these challenges do not notably impact functioning.

2  Individual has challenges with communication device use. This may include technical problems using the devices or limited access to devices because of financial reasons, or it may include challenges with judgment regarding appropriate device use.

3  Individual is currently unable to use electronic communication devices or engages in dangerous or highly inappropriate activity with such devices and means of communication.

Supplemental Information: Communication management includes sending, receiving and interpreting information using a variety of systems and equipment including: writing tools, telephones, cell phones, smart phones, keyboards, audiovisual recorders, computers or tablets, communication bio boards, and call lights.

HOUSING SAFETY
This item describes whether the individual’s current housing circumstances are safe and accessible. Consider the individual’s specific medical or physical challenges when rating this item.

Questions to Consider

- Is the individual’s housing safe?
- Does the individual’s house provide necessary accommodations for any medical or physical challenges?

Ratings and Descriptions

0  Current housing has no challenges with regard to fully supporting the individual’s health, safety and accessibility.

1  Current housing has minor challenges with regard to fully supporting the individual’s health, safety and accessibility but these challenges do not currently interfere with functioning or present any notable risk to the individual or others.

2  Current housing has notable limitations with regard to supporting the individual’s health, safety, and accessibility. These challenges interfere with or limit the individual’s functioning.

3  Current housing is unable to meet the individual’s health, safety, and accessibility needs. Housing presents a significant risk to the individual’s health and well-being.

Supplemental Information: Housing safety includes: emergency maintenance; knowing and performing preventative procedures to maintain a safe environment; recognizing sudden, unexpected hazardous situations and initiating emergency action to reduce the threat to health and safety (e.g., ensuring safety when entering and exiting the home, identifying emergency contact numbers, and replacing items such as batteries in smoke alarms and light bulbs).
## End of Independent Activities of Daily Living Module

### ROUTINES (AGE 21+)
This item describes an individual’s ability to establish a schedule and keep to it on a daily basis.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the individual have a daily schedule that helps support mental and physical health and wellness?</td>
<td></td>
</tr>
</tbody>
</table>

#### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. Individual is able to make and maintain routines that support a healthy lifestyle.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. Individual is generally able to make and maintain routines that support a healthy lifestyle, however, there are occasional problems or a current life event has disrupted these routines temporarily.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. Individual struggles to make or maintain routines to support a healthy lifestyle. The lack of routines is currently interfering with the individual’s functioning in at least one life domain.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. Individual is unable to make or maintain routines. The individual’s lifestyle is chaotic and the absence of routines is preventing functioning in multiple life domains.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 21 years old.</td>
</tr>
</tbody>
</table>
FUNCTIONAL COMMUNICATION (AGE 21+)
This item refers to using communication and interaction with others to achieve needs, goals, and desires on a daily basis (e.g. self-advocacy, asking for directions, and asking appropriate questions at the doctor’s office).

Questions to Consider

- Is the individual able to ask for directions, communicate their needs?
- Does the individual have difficulty in achieving their goals due to communication difficulties?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. Individual is fully able to functionally communicate.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. Individual has occasional challenges fully communicating functionally, although these challenges do not interfere with the person’s functioning.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. Individual has challenges with functional communication that interfere with functioning in at least one life domain.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. Individual has notable problems with functional communication that are either dangerous or prevent them from functioning in multiple life domains.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 21 years old.</td>
</tr>
</tbody>
</table>

LONELINESS (AGE 21+)
This item describes the individual’s feelings or perception of loneliness. This is not exclusively a social isolation item as some individuals are comfortable with or seek out some level of social isolation that others might find uncomfortable.

Questions to Consider

- Does the individual express any feelings of loneliness?
- Is the individual’s loneliness causing difficulties in their functioning?

Ratings and Descriptions

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. There is no evidence that the individual is experiencing any loneliness.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. Individual experiences some loneliness but it does not interfere with their life, or the individual might be socially isolated but not reporting any feeling of loneliness.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. Individual has expressed a level of loneliness that is interfering with functioning in at least one life domain.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. Individual is expressing severe loneliness. This may be either a symptom of or a cause of depression or other mental health challenges. The individual’s experience of loneliness is either disabling or so severe as to create worries about the individual’s personal safety.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 21 years old.</td>
</tr>
</tbody>
</table>
DOMAIN 2: CLIENT STRENGTHS

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

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

0  Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
1  Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
2  Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
3  An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Question to Consider for this Domain: What are the individual’s assets that can be used in treatment planning to support healthy development?
FAMILY STRENGTHS
This item refers to the presence of a sense of family identity as well as love and communication among family members.

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

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

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

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

Family needs significant assistance in developing relationships and communications, or individual has no identified family. Individual is not included in normal family activities.

Supplemental Information: Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. The definition of family comes from the individual’s perspective, or who the individual describes as their family. If you do not know this information, a definition of family that includes biological/adoptive relatives and their significant others with whom the individual is still in contact is recommended. Do not rate residential placement as “family.”
INTERPERSONAL/SOCIAL CONNECTEDNESS
This item identifies an individual’s social and relationship skills. Interpersonal skills are rated independently of social functioning as an individual can have social skills and struggle in their relationships. This strength indicates an ability to make and maintain long-standing relationships with peers and adults.

Questions to Consider

- Does the individual have the trait ability to make friends?

Ratings and Descriptions

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

Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships.

Age 0 through 5: Young child has an easy temperament and, if old enough, is interested in and effective at initiating relationships with other children or adults. If still an infant, individual exhibits anticipatory behavior when fed or held.

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

Individual has good interpersonal skills and has shown the ability to develop healthy friendships. The individual may currently have no friends but has a history of making and maintaining friendships with others.

Age 0 through 5: Young child responds positively to social initiations by adults but may not initiate such interactions by themselves.

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

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

Age 0 through 5: Young child may be shy or uninterested in forming relationships with others. If still an infant, individual may have a temperament that makes attachment to others a challenge.

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

There is no evidence of observable interpersonal skills or healthy friendships at this time. Individual requires significant help to learn to develop interpersonal skills and healthy friendships. Individual lacks social skills and has no history of positive relationships with peers and adults.

Age 0 through 5: Young child does not exhibit any age-appropriate social gestures (e.g., social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.
NATURAL SUPPORTS
This item refers to unpaid helpers in the individual's natural environment. These include people who provide social support to the individual and family. All family members and paid caregivers are excluded.

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

Supplemental Information: Natural supports are the relationships that occur in everyday life: friends, co-workers, neighbors and acquaintances, and are of a reciprocal (give-and-take) nature. Such supports help an individual to develop a sense of social belonging, dignity, and self-esteem.
SPIRITUAL/RELIGIOUS/BELIEF SYSTEM
This item rates the presence of beliefs that could be useful to the individual (e.g., add a sense of purpose, meaning, or understanding to one’s life). This item refers to the individual’s experience of receiving comfort and support from a set of beliefs. An absence of spiritual or religious beliefs does not represent a need.

Questions to Consider
- Does the individual have any spiritual/religious beliefs that provide comfort?
- Is the individual involved in a community of shared beliefs?
- Is the individual interested in exploring a spiritual/religious/belief system?

Ratings and Descriptions

0  Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
   Individual is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Individual may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the individual in difficult times.

1  Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
   Individual is involved in and receives some comfort or support from their beliefs, practices, or community. Individual has some beliefs that contribute to the individual’s healthy development.

2  Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
   Individual has expressed some interest in developing spiritual or religious beliefs and practices. Individual may have little contact with a community that shares their beliefs.

3  An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.
   There is no evidence of identified spiritual or religious beliefs, nor does the individual show any interest in these pursuits at this time.

Supplemental Information: This item includes belief systems that do not involve spiritual and religious beliefs. Base the rating on the individual's understanding and use of their spiritual/religious/belief system; and their interest in using or developing this strength.
EDUCATIONAL SETTING
This item evaluates the nature of the school/vocational program’s relationship with the individual and family; and the level of support the individual receives from the program. Rate according to how much the school or vocational program is an effective partner in promoting the individual’s functioning and addressing the individual’s needs.

Questions to Consider

- Is the school, preschool, or vocational program an active partner in the individual’s education?
- Is the school, preschool, or vocational program an active partner in figuring out how best meet the individual’s needs?
- Does individual like the school, preschool, or vocational program?
- When has the individual been at their best in the training program, school or preschool?

Ratings and Descriptions

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

The school/preschool or vocational program works closely with the individual and family to identify and successfully address the individual’s educational needs; OR the individual excels in school/preschool or vocational program.

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

School/preschool or vocational program works with the individual and family to address the individual’s educational needs; OR the individual likes school.

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

The school/preschool or vocational program is currently unable to adequately address the individual’s academic or behavioral needs.

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

The school/preschool or vocational program is unable and/or unwilling to work to identify and address individual’s needs. This level indicates an individual who is either not in school/preschool or a vocational program or is in a setting that does not further their education.

Age 16+: The individual has dropped out of school or training program. Completing school or vocational program is required to meet the individual’s career aspirations.

N/A  Individual is not currently in school/preschool or a training program and completing school or a training program is not required to meet the individual’s career aspirations.

Supplemental Information: This item refers to the strengths of the educational setting that could include: vocational program, school system, GED program, college, graduate program, post professional schooling, or a preschool setting; and may or may not reflect any specific educational skills possessed by the individual. A rating of ‘0’ would be given if the vocational program, school or preschool is an active participant with the individual and family. A rating of ‘2’ would be given if the vocational program, school or preschool is not able to address the individual’s needs despite an IEP, plan, etc.
**RELATIONSHIP PERMANENCE (Age 0 through 20)**

This item refers to the stability and consistency of significant relationships in the individual’s life. This likely includes family members, and may include other adults or peers.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has anyone consistently been in the individual’s life since birth?</td>
<td>• 0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan. Individual has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Individual is involved with both parents.</td>
</tr>
<tr>
<td>• Are there other significant adults in the individual’s life?</td>
<td>• 1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength. Individual has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.</td>
</tr>
<tr>
<td>• Has the individual been in multiple home placements?</td>
<td>• 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful. Individual has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.</td>
</tr>
<tr>
<td></td>
<td>• 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area. Individual does not have any stability in relationships. Independent living or adoption must be considered.</td>
</tr>
<tr>
<td></td>
<td>• N/A Individual is 21 years old or older.</td>
</tr>
</tbody>
</table>
RESILIENCY (Age 2+)
This item refers to an individual's ability to recognize both their internal and external strengths and use them in managing daily life.

Questions to Consider

- Is the individual able to recognize their skills as strengths?
- Is the individual able to use their strengths to problem solve and address difficulties or challenges?

Ratings and Descriptions

0  Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
   Individual is able to both identify and use internal and external strengths to better themselves and successfully manage difficult challenges.

1  Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
   Individual is able to identify most of their internal and external strengths and is able to partially utilize them.

2  Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
   Individual is able to identify strengths but is not able to utilize them effectively. Individual may be able to identify either internal strengths or external strengths but not both, or may identify both types of strengths but not utilize one type.

3  An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.
   Individual is not yet able to identify either internal or external personal strengths.

N/A  Individual is younger than 2 years old.
OPTIMISM (Age 6+)
This item refers to the individual’s orientation toward the future.

Questions to Consider

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

Ratings and Descriptions

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

Individual has a strong and stable optimistic outlook for their future.

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

Individual is generally optimistic about their future.

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

Individual has difficulty maintaining a positive view of themselves and their life. Individual’s outlook may vary from overly optimistic to overly pessimistic.

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

There is no evidence of optimism at this time; or individual has difficulties seeing positive aspects about themselves or their future.

N/A  
Individual is younger than 6 years old.

Supplemental Information: A strong literature base indicates that individuals with a solid sense of themselves and their future have better outcomes than individual who do not. A rating of ‘1’ would be an individual who is generally optimistic. A rating of ‘3’ would be an individual who has difficulty seeing any positives about themselves or their future.
TALENTS AND INTERESTS (Age 6+)
This item refers to hobbies, skills, artistic interests and talents that are positive ways that individuals spend their time, give them pleasure, and a positive sense of self.

Questions to Consider

- What does the individual do with free time?
- What do they enjoy doing?
- What are the things that the individual does particularly well?

Ratings and Descriptions

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

  Individual has a talent that provides them with pleasure and/or self-esteem. An individual with significant creative/artistic/athletic strengths would be rated here.

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

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

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

  Individual has expressed interest in developing a specific talent, interest or hobby even if they have not developed that talent to date or whether it would provide the individual with any benefit.

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

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

N/A  Individual is younger than 6 years old.
CULTURAL IDENTITY (Age 6+)
Cultural identity refers to the individual’s view of self as belonging to a specific cultural group. A cultural group may be defined by a number of factors including race, ethnicity, religion, geography, disability, sexual orientation or gender identity and expression (SOGIE).

Questions to Consider

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

Ratings and Descriptions

0  Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
   The individual has defined a cultural identity and is connected to others who support the individual’s cultural identity.

1  Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
   The individual is developing a cultural identity and is seeking others to support the individual’s cultural identity.

2  Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
   The individual is searching for a cultural identity and has not connected with others.

3  An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.
   The individual does not express a cultural identity.

N/A  Individual is younger than 6 years old.
COMMUNITY CONNECTION (Age 6+)
This item reflects the individual’s connection to people, places, or institutions in their community.

### Questions to Consider
- Does the individual feel like they are part of a community?
- Are there activities that the individual does in the community?
- Is the individual active in a community?
- Is the individual a member of a community organization or group?

### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
</table>
| 0      | **Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.**

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

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

Individual is somewhat involved with their community. This level can also indicate an individual with significant community ties although they may be relatively short term (e.g. past year).

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

Individual has an identified community but has only limited, or unhealthy, ties to that community.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
</table>
| 3      | **An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.**

There is no evidence of an identified community of which individual is a member at this time.

<table>
<thead>
<tr>
<th>Rating</th>
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</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Individual is younger than 6 years old.</td>
</tr>
</tbody>
</table>

### Supplemental Information:
Community connections are different from how the individual functions in the community. An individual’s connection to the community is assessed by the degree to which they are involved with the institutions of that community which may include community centers, little league teams, jobs, after school activities, volunteer activities, neighborhood groups, religious groups, etc. Connections to a community through specific people (e.g. friends and family) could be considered an important community connection if many people who are important to the individual live in the same neighborhood. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and could be rated a ‘3’.
INvolvement With Care (Age 6+)
This item refers to the individual’s participation in planning and implementing efforts to address their identified needs.

Questions to Consider

- How does the individual understand their needs and challenges?
- Do they know what services they use?
- Do they know how to change services?
- Does the individual use services willingly and participate fully?

Ratings and Descriptions

0  Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
   Individual is knowledgeable of their needs and helps direct planning to address them.

1  Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
   Individual is knowledgeable of their needs and participates in planning to address them.

2  Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
   Individual is at least somewhat knowledgeable of their needs but is not willing to participate in plans to address them.

3  An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.
   Individual is neither knowledgeable about their needs nor willing to participate in any process to address them.

N/A  Individual is younger than 6 years old.

Supplemental Information: This item identifies whether the individual is an active partner in planning and implementing any treatment plan or service package. Like all ratings, this should be done in a developmentally informed way.
**VOCATIONAL (Age 14+)**

This item refers to the strengths of the vocational environment and may not reflect any specific educational/work skills possessed by the individual.

**Questions to Consider**

- Does the individual know what they want to be when they grow up?
- Has the individual ever worked or are they developing prevocational skills?
- Do they have plans to go to college or vocational school, for a career?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td><strong>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</strong> Individual is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td><strong>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</strong> Individual is working; however, the job is not consistent with developmentally appropriate career aspirations.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td><strong>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</strong> Individual is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate an individual with a clear vocational preference.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</strong> Individual is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates an individual with no known or identifiable vocational skill and no expression of any future vocational preferences.</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 14 years old or reached retirement.</td>
<td></td>
</tr>
</tbody>
</table>

**Supplemental Information:** Vocational strengths are rated independently of functioning (i.e. an individual can have considerable strengths but not be doing well at the moment). Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life.
JOE HISTORY/VOLUNTEERING (Age 14+)
This item describes the individual’s experience with paid employment and volunteer work.

Questions to Consider

- What is the general nature of the individual’s job or volunteering history?
- Are there former bosses that would rehire the individual or recommend the individual for employment?

Ratings and Descriptions

0  Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
   Individual finds meaning and takes pleasure in their work or volunteering.
   Individual is currently engaged in work or volunteering.

1  Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
   Individual has a history of meaningful work or employment/volunteering but is currently not working/volunteering or is not currently experiencing pleasure or meaning from work or volunteering.

2  Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
   Individual has experienced little pleasure or meaning from their work or volunteering.

3  An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.
   Individual takes no pleasure or meaning from work or volunteering. May have very negative feelings associated with work based on past experiences.

N/A  Individual is younger than 14 years old.
**WELLNESS (Age 21+)**
This item describes the individual’s ability to take care of themselves emotionally.

**Questions to Consider**
- Does the individual understand the importance of taking care of themselves emotionally?
- Does the individual engage in self-care activities?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td><strong>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</strong>&lt;br&gt;The individual understands the importance of taking care of oneself emotionally and is skilled in doing so. The individual consistently and routinely engages in self-care activities.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</strong>&lt;br&gt;The individual knows the importance of caring for oneself emotionally and has some skills in doing so. The individual engages in these activities sporadically.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</strong>&lt;br&gt;The individual recognizes the importance of taking care of one’s self emotionally and may have some skills in doing so but has never engaged in these activities.</td>
</tr>
<tr>
<td>3</td>
<td><strong>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</strong>&lt;br&gt;The individual does not understand the importance of wellness and has never engaged in self-care activities; OR the individual does not value self-care and refuses to engage in these activities.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 21 years old.</td>
</tr>
</tbody>
</table>
DOMA IN 3: CULTURAL FACTORS

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, find therapist who speaks family’s primary language, or ensure that an individual in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that individuals may experience or encounter as a result of their membership in any cultural group, or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization and outcomes between groups. Culture in this domain is described broadly to include cultural groups that are racial, ethnic or religious, or are based on age, disability, sexual orientation, gender identity, or socio-economic status or geography. Literature exploring issues of health care disparity states that race and ethnic group membership may be a primary influence on health outcomes.

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

Please Note: For young children ages birth through 5 years old, please rate these items from the perspective of the family.

For the Cultural Factors Domain, the following categories and action levels are used:

0  No evidence of any needs; no need for action.
1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3  Need is dangerous or disabling; requires immediate and/or intensive action.

Question to Consider for this Domain: How does the individual’s membership in a particular cultural group impact their stress and well-being?
LANGUAGE
This item looks at whether the individual and family need help with communication to obtain the necessary resources, supports and accommodations (e.g. translator). This item includes spoken, written, and sign language, and issues of literacy. For ages 0 through 5 rate the item for the family.

Questions to Consider
• What language does the family speak at home?
• Does the individual or significant family members have any needs related to communication (e.g. ESL, ASL, Braille, or assisted technology)?

Ratings and Descriptions
0  No evidence of any needs; no need for action.
   No evidence that there is a need or preference for an interpreter, or the individual and family speak and read the primary language where the individual or family lives. Individual does not need or has a device to assist with effective communication.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   Individual or family speak or read the primary language where the individual or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language. Individual’s communication device is not adequate for effective communication.

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Individual or significant family members do not speak the primary language where the individual or family lives. Translator or family’s native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports. Individual is learning how to use an alternative and augmented communication device.

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Individual or significant family members do not speak the primary language where the individual or family lives. Translator or family’s native language speaker is needed for successful intervention; no such individual is available from among natural supports. Individual needs and does not have a method of effective communication.

Supplemental Information: This item looks at whether the individual and family need help to communicate with others. This item includes both spoken and sign language. In immigrant families, the child/youth often becomes that translator. While in some instances this might work well, it may become a burden on the child/youth if unable to translate accurately because of their understanding of the situation, or become distressing (such as during a court hearing) or inappropriate for the child/youth to do so. For non-speaking individuals, alternative and augmented communication (AAC) methods and devices can help the person participate.
**TRADITIONS AND RITUALS**
This item rates the individual and family’s access to and participation in cultural tradition, rituals and practices. This includes celebration of culturally specific holidays; daily activities that are culturally specific; and engagement in activities related to newer identities. For ages 0 through 5 rate the item for the family.

**Questions to Consider**
- What holidays does the individual celebrate?
- What traditions are important to the individual?
- Does the individual fear discrimination for practicing their traditions and rituals?

**Ratings and Descriptions**

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<th>Rating</th>
<th>Description</th>
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</table>
| 0      | *No evidence of any needs; no need for action.*  
Individual and family are consistently able to practice their chosen traditions and rituals consistent with their cultural identity. |
| 1      | *Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.*  
Individual and family are generally able to practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices. |
| 2      | *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Individual and family experience significant barriers and are sometimes prevented from practicing traditions and rituals consistent with their cultural identity. |
| 3      | *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Individual and family are unable to practice their chosen traditions and rituals consistent with their cultural identity. |
## CULTURAL STRESS

This item identifies circumstances in which the individual’s cultural identity is met with hostility or other problems within their environment due to differences in attitudes, behavior, or beliefs of others. This includes cultural differences that cause stress between the individual and their family. Racism, negativity towards SOGIE, and others forms of discrimination are rated here. For ages 0 through 5 rate the item for the family.

### Questions to Consider

- Has the individual experienced any problems with the reaction of others to their cultural identity?
- Has the individual experienced discrimination?

### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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</table>
| 0     | No evidence of any needs; no need for action.  
No evidence of stress between the individual’s cultural identity and current environment or living situation. |
| 1     | Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.  
Some mild or occasional stress resulting from friction between the individual’s cultural identity and their current environment or living situation. |
| 2     | Action is required to ensure that the identified need is addressed; need is interfering with functioning.  
Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. Individual needs support to learn how to manage culture stress. |
| 3     | Need is dangerous or disabling; requires immediate and/or intensive action.  
Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Individual needs immediate plan to reduce culture stress. |
DOMAIN 4: POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (ACES)

All the potentially traumatic/adverse childhood experiences items are static indicators. In other words, these items indicate whether an individual has experienced a particular trauma. If an individual has ever had one of these experiences it is always rated in this section, even if the experience is not currently causing problems or distress in the individual’s life. Thus, these items are not expected to change except in the case that the individual has a new trauma experience, or a historical trauma is identified that was not previously known.

For the Potentially Traumatic/Adverse Childhood Experiences (ACES) Domain, the following categories and action levels are used:

No  No evidence of any trauma of this type.
Yes  Individual has experienced or there is suspicion the individual has experienced this type of trauma – one incident, multiple incidents, or chronic, ongoing experiences.

Question to Consider for this Module: Has the individual experienced adverse life events that may impact their behavior?

NATURAL OR MANMADE DISASTER
This item describes the individual’s exposure to either natural or manmade disasters.

Questions to Consider

• Has the individual been present during a natural or manmade disaster?
• Does the individual watch television shows containing these themes or overhear adults talking about these kinds of disasters?

Ratings and Descriptions

No  There is no evidence that the individual has experienced, been exposed to or witnessed natural or manmade disasters.

Yes  Individual has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor’s house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the individual has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.
**MEDICAL TRAUMA**
This item describes whether the individual has experienced medically-related trauma, resulting from, for example, inpatient hospitalization, outpatient procedures, and significant injuries.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
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</thead>
<tbody>
<tr>
<td>• Has the individual had any broken bones, stitches, or other medical procedures?</td>
<td>No</td>
</tr>
<tr>
<td>• Has the individual gone to the emergency room or stayed overnight in the hospital?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Supplemental Information:** This item considers the impact of the event on the individual. It describes experiences in which the individual is subjected to medical procedures that are experienced as upsetting and overwhelming. An individual born with physical deformities who is subjected to multiple surgeries could be included. An individual who must experience chemotherapy or radiation could also be included. Individuals who experience an accident and require immediate medical intervention that results in ongoing physical limitations or deformities (e.g., burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming (e.g., shots, pills) would generally not be rated here.

**DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES**
This item documents the extent to which an individual has had one or more major changes in caregivers or caregiving, potentially resulting in disruptions in attachment. Removal from parents or loss of a child would be rated here.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has the individual ever lived apart from their parents/caregivers?</td>
<td>No</td>
</tr>
<tr>
<td>• What happened that resulted in the individual living apart from their parents/caregivers?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Supplemental Information:** Individuals who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Individuals who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital or brief juvenile detention stays, during which the individual’s caregiver remains the same, would not be rated on this item.
### SEXUAL ABUSE
This item describes whether or not the individual has experienced sexual abuse.

**Questions to Consider**
- Has the caregiver or individual disclosed sexual abuse?
- How often did the abuse occur?
- Did the abuse result in physical injury?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>There is no evidence that the individual has experienced sexual abuse.</td>
</tr>
<tr>
<td>Yes</td>
<td>The individual has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse - single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Individuals with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.</td>
</tr>
</tbody>
</table>

### PHYSICAL ABUSE
This item describes whether or not the individual has experienced physical abuse.

**Questions to Consider**
- Is physical discipline used in the home? What forms?
- Has the individual ever received bruises, marks, or injury from another person?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>There is no evidence that the individual has experienced physical abuse.</td>
</tr>
<tr>
<td>Yes</td>
<td>The individual has experienced or there is a suspicion that they have experienced physical abuse - mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.</td>
</tr>
</tbody>
</table>

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

**Questions to Consider**
- Is the individual receiving adequate supervision?
- Are the individual’s basic needs for food and shelter being met?
- Is the individual allowed access to necessary medical care? Education?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>There is no evidence that the individual has experienced neglect.</td>
</tr>
<tr>
<td>Yes</td>
<td>Individual has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., individual left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision of the individual); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.</td>
</tr>
</tbody>
</table>
## EMOTIONAL ABUSE

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

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
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<td>Yes</td>
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</table>

## PARENTAL CRIMINAL BEHAVIOR

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

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
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<td>Yes</td>
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## WITNESS TO FAMILY VIOLENCE

This item describes the individual’s exposure to violence within the individual’s home or family.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
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<tbody>
<tr>
<td></td>
<td>No</td>
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<td></td>
<td>Yes</td>
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</tbody>
</table>
### WITNESS TO COMMUNITY/SCHOOL VIOLENCE

This item describes the individual’s exposure to incidents of violence the individual has witnessed or experienced in their community. This includes witnessing violence at the individual’s school or educational setting.

#### Questions to Consider
- Does the individual live in a neighborhood with frequent violence?
- Has the individual witnessed or directly experienced violence at their school?

#### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>There is no evidence that the individual has witnessed or experienced violence in their community or their school.</td>
</tr>
<tr>
<td>Yes</td>
<td>Individual has witnessed or experienced violence in the community or their school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the individual has witnessed or experienced violence in the community or school would be rated here.</td>
</tr>
</tbody>
</table>

### VICTIM/WITNESS TO CRIMINAL ACTIVITY

This item describes the individual’s exposure to criminal activity. Criminal activity includes any behavior for which an adult could go to prison including drug dealing, assault, or battery.

#### Questions to Consider
- Has the individual or someone in their family ever been the victim of a crime?
- Has the individual seen criminal activity in the community or home?

#### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>There is no evidence that the individual has been a victim of or a witness to criminal activity.</td>
</tr>
<tr>
<td>Yes</td>
<td>Individual has been victimized, or there is suspicion that they have been victimized or witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or individual has witnessed the death of a family friend or loved one.</td>
</tr>
</tbody>
</table>

**Supplemental Information:** Any behavior that could result in incarceration is considered criminal activity. An individual who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. An individual who has witnessed drug dealing, assault or battery would also be rated on this item.
WAR/TERROISM AFFECTED
This item describes the individual’s exposure to war, political violence, torture or terrorism.

Questions to Consider

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

Ratings and Descriptions

No  There is no evidence that the individual has been exposed to war, political violence, torture or terrorism.

Yes  Individual has experienced, or there is suspicion that they have experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the individual may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the individual; individual may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; individual may have been directly injured, tortured, or kidnapped in a terrorist attack; individual may have served as a soldier, guerrilla, or other combatant in their home country. Also included is an individual who did not live in war or terrorism-affected region or refugee camp, but whose family was affected by war.

Supplemental Information: Terrorism is defined as “the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).
DOMAIN 5: BEHAVIORAL/EMOTIONAL NEEDS

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

For the Behavioral/Emotional Needs Domain, the following categories and action levels are used:

0  No evidence of any needs; no need for action.
1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3  Need is dangerous or disabling; requires immediate and/or intensive action.

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

ANXIETY

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

Questions to Consider

- Does the individual have any problems with anxiety or fearfulness?
- Are they avoiding normal activities out of fear?
- Does the individual act frightened or afraid?

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<th>Ratings and Descriptions</th>
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<tbody>
<tr>
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<td>3</td>
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</table>
Anxiety Supplemental Information: As noted in the DSM-5, Anxiety Disorders share features of excessive fear (i.e. emotional response to real or perceived imminent threat) and anxiety (i.e. anticipation of future threat) and related behavioral disturbances (e.g. panic attacks, avoidance behaviors, restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, etc.) which cause significant impairment of functioning or distress. Anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation.

DEPRESSION

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

Questions to Consider

- Is the individual concerned about possible depression or chronic low mood and irritability?
- Have they withdrawn from normal activities?
- Does the individual seem lonely or not interested in others?

Ratings and Descriptions

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

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on functioning. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect. Brief duration of such symptoms that impair peer, family, or academic functioning, but do not lead to pervasive avoidance behavior.

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Clear evidence of depression associated with either depressed mood or significant irritability. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations; dark themes in play, and demonstrate little enjoyment in play and interactions. Depression has interfered significantly in individual's ability to function in at least one life domain.

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Clear evidence of disabling level of depression that makes it virtually impossible for the individual to function in any life domain. This rating is given to an individual with a severe level of depression. This would include an individual who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

Supplemental Information: Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among children, particularly young children. The main difference between depression in children and youth and depression in adults is that among children and youth it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression. Children and adults may use illicit drugs or overuse prescription drugs to self-medicate.
EATING DISTURBANCE
This item rates problems with eating, including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating, and hoarding food. These ratings are consistent with DSM Eating Disorders.

Questions to Consider
- How does the individual feel about their body?
- Do they seem to be overly concerned about their weight?
- Do they ever refuse to eat, binge eat, or hoard food?
- Has the individual ever been hospitalized for eating-related issues?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   This rating is for an individual with no evidence of eating disturbances.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   This rating is for an individual with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   This rating is for an individual with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).
   For Ages 0 through 5: Infant/young child has problems with eating that impair their functioning. Infants may be finicky eaters, spit food or overeat. Infants may have problems with oral motor control. Young children may overeat, have few food preferences and not have a clear pattern of when they eat.

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   This rating is for an individual with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).
   For Ages 0 through 5: Infant/young child has problems with eating that put them at-risk developmentally. The young child and family are very distressed and unable to overcome problems in this area.

Supplemental Information: Anorexia Nervosa is characterized by refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. Repeated bingeing and getting rid of the extra calories from binging by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterize Bulimia Nervosa. Individuals who compulsively ingest non-nutritive substances (Pica) would also be rated in this item. Food hoarding would be rated as a ‘2.’
ADJUSTMENT TO TRAUMA*
This item is used to describe the individual who is having difficulties adjusting to a traumatic experience, as defined by the individual. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and the behavior.

Questions to Consider
- Has the individual experienced a traumatic event?
- Do they experience frequent nightmares?
- Are they troubled by flashbacks?
- What are the individual’s current coping skills?

Ratings and Descriptions

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

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

2  **Action is required to ensure that the identified need is addressed; need is interfering with functioning.**
   Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with individual’s functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavior symptoms, tantrums, and withdrawn behavior.

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

Supplemental Information: This item should be rated ‘1’, ‘2’ or ‘3’ for individuals who have any type of symptoms/needs that are related to their exposure to a traumatic/adverse event. These symptoms should also be rated in the Traumatic Stress Symptoms Module. For Adolescent Adoptees: Most adolescents are focused on developing their sense of identity and exploring who they are and what they want to become. For adopted teens this process can be more complex as they must integrate the influences of their adoptive and birth families without always knowing fully what those influences are. Thus, for some adolescents, adjustment to trauma behaviors may be related to their adoption and should be considered when rating this item.

*A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of the Traumatic Stress Symptoms Module.*
TRAUMATIC STRESS SYMPTOMS MODULE

This module is completed when the Behavioral/Emotional Domain, Adjustment to Trauma item is rated ‘1,’ ‘2’ or ‘3.’

These items describe dysregulated reactions or symptoms that children, youth, and adults may exhibit to any of the variety of traumatic experiences.

**Question to Consider for this Module:** How is the individual responding to traumatic events?

### EMOTIONAL OR PHYSICAL DYSREGULATION

This item describes the individual’s difficulties with arousal regulation or expressing emotions and energy states.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
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</thead>
<tbody>
<tr>
<td>Does the individual have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?</td>
<td>0</td>
</tr>
<tr>
<td>Does the individual have extreme or unchecked emotional reactions to situations?</td>
<td>1</td>
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<td>3</td>
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**Supplemental Information:** This item is a core symptom of trauma and is particularly notable among individuals who have experienced complex trauma (or chronic, interpersonal traumatic experiences). This refers to an individual’s difficulty in identifying and describing internal emotional states, problems labeling or expressing feelings, difficulty or inability in controlling or modulating their emotions, and difficulty communicating wishes and needs. Physical dysregulation includes difficulties with regulation of body functions, including disturbances in sleeping, eating and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing...
emotional or bodily states. The individual’s behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

Emotional dysregulation is triggered by exposure to trauma cues or reminders where the individual has difficulty modulating arousal symptoms and returning to baseline emotional functioning or restoring equilibrium. This symptom is related to trauma, but may also be a symptom of bipolar disorder and some forms of head injury and stroke. An elevation in emotional dysregulation will also likely accompany elevations in Anger Control.

### INTRUSIONS/RE-EXPERIENCING
This item describes intrusive memories or reminders of traumatic events, including nightmares, flashback, intensive reliving of the events, and repetitive play with themes of specific traumatic experiences.

#### Questions to Consider
- Does the individual think about the traumatic event when they do not want to?
- Do reminders of the traumatic event bother the individual?

#### Ratings and Descriptions

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<thead>
<tr>
<th>Rating</th>
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<tbody>
<tr>
<td>0</td>
<td>There is no evidence that the individual experiences intrusive thoughts of trauma.</td>
</tr>
<tr>
<td>1</td>
<td>History or evidence of some intrusive thoughts of trauma but it does not affect the individual’s functioning. An individual with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.</td>
</tr>
<tr>
<td>2</td>
<td>Individual has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere with their ability to function in some life domains. For example, the individual may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The individual may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.</td>
</tr>
<tr>
<td>3</td>
<td>Individual has repeated or severe intrusive symptoms/distressing memories that are debilitating. This individual may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This individual may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the individual to function.</td>
</tr>
</tbody>
</table>

#### Supplemental Information: Intrusion symptoms include:
1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). In children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content or effect of the dream are related to the event(s). In children, there may be frightening dreams without recognizable content.
3. Intense or prolonged psychological distress marked by physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic events.
HYPERAROUSAL
This item includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance, or exaggerated startle response. Individual may show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Stressor-Related Disorders.

Questions to Consider
- Does the individual feel more jumpy or irritable than is usual?
- Does the individual have difficulty relaxing and/or have an exaggerated startle response?
- Does the individual have stress-related physical symptoms: stomachaches or headaches?
- Do these stress-related symptoms interfere with the individual’s ability to function?

Ratings and Descriptions

0  Individual has no evidence of hyperarousal symptoms.

1  History or evidence of hyperarousal that does not interfere with individual’s daily functioning. Individual may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.

2  Individual exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Individuals who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the individual and/or caregiver and negatively impacts day-to-day functioning.

3  Individual exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the individual and/or caregiver and impede day-to-day functioning in many life areas.

Supplemental Information: Hyperarousal is one of the three major symptom clusters in PTSD. This item refers to an individual who experiences prolonged states of physiological arousal that might manifest behaviorally, emotionally and cognitively. Hyper aroused individuals might appear constantly on edge or wound up, and may be easily startled.
**ATTACHMENT DIFFICULTIES**
This item rates the level of difficulties the individual has with attachment and their ability to form relationships. This item should be rated within the context of the individual’s significant interpersonal relationships.

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

### Ratings and Descriptions

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<thead>
<tr>
<th>Rating</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of attachment problems. Caregiver-individual relationship is characterized by mutual satisfaction of needs and individual’s development of a sense of security and trust. Caregiver is able to respond to individual’s cues in a consistent, appropriate manner, and individual seeks age-appropriate contact with caregiver for both nurturing and safety needs.</td>
</tr>
<tr>
<td>1</td>
<td>Some history or evidence of insecurity in the caregiver-individual relationship. Caregiver may have difficulty accurately reading individual’s bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Individual may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Individual may have minor difficulties with appropriate physical/emotional boundaries with others.</td>
</tr>
<tr>
<td>2</td>
<td>Problems with attachment that interfere with individual’s functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret individual’s cues, act in an overly intrusive way, or ignore/avoid individual’s bids for attention/nurturance. Individual may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.</td>
</tr>
<tr>
<td>3</td>
<td>Individual is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR individual presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Individual is considered at ongoing risk due to the nature of their attachment behaviors. Individual may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or individual may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.</td>
</tr>
</tbody>
</table>
TRAUMATIC GRIEF & SEPARATION
This item describes the level of traumatic grief the individual is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

Questions to Consider

- Is the trauma reaction of the individual based on a grief/loss experience?
- How much does the individual’s reaction to the loss impact their functioning?

Ratings and Descriptions

0  There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant caregivers. Either the individual has not experienced a traumatic loss (e.g., death of a loved one) or the individual has adjusted well to separation.

1  Individual is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.

2  Individual is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

3  Individual is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

Supplemental Information: This item is meant to document when individuals are having a “traumatic” reaction to a separation or other type of loss. Individuals sometimes experience traumatic grief following the death of a loved one. Youth in child welfare can also experience traumatic grief. They may experience difficult feelings related to separation from their parents or other important people in their life; not all, however, experience traumatic grief. Those who experience traumatic grief may be preoccupied with the separation from their parents such that it inhibits their ability to function appropriately in one or more areas. The symptoms may be behavioral, emotional or cognitive and if it is observed that these symptoms are not diminishing or go away with normal passage of time, score this item as a ‘2’ or ‘3.’ There must be some evidence of a problematic reaction in order to rate a ‘1’ on this item.

NUMBING
This item describes an individual’s reduced capacity to feel, or experience and express a range of emotions. Numbing responses were not present before the trauma.

Questions to Consider

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

Ratings and Descriptions

0  Individual has no evidence of numbing responses.

1  Individual has history or evidence of problems with numbing. They may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).

2  Individual exhibits numbing responses that impair their functioning in at least one life domain. Individual may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.

3  Individual exhibits significant numbing responses or multiple symptoms of numbing that put them at risk. This individual may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.
AVOIDANCE
This item describes efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

Questions to Consider

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

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Individual exhibits no avoidance symptoms.</td>
</tr>
<tr>
<td>1</td>
<td>Individual may have history of or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.</td>
</tr>
<tr>
<td>2</td>
<td>Individual exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the individual may also avoid activities, places, or people that arouse recollections of the trauma.</td>
</tr>
<tr>
<td>3</td>
<td>Individual’s avoidance symptoms are debilitating. Individual may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.</td>
</tr>
</tbody>
</table>

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

Questions to Consider

- Does the individual seem to lose track of the present moment or have memory difficulties?
- Is the individual frequently forgetful or caught daydreaming?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
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</tr>
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<tbody>
<tr>
<td>0</td>
<td>No evidence of dissociation.</td>
</tr>
<tr>
<td>1</td>
<td>Individual has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.</td>
</tr>
<tr>
<td>2</td>
<td>Individual exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Identity Disorder or another diagnosis that is specified “with dissociative features.”</td>
</tr>
<tr>
<td>3</td>
<td>Individual exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Individual is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Individual shows rapid changes in personality or evidence of distinct personalities. Individual who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.</td>
</tr>
</tbody>
</table>

End of Traumatic Stress Symptoms Module
REGULATORY
This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

Questions to Consider

- Did the individual require more support to cope with frustration than another person in a similar setting?
- Does the individual have particular challenges around transitioning from one activity to another, resulting at times in the inability to engage in activities?
- Does the individual exhibit severe reactions to changes in temperature or clothing such that it interferes with engaging in activities?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   Individual does not have problems with self-regulation.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   Individual has mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Individual has moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Individual has profound problems with self-regulation that places their safety, well-being, or development at risk (e.g. individual cannot be soothed at all when distressed, individual cannot feed properly).

ATYPICAL/REPETITIVE BEHAVIOR
This item describes ritualized or stereotyped behavior, or behavior that is unusual or difficult to understand. Behavior may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at light, or repetitive and bizarre verbalizations. Rate this item based on the experience and any difficulty as defined by the individual.

Questions to Consider

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

Ratings and Descriptions

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

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

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

3  Need is dangerous or disabling; requires immediate and/or intensive action.
   Individual has profound problems with self-regulation that places their safety, well-being, or development at risk (e.g. individual cannot be soothed at all when distressed, individual cannot feed properly).
OPPOSITIONAL (AGE 3-18)
This item rates the youth’s relationship with authority figures. Generally, oppositional behavior is displayed in response to conditions set by a parent, teacher, or authority figure with responsibility for and control over the youth.

Questions to Consider
- Does the youth follow rules?
- Have teachers or other adults reported that the youth does not follow rules or directions?
- Does the youth argue when an authority figure instructs them to do something?
- Does the youth do things that they were expressly told not to do?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
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</table>
| 0      | No evidence of any needs; no need for action.  
No evidence of oppositional behaviors. |
| 1      | Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.  
There is a history or mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school. |
| 2      | Action or intervention is required to ensure that the identified need is addressed; need is interfering with the individual’s functioning.  
Clear evidence of oppositional or defiant behavior towards authority figures that is currently interfering with the youth’s functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here. |
| 3      | Problems are dangerous or disabling; requires immediate or intensive action.  
Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the youth has severe problems with compliance with rules, or adult instruction or authority. |
| N/A    | Individual is younger than 3 years old or older than 18 years old. |

Supplemental Information: Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on opposition of authority rather than inflicting damage and hurting others.
IMPULSIVITY/HYPERACTIVITY (AGE 3+)

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

Questions to Consider

- Does the individual’s impulsivity put them at risk?
- How has the individual’s impulsivity impacted their life?
- Is the individual unable to sit still for any length of time?
- Do they have trouble paying attention for more than a few minutes?
- Is the individual able to control themselves?
- Does the individual report feeling compelled to do something despite negative consequences?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   No evidence of symptoms of loss of control of behavior.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   There is a history or evidence of mild levels of impulsivity evident in action or thought that place the individual at risk of future functioning difficulties. The individual may exhibit limited impulse control, e.g., individual may yell out answers to questions or may have difficulty waiting their turn. Some motor difficulties may be present as well, such as pushing or shoving others.

2  Action is required to ensure that the identified need is addressed; need is interfering with functioning.
   Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual’s functioning in at least one life domain. This indicates an individual with impulsive behavior who may represent a significant management problem. An individual who often intrudes on others and often exhibits aggressive impulses would be rated here.

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

N/A  Individual is younger than 3 years old.

Supplemental Information: This item is designed to allow for the description of the individual’s ability to control their own behavior, including impulsiveness, hyperactivity, and distractibility. Individuals with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A ‘3’ on this item is reserved for those whose lack of control of behavior has placed them in physical danger during the period of the rating. Consider the individual’s environment when rating (i.e. bored kids tend to be impulsive kids).
**ANGER CONTROL/FRUSTRATION TOLERANCE (AGE 3+)**

This item captures the individual’s ability to identify and manage their anger when frustrated. For ages 3 through 5 this may include a demonstration of aggressive behavior when things do not go as the young child has wished. Some sources of frustration for preschoolers can be peers, adults, and new situations.

### Questions to Consider

- How does the individual control their emotions?
- Do they get upset or frustrated easily?
- Do they overreact if someone criticizes or rejects them?
- Does the individual seem to have dramatic mood swings?
- What are their expressions of frustration like?
- Are expressions of frustration age and developmentally appropriate?

### Ratings and Descriptions

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<tr>
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<tbody>
<tr>
<td><strong>0</strong></td>
<td>No evidence of any needs; no need for action.</td>
</tr>
<tr>
<td></td>
<td>No evidence of any anger control problems.</td>
</tr>
<tr>
<td></td>
<td>Age 3 through 5: Young child is able to deal with frustration in age and developmentally appropriate ways.</td>
</tr>
</tbody>
</table>

| **1**  | Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. |
|        | History, suspicion of, or evidence of some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts. |
|        | Age 3 through 5: Young child demonstrates some difficulties dealing with frustration. They may become agitated, verbally hostile, aggressive, or anxious in age and developmentally inappropriate ways when frustrated. |

| **2**  | Action is required to ensure that the identified need is addressed; need is interfering with functioning. |
|        | Individual’s difficulties with controlling their anger are impacting functioning in at least one life domain. Their temper has resulted in significant trouble with peers, family, or school/work. Anger may be associated with physical violence. Others are likely quite aware of anger potential. |
|        | Age 3 through 5: Young child struggles with tolerating frustration. Their reaction to frustration impairs functioning in at least one life domain. They may express frustration in age and developmentally inappropriate ways. |

| **3**  | Need is dangerous or disabling; requires immediate and/or intensive action. |
|        | Individual’s temper or anger control problem is dangerous. Individual frequently gets into fights that are often physical. Others likely fear them. |
|        | Age 3 through 5: Young child engages in severe outbursts when frustrated. Others may be afraid of the young child’s outbursts; or the young child may hurt themselves or others during outbursts. |

| **N/A** | Individual is younger than 3 years old. |

### Supplemental Information:

Everyone gets angry at times. This item is intended to identify individuals who are more likely than average to become angry and lose control in such a way that it leads to problems with functioning. A ‘3’ describes an individual whose anger has put themselves or others in physical peril within the rating period.
**SUBSTANCE MISUSE (AGE 6+)**

This item describes problems related to the misuse of alcohol, illegal drugs, prescription medications, and the inhalation of any chemical or synthetic substance by an individual. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. Problems related to tobacco and caffeine are also rated in this item.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has the individual used alcohol or drugs on more than an experimental basis?</td>
<td><strong>0</strong> No evidence of any needs; no need for action. Individual has no notable substance use difficulties at the present time.</td>
</tr>
<tr>
<td>• Do you suspect the individual has an alcohol or drug use problem?</td>
<td><strong>1</strong> Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. Individual has substance use problems that occasionally interfere with daily life (e.g. intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.</td>
</tr>
<tr>
<td></td>
<td><strong>2</strong> Action is required to ensure that the identified need is addressed; need is interfering with functioning. Individual has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.</td>
</tr>
<tr>
<td></td>
<td><strong>3</strong> Need is dangerous or disabling; requires immediate and/or intensive action. Individual has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the individual.</td>
</tr>
<tr>
<td></td>
<td><strong>N/A</strong> Individual is younger than 6 years old.</td>
</tr>
</tbody>
</table>

**Supplemental Information:** Features of substance misuse are a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.

Patterns of behaviors related to substance misuse:

- Impaired Control: substance taken in larger amounts or over a longer period of time; persistent desire or unsuccessful efforts to control substance use; great deal of time spent in activities to obtain substance; cravings to use the substance.

- Social Impairment: failure to fulfill major role obligations at work/school/home; persistent or recurrent social or interpersonal problems caused or exacerbated by substance use; social/occupational/recreational activities given up or reduced due to substance use.

- Risky Use: recurrent use in physically hazardous situations; use continued despite knowledge of having persistent or recurrent physical or psychological problem caused by substance use.

- Pharmacological Criteria: tolerance (e.g. need for increase in amount of substance to achieve desired effect; diminished effect with continued use of the same amount of substance); withdrawal (e.g. physiological symptoms that occur with the decreased use of a substance; individual is likely to use the substance to relieve the symptoms).
**PSYCHOSIS (THOUGHT DISORDER) (AGE 6+)**

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

### Questions to Consider

- Has the individual ever talked about hearing, seeing, or feeling something that was not actually there?
- Has the individual ever done strange, bizarre, or nonsensical things?

### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. No evidence of psychotic symptoms. Thought processes and content are within normal range.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. Evidence of disruption in thought processes or content. Individual may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes individuals with a history of hallucinations but none currently. Use this category for individuals who are below the threshold for schizophrenia spectrum and other psychotic disorders.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. Evidence of disturbance in thought process or content that may be impairing individual’s functioning in at least one life domain. Individual may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the individual or others at risk of physical harm.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 6 years old.</td>
</tr>
</tbody>
</table>

**Supplemental Information:** While a growing body of evidence suggests that schizophrenia can begin as early as age nine, schizophrenia is more likely to begin to develop during the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations. Posttraumatic stress secondary to sexual or physical abuse can be associated with visions of the abuser when children are falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours.
CONDUCT/ANTISOCIAL BEHAVIOR (AGE 6+)
This item rates the degree to which an individual engages in behaviors that show a disregard for and violation of the rights of others.

Questions to Consider

• Is the individual seen as dishonest? How does the individual handle telling the truth/lies?
• Has the individual been part of any criminal behavior?
• Has the individual ever shown violent or threatening behavior towards others?
• Has the individual ever tortured animals?
• Does the individual disregard or is unconcerned about the feelings of others?

Ratings and Descriptions

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

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

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

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

N/A  Individual is younger than 6 years old.

Supplemental Information: This item includes antisocial behaviors like stealing, pathological lying, deceitfulness, vandalism, cruelty to animals, assault, or serious violation of rules. Other examples include failure to obey laws, conning others and/or showing reckless disregard for one’s safety and the safety of others. Behavior may be consistent with the presence of a Conduct Disorder or Antisocial Personality Disorder.
### INTERPERSONAL PROBLEMS (AGE 16+)

This item identifies problems with relating to other people including significant manipulative behavior, social isolation, or significant conflictual relationships. The presence of any DSM personality disorder may be rated here.

**Questions to Consider**

- Is the individual experiencing overwhelming anger or fear around others abandoning them?
- Does the individual have relationships that are often very intense but not very stable?
- Is the individual being treated for a personality disorder or have a diagnosis of one?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. No evidence of notable interpersonal problems identified.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. History or evidence of some interpersonal problems; behavior is probably sub-threshold for the diagnosis of personality disorder. Mild but consistent antisocial behavior or narcissistic behavior is rated here.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. Individual’s relationship problems are beginning to interfere with their life functioning and may warrant a DSM personality disorder diagnosis.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. Individual’s interpersonal problems have a significant impact on the individual’s long-term functioning. Interpersonal problems are disabling and block the individual’s ability to function independently.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 16 years old.</td>
</tr>
</tbody>
</table>

### MANIA (AGE 21+)

This item identifies elevated/expansive mood, increase in energy, decrease in sleep, pressured speech, racing thoughts, and grandiosity that are characteristic of mania.

**Questions to Consider**

- Does the individual have periods of feeling super happy/excited for hours or days at a time? Have periods of feeling very angry/cranky for hours or days at a time?
- Does the individual have periods of time where they feel like they don’t need to sleep or eat? Have extreme behavior changes?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. No evidence of mania or manic behavior.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. Individual has a history of manic behavior, or individual with some evidence of hypomania or irritability, or that does not impact the individual’s functioning.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need is addressed; need is interfering with functioning. Individual with manic behavior that impacts the individual’s functioning or those around them.</td>
</tr>
<tr>
<td>3</td>
<td>Need is dangerous or disabling; requires immediate and/or intensive action. Individual with a level of mania that is dangerous or disabling. For example, the individual may be wildly over-spending, rarely sleeping, or pursuing a special “mission” that only they can accomplish. The manic episode rated here could include psychotic symptoms.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 21 years old.</td>
</tr>
</tbody>
</table>
DOMAIN 6: RISK BEHAVIORS

Risky behavior can get children, youth, and adults in trouble, or put them in danger of harming themselves or others. Timeframes considered in this section can change (particularly for ratings ‘1’ and ‘3’). Use fresh and relevant information. Allow the individual to change by removing old labels that no longer apply.

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

0  No evidence of any needs; no need for action.
1  Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
2  Action is required to ensure that the identified need or risk behavior is addressed.
3  Intensive and/or immediate action is required to address the need or risk behavior.

Question to Consider for this Domain: Does the individual’s behavior put them at risk for serious harm?
VICTIMIZATION/EXPLOITATION
This item describes an individual who has been victimized by others. This item examines the history and pattern of being the object of abuse and whether the individual is at current risk for re-victimization. It includes individuals who are currently being bullied at school or in their community. It also includes individuals who are victimized in other ways (e.g., sexual abuse, maltreatment, prostitution, inappropriate expectations based on the child’s level of development, a child who is forced to take on a parental level of responsibility, etc.).

Questions to Consider

- Has the individual ever been bullied or the victim of a crime?
- Has the individual traded sexual activity for goods, money, affection, or protection?
- Has the individual been a victim of human trafficking?
- Has the youth taken on parental responsibilities and has this impacted their functioning?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   No evidence that the individual has experienced victimization or exploitation. They may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Individual is not presently at risk for re-victimizations or exploitation.

1  Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   Suspicion or history of victimization or exploitation, but the individual has not been victimized to any significant degree in the past year. Individual is not presently at risk for re-victimization or exploitation.

2  Action is required to ensure that the identified need or risk behavior is addressed.
   Individual has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.

3  Intensive and/or immediate action is required to address the need or risk behavior.
   Individual has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, or sexual activity) or living in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members outside of typical caregiving activities.

Supplemental Information: Sexual exploitation includes any situation, context, or relationship where the individual receives something (e.g., food, accommodations, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing sexual activities, or others performing sexual activities on them. This includes commercial sexual exploitation in which a third party receives payment for the sexual exploitation of the individual.
### SUICIDE RISK (AGE 3+)
This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This item describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of the individual to end their life. A rating of ‘2’ or ‘3’ indicates the need for a safety plan. Notice the specific timeframes for each rating.

#### Questions to Consider
- Has the individual ever talked about a wish or plan to die or to kill themselves?
- Have they ever tried to commit suicide?

#### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
</table>
| 0      | **No evidence of any needs; no need for action.**  
No evidence of suicidal ideation. |
| 1      | **Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.**  
History of suicidal ideation, but no recent ideation or gesture. History of suicidal behavior or significant ideation but none during the recent past. |
| 2      | **Action is required to ensure that the identified need or risk behavior is addressed.**  
Recent, but not acute, suicidal ideation or gesture. |
| 3      | **Intensive and/or immediate action is required to address the need or risk behavior.**  
Current suicidal ideation and intent OR command hallucinations that involve self-harm. |
| N/A    | Individual is younger than 3 years old. |

### SELF-HARM (Age 0 through 5)
This item includes reckless and dangerous behavior that, while not intended to harm self or others, place the child or others in some jeopardy. This may include behavior that is repetitive and self-soothing (i.e. non-suicidal self-injury) including head banging, hair pulling, etc.

#### Questions to Consider
- Has the young child head banged or done other self-harming behavior?
- If so, does the caregiver’s support help stop the behavior?

#### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
</table>
| 0      | **No evidence of any needs; no need for action.**  
There is no evidence of self-harm behavior. |
| 1      | **Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.**  
History, suspicion or some evidence of self-harm behavior. This behavior is controllable by caregiver. |
| 2      | **Action is required to ensure that the identified need or risk behavior is addressed.**  
Young child’s self-harm behavior such as head banging cannot be impacted by supervising adult and interferes with their functioning. |
| 3      | **Intensive and/or immediate action is required to address the need or risk behavior.**  
Young child’s self-harm behavior puts their safety and well-being at risk. |
| N/A    | Individual is 6 years of age or older, and behavior is rated on the Non-Suicidal Self-Injury (6+) and Other Self-Harm (6+) items. |
**Self-Harm (0-5) Supplemental Information:** This item combines two UCANS items for older individuals: Non-Suicidal Self-Injurious Behavior and Other Self-Harm. Reckless and risk-taking behavior should be rated in this item for young children.

**INTENTIONAL MISBEHAVIOR (AGE 3+)**
This item describes intentional behaviors that an individual engages in to force others to administer consequences. This item should reflect problematic social behavior (socially unacceptable behavior for the culture and community in which they live) that put the individual at some risk of consequences. It is not necessary that the individual be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the individual resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., individual feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for individuals who engage in such behavior solely due to developmental delays.

### Questions to Consider
- Does the individual intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents, police)?
- Does the individual regularly engage in behavior that is insulting or rude?
- Has the behavior resulted in sanctions for the individual such as suspension, job dismissal, etc.?

### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td><strong>No evidence of any needs; no need for action.</strong> Individual shows no evidence of problematic social behaviors that cause adults or people in position of authority to administer consequences.</td>
</tr>
<tr>
<td>1</td>
<td><strong>Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.</strong> Some problematic social behaviors that force adults or authority figures to administer consequences to the individual. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Action is required to ensure that the identified need or risk behavior is addressed.</strong> Individual may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the individual's life.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Intensive and/or immediate action is required to address the need or risk behavior.</strong> Frequent, seriously inappropriate social behaviors force adults or authority figures to seriously or repeatedly administer consequences to the individual. The inappropriate social behaviors may cause harm to others and/or place the individual at risk of significant consequences (e.g., expulsion, removal from the community).</td>
</tr>
<tr>
<td>N/A</td>
<td><strong>Individual is younger than 3 years old.</strong></td>
</tr>
</tbody>
</table>

**Supplemental Information:** Consider the individual’s understanding of cause/effect, ability to reason through the situation, explanation of their own behavior, personal history, and disability when addressing this item in the plan.
**FLIGHT RISK (AGE 3 THROUGH 5)**

This item refers to any planned or impulsive running or bolting behavior that presents a risk to the safety of the young child.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
</table>
| Has the child ever run away from home, school, or any other place? | 0  **No evidence of any needs; no need for action.**
Young child has no history of running away or ideation of escaping from current living situation. |
| If so, where did they go? How long did they stay away? How were they found? | 1  **Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.**
History of escape behavior but none in the past month; or a young child who expresses ideation about escaping present living situation or has threatened to run. A young child who bolts occasionally (e.g., attempts to run from caregiver) might be rated here. |
| Do they ever threaten to run away? | 2  **Action is required to ensure that the identified need or risk behavior is addressed.**
Young child has engaged in escape behavior during the past 30 days. Repeated bolting would be rated here. |
| | 3  **Intensive and/or immediate action is required to address the need or risk behavior.**
Young child has engaged in escape behavior that placed the safety of the young child at significant risk. |
| | N/A  **Individual is younger than 3 years old, or 6 years of age or older. For individuals between the ages of 6 years and 20 years, rate the Runaway (6 through 20) item. For individuals aged 21 years or older, rate the Flight Risk/Wandering (21+) item.** |
RUNAWAY (AGE 6 THROUGH 20)*
This item describes the risk of running away or actual runaway behavior.

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

Ratings and Descriptions
0  No evidence of any needs; no need for action.
    Youth has no history of running away or ideation of escaping from current living situation.

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

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

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

N/A Individual is younger than 6 years old, or 20 year of age or older. For individuals younger than 6 years of age, rate the Flight Risk (0 through 5) item. For individuals aged 21 years or older, rate the Flight Risk/Wandering (21+) item.

*A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of the Runaway Module.*

RUNAWAY MODULE

This module is to be completed when the Risk Behaviors Domain, Runaway item is rated ‘1,’ ‘2’ or ‘3.’

FREQUENCY OF RUNNING
This item rates how often the youth runs away.

Questions to Consider
- How often does the youth run?

Ratings and Descriptions
0  Youth has only run once in past year.

1  Youth has run on multiple occasions in past year.

2  Youth runs run often but not always.

3  Youth runs at every opportunity.
### CONSISTENCY OF DESTINATION

This item rates the consistency of the location that the youth runs to.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where does the youth go when they run away?</td>
<td>0  Youth always runs to the same location.</td>
</tr>
<tr>
<td></td>
<td>1  Youth generally runs to the same location or neighborhood.</td>
</tr>
<tr>
<td></td>
<td>2  Youth runs to the same community, but the specific locations change.</td>
</tr>
<tr>
<td></td>
<td>3  Youth runs to no planned destination</td>
</tr>
</tbody>
</table>

### SAFETY OF DESTINATION

This item rates the safety of the locations that the youth runs to.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the location generally safe?</td>
<td>0  Youth runs to a safe environment that meets their basic needs (e.g. food, shelter).</td>
</tr>
<tr>
<td>Are the youth’s basic needs met in this location?</td>
<td>1  Youth runs to generally safe environments; however, environments might be somewhat unstable or variable.</td>
</tr>
<tr>
<td>Is the youth likely to be victimized or exploited while on the run?</td>
<td>2  Youth runs to generally unsafe environments that cannot meet their basic needs.</td>
</tr>
<tr>
<td></td>
<td>3  Youth runs to very unsafe environments where the likelihood that they will be victimized is high.</td>
</tr>
</tbody>
</table>

### INVOLVEMENT IN ILLEGAL ACTIVITIES

This item describes what types of activities the youth is involved in while on the run and whether or not they are illegal activities.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the youth engage in illegal/delinquent activities while they are on the run?</td>
<td>0  Youth does not engage in illegal activities while on the run beyond those involved with the running itself.</td>
</tr>
<tr>
<td>If so, are these serious delinquent behaviors?</td>
<td>1  Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking).</td>
</tr>
<tr>
<td></td>
<td>2  Youth engages in illegal activities while on run.</td>
</tr>
<tr>
<td></td>
<td>3  Youth engages in dangerous illegal activities while on run (e.g. is sexually exploited).</td>
</tr>
</tbody>
</table>
**LIKELIHOOD OF RETURN ON OWN**  
This item describes whether or not the youth returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (e.g., police).

**Questions to Consider**
- Does the youth come back on their own?
- Does the youth actively hide from those looking for them?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Youth will return from run on their own without prompting.</td>
</tr>
<tr>
<td>1</td>
<td>Youth will return from run when found but not without being found.</td>
</tr>
<tr>
<td>2</td>
<td>Youth will make themselves difficult to find or might passively resist return once found.</td>
</tr>
<tr>
<td>3</td>
<td>Youth makes repeated and concerted efforts to hide so as not to be found and/or resists return.</td>
</tr>
</tbody>
</table>

**IN INVOLVEMENT WITH OTHERS**  
This item describes whether or not others help the youth to run away.

**Questions to Consider**
- Are there others who help or encourage the youth to run away?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Youth runs by themselves with no involvement of others. Others may discourage behavior or encourage youth to return from run.</td>
</tr>
<tr>
<td>1</td>
<td>Others enable youth running by not discouraging youth’s behavior.</td>
</tr>
<tr>
<td>2</td>
<td>Others involved in running by providing help, hiding youth.</td>
</tr>
<tr>
<td>3</td>
<td>Youth is actively encouraged to run by others. Others actively cooperate to facilitate running behavior.</td>
</tr>
</tbody>
</table>

**REALISTIC EXPECTATIONS**  
This item describes what the youth’s expectations are for when they run away.

**Questions to Consider**
- Does the youth expect positive outcomes/benefits from running away?
- Does the youth seem realistic about running away?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Youth has realistic expectations about the implications of their running behavior.</td>
</tr>
<tr>
<td>1</td>
<td>Youth has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat ‘optimistic’ outcome.</td>
</tr>
<tr>
<td>2</td>
<td>Youth has unrealistic expectations about the implications of their running behavior.</td>
</tr>
<tr>
<td>3</td>
<td>Youth has obviously false or delusional expectations about the implications of their running behavior.</td>
</tr>
</tbody>
</table>
### Planning
This item describes how much planning the youth puts into running away or if the youth runs spontaneously.

**Questions to Consider**
- Is the youth impulsively running away?
- Does the youth have a plan and, if so, is that plan carefully thought out?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Running behavior is completely spontaneous and emotionally impulsive.</td>
</tr>
<tr>
<td>1</td>
<td>Running behavior is somewhat planned but not carefully.</td>
</tr>
<tr>
<td>2</td>
<td>Running behavior is planned.</td>
</tr>
<tr>
<td>3</td>
<td>Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.</td>
</tr>
</tbody>
</table>

### End of Runaway Module

### Non-Suicidal Self-Injurious Behavior (Age 6+)
This item includes repetitive, physically harmful behavior that generally serves as a self-soothing function for the individual (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

**Questions to Consider**
- Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?
- Does the individual use this behavior as a release?
- Does the individual ever purposely hurt themselves (e.g., cutting)?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. No evidence of any forms of self-injury.</td>
</tr>
<tr>
<td>1</td>
<td>Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. A history or suspicion of self-injurious behavior.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need or risk behavior is addressed. Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.</td>
</tr>
<tr>
<td>3</td>
<td>Intensive and/or immediate action is required to address the need or risk behavior. Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the individual’s health at risk.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 6 years old, and behavior is rated on the Self-Harm (Age 0 through 5) item.</td>
</tr>
</tbody>
</table>

**Supplemental Information:** Self-injury is not suicidal behavior. Carving and cutting on the body are common examples of self-injurious behavior. Generally, body piercings and tattoos are not considered a form of self-injury. Repeatedly piercing or scratching one’s skin would be included. Self-injury in this fashion is thought to have addictive properties since generally the self-harm behavior results in the release of endorphins that provide a calming feeling.
### OTHER SELF-HARM/RECKLESSNESS (AGE 6+)
This item includes reckless and dangerous behavior that, while not intended to harm self or others, place the individual or others in some jeopardy. Suicidal and self-injurious behavior are not rated here.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
</table>
| • Does the individual act without thinking? | 0 **No evidence of any needs; no need for action.**  
No evidence of behaviors (other than suicide or self-mutilation) that place the individual at risk of physical harm. |
| • Does the individual use this behavior as a release? | 1 **Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.**  
There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places individual at risk of physical harm. |
| • Has the individual ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)? | 2 **Action is required to ensure that the identified need or risk behavior is addressed.**  
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places individual in danger of physical harm. |
| | 3 **Intensive and/or immediate action is required to address the need or risk behavior.**  
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places individual at immediate risk of death. |

**N/A** Individual is younger than 6 years old, and behavior is rated on the Self-Harm (Age 0 through 5) item.

**Supplemental Information:** Any behavior that the individual engages in that has significant potential to place them in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g., reckless driving, subway surfing, unprotected sex, substance misuse, etc.). If the individual frequently exhibits significantly poor judgment that has the potential to place themselves in danger, but has yet to actually do so, a rating of ‘1’ might be used to indicate the need for prevention. A rating of ‘3’ is used for an individual that has placed themselves in significant physical jeopardy during the rating period.
**SEXUALLY PROBLEMATIC BEHAVIOR (AGE 6+)***
This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
</table>
| Has the individual ever been involved in inappropriate sexual activities? | **0** No evidence of any needs; no need for action.  
No evidence of problems with sexual behavior. |
| Has the individual ever had difficulties with sexualized behavior or problems with physical/sexual boundaries? | **1** Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.  
History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here. |
| | **2** Action is required to ensure that the identified need or risk behavior is addressed.  
Individual’s problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age-inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here. |
| | **3** Intensive and/or immediate action is required to address the need or risk behavior.  
Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior. |
| | **N/A** Individual is younger than 6 years old. |

*A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of the Sexually Problematic Behavior Module.*

**SEXUALLY PROBLEMATIC BEHAVIOR MODULE**

This module is to be completed when the Risk Behaviors Domain, Sexually Problematic Behavior item is rated ‘1’, ‘2’ or ‘3.’

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

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the individual have more interest in sex or sexual activity than is developmentally appropriate?</td>
<td><strong>0</strong> Individual does not exhibit evidence of increased sexual drive or interest.</td>
</tr>
<tr>
<td>Is the individual’s interest in sex or sexual activity interfering with their functioning?</td>
<td><strong>1</strong> Individual has history of elevated sexual drive or interest, or is exhibiting elevated sexual drive or interest, but it has not affected functioning.</td>
</tr>
<tr>
<td></td>
<td><strong>2</strong> Increased sex drive or interest is interfering with the individual’s functioning.</td>
</tr>
<tr>
<td></td>
<td><strong>3</strong> Increased sex drive or interest is either dangerous or disabling to the individual.</td>
</tr>
</tbody>
</table>
### HIGH RISK SEXUAL BEHAVIOR
This item refers to frequent sexual behavior that leads to functional impairment.

**Questions to Consider**
- Is the individual’s sexual activity developmentally normative and healthy?
- Does the individual’s sexual activity put them at risk for abuse, unwanted pregnancy or sexually transmitted infections?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of sexual behavior beyond what is developmentally appropriate.</td>
</tr>
<tr>
<td>1</td>
<td>Individual has history of high risk sexual behavior, or there is current suspicion of high risk sexual behavior but not in the past six months.</td>
</tr>
<tr>
<td>2</td>
<td>Individual engages in high risk sexual behavior that interferes with their functioning.</td>
</tr>
<tr>
<td>3</td>
<td>Individual engages in a dangerous level of sexual behavior, or with partners who are abusive or otherwise physically dangerous.</td>
</tr>
</tbody>
</table>

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

**Questions to Consider**
- Does the individual’s masturbatory behavior place them at risk or impair their functioning?

**Ratings and Descriptions**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>When and if an individual masturbates, it is kept safe, private, and discrete.</td>
</tr>
<tr>
<td>1</td>
<td>History or evidence of masturbatory behavior that is private but not always discrete. For example, an individual who gets caught masturbating multiple times by a family member.</td>
</tr>
<tr>
<td>2</td>
<td>Individual engages in masturbatory behavior that interferes with their functioning. An occasion of public masturbation might be rated here.</td>
</tr>
<tr>
<td>3</td>
<td>Individual engages in masturbatory behavior that places them at high risk for significant sanctions, negatively impacts or traumatizes others, or has a potential for physical self-harm. Multiple public masturbations would be rated here.</td>
</tr>
</tbody>
</table>
SEXUAL AGGRESSION*
This item is intended to describe both aggressive sexual behavior and sexual behavior in which the individual takes advantage of a younger or less powerful individual. The severity and recency of the behavior provide the information needed to rate this item. An adult who sexually abuses a child would be rated here.

Questions to Consider

- Has the individual ever been accused of being sexually aggressive or being a sexual predator?
- Has the individual ever been accused of sexually harassing others or using sexual language inappropriately?
- Has the individual had sexual contact with a younger individual?

Ratings and Descriptions

0  No evidence of sexually aggressive behavior.
1  History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.
2  Individual engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g. inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.
3  Individual engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

*A rating of ‘1’, ‘2’ or ‘3’ on the Sexual Aggression item triggers the completion of the Sexually Aggressive Behavior Sub-Module.*

SEXUALLY AGGRESSIVE BEHAVIOR SUB-MODULE

This module is to be completed when the Sexually Problematic Behavior Module, Sexual Aggression item is rated ‘1,’ ‘2’ or ‘3.’

RELATIONSHIP
This item rates the nature of the relationship between the individual and the victim of their aggression. Please rate the most recent episode of sexual behavior.

Questions to Consider

- How does the individual know the other individual involved?
- Did the sexual aggression include physical harm to another person?

Ratings and Descriptions

0  No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1  Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this individual being in the position of authority.
2  Individual is clearly victimizing at least one other person with sexually abusive behavior.
3  Individual is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.
PHYSICAL FORCE/THREAT
This item rates the level of physical force involved in the sexual aggression. Base the rating on the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

Questions to Consider
- Does the individual use or threaten to use physical force towards others in commission of the sex act?

Ratings and Descriptions
0  No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.
1  Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
2  Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
3  Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.

PLANNING
This item rates whether there is evidence of planning of the sexual activity and should be rated only for the perpetrator. Base the rating on the most recent episode of sexual behavior.

Questions to Consider
- Does the individual plan their sexual activities, or do they happen spontaneously?

Ratings and Descriptions
0  No evidence of any planning. Sexual activity appears entirely opportunistic.
1  Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity is enhanced.
2  Evidence of some planning of sex act.
3  Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.
## AGE DIFFERENTIAL

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

### Questions to Consider
- What is the age of the individual the individual has had sex with?

### Ratings and Descriptions

<table>
<thead>
<tr>
<th></th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Ages 0-20: Ages of the perpetrator and victim and/or participants is essentially equivalent (less than 3 years apart). Ages 21+: Ages of the perpetrator and victim and/or participants are essentially equivalent.</td>
</tr>
<tr>
<td>1</td>
<td>Ages 0-20: Age differential between perpetrator and victim and/or participants is 3 to 4 years. Ages 21+: Age differential between perpetrator and victims and/or participants is substantial, but the victim(s) are older than 17 years.</td>
</tr>
<tr>
<td>2</td>
<td>Ages 0-20: Age differential between perpetrator and victim at least 5 years, but perpetrator is less than 13 years of age. Ages 21+: Age differential between perpetrator and victim at least 5 years, but the victim is 13 to 17 years old.</td>
</tr>
<tr>
<td>3</td>
<td>Age 0-20: Age differential between perpetrator and victim at least 5 years, and perpetrator is 13 years of age or older. Age 21+: Victim is 13 years old or younger.</td>
</tr>
</tbody>
</table>

## POWER DIFFERENTIAL

This item identifies whether use of authority or power may impact the occurrence of the sexual activity. Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

### Questions to Consider
- Does the individual use their power to victimize others?

### Ratings and Descriptions

<table>
<thead>
<tr>
<th></th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of victimizing others. The sexual activity appears to be mutual and consenting. No power differential.</td>
</tr>
<tr>
<td>1</td>
<td>Although the sexual activity appears to be mutual, there is a significant power differential between parties with this individual being in the position of authority or power or history of a significant power differential.</td>
</tr>
<tr>
<td>2</td>
<td>Individual is clearly using authority or power to victimize another person through sexually abusive behavior. For example: a youth sexually abusing a younger child while babysitting. This would not include physical violence, but may include coercion and threats of physical harm to the victim or loved ones.</td>
</tr>
<tr>
<td>3</td>
<td>Individual is clearly using authority or power to severely victimize another individual with both physical violence and sexually abusive behavior. For example: an individual beating and sexually exploiting a developmentally delayed individual.</td>
</tr>
</tbody>
</table>
### TYPE OF SEX ACT
This item rates the kind of sex act involved in the aggression. Rate the most serious type of aggression present.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the exact sex act involved in the individual’s sexual aggression?</td>
<td>0  Sex act involved touching or fondling only.</td>
</tr>
<tr>
<td></td>
<td>1  Sex act involved fondling plus possible penetration with fingers or oral sex.</td>
</tr>
<tr>
<td></td>
<td>2  Sex act involved penetration into genitalia or anus with body part.</td>
</tr>
<tr>
<td></td>
<td>3  Sex act involved physically dangerous penetration due to differential size or use of an object.</td>
</tr>
</tbody>
</table>

### RESPONSE TO ACCUSATION
This item rates how the individual responded to the accusation, and the remorse felt by the individual.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the individual sorry for their behavior?</td>
<td>0  Individual admits to behavior and expresses remorse and desire to not repeat.</td>
</tr>
<tr>
<td>Do they admit to the sex acts?</td>
<td>1  Individual partially admits to behaviors and expresses some remorse.</td>
</tr>
<tr>
<td></td>
<td>2  Individual admits to behavior but does not express remorse.</td>
</tr>
<tr>
<td></td>
<td>3  Individual neither admits to behavior nor expresses remorse. Individual is in complete denial.</td>
</tr>
</tbody>
</table>

### SEXUALLY REACTIVE BEHAVIOR
Sexually reactive behavior includes age-inappropriate sexualized behavior that may place the individual at risk for victimization, and risky sexual practices. Behavior may be a response to sexual abuse or other traumatic experiences.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the individual exhibit sexually provocative behavior?</td>
<td>0  No evidence of problems with sexually reactive behaviors or high risk sexual behaviors.</td>
</tr>
<tr>
<td>Could the individual’s sexualized behavior be a response to sexual abuse or other traumatic experiences?</td>
<td>1  Individual has a history of sexually reactive behaviors, or there is suspicion of current sexually reactive behavior. Individual may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with a single partner. This behavior does not place the individual at great risk.</td>
</tr>
<tr>
<td>Does the individual’s sexual behavior place them at risk?</td>
<td>2  Individual exhibits more frequent sexually provocative behaviors in a manner that impairs their functioning. Examples include engaging in promiscuous sexual behaviors or having unprotected sex with multiple partners. This would include a young child’s age-inappropriate sexualized behavior.</td>
</tr>
<tr>
<td></td>
<td>3  Individual exhibits severe and/or dangerous sexually provocative behaviors that place them or others at immediate risk of victimization or harm.</td>
</tr>
</tbody>
</table>
BULLYING OTHERS (AGE 6+)
This item rates behavior that involves intimidation (verbal or physical) of others; threatening others with harm if they do not comply with the individual’s demands. A victim of bullying is not rated here.

Questions to Consider

• Are there concerns that the individual might bully others, either in-person or online?
• Are there any reports that the individual has picked on, made fun of, harassed or intimidated another person?
• Does the individual hang around with other people who bully?

Ratings and Descriptions

0  No evidence of any needs; no need for action.
   No evidence that the individual has ever engaged in bullying at school/work or in the community.

1  Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.
   History or suspicion of bullying, or individual has engaged in bullying behavior or associated with groups that have bullied others.

2  Action is required to ensure that the identified need or risk behavior is addressed.
   Individual has bullied others at school/work, in the community, or online. They have either bullied others, or led a group that bullied others.

3  Intensive and/or immediate action is required to address the need or risk behavior.
   Individual has repeatedly used threats or actual violence when bullying others in school, online, or in the community.

N/A  Individual is younger than 6 years old.
**DANGER TO OTHERS (AGE 6+)**

This item rates the individual’s actual or threatened violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of ‘2’ or ‘3’ indicates the need for a safety plan.

### Questions to Consider

- Has the individual ever injured another person on purpose?
- Do they get into physical fights?
- Have they ever threatened to kill or seriously injure others?
- Has the individual ever set a fire that destroyed property or endangered the lives of others?

### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).</td>
</tr>
<tr>
<td>1</td>
<td>Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need or risk behavior is addressed. Occasional or moderate level of aggression towards others. Individual has made verbal threats of violence towards others.</td>
</tr>
<tr>
<td>3</td>
<td>Intensive and/or immediate action is required to address the need or risk behavior. Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Individual is an immediate risk to others.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 6 years old.</td>
</tr>
</tbody>
</table>

**Supplemental Information:** Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others, or individual setting a fire that placed others at significant risk of harm would be rated a ‘3.’ Fires that are accidental are not considered fire setting. Reckless behavior that may cause physical harm to others is not rated on this item.

*A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of the Dangerousness Module.*
DANGEROUSNESS MODULE

This module is to be completed when the Risk Behaviors Domain, Danger to Others item is rated ‘1,’ ‘2’ or ‘3.’ Base ratings on information that is fresh and relevant.

Emotional/Behavioral Risks

HOSTILITY
This item rates the perception of others regarding the individual’s level of anger and hostility.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the individual seem hostile frequently?</td>
<td>0 Individual appears to not experience or express hostility except in situations where most people would become hostile.</td>
</tr>
<tr>
<td>• Does the individual seem hostile in inappropriate environments or situations?</td>
<td>1 Individual appears hostile but does not express it. Others experience individual as being angry.</td>
</tr>
<tr>
<td>2 Individual expresses hostility regularly.</td>
<td>3 Individual is almost always hostile either in expression or appearance. Others may experience individual as ‘full of rage’ or ‘seething.’</td>
</tr>
</tbody>
</table>

PARANOID THINKING
This item rates the existence/level of paranoid thinking experienced by the individual.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the individual seem suspicious?</td>
<td>0 Individual does not appear to engage in any paranoid thinking.</td>
</tr>
<tr>
<td>• Is there any evidence of paranoid thinking/beliefs?</td>
<td>1 Individual is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.</td>
</tr>
<tr>
<td>• Is the individual very guarded?</td>
<td>2 Individual believes that others are ‘out to get’ them. Individual has trouble accepting that these beliefs may not be accurate. Individual at times is suspicious and guarded but at other times can be open and friendly.</td>
</tr>
<tr>
<td>3 Individual believes that others plan to cause them harm. Individual is nearly always suspicious and guarded.</td>
<td></td>
</tr>
</tbody>
</table>
### SECONDARY GAINS FROM ANGER
This item rates the presence of anger to obtain additional benefits.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• What happens after the individual gets angry? Do they get anything in return?</td>
<td>0 Individual either does not engage in angry behavior, or when they do become angry, does not appear to derive any benefits from this behavior.</td>
</tr>
<tr>
<td>• Does the individual typically get what they want from expressing anger?</td>
<td>1 Individual unintentionally has benefited from angry behavior; however, there is no evidence that individual intentionally uses angry behavior to achieve desired outcomes.</td>
</tr>
<tr>
<td></td>
<td>2 Individual sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, family members, teachers, co-workers, or peers.</td>
</tr>
<tr>
<td></td>
<td>3 Individual routinely uses angry behavior to achieve desired outcomes with parents, caregivers, family members, teachers, co-workers or peers. Others in individual’s life appear intimidated.</td>
</tr>
</tbody>
</table>

### VIOLENT THINKING
This item rates the level of violence and aggression in the individual’s thinking.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the individual report having violent thoughts?</td>
<td>0 There is no evidence that individual engages in violent thinking.</td>
</tr>
<tr>
<td>• Do they verbalize their violent thoughts either specifically or by using violent themes?</td>
<td>1 Individual has some occasional or minor thoughts about violence.</td>
</tr>
<tr>
<td></td>
<td>2 Individual has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.</td>
</tr>
<tr>
<td></td>
<td>3 Individual has specific homicidal ideation or appears obsessed with thoughts about violence. An individual who spontaneously and frequently draws only violent images may be rated here.</td>
</tr>
</tbody>
</table>

### INTENT
This item rates the level of intent the individual has to harm others.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the individual express any intent to harm others?</td>
<td>0 There is no evidence that the individual intends to harm others.</td>
</tr>
<tr>
<td>• Has the individual ever expressed any intent to harm others?</td>
<td>1 There is history of the individual intending to harm others, but no recent intent.</td>
</tr>
<tr>
<td></td>
<td>2 Individual has recently expressed intent to harm others.</td>
</tr>
<tr>
<td></td>
<td>3 Individual has expressed current intention to harm others.</td>
</tr>
</tbody>
</table>
PLANNING
This item rates whether the individual makes a plan to harm others.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the individual express any intent to harm others?</td>
<td>0  There is no evidence that the individual has a plan to harm others.</td>
</tr>
<tr>
<td>Does the individual have a plan?</td>
<td>1  Individual has a vague notion of a plan, but that plan is unrealistic.</td>
</tr>
<tr>
<td></td>
<td>2  Individual has a plan to harm others that is feasible.</td>
</tr>
<tr>
<td></td>
<td>3  Individual has a plan that is immediately accessible and feasible.</td>
</tr>
</tbody>
</table>

VIOLENCE HISTORY
This item describes the individual’s history with violence.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the individual express any intent to harm others?</td>
<td>0  No evidence of any history of violent behavior by the individual.</td>
</tr>
<tr>
<td>Has the individual ever expressed any intent to harm others?</td>
<td>1  Individual has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).</td>
</tr>
<tr>
<td>Has the individual caused harm to a person or animal?</td>
<td>2  Individual has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.</td>
</tr>
<tr>
<td></td>
<td>3  Individual has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.</td>
</tr>
</tbody>
</table>

Resiliency Factors

AROUND OF VIOLENCE POTENTIAL
This item rates the individual’s insight into their own risk of violence.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the individual aware of the risks of their potential to be violent?</td>
<td>0  Individual is completely aware of their level of risk of violence. Individual knows and understands their risk factors. Individual accepts responsibility for past and future behaviors. Individual is able to anticipate future challenging circumstances. An individual with no violence potential is rated here.</td>
</tr>
<tr>
<td>Is the individual concerned about these risks?</td>
<td>1  Individual is generally aware of their potential for violence. Individual is knowledgeable about their risk factors and is generally able to take responsibility. Individual may be unable to anticipate future circumstances that may challenge them.</td>
</tr>
<tr>
<td>Can the individual predict when/where/for what reason they will get angry or possibly become violent?</td>
<td>2  Individual has some awareness of their potential for violence. Individual may have tendency to blame others but is able to accept some responsibility for their actions.</td>
</tr>
<tr>
<td></td>
<td>3  Individual has no awareness of their potential for violence. Individual may deny past violent acts or explain them in terms of justice or as deserved by the victim.</td>
</tr>
</tbody>
</table>
## RESPONSE TO CONSEQUENCES
This item rates the individual’s reaction when they get consequences for violence or aggression.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does the individual react to consequences given for violent or aggressive behavior?</td>
<td>0 Individual is clearly and predictably responsive to identified consequences. Individual is regularly able to anticipate consequences and adjust behavior.</td>
</tr>
<tr>
<td></td>
<td>1 Individual is generally responsive to identified consequences; however, not all appropriate consequences have been identified or individual may sometimes fail to anticipate consequences.</td>
</tr>
<tr>
<td></td>
<td>2 Individual responds to consequences on some occasions but sometimes does not appear to care about consequences for their violent behavior.</td>
</tr>
<tr>
<td></td>
<td>3 Individual is unresponsive to consequences for their violent behavior.</td>
</tr>
</tbody>
</table>

## COMMITMENT TO SELF CONTROL
This item rates the individual’s willingness and commitment to control aggressive and/or violent behaviors.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the individual want to change their behaviors?</td>
<td>0 Individual is fully committed to controlling their violent behavior.</td>
</tr>
<tr>
<td>Is the individual committed to such change?</td>
<td>1 Individual is generally committed to controlling their violent behavior; however, individual may continue to struggle with control in some challenging circumstances.</td>
</tr>
<tr>
<td></td>
<td>2 Individual is ambivalent about controlling their violent behavior.</td>
</tr>
<tr>
<td></td>
<td>3 Individual is not interested in controlling their violent behavior at this time</td>
</tr>
</tbody>
</table>

---

**End of Dangerousness Module**
### DELINQUENT/CRIMINAL BEHAVIOR (AGE 6+)*

This item includes both criminal behavior and status offenses that may result from individuals failing to follow required behavioral standards (e.g. truancy, curfew violations, underage drinking/drug use, driving without a license). Sexual offenses should be included as criminal behavior. If caught, the individual could be arrested for this behavior. This category does not include drug usage for adults, but it does include drug sales and other drug related activities.

#### Questions to Consider
- Do you know of laws that the individual has broken (even if they have not been charged or caught)?
- Has the individual ever been arrested?

#### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No evidence of any needs; no need for action. No evidence of delinquent or criminal behavior.</td>
</tr>
<tr>
<td>1</td>
<td>Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. There is a history or suspicion of delinquent or criminal behavior, but none in the past 30 days. Status offenses in the past 30 days would be rated here.</td>
</tr>
<tr>
<td>2</td>
<td>Action is required to ensure that the identified need or risk behavior is addressed. Individual has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting.</td>
</tr>
<tr>
<td>3</td>
<td>Intensive and/or immediate action is required to address the need or risk behavior. Individual has been engaged in violent criminal activity during the past year that represents a significant physical risk to others in the community. Examples would include car theft, residential burglary, gang involvement, rape, armed robbery and assault.</td>
</tr>
<tr>
<td>N/A</td>
<td>Individual is younger than 6 years old.</td>
</tr>
</tbody>
</table>

*A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of the Justice/Crime Module (p. 33).*
FLIGHT RISK/WANDERING (AGE 21+)
This item describes running or "bolting" behaviors that present a risk to the safety of the individual (for example, the individual unexpectedly leaves supervised setting without notice and whereabouts are unknown). Factors to consider in determining level of risk include individual’s communication, reasoning abilities, and experience with moving throughout the community unaccompanied; timing and context of “escape” functioning behaviors; frequency and duration of episodes; and engaging in dangerous or risky behaviors during episodes.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the individual run or, bolt; or are they considered a flight risk?</td>
<td>0  No evidence of any needs; no need for action.</td>
</tr>
<tr>
<td></td>
<td>No history of risky flight or wandering behaviors.</td>
</tr>
<tr>
<td>• What does the individual do when they leave the supervised setting?</td>
<td>1  Need or risk behavior that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement.</td>
</tr>
<tr>
<td></td>
<td>History of risky flight or wandering behaviors but none in the past month. Or, individual expressed intent or desire for risky flight but did not act upon this. Or, individual unexpectedly left supervised setting for a short time but risk was deemed minimal due to duration or individual's skill level.</td>
</tr>
<tr>
<td></td>
<td>2  Action is required to ensure that the identified need or risk behavior is addressed.</td>
</tr>
<tr>
<td></td>
<td>Individual engaged in risky flight or unexpected wandering behaviors during the last 30 days.</td>
</tr>
<tr>
<td></td>
<td>3  Intensive and/or immediate action is required to address the need or risk behavior.</td>
</tr>
<tr>
<td></td>
<td>Individual engaged in risky flight or unexpected wandering behaviors during the last 30 days that placed themselves or others at significant risk of harm to personal safety.</td>
</tr>
<tr>
<td></td>
<td>N/A Individual is younger than 21 years old. For individuals under 6 years of age, rate the Flight Risk (0 through 5) item. For individuals between the ages of 6 years and 20 years, rate the Runaway (6 through 20) item.</td>
</tr>
</tbody>
</table>
UCANS CAREGIVER ADDENDUM

CAREGIVER RESOURCES AND NEEDS

The items in this section represent caregivers’ potential areas of need for support in providing care for the individual. Simultaneously, these items can highlight the areas in which the caregivers can be a resource for the individual. In general, it is recommended that the caregiver(s) with whom the individual is currently living be rated. If the individual has been placed temporarily, then focus on the caregiver to whom the individual will be returned. A caregiver is not paid direct support staff. The caregiver rated should be noted in the record.

For children/youth in a long-term foster care placement, rate the foster parent(s) as the caregiver(s). If the individual is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center, it would be more appropriate to rate the community caregivers where the individual will be placed upon discharge from congregate care. It is advised to focus on the planned permanent caregiver in this section.

For situations in which an individual has multiple caregivers it is recommended to rate based on the needs of the set of caregivers as they affect the individual. In other words, if more than one caregiver is involved with the item being rated, then rate them as a whole rather than individually.

Please Note: In instances where the individual does not have a caregiver, the Caregiver Addendum can be skipped.

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

- **0** No current need; no need for action. This may be a resource for the individual.
- **1** Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- **2** Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- **3** Need prevents the provision of care; requires immediate and/or intensive action.

**Question to Consider for the Addendum:** What are the resources and needs of the individual’s caregiver(s)?
SUPERVISION
This item rates the caregiver’s capacity to provide the level of monitoring and discipline needed by the individual. Discipline is defined in the broadest sense and includes all of the things that parents/caregivers can do to promote positive behavior with the individual in their care.

Questions to Consider

- Does the caregiver set appropriate limits on the individual?
- Does the caregiver provide appropriate support to the individual to meet the caregiver’s expectations?
- Does the caregiver provide appropriate support to the individual to meet the caregiver’s expectations?
- Does the caregiver think they need some help with these issues?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
  No evidence caregiver needs help or assistance in monitoring or disciplining the individual, and/or caregiver has good monitoring and discipline skills.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
  Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
  Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.

3  Need prevents the provision of care; requires immediate and/or intensive action.
  Caregiver is unable to monitor or discipline the individual. Caregiver requires immediate and continuing assistance. Individual is at risk of harm due to absence of supervision or monitoring.
IN Volvement with Care
This item rates the caregiver’s participation in the individual’s care and ability to advocate for the individual in their care.

Questions to Consider

- How involved are the caregivers in services for the individual?
- Is the caregiver an advocate for the individual?
- Would they like any help to become more involved?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No current need; no need for action. This may be a resource for the individual.</td>
<td>No evidence of problems with caregiver involvement in services or interventions for the individual, and/or caregiver is able to act as an effective advocate for the individual.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.</td>
<td>Caregiver is consistently involved in the planning and/or implementation of services for the individual but is not an active or fully effective advocate on behalf of the individual. Caregiver is open to receiving support, education, and information.</td>
</tr>
<tr>
<td>2</td>
<td>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</td>
<td>Caregiver does not actively involve themselves in services and/or interventions intended to assist the individual.</td>
</tr>
<tr>
<td>3</td>
<td>Need prevents the provision of care; requires immediate and/or intensive action.</td>
<td>Caregiver is not willing to be involved in the services or interventions intended for the individual in their care; caregiver wishes for individual to be removed from their care.</td>
</tr>
</tbody>
</table>

Supplemental Information: This rating should be based on the level of involvement of the caregiver(s) in the planning and provision of support services, behavioral health, education, primary care, and related services.
### KNOWLEDGE
This item identifies the caregiver’s knowledge of the individual’s strengths and needs, and their ability to understand the rationale for any related treatment or services.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Ratings and Descriptions</th>
</tr>
</thead>
</table>
| • How does the caregiver understand the individual’s needs? | 0 | **No current need; no need for action. This may be a resource for the individual.**
| | | No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the individual's psychological strengths and weaknesses, talents and limitations. |
| • Does the caregiver have the necessary information to meet the individual’s needs? | 1 | **Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.**
| | | Caregiver, while being generally knowledgeable about the individual, has some mild deficits in knowledge or understanding of the individual’s psychological condition, talents, skills, and assets. |
| | 2 | **Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.**
| | | Caregiver does not know or understand the individual well and significant deficits exist in the caregiver's ability to relate to the individual's problems and strengths. |
| | 3 | **Need prevents the provision of care; requires immediate and/or intensive action.**
| | | Caregiver has little or no understanding of the individual's current condition. Their lack of knowledge about the individual’s strengths and needs places the individual at risk of significant negative outcomes. |

**Supplemental Information:** This item is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that what you know, someone else should know and if they don’t then it’s a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this item in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with the children, youth or adults in their care. Additionally, the caregivers’ understanding of the individual’s diagnosis and how it manifests in the individual’s behavior should be considered in rating this item.
SOCIAL RESOURCES
This item rates the social assets (extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the individual and family.

Questions to Consider

• Does family have extended family or friends who provide emotional support?
• Can they call on social supports to watch the individual occasionally?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
   Caregiver has significant social and family networks that actively help with the provision of support or attendant care to the individual.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   Caregiver has some family, friends or social network that actively help with the provision of support of attendant care to the individual.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   Work needs to be done to engage family, friends or social network in helping with the provision of support or attendant care to the individual.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   Caregiver has no family or social network to help with the provision of support or attendant care to the individual.

FINANCIAL RESOURCES
This item rates the financial resources that the caregiver can bring to bear in addressing the multiple needs of the individual and family.

Questions to Consider

• Does the family have sufficient funds to raise or care for the individual?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
   Caregiver has sufficient financial resources to raise or care for the individual.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   Caregiver has some financial resources to raise or care for the individual. History of struggles with sufficient financial resources would be rated here.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   Caregiver has limited financial resources to raise or care for the individual.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   Caregiver has no financial resources to raise or care for the individual. Caregiver needs financial resources.
RESIDENTIAL STABILITY
This item rates the housing stability of the caregiver(s) and does not include the likelihood that the individual will be removed from the household.

Questions to Consider
- Is the family’s current housing situation stable?
- Are there concerns that they might have to move in the near future?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
   Caregiver has stable housing with no known risks of instability.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   Caregiver has moved multiple times in the past year. Housing is unstable.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   Caregiver is homeless, or has experienced periods of homelessness in the recent past.

MEDICAL/PHYSICAL
This item refers to the medical or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to provide support or attendant care to the individual. This item does not rate depression or mental health issues.

Questions to Consider
- How is the caregiver’s health?
- Do they have any health problems that limit their ability to care for the family?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
   No evidence of medical or physical health problems that impact caregiver’s ability to provide support or attendant care to the individual. Caregiver is generally healthy.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems, but this does not interfere with their ability to provide support or attendant care to the individual.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   Caregiver has medical/physical problems that interfere with their ability to provide support or attendant care to the individual.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   Caregiver has medical/physical problems that make it impossible to provide support or attendant care to the individual at this time.
MENTAL HEALTH
This item refers to any serious mental health needs (not including substance abuse) that might limit the caregiver's capacity to provide support or attendant care to the individual.

Questions to Consider
- Do caregivers have any mental health needs that make parenting difficult?
- Does anyone else in the family have serious mental health needs that the caregiver is taking care of?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No current need; no need for action. This may be a resource for the individual. No evidence of caregiver mental health difficulties.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building. There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.</td>
</tr>
<tr>
<td>2</td>
<td>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed. Caregiver’s mental health difficulties interfere with their ability to provide support or attendant care to the individual.</td>
</tr>
<tr>
<td>3</td>
<td>Need prevents the provision of care; requires immediate and/or intensive action. Caregiver has mental health difficulties that make it impossible for them to provide support or attendant care to the individual at this time.</td>
</tr>
</tbody>
</table>

Supplemental Information: Serious mental illness would be rated ‘2’ or ‘3’ unless the individual is in recovery.

SUBSTANCE MISUSE
This item rates the impact of any notable substance use by the caregiver that might limit their capacity to provide support or attendant care to the individual.

Questions to Consider
- Do caregivers have any substance misuse needs that make parenting difficult?
- Does anyone else in the family have a substance misuse need that is impacting the resources for caregiving?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No current need; no need for action. This may be a resource for the individual. No evidence of caregiver substance misuse.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building. There is a history of, suspicion or mild misuse of substances; or caregiver is in recovery from substance use difficulties where there is no interference in their ability to provide support or attendant care to the individual.</td>
</tr>
<tr>
<td>2</td>
<td>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed. Caregiver has some substance use difficulties that interfere with their capacity to provide support or attendant care to the individual.</td>
</tr>
<tr>
<td>3</td>
<td>Need prevents the provision of care; requires immediate and/or intensive action. Caregiver has substance use difficulties that make it impossible for them to provide support or attendant care to the individual at this time.</td>
</tr>
</tbody>
</table>
**Substance Misuse Supplemental Information:** Substance-related disorders would be rated ‘2’ or ‘3’ unless the individual is in recovery.

### DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver’s ability to provide support or attendant care to the individual.

#### Questions to Consider

- Does the caregiver have a disability that makes parenting/caring for the individual difficult?

#### Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No current need; no need for action. This may be a resource for the individual. No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building. Caregiver has developmental challenges. The developmental challenges do not currently interfere with caregiver’s capacity to provide support or attendant care to the individual.</td>
</tr>
<tr>
<td>2</td>
<td>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed. Caregiver has developmental challenges that interfere with their capacity to provide support or attendant care to the individual.</td>
</tr>
<tr>
<td>3</td>
<td>Need prevents the provision of care; requires immediate and/or intensive action. Caregiver has severe developmental challenges that make it impossible for them to provide support or attendant care to the individual.</td>
</tr>
</tbody>
</table>
ORGANIZATION
This item rates the caregiver’s ability to manage appointments, tasks and other responsibilities related to services being received by the individual (or other members of the household) or commitments by household members (e.g., going to school or work, a PTA meeting, regular group membership activities like a book group or a Girl Scout meeting). Evidence of disorganization such as a messy home, disheveled appearance due to rushing or lack of planning, or forgetting to bring items could also be rated here.

Questions to Consider

- Do caregivers need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?
- Do they have difficulty getting the individual to appointments or school?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
   Caregiver is well organized and efficient.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   Caregiver has occasional difficulties with organizing and maintaining responsibilities to support needed services. For example, may be forgetful about appointments or occasionally fails to return calls from service providers.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   Caregiver has difficulty organizing and maintaining responsibilities to support needed services. Individual sometimes does not receive services or misses appointments due to disorganization.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   Caregiver is unable to organize responsibilities to support needed services, placing the individual at risk of negative health and/or well-being outcomes.
SAFETY
This item describes the caregiver’s ability to maintain the individual’s safety within the household. It does not refer to the safety of the other family or household members based on any danger presented by the individual.

Questions to Consider

- Is the caregiver able to protect the individual from harm in the home?
- Are there individuals living in the home or visiting the home that may be abusive to the individual?

Ratings and Descriptions

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No current need; no need for action. This may be a resource for the individual. No evidence of safety issues. Household is safe and secure. Individual is not at risk from others.</td>
</tr>
<tr>
<td>1</td>
<td>Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building. Household is safe but concerns exist about the safety of the individual due to history or others who might be abusive.</td>
</tr>
<tr>
<td>2</td>
<td>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed. Individual is in some danger from one or more individuals with access to the home.</td>
</tr>
<tr>
<td>3</td>
<td>Need prevents the provision of care; requires immediate and/or intensive action. Individual is in immediate danger from one or more individuals with unsupervised access.</td>
</tr>
</tbody>
</table>

Supplemental Information: The assessor has a duty to report any known or suspected abuse, neglect, or exploitation to child protective services, adult protective services, or law enforcement.
FAMILY STRESS
This item rates the impact of managing the individual’s behavioral and emotional needs on the family’s stress level.

Questions to Consider

- Do caregivers find it stressful at times to manage the challenges in dealing with the individual’s needs?
- Does the stress ever interfere with ability to care for the individual?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
   No evidence of caregiver having difficulty managing the stress of the individual’s needs; or caregiver is able to manage the stress of individual’s needs.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   There is a history or suspicion of or caregiver has some problems managing the stress of individual’s needs.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   Caregiver has notable problems managing the stress of individual’s needs. This stress interferes with their capacity to provide support or attendant care to the individual.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   Caregiver is unable to manage the stress associated with individual’s needs. This stress prevents caregiver from providing support or attendant care to the individual.
MARITAL/PARTNER VIOLENCE IN THE HOME
This item describes the degree of difficulty or conflict in the parent/caregiver’s relationship; and the impact on parenting and providing support or attendant care to the individual.

Questions to Consider

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

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
   Parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   History of marital difficulties and partner arguments. Caregivers are generally able to keep arguments to a minimum when individual is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which the individual often witnesses.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   Marital or partner difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate individual’s difficulties or put the individual at greater risk.

Supplemental Information: Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregiver partners. Since marital/partner violence is a risk factor for child abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The individual’s past exposure to marital/partner violence with current or other caregivers is rated a ‘1.’ This item would be rated a ‘2’ if the child/youth is exposed to marital/partner violence in the household and child protective services must be called; a ‘3’ indicates that the individual is in danger due to marital/partner violence in the household and requires immediate attention.
MILITARY TRANSITIONS
This item describes the impact of transitions related to the caregiver’s military service on their providing support or attendant care to the individual. Transitions include enlistment and discharge/retirement; deployment; relocation; etc.

Questions to Consider
- Is the caregiver involved in a transition experience related to military service?
- How does it affect their role as caregiver?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual. The caregiver is not experiencing any transitions related to military service. Caregivers not involved in military services would be rated here.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   Caregiver is anticipating a transition related to military service in the near future, or a caregiver experienced a transition in the past that was challenging.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   The caregiver is experiencing a transition related to military service.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   The caregiver is experiencing a transition related to military service that has a major impact on their caregiving roles.

SELF CARE/DAILY LIVING SKILLS
This item rates the caregiver’s ability to participate in self-care activities or activities of daily living (e.g. eating, bathing, dressing, toileting) and its impact on the caregiver’s ability to provide support or attendant care to the individual.

Questions to Consider
- Does the caregiver have the basic activities of daily living skills needed to provide care for the individual?
- What level of support with daily living skills does the caregiver need to provide care for the individual?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
   The caregiver possesses the basic activities of daily living.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   The caregiver has had difficulties with the basic activities of daily living in the past, or needs verbal prompting to complete the basic activities of daily living.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   The caregiver needs assistance (physical prompting) to complete the basic activities of daily living. The caregiver’s challenges with the basic activities of daily living interferes with their ability to provide support or attendant care to the individual.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   The caregiver is unable to complete the basic activities of daily living which makes it impossible to provide support or attendant care to the individual. The caregiver needs immediate intervention.
**EMPLOYMENT/EDUCATIONAL FUNCTIONING**
This item rates the caregiver’s ability to maintain employment or school enrollment. This item includes issues of attendance, achievement, or productivity.

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<tr>
<th>Questions to Consider</th>
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<td>• Does the caregiver have any problems at school or work?</td>
<td>0  No current need; no need for action. This may be a resource for the individual.</td>
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<td>• Does caregiving impact their ability to maintain employment or school enrollment?</td>
<td>1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.</td>
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<td>• Does the caregiver need support in finding employment or attending school?</td>
<td>2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</td>
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<td>3  Need prevents the provision of care; requires immediate and/or intensive action.</td>
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**LEGAL INVOLVEMENT**
This item rates the caregiver’s involvement with the justice system. This includes any legal issues related to immigration.

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<td>• Has the caregiver been arrested?</td>
<td>0  No current need; no need for action. This may be a resource for the individual.</td>
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<td>• Is one or more of the caregivers incarcerated or on probation?</td>
<td>1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.</td>
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<td>• Is one or more of the caregivers struggling with immigration or legal documentation issues?</td>
<td>2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</td>
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<td>3  Need prevents the provision of care; requires immediate and/or intensive action.</td>
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### CAREGIVER RELATIONSHIP TO THE SYSTEM (AGE 0 - 20)

This item rates the caregiver’s apprehension to engage with the formal health care or social service system that creates a barrier to receipt of care. For example: the caregiver believes that medication is over-prescribed to children and refuses to meet with a psychiatrist. The belief and impact of the belief on family choices must be considered during planning. These complicated factors can create generalized discomfort with formal serving systems and will influence how effective an approach is.

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| • Does the caregiver express any hesitancy in engaging in formal services?            | 0  **No current need; no need for action. This may be a resource for the individual.**  
  The caregiver expresses no concerns about engaging with the formal helping system.                                                                                                                                      |
| • How does the caregiver’s hesitancy impact their engagement in care for the individual? | 1  **Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.**  
  The caregiver expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system. |
|                                                                                      | 2  **Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.**  
  The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.             |
|                                                                                      | 3  **Need prevents the provision of care; requires immediate and/or intensive action.**  
  The caregiver’s hesitancy to engage with the formal helping system prohibits the family’s engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required. |
|                                                                                      | N/A  **Individual is 21 years old or older.**                                                                                                                                                                           |
ACCESSIBILITY OF CHILD CARE (AGE 0 - 20)
This item rates the caregiver’s access to appropriate childcare for young children or older youth in their care with developmental delays.

Questions to Consider

- Does the caregiver have access to day care/child care services?
- What other services are needed?

Ratings and Descriptions

0  No current need; no need for action. This may be a resource for the individual.
   Caregiver has access to sufficient childcare services.

1  Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.
   Caregiver has limited access to childcare services. Needs are met minimally by existing, available services.

2  Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
   Caregiver has limited access or access to limited childcare services. Current services do not meet the caregiver’s needs.

3  Need prevents the provision of care; requires immediate and/or intensive action.
   Caregiver has no access to childcare services.

N/A  Individual is 21 years old or older.
**EMPATHY WITH CHILDREN (AGE 0 - 20)**
This item rates the caregiver’s ability to understand and respond to the joys, sorrows, anxieties, and other feelings of children with helpful, supportive emotional responses.

Questions to Consider

- Is the caregiver able to empathize with the child?
- Are there situations in which the caregiver is unable to empathize with the child?
- Is the caregiver’s level of empathy impacting the child and their development?

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