SAN DIEGO COUNTY
Child and Adolescent Needs and Strengths

SDC CANS 2.0

Ages 6 – 21 Years-Old

Praed Foundation 1999, 2018

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A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, youth, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

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INTRODUCTION

THE CANS

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

SIX KEY PRINCIPLES OF THE CANS

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

HISTORY AND BACKGROUND OF THE CANS

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

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

The CANS is made up of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a domain that asks about the family's beliefs and preferences, and about general family concerns. The care

provider, along with the child/youth and family as well as other stakeholders, gives a number rating to each of these items. These ratings help the provider, child/youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

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

HISTORY

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

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

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

MEASUREMENT PROPERTIES

Reliability

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

Validity

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

and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

The SD CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child/youth and family. Basic core items – grouped by domain – are rated for all individuals.

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

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

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

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

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

The SD CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the SD CANS supports the belief that children, youth, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment

planning focus on collaborating with children/youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on the child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (i.e., evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the SD CANS and related information as tools (e.g., for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth and families.

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

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

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

HOW IS THE SD CANS USED?

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

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful during initial sessions either in person or over the phone (i.e., 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 SD CANS is rated a '2' or '3' (i.e., 'action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a '2' or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

The CANS is often completed every 3 months to measure change and transformation. We work with children, youth, and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

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

CANS: A BEHAVIOR HEALTH CARE STRATEGY

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

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

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

MAKING THE BEST USE OF THE CANS

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

LISTENING USING THE CANS

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

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes," "and"—things that encourage people to continue.
- **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking "If I were this person, I would do x" or "that's just like my situation, and I did x." But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or youth that you are with them.
- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "Does that make sense to you?" Or "Do you need me to explain that in another way?"
- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The SD CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

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

Often, people will make comments about other people's observations such as "Well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "So your mother feels that when he does x that is obnoxious. What do YOU think?" The SD CANS is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

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

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

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

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CANS BASIC STRUCTURE

The San Diego Child and Adolescent Needs and Strengths items are noted below. Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

Child Behavioral/Emotional Needs

1. Psychosis (Thought Disorder)
2. Impulsivity/Hyperactivity
3. Depression
4. Anxiety
5. Oppositional
6. Conduct
7. Anger Control
8. *Adjustment to Trauma*
9. *Substance Use*

Caregiver Resources and Needs

10. Supervision
11. Involvement with Care
12. Knowledge
13. Social Resources
14. Residential Stability
15. Medical/Physical
16. Mental Health
17. Substance Use
18. Developmental
19. Safety

Strengths

20. Family Strengths
21. Interpersonal
22. Educational Setting
23. Talents/Interests
24. Spiritual/Religious
25. Cultural Identity
26. Community Life
27. Natural Supports
28. Resiliency

Life Domain Functioning

29. Family Functioning
30. Living Situation
31. Social Functioning
32. Developmental/Intellectual
33. Decision-Making
34. School Behavior
35. School Achievement
36. School Attendance
37. Medical/Physical
38. *Sexual Development*
39. Sleep

Cultural Factors

40. Language
41. Traditions and Rituals
42. Cultural Stress

Risk Behaviors

43. Suicide Risk
44. Non-Suicidal Self-Injurious Behavior
45. Other Self-Harm (Recklessness)
46. Danger to Others
47. Sexual Aggression
48. *Delinquent Behavior*
49. Runaway
50. Intentional Misbehavior

BEHAVIORAL/EMOTIONAL NEEDS

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

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

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

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

1. PSYCHOSIS (THOUGHT DISORDER)

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

Questions to Consider

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

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence of psychotic symptoms. Both thought processes and content are within normal range.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/ youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

2. IMPULSIVITY/HYPERACTIVITY

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of symptoms of loss of control of behavior.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control (e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn). Some motor difficulties may be present as well, such as pushing or shoving others.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers self or others without thinking.

3. 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 child/youth concerned about possible depression or chronic low mood and irritability?
- Has the child/youth withdrawn from normal activities?
- Does the child/youth seem lonely or not interested in others?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of problems with depression.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of anxiety symptoms.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

5. OPPOSITIONAL (NON-COMPLIANCE WITH AUTHORITY)

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of oppositional behaviors.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

6. CONDUCT

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of serious violations of others or laws.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

7. ANGER CONTROL

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of any anger control problems.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.

8. ADJUSTMENT TO TRAUMA*

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.
1	Identified need requires monitoring, watchful waiting, or preventive activities. The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

***A rating of '2' or '3' on this item triggers the completion of the Trauma Module.**

9. SUBSTANCE USE*

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. Child/youth has no notable substance use difficulties at the present time.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth.

***A rating of '2' or '3' on this item triggers the completion of the Substance Use Module).**

Documentation to support ratings of a ‘2’ or ‘3’ is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):

- ☐ Presenting Problems
- ☐ Psychiatric History
- ☐ Substance Use Information
- ☐ History of Self-Injury/Suicide/Violence
- ☐ Other (Please specify)

CAREGIVER RESOURCES & NEEDS

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If the child/youth is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child/youth.

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

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

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

10. SUPERVISION

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

Questions to Consider

- How does the caregiver feel about their ability to keep an eye on and discipline the child/youth?
- Does the caregiver need some help with these issues?

Ratings and Descriptions

0	No current need; no need for action or intervention. No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.

11. INVOLVEMENT WITH CARE

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of problems with caregiver involvement in services or interventions for the child/youth, and/or caregiver is able to act as an effective advocate for child/youth.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active or fully effective advocate on behalf of the child/youth. Caregiver is open to receiving support, education, and information.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver does not actively involve themselves in services and/or interventions intended to assist the child/youth.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver wishes for child/youth to be removed from their care.

12. KNOWLEDGE

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

Questions to Consider

- Does the caregiver understand the child/youth's current mental health diagnosis and/or symptoms?
- Does the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills and assets.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has little or no understanding of the child/youth's current condition. Their knowledge problems about the child/youth's strengths and needs place the child/youth at risk of significant negative outcomes.

13. SOCIAL RESOURCES

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

Questions to Consider

- Does family have extended family or friends who provide emotional support?
- Can they call on social supports to watch the child/youth occasionally?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. Caregiver has significant social and family networks that actively help with caregiving.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has some family, friends or social network that actively helps with caregiving.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.

14. RESIDENTIAL STABILITY

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

Questions to Consider

- Is the family's current housing situation stable?
- Are there concerns that they might have to move in the near future?
- Has family lost their housing?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. Caregiver has stable housing with no known risks of instability.
1	Identified need requires monitoring, watchful waiting, or preventive activities. 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	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has moved multiple times in the past year. Housing is unstable.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Family is homeless, or has experienced homelessness in the recent past.

15. MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver may be experiencing that prevent or limit their ability to parent the child/youth. This item does not rate depression or other mental health issues.

Questions to Consider

- How is the caregiver's health?
- Does the caregiver have any health problems that limit their ability to care for the family?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of medical or physical health problems. Caregiver is generally healthy.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has medical/physical problems that interfere with their capacity to parent the child/youth.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.

16. MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to child/youth.

Questions to Consider

- Do caregivers have any mental health needs that make parenting difficult?
- Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of caregiver mental health difficulties.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver's mental health difficulties interfere with their capacity to parent.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

17. SUBSTANCE USE

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

Questions to Consider

- Do caregivers have any substance use needs that make parenting difficult?
- Is the caregiver receiving any services for the substance use problems?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of caregiver substance use issues.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.

18. DEVELOPMENTAL

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

Questions to Consider

- Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

19. SAFETY

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

Questions to Consider	Ratings and Descriptions	
• Is the caregiver able to protect the child/youth from harm in the home? • Are there individuals living in the home or visiting the home that may be abusive to the child/youth?	0	No current need; no need for action or intervention. No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth is in some danger from one or more individuals with access to the home.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is in immediate danger from one or more individuals with unsupervised access.

All referents are legally required to report suspected child abuse or neglect.

Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):

☐ Family History

☐ Domestic Violence

☐ Other (Please specify)

STRENGTHS

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

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

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

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

3 An area in which no current strength is identified; efforts are needed to identify potential strengths.

20. FAMILY STRENGTHS

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

Questions to Consider

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

Ratings and Descriptions

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.

1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support.

2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.

3 An area in which no current strength is identified; efforts are needed to identify potential strengths.
Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

21. INTERPERSONAL

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

Questions to Consider

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

Ratings and Descriptions	
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

22. EDUCATIONAL SETTING

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

Questions to Consider

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

Ratings and Descriptions	
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs OR the child/youth excels in school.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. School works with the child/youth and family to address the child/youth's educational needs OR the child/youth likes school.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The school is currently unable to adequately address the child/youth's academic or behavioral needs.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time. Include here any child/youth not in school due to age (i.e., child is either very young or has already graduated).

23. TALENTS AND INTERESTS

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

Questions to Consider

- What does the child/youth do with free time?
- What does the child/youth enjoy doing?
- Is the child/youth engaged in any pro-social activities?
- What are the things that the child/youth does particularly well?

Ratings and Descriptions

Rating	Description
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth has a talent that provides pleasure and/or self-esteem. A child/youth with significant creative/artistic/athletic strengths would be rated here.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide them with any benefit.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of identified talents, interests or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.

24. SPIRITUAL/RELIGIOUS

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Child/youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the child/youth in difficult times.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth has expressed some interest in spiritual or religious belief and practices.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.

25. CULTURAL IDENTITY

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The child/youth has defined a cultural identity and is connected to others who support the child/ youth's cultural identity.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. The child/youth is developing a cultural identity and is seeking others to support the child/youth's cultural identity.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The child/youth is searching for a cultural identity and has not connected with others.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. The child/youth does not express a cultural identity.

26. COMMUNITY LIFE

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth is well integrated into their community. The child/youth is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth is somewhat involved with their community. This level can also indicate a child/youth with significant community ties although they may be relatively short-term.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth has an identified community but has only limited, or unhealthy, ties to that community.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of an identified community of which child/youth is a member at this time.

27. NATURAL SUPPORTS

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth has some identified natural supports, however, these supports are not actively contributing to the child/youth's healthy development.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/youth has no known natural supports (outside of family and paid caregivers).

28. RESILIENCY

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

Questions to Consider

- What does the child/youth do well?
- Is the child/youth able to recognize their skills as strengths?
- Is the child/youth able to use their strengths to problem solve and address difficulties or challenges?

Ratings and Descriptions

Rating	Description
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth is able to both identify and use strengths to better oneself and successfully manage difficult challenges. The child/youth expresses confidence in being able to handle the challenges adversity brings or has demonstrated an ability to do so over time.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth is able to identify most of their strengths and is able to partially utilize them. The child/youth is able to handle the challenges adversity brings in specific situations or at certain time periods in life, or has examples when the child/youth was able to do so.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth is able to identify strengths but is not able to utilize them effectively. Child/youth currently has limited confidence in the ability to overcome setbacks.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/youth is not yet able to identify personal strengths and has no known evidence of being able to overcome adverse life situations. A child/youth who currently has no confidence in the ability to overcome setbacks should be rated here.

Documentation to support ratings of a '0' or '1' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):

- ☐ Family History
- ☐ Social Concerns
- ☐ Education
- ☐ Cultural Information
- ☐ Other (Please specify)

LIFE FUNCTIONING

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

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

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

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

29. FAMILY FUNCTIONING

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

Questions to Consider

- Is there conflict in the family relationship that requires resolution?
- Is treatment required to restore or develop positive relationship in the family?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

30. LIVING SITUATION

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being removed from living situation due to problematic behaviors.

31. SOCIAL FUNCTIONING

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

Questions to Consider

- Is the child/youth pleasant and likeable?
- Do same age peers like the child/youth?
- Do you feel that the child/youth can act appropriately in social settings?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of problems and/or child/youth has developmentally appropriate social functioning.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is having some problems with social relationships that interfere with functioning in other life domains.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

32. DEVELOPMENTAL/INTELLECTUAL

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

Questions to Consider

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

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.

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

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder (if available, FSIQ 55-69). IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

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

33. DECISION MAKING

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

Questions to Consider

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

Ratings and Descriptions

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

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

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

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

34. SCHOOL BEHAVIOR

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

Questions to Consider	Ratings and Descriptions	
• How is the child/youth behaving in school? • Has the child/youth had any detentions or suspensions? • Has the child/youth needed to go to an alternative placement?	0	No current need; no need for action or intervention. No evidence of behavioral problems at school, OR child/youth is behaving well in school.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is having severe problems with behavior in school. The child/youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

35. SCHOOL ACHIEVEMENT

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

Questions to Consider	Ratings and Descriptions	
• How are the child/youth's grades? • Is the child/youth having difficulty with any subjects? • Is the child/youth at risk for failing any classes or repeating a grade?	0	No current need; no need for action or intervention. No evidence of issues in school achievement and/or child/youth is doing well in school.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth is doing adequately in school although some problems with achievement exist.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is having severe achievement problems. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.

36. SCHOOL ATTENDANCE

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

Questions to Consider

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

Ratings and Descriptions

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

37. MEDICAL/PHYSICAL

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence that the child/youth has any medical or physical problems, and/or they are healthy.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth has *serious* medical or physical problems that require medical treatment or intervention. Or child/youth has a *chronic* illness or a physical challenge that requires *ongoing* medical intervention.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has *life-threatening* illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

38. SEXUAL DEVELOPMENT*

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The child/youth's sexual orientation, gender identity and expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Questions to Consider

- Are there concerns about the child/youth's healthy sexual development?
- Is the child/youth sexually active?
- Does the child/youth have less/more interest in sex than other same age peers?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of issues with sexual development.
1	Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Moderate to serious problems with sexual development that interferes with the child/youth's life functioning in other life domains.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation.

***A rating of '2' or '3' on this item triggers the Sexuality Module.**

39. SLEEP

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

Questions to Consider

- Does the child/youth appear rested?
- Is the child/youth often sleepy during the day?
- Does the child/youth have frequent nightmares or difficulty sleeping?
- How many hours does the child/youth sleep each night?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. Child/youth gets a full night's sleep each night.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep.

Documentation to support ratings of a ‘2’ or ‘3’ is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):

- ☐ Family History
- ☐ Social Concerns
- ☐ Developmental Milestones
- ☐ Early Interventions
- ☐ Medical Tab
- ☐ Presenting Problems
- ☐ Gender Identity
- ☐ Education
- ☐ Other (Please specify)

CULTURAL FACTORS

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

It is it important to remember when using the SD CANS that the family should be defined from the individual child/youth'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.

Question to Consider for this Domain: How does the child/youth's membership in a particular cultural group impact their stress and well-being?

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

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

40. LANGUAGE

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the child/youth or family lives.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth and/or significant family members do not speak the primary language where the child/youth 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.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

41. TRADITIONS AND RITUALS

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

Questions to Consider

- What holidays does the child/youth celebrate?
- What traditions are important to the child/youth?
- Does the child/youth fear discrimination for practicing the child/youth's traditions and rituals?

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. Child/youth and/or family consistently practice their chosen traditions and rituals consistent with their cultural identity.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth and/or family generally 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 or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

42. CULTURAL STRESS

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No current need; no need for action or intervention. No evidence of stress between the child/youth's cultural identity and current environment or living situation.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Some mild or occasional stress resulting from friction between the child/youth's cultural identity and current environment or living situation.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.

Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):

- ☐ Cultural Information
- ☐ Protective Factors
- ☐ Other (Please specify)

RISK BEHAVIORS

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

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

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

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

43. SUICIDE RISK

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No evidence of any needs. No evidence of suicidal ideation.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.
2	Action or intervention is required to ensure that the identified need 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.

44. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

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

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

45. OTHER SELF-HARM (RECKLESSNESS)

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

Questions to Consider	Ratings and Descriptions	
• Does the child/youth act without thinking? • Has the child/youth ever talked about or acted in a way that might be dangerous to the child/ youth's self (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?	0	No evidence of any needs. No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.
	1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.
	2	Action or intervention is required to ensure that the identified need is addressed. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.
	3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

46. DANGER TO OTHERS

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No evidence of any needs. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
2	Action or intervention is required to ensure that the identified need is addressed. Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.
3	Intensive and/or immediate action is required to address the need or risk behavior. Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

47. SEXUAL AGGRESSION

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

Questions to Consider

- Has the child/youth ever been accused of being sexually aggressive towards another child/ youth?
- Has the child/youth had sexual contact with a younger individual?

Ratings and Descriptions

Rating	Description
0	No evidence of any needs. No evidence of sexually aggressive behavior.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. 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	Action or intervention is required to ensure that the identified need is addressed. Child/youth 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	Intensive and/or immediate action is required to address the need or risk behavior. Child/youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

48. DELINQUENT BEHAVIOR*

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No evidence of any needs. No evidence or no history of delinquent behavior.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.
2	Action or intervention is required to ensure that the identified need is addressed. Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.
3	Intensive and/or immediate action is required to address the need or risk behavior. Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.

***A rating of '2' or '3' on this item triggers the completion of the Juvenile Justice Module.**

49. RUNAWAY

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No evidence of any needs. Child/youth has no history of running away or ideation of escaping from current living situation.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Child/youth has no recent history of running away but has expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
2	Action or intervention is required to ensure that the identified need is addressed. Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run away to home (parental or relative).
3	Intensive and/or immediate action is required to address the need or risk behavior. Child/youth has run from home and/or treatment settings in the recent past and presents an imminent flight risk. A child/youth who is currently a runaway is rated here.

50. INTENTIONAL MISBEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	No evidence of any needs. Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
2	Action or intervention is required to ensure that the identified need is addressed. Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the child/youth's life.
3	Intensive and/or immediate action is required to address the need or risk behavior. Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).

Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):

- ☐ High Risk Assessment
- ☐ Tarasoff
- ☐ History of Self-Injury
- ☐ Other (Please specify)

INDIVIDUALIZED ASSESSMENT MODULES

[I] TRAUMA MODULE

This module is completed when the Adjustment to Trauma item (#8, Child Behavioral/Emotional Needs Domain) is rated a '2' or '3.'

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

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

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

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

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

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

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

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

NEGLECT

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

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

EMOTIONAL ABUSE

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

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

MEDICAL TRAUMA

This item describes whether or not the child/youth has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider	Ratings and Descriptions	
• Has the child/youth had any broken bones, stitches or other medical procedures? • Has the child/youth had to go to the emergency room, or stay overnight in the hospital?	No	There is no evidence that the child/youth has experienced any medical trauma.
	Yes	Child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning. A suspicion that a child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

Supplemental Information: This item takes into account the impact of the event on the child/youth. It describes experiences in which the child/youth is subjected to medical procedures that are experienced as upsetting and overwhelming. A child/youth born with physical deformities who is subjected to multiple surgeries could be included. A child/youth who must experience chemotherapy or radiation could also be included. Children/youth who experience an accident and require immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for children (e.g., shots, pills) would generally not be rated here.

NATURAL OR MANMADE DISASTER

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

Questions to Consider	Ratings and Descriptions	
• Has the child/youth been present during a natural or manmade disaster? • Does the child/youth watch television shows containing these themes or overhear adults talking about these kinds of disasters?	No	There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.
	Yes	Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.

WITNESS TO FAMILY VIOLENCE

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

Questions to Consider	Ratings and Descriptions	
• Is there frequent fighting in the child/youth's family? • Does the fighting ever become physical?	No	There is no evidence the child/youth has witnessed family violence.
	Yes	Child/youth has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

WITNESS TO COMMUNITY/SCHOOL VIOLENCE

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

Questions to Consider	Ratings and Descriptions	
• Does the child/youth live in a neighborhood with frequent violence? • Has the child/youth witnessed or directly experienced violence at their school?	No	There is no evidence that the child/youth has witnessed violence in the community or their school.
	Yes	Child/youth has witnessed or experienced violence in the community or their school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child/youth has witnessed or experienced violence in the community would be rated here.

VICTIM/WITNESS TO CRIMINAL ACTIVITY

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

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

Ratings and Descriptions

Rating	Description
No	There is no evidence that the child/youth has been victim of or a witness to criminal activity.
Yes	Child/youth has been victimized, or there is suspicion that they have been victimized or witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or child/youth has witnessed the death of a family friend or loved one.

Supplemental Information: Any behavior that could result in incarceration is considered criminal activity. A child/youth who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. A child/youth who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

WAR/TERRORISM AFFECTED

This item describes the child/youth's exposure to war, political violence, torture or terrorism.

Questions to Consider
- Has the child/youth or their family lived in a war torn region?
- How close were they to war or political violence, torture or terrorism?
- Was the family displaced?

Ratings and Descriptions

Rating	Description
No	No evidence that the child/youth has been exposed to war, political violence, torture or terrorism.
Yes	Child/youth has experienced, or there is suspicion that they have experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the child/youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the child/youth; child/youth may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to him/her; child/youth may have been directly injured, tortured, or kidnapped in a terrorist attack; child/youth may have served as a soldier, guerrilla, or other combatant in their home country. Also included is a child/youth who did not live in 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).

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which a child/youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

Questions to Consider
- Has the child/youth ever lived apart from their parents/ caregivers?
- What happened that resulted in the child/ youth living apart from their parents/ caregivers?

Ratings and Descriptions

Rating	Description
No	There is no evidence that the child/youth has experienced disruptions in caregiving and/or attachment losses.
Yes	Child/youth has been exposed to, or there is suspicion that they have been exposed to, at least one disruption in caregiving with familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Child/youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.

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

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

Questions to Consider	Ratings and Descriptions	
• Has the child/youth's parent/guardian or family been involved in criminal activities or ever been in jail?	No	There is no evidence that child/youth's parents have ever engaged in criminal behavior.
	Yes	One or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in a conviction or incarceration. A suspicion that one or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in conviction or incarceration would be rated here.

SEXUAL ABUSE AND TRUAMATIC STRESS

If the child/youth has been sexually abused, rate the following items within the lifetime. For multiple instances, with different perpetrators, rate the instance most relevant to current treatment planning, unless instructed otherwise in the item summary:

EMOTIONAL CLOSENESS TO PERPETRATOR
This item rates the relationship the child/youth had with the person who abused them.

Questions to Consider	Ratings and Descriptions	
• What is the relationship between the perpetrator and the child/youth?	0	Perpetrator was a stranger at the time of the abuse.
	1	Perpetrator was known to the child/youth at the time of event but only as an acquaintance.
	2	Perpetrator had a close relationship with the child/youth at the time of the event but was not an immediate family member.
	3	Perpetrator was an immediate family member (e.g. parent, sibling).

FREQUENCY OF ABUSE
This item rates how frequently the abuse occurred. Please rate using time frames provided in the anchors.

Questions to Consider	Ratings and Descriptions	
• How often does/did the abuse occur?	0	Abuse occurred only one time.
	1	Abuse occurred two times.
	2	Abuse occurred two to ten times.
	3	Abuse occurred more than ten times.

DURATION
This item rates the duration (time frame) of the abuse.

Questions to Consider	Ratings and Descriptions	
• How long has the abuse been happening?	0	Abuse occurred only one time.
	1	Abuse occurred within a six month time period.
	2	Abuse occurred within a six-month to one year time period.
	3	Abuse occurred over a period of longer than one year.

FORCE
This item rates the level of force that was involved in the sexual abuse.

Questions to Consider	Ratings and Descriptions	
• Was physical force used during the abuse?	0	No physical force or threat of force occurred during the abuse episode(s).
	1	Sexual abuse was associated with threat of violence but no physical force.
	2	Physical force was used during the sexual abuse.
	3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

REACTION TO DISCLOSURE
This item rates how others responded to the abuse and how supportive they were upon disclosure.

Questions to Consider	Ratings and Descriptions	
• How did significant family members react when the child/youth disclosed the abuse?	0	All significant family members are aware of the abuse and supportive of the child/youth coming forward with the description of the child/youth's abuse experience.
	1	Most significant family members are aware of the abuse and supportive of the youth for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
	2	Significant split among family members in terms of their support of the child/youth for coming forward with the description of the child/youth's experience.
	3	Significant lack of support from close family members of the child/youth for coming forward with the description of the child/youth's abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

TRAUMATIC STRESS

The following items describe dysregulated reactions or symptoms that children and youth may exhibit to any of the variety of traumatic experiences:

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

0 No current need; no need for action or intervention.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This item describes the child/youth's difficulties with arousal regulation or expressing emotions and energy states.

Questions to Consider

- Does the child/youth have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?
- Does the child/youth have extreme or unchecked emotional reactions to situations?

Ratings and Descriptions

Rating	Description
0	Child/youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
2	Child/youth has problems with affect/physiological regulation that are impacting their functioning in some life domains, but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child/youth may exhibit marked shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or under arousal (e.g. lack of movement and facial expressions, slowed walking and talking).
3	Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states).

Supplemental Information: This item is a core symptom of trauma and is particularly notable among children/youth who have experienced complex trauma (or chronic, interpersonal traumatic experiences). This refers to a child/youth'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 child/youth'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 child/youth 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, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.

Questions to Consider

- Does the child/youth think about the traumatic event when they do not want to?
- Do reminders of the traumatic event bother the child/youth?

Ratings and Descriptions

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

Supplemental Information: Intrusion and re-experiencing symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

HYPERAROUSAL

This item includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Child/youth may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	Child/youth has no evidence of hyperarousal symptoms.
1	History or evidence of hyperarousal that does not interfere with child/youth's daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.
2	Child/youth exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Children/youth who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the child/youth and/or caregiver and negatively impact day-to-day functioning.
3	Child/youth exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child/youth and/or caregiver and impede day-to-day functioning in many life areas.

Supplemental Information: Hyperarousal is one of the three major symptom clusters in PTSD. This item refers to a child who experiences prolonged states of physiological arousal that might manifest behaviorally, emotionally and cognitively. Hyperaroused children might appear constantly on edge and/or wound up, and may be easily startled.

TRAUMATIC GRIEF & SEPARATION

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

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	There is no evidence that the child/youth is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child/youth has not experienced a traumatic loss (e.g., death of a loved one) or the child/youth has adjusted well to separation.
1	Child/youth is experiencing traumatic grief due to death or loss/separation from a significant 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	Child/youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3	Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

Supplemental Information: This item is meant to document when children/youth are having a "traumatic" reaction to a separation or other type of loss. Children/youth sometimes experience traumatic grief following the death of a loved one. Children/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 going 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 a child/youth's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Questions to Consider

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

Ratings and Descriptions

Rating	Description
0	Child/youth has no evidence of numbing responses.
1	Child/youth 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	Child/youth exhibits numbing responses that impair their functioning in at least one life domain. Child/youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	Child/youth exhibits significant numbing responses or multiple symptoms of numbing that put them at risk. This child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

DISSOCIATION

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

Questions to Consider

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

Ratings and Descriptions

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

Supplemental Information: This item may be used to rate Dissociative Disorders (e.g., Dissociative Identity Disorder, Dissociative Amnesia, Other Specified Dissociative Disorder, Unspecified Dissociative Disorder) but can also exist when other diagnoses are primary (e.g. PTSD with Dissociative Symptoms, Acute Stress Disorder, Depressive Disorders).

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 child/youth make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?

Ratings and Descriptions

Rating	Description
0	Child/youth exhibits no avoidance symptoms.
1	Child/youth may have history of or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
2	Child/youth exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.
3	Child/youth's avoidance symptoms are debilitating. Child/youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

[2] SUBSTANCE USE MODULE

This module is completed when the Substance Use item (#9, Child Behavioral/Emotional Needs Domain) is rated a '2' or '3.'

Rate the following items within the last 30 days unless specified by anchor descriptions.

For the **Substance Use Module**, the following categories and action levels are used:

0	No current need; no need for action or intervention.
1	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.

SEVERITY OF USE
This item rates the frequency and severity of the child/youth's current substance use.

Questions to Consider	Ratings and Descriptions	
• Is the child/youth currently using substances? If so, how frequently? • Is there evidence of physical dependence on substances?	0	Child/youth is currently abstinent and has maintained abstinence for at least six months.
	1	Child/youth is currently abstinent but only in the past 30 days, or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
	2	Child/youth actively uses alcohol or drugs but not daily.
	3	Child/youth uses alcohol and/or drugs on a daily basis.

DURATION OF USE
This item identifies the length of time that the child/youth has been using drugs or alcohol.

Questions to Consider	Ratings and Descriptions	
• How long has the child/youth been using drugs and/or alcohol?	0	Child/youth has begun use in the past year.
	1	Child/youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where they did not have any use.
	2	Child/youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
	3	Child/youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

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

Questions to Consider	Ratings and Descriptions	
• In relation to stopping substance use, at what stage of change is the child/youth?	0	Child/youth is in maintenance stage of recovery. Child/youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
	1	Child/youth is actively trying to use treatment to remain abstinent.
	2	Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
	3	Child/youth is in denial regarding the existence of any substance use problem.

Supplemental Information: Motivational interviewing describes the Stages of Change as a continuum:

- Pre-contemplation: Not currently considering change
- Contemplation: Ambivalent about change
- Preparation: Some experience with change/trying to change
- Action: Practicing change
- Maintenance: Continued commitment to sustaining new behavior
- Relapse: Resumption of old behaviors

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

Questions to Consider	Ratings and Descriptions	
• What role do the child/youth's peers play in their alcohol and drug use?	0	Child/youth's primary peer social network does not engage in alcohol or drug use.
	1	Child/youth has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do.
	2	Child/youth predominantly has peers who engage in alcohol or drug use.
	3	Child/youth is a member of a peer group that consistently engages in alcohol or drug use.

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

Questions to Consider	Ratings and Descriptions	
• Does the parent(s) use substances? If so, does their use impact the child/youth's use?	0	There is no evidence that child/youth's parents have ever engaged in substance use.
	1	One of child/youth's parents has history of substance use but not in the past year.
	2	One or both of child/youth's parents have been intoxicated with alcohol or drugs in the presence of the child/youth.
	3	One or both of child/youth's parents use alcohol or drugs with the child/youth.

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

Questions to Consider	Ratings and Descriptions	
• Are there factors in the child/youth's community that impact the child/ youth's alcohol and drug use?	0	No evidence that the child/youth's environment stimulates or exposes the child/youth to any alcohol or drug use.
	1	Suspicion that the child/youth's environment might expose the child/youth to alcohol or drug use.
	2	Child/youth's environment clearly exposes the child/youth to alcohol or drug use.
	3	Child/youth's environment encourages or enables the child/youth to engage in alcohol or drug use.

[3] SEXUALITY MODULE

This module is completed when the Sexual Development item (#38, Life Domain Functioning) is rated a ‘2’ or ‘3.’

Rate the following items within the last 30 days unless specified by anchor descriptions.

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

0 No current need; no need for action or intervention.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth’s functioning.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

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

Questions to Consider	Ratings and Descriptions	
• Does the child/youth have more interest in sex or sexual activity than is developmentally appropriate? • Is the child/youth’s interest in sex or sexual activity interfering with their functioning?	0	Child/youth does not exhibit evidence of increased sexual drive or interest.
	1	Child/youth has history of elevated sexual drive or interest, or is exhibiting elevated sexual drive or interest, but it has not affected functioning.
	2	Increased sex drive or interest is interfering with the child/youth’s functioning.
	3	Increased sex drive or interest is either dangerous or disabling to the child/youth.

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

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

REACTIVE SEXUAL BEHAVIOR

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

Questions to Consider

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

Ratings and Descriptions

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

KNOWLEDGE OF SEX

This item rates the developmentally appropriate understanding of information related to sex education and sexuality. Please rate behavior in the past 30 days.

Questions to Consider

- What does the child/ youth know about sex, sexuality and their private body parts?
- What do they know about sexual transmitted diseases?

Ratings and Descriptions

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

CHOICE OF RELATIONSHIPS

This item rates child/youth decisions in selecting appropriate interpersonal relationships and partners. Please rate behavior in the past 30 days.

Questions to Consider

- Has the child/youth ever been sexually active? Who are their past and present sexual partners?
- Have any of their relationships ever been risky or dangerous because of specific sexual behaviors?
- Has the child/youth or others been concerned about the child/youth's relationships or sexual partners?

Ratings and Descriptions

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

SEXUAL EXPLOITATION

This item describes the severity of exposure to sexual exploitation or victimization. This includes any situation, context or relationship where the child/youth receives something (e.g., food, accommodation, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing, and/or others performing on them, sexual activities. Please rate behavior in the past year.

Questions to Consider	Ratings and Descriptions	
• Has the child/youth traded sexual activity for goods, money, affection or protection? • Has the child/youth been a victim of human trafficking?	0	There is no evidence that the child/youth has been sexually exploited or victimized, or has otherwise seen or been exposed to sexual exploitation.
	1	There is a strong suspicion or evidence that the child/youth has seen or been exposed to sexual victimization, or has been directly sexually exploited.
	2	Child/youth has witnessed the victimization or exploitation of a family or friend and/or is a direct victim of sexual victimization or commercial sexual exploitation.
	3	Child/youth has been exposed to chronic and/or severe instances of sexual victimization, or is a direct victim of commercial sexual exploitation that was life threatening or caused significant physical harm, or is actively being sexually exploited.

[4] JUVENILE JUSTICE MODULE

This module is completed when the Delinquent Behavior item (#48, Risk Behaviors Domain) is rated a ‘2’ or ‘3.’

Rate the following items within the last 30 days unless specified by anchor descriptions.

For the **Juvenile Justice Module**, the following categories and action levels are used:

0 No current need; no need for action or intervention.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth’s functioning.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

HISTORY
This item rates the child/youth’s history of delinquency. Please rate using timeframes provided in the descriptions.

Questions to Consider

- How many criminal/ delinquent behaviors has the child/youth engaged in?
- Are there periods of time in which the child/youth did not engage in criminal behaviors?

Ratings and Descriptions

Rating	Description
0	Current criminal/delinquent behavior is the first known occurrence.
1	Child/youth has engaged in multiple criminal/delinquent acts in the past one year.
2	Child/youth 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 delinquent behavior.
3	Child/youth 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.

SERIOUSNESS
This item rates the seriousness of the child/youth’s criminal offenses.

Questions to Consider

- What are the behaviors/actions that have gotten the child/youth involved in the juvenile justice or adult criminal system?

Ratings and Descriptions

Rating	Description
0	Child/youth has engaged only in status violations (e.g., curfew); or no evidence of criminal behavior.
1	Child/youth has engaged in delinquent behavior.
2	Child/youth has engaged in criminal behavior.
3	Child/youth has engaged in criminal behavior that places other citizens at risk of significant physical harm.

PLANNING
This item rates the premeditation or spontaneity of the criminal acts.

Questions to Consider

- Does the child/youth engage in pre-planned, spontaneous or impulsive criminal acts?

Ratings and Descriptions

Rating	Description
0	No evidence of any planning. Delinquent/criminal behavior appears opportunistic or impulsive.
1	Evidence suggests that child/youth places themselves into situations where the likelihood of delinquent/criminal behavior is enhanced.
2	Evidence of some planning of delinquent/criminal behavior.
3	Considerable evidence of significant planning of delinquent/criminal behavior.

COMMUNITY SAFETY This item rates the level to which the criminal behavior of the child/youth puts the community's safety at risk.		
Questions to Consider • Is the delinquency violent in nature? • Does the child/youth commit violent crimes against people or property?	Ratings and Descriptions	
	0	No evidence of any risk to the community from the child/youth's behavior. They could be unsupervised in the community.
	1	Child/youth engages in behavior that represents a risk to community property.
	2	Child/youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth's behavior.
	3	Child/youth engages in behavior that directly places community members in danger of significant physical harm.

PEER INFLUENCES This item rates the level to which the child/youth's peers engage in delinquent or criminal behavior.		
Questions to Consider • Do the child/youth's friends also engage in criminal behavior? • Are the members of the child/youth's peer group involved in the criminal justice system or on parole/probation?	Ratings and Descriptions	
	0	Child/youth's primary peer social network does not engage in delinquent/criminal behavior.
	1	Child/youth has peers in their primary peer social network who do not engage in delinquent/criminal behavior but has some peers who do.
	2	Child/youth predominantly has peers who engage in delinquent/criminal behavior but child/youth is not a member of a gang whose membership encourages or requires illegal behavior as an aspect of membership.
	3	Child/youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

PARENTAL CRIMINAL BEHAVIOR This item rates the influence of parental criminal behavior on the child/youth's delinquent or criminal behavior		
Questions to Consider • Have the child/ youth's parent(s) ever been arrested? • If so, how recently has the child/youth seen their parent(s)?	Ratings and Descriptions	
	0	There is no evidence that child/youth's parents have ever engaged in criminal behavior.
	1	One of child/youth's parents has history of criminal behavior but child/youth has not been in contact with this parent for at least one year.
	2	One of child/youth's parents has history of criminal behavior and child/youth has been in contact with this parent in the past year.
	3	Both of child/youth's parents have history of criminal behavior.

ENVIRONMENTAL INFLUENCES
This item rates the influence of community criminal behavior on the child/youth's delinquent or criminal behavior.

Questions to Consider	Ratings and Descriptions	
• Does the child/youth live in a neighborhood/ community with high levels of crime? • Is the child/youth a frequent witness or victim of such crime?	0	No evidence that the child/youth's environment stimulates or exposes them to any criminal behavior.
	1	Suspicion that the child/youth's environment might expose the child/youth to criminal behavior.
	2	Child/youth's environment clearly exposes the child/youth to criminal behavior.
	3	Child/youth's environment encourages or enables the child/youth to engage in criminal behavior.