

**PRACTICE GUIDE TO ASSESSMENTS:  
IDENTIFYING STRENGTHS  
AND  
RISK FACTORS**

Developed by MidSOUTH Training  
Academy

Caregiver Strengths and Risk Factors	
Involvement with CPS/abuse/neglect	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>• The parent acknowledges the problem and is willing and open to intervention.</li> <li>• Understands developmentally normal behaviors</li> <li>• Bonding between child and parents—connection, stories of positive healthy interaction.</li> <li>• Support systems and connections that serve to provide the family with care giving, and/or financial options.</li> <li>• Family is able to say, “I cannot parent” and acknowledges that someone else would do it better and parent wants to be a part of deciding whom it should be.</li> <li>• Parent, while uncomfortable, does what it takes to meet child’s needs, regardless of own feelings of pride.</li> <li>• Parent can ask for help</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of parental acknowledgement and understanding of the issues</li> <li>• A seeming lack of motivation to change the problem</li> <li>• Parent refuses to accept responsibility</li> <li>• Parental history of abuse</li> <li>• Parents project blame for the situation onto others</li> <li>• A seeming lack of bonding</li> <li>• Due to stress the parents’ thoughts are often illogical and they are still in the fight or flight mode of survival.</li> <li>• Child fears parent or other adult within the home.</li> <li>• Family expresses fears of long-term parenting—does not see self as a long term parent to this child either through capacity or willingness?</li> <li>• Parent’s pride or unwillingness to receive help hinders their ability to correct risk and to meet children’s needs.</li> <li>• Parents hostile to Agency involvement</li> <li>• Parents are avoidant of DCFS and other service providers</li> </ul>
Parenting	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>• Good memories of their child</li> <li>• Clear verbal statement that they love their children</li> <li>• Can still laugh about some of the things that their children are doing...find the humor and tenderness in the frustrations.</li> <li>• Some understanding of the process that they are going through?</li> <li>• Parent willing to modify parenting style—willing to try new ideas.</li> <li>• Can reach out to find family members or neighbors who can provide relief to some of the day-to-day stressors of parenting.</li> <li>• Parent is willing and able to parent (physically &amp; mentally).</li> </ul>	<ul style="list-style-type: none"> <li>• Parent is young or had a child at an early age.</li> <li>• Parent is single with little parenting support.</li> <li>• Child has taken on parenting role in the family.</li> <li>• Parent has unrealistic expectations for the child.</li> <li>• There is a lack of consistent supervision.</li> <li>• Responds negatively, harshly, tone of voice is generally angry or harsh.</li> <li>• Fails to respond in dangerous situations</li> <li>• Excludes the child.</li> <li>• Negative or excessive response to normal developmental behaviors.</li> <li>• Parent ignores child.</li> <li>• Parent rewards negative child behaviors.</li> </ul>
Marital/Relations	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>• Stable relationship</li> <li>• No history of intimate partner violence</li> <li>• Support (emotional and/or financial) from child’s parent (s)</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple partners that parent has known for only a short time</li> <li>• Violent partners</li> <li>• Social isolation</li> </ul>

	<ul style="list-style-type: none"> <li>• Divorce or unexpected loss of partner</li> <li>• Lack of social support</li> </ul>
<b>Resources/Strengths</b>	
<b>Strengths</b>	<b>Risk factors</b>
<ul style="list-style-type: none"> <li>• Can recall when someone's needs were met by his/her action.</li> <li>• Parent put someone else's needs ahead of his/her own.</li> <li>• Parent sees possibilities.</li> <li>• Parent completed a task.</li> <li>• Parent can measure that they are improving in something...recognize that they are moving in the direction that they want to.</li> <li>• Parent is able to identify their own needs and their child's needs.</li> <li>• Family is open to feedback and support.</li> </ul>	<ul style="list-style-type: none"> <li>• Self-concept is so stressed that parents do nothing for themselves</li> <li>• Cannot recall any times of joy or happiness.</li> <li>• Parent is self-absorbed and cannot recognize child's needs</li> <li>• Parent cannot recall any successes</li> <li>• Parent feels helpless</li> <li>• Parent cannot recognize child's needs</li> <li>• Language or cultural barriers</li> <li>• Intense depression/anxiety/conflict</li> <li>• Stressful life events</li> </ul>
<b>Connections and Supports</b>	
<b>Strengths</b>	<b>Risk factors</b>
<ul style="list-style-type: none"> <li>• Family clearly has connections and support systems. These people are clearly there for the family.</li> <li>• Parent has respite resources.</li> <li>• Parent is able to receive help from support systems.</li> <li>• Parent is involved with activities outside the home.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Recent death or loss of a family member that served as a support system.</li> <li>• Does not seem to trust anyone to get close.</li> <li>• Lives in a geographically isolated area.</li> <li>• Is socially isolated (even if in an urban or suburban area).</li> <li>• History of maltreatment in the family.</li> <li>• Language or cultural barriers.</li> <li>•</li> </ul>
<b>Grief and Loss Issues</b>	
<b>Strengths</b>	<b>Risk factors</b>
<ul style="list-style-type: none"> <li>• Is working through grief and has hope for the future</li> </ul>	<ul style="list-style-type: none"> <li>• Appears too depressed to attend to children</li> <li>• Recent death or loss of a family member that served as a support system.</li> <li>• Divorce</li> <li>• Loss of income</li> <li>• Homelessness</li> </ul>
<b>Court Involvement</b>	
<b>Strengths</b>	<b>Risk factors</b>
<ul style="list-style-type: none"> <li>• No court involvement</li> <li>• No more than one misdemeanor offense with successful completion of probation</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent involvement in criminal justice system</li> <li>• Has been charged with murder or battery, especially of a child</li> <li>• Has been convicted of a felony/felonies</li> <li>• Child custody battle.</li> <li>• Has been/is/or is about to be incarcerated</li> <li>• Charged of convicted of manufacturing drugs</li> </ul>

<b>Mental Health</b>	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>Family give themselves permission to not parent and will participate in finding someone who will</li> <li>Parent has or is seeking mental health treatment</li> <li>Parent consistently follows recommendations from therapist</li> </ul>	<ul style="list-style-type: none"> <li>Parent appears depressed, unkempt, sleeping all-day, tearful,</li> <li>Unable to plan for the needs of the child</li> <li>Parent has attempted suicide recently or repeatedly</li> <li>Parent does not take medication as prescribed</li> <li>Parent does not comply with mental health treatment plan.</li> <li>Parent is unable to protect self or child in dangerous situations</li> <li>Delusions/hallucinations</li> </ul>
<b>Substance Abuse</b>	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>Treatment was successful and parent or child maintains sobriety.</li> <li>Attends AA, NA or other support group</li> <li>Child or parent says that he is able to say no to peers.</li> <li>Child admits using and has frank conversations with parents.</li> <li>Child is able to express concerns about personal use.</li> </ul>	<ul style="list-style-type: none"> <li>History of drinking per report by the family.</li> <li>Binge drinking that results in a disruption in the family and reduces the parent's ability to care for the child.</li> <li>Frequent drinking/drugging that results in a disruption in the family and reduces the parent's ability to care for the child.</li> <li>Unsuccessful course of treatment</li> <li>Reports of drug usage disrupt family or impair parental ability to care for the child.</li> <li>Arrest for DUI or drug use</li> <li>Use is associated with domestic violence or maltreatment incidents</li> </ul>
<b>Education</b>	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>Parent completed high school</li> <li>Parent completed or is enrolled in GED classes</li> <li>Parent attends (or has) secondary education program</li> <li>Parent values education</li> <li>Child attends school regularly</li> <li>Child makes good grades</li> <li>Child has good behavior while at school</li> <li>Parents help child with homework or oversee homework</li> </ul>	<ul style="list-style-type: none"> <li>Child is frequently truant and parent is accepting of this.</li> <li>Child does not concentrate at school per teacher report.</li> <li>Child struggles with ADD or ADHD and parents do not seek assistance</li> <li>Parent deliberately keeps child from attending school</li> <li>Parent does not value formal education</li> <li>Parent undermines school authority</li> </ul>
<b>Employment/Finances</b>	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>Parent has held a job for one year or longer.</li> <li>Parent is or has participated in job training, GED classes, or higher education classes</li> <li>Parent has successfully completed job training or GED/education.</li> </ul>	<ul style="list-style-type: none"> <li>Parent has not kept steady employment</li> <li>Parent lacks job skills</li> <li>Parental income is based on illegal activities</li> <li>Parent misuses/mismanages resources (sells food stamps, uses TEA funds or SSI for alcohol, drugs,</li> </ul>

<ul style="list-style-type: none"> <li>• Parent is accessing financial assistance – Food Stamps, SSI, TEA, etc.</li> </ul>	<ul style="list-style-type: none"> <li>cigarettes)</li> <li>• Lack of child support is causing economic stress</li> </ul>
<b>Housing/Basic Survival Needs</b>	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>• Family makes good use of resources (even if limited by poverty)</li> <li>• Creatively finds supports to meet child’s basic needs—</li> <li>• Has a strong sense of/knowledge of community options and resources</li> <li>• Family is able to meet their basic needs either on their own or from their community.</li> <li>• Family accesses available resources – food stamps, TEA, WIC, Medicaid, ARKids</li> <li>• Maintains a stable residence with sufficient room for household members.</li> </ul>	<ul style="list-style-type: none"> <li>• Homeless (which is a stressor)</li> <li>• Family moves frequently</li> <li>• Household composition changes frequently with many different people coming and going</li> <li>• Housing conditions are unsanitary</li> <li>• Housing is used for manufacture of illegal substances</li> <li>• Family does not make good use of resources to meet child’s needs.</li> <li>• Family is reluctant/unwilling to accept charity or refuses to access available services</li> <li>• Utilities are disconnected or in danger of being disconnected for non-payment.</li> <li>• Utilities are in a child’s name (disconnected under parent’s name)</li> </ul>
<b>Medical/Dental/Physical Health</b>	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>• Parent able to verbalize child’s medical conditions—knows what they need. Parent has a plan for caring for child.</li> <li>• Parent maintains their own health by having check ups</li> <li>• Parent maintains their child’s immunizations and regular medical checkups.</li> <li>• Parent and child visit a dentist every 6 months.</li> <li>• Both parent and child are healthy</li> <li>• If parent has a debilitating medical condition, there is family/community support for assist in child care</li> </ul>	<ul style="list-style-type: none"> <li>• Parents have a medical condition that does not allow them to care for their child (no outside support).</li> <li>• Cannot meet ongoing medical needs of the family due to lack of resources.</li> <li>• Child has medical condition that places stress on the family physically, emotionally, and/or financially.</li> <li>• Child is difficult to care for because of a medical condition</li> <li>• Parent is unable or unwilling to learn specific medical care that a child needs.</li> <li>• Parents deliberately expose child to communicable diseases</li> </ul>
<b>Domestic Violence</b>	
Strengths	Risk factors
<ul style="list-style-type: none"> <li>• Parents are able to identify methods for non-violent resolution of conflicts and can provide examples of times they have successfully used these methods.</li> <li>• Non-offending parent protects child by sending child to relatives, friends or another safe place.</li> <li>• Parent is willing to seek an order of protection.</li> <li>• Parent is willing to seek a shelter placement in order to assure child safety.</li> </ul>	<ul style="list-style-type: none"> <li>• Household has a history of family violence</li> <li>• Parent has been in prior abusive relationships as a child or as an adult.</li> <li>• Partner violence is viewed as normal or as proof that the other partner cares</li> <li>• One or both partners abuses alcohol/other drugs</li> <li>• One or both partners abuse/mistreat animals or abused animals as children</li> </ul>

<ul style="list-style-type: none"> <li>• Parent acknowledges that domestic violence is a problem and voices a desire for help.</li> </ul>	<ul style="list-style-type: none"> <li>• Children witness domestic violence</li> <li>• One parents is afraid of another adult within the family</li> <li>• Child expresses concern for parent’s safety</li> <li>• Child attempts to intervene during a domestic violence incident</li> <li>• Child is injured during a domestic violence incident</li> <li>• Violence has been severe enough to require medical treatment and/or hospitalization for an adult or a child</li> </ul>
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Child Strengths and Needs	
<b>General:</b>	
Strengths	Risk Factors
<ul style="list-style-type: none"> <li>• Child goes to parent to get needs met.</li> <li>• Child appears to feel safe with parent.</li> <li>• Child has toys that are age appropriate.</li> <li>• Child knows not to talk to strangers and other safety tips.</li> </ul>	<ul style="list-style-type: none"> <li>• Child has special physical or developmental needs that are very demanding.</li> <li>• Parent/child do not appear bonded</li> <li>• Mental Disability</li> <li>• Physical Disability</li> <li>• Premature/low birth weight</li> <li>• Failure to thrive</li> <li>• Exposure to toxins</li> <li>• Exposure to toxins at birth</li> <li>• Child has unmet needs identified in previous sections</li> </ul>
<b>Mental Health</b>	
Strengths	Risk Factors
<ul style="list-style-type: none"> <li>• Child appears to be happy, has friends and is well adjusted.</li> <li>• The family has sought out mental health services for the child</li> <li>• Child follows recommendations of mental health professionals.</li> <li>• The parent voices concern and asks for help around the child’s behavior health needs.</li> </ul>	<ul style="list-style-type: none"> <li>• The child had a suicidal gesture in the past?</li> <li>• The behavioral issues of the child are such that the family is isolating the child or focuses solely negative interaction with the child?</li> <li>• Mental health treatment history</li> <li>• Mental disability</li> </ul>
<b>Medical/Physical Health</b>	
Strengths	Risk Factors
<ul style="list-style-type: none"> <li>• Parent able to verbalize child’s medical conditions—knows what they need. Has</li> </ul>	<ul style="list-style-type: none"> <li>• Child has medical condition that places stress on the family physically, emotionally, and/or</li> </ul>

<p>plan for caring for child.</p> <ul style="list-style-type: none"> <li>• Parent maintains their child’s immunizations and regular medical checkups.</li> <li>• Parent and child visit a dentist every 6 months.</li> <li>• Both parent and child are healthy</li> </ul>	<p>financially.</p> <ul style="list-style-type: none"> <li>• Failure to thrive</li> <li>• Exposure to toxins</li> <li>• Exposure to toxins at birth</li> </ul>
<b>Education</b>	
<b>Strengths</b>	<b>Risk Factors</b>
<ul style="list-style-type: none"> <li>• Child makes acceptable grades</li> <li>• Child is performing at grade level</li> <li>• If child has special needs there is an IEP that addresses these needs</li> <li>• Caregiver recognizes child’s needs</li> <li>• Child attends school regularly</li> <li>• Child has good behavior while at school</li> </ul>	<ul style="list-style-type: none"> <li>• Child is frequently truant and parent is accepting of this.</li> <li>• Child does not concentrate at school per teacher report.</li> <li>• Child struggles with ADD or ADHD.</li> <li>• Parent keeps child from attending school</li> <li>• Educational delays</li> <li>• Teacher reports behavior problems</li> <li>• Parent does not value formal education</li> </ul>
<b>Family Connections</b>	
<b>Strengths</b>	<b>Risk Factors</b>
<ul style="list-style-type: none"> <li>• “Absent” parent or the absent parent’s extended family is involved in the child’s life.</li> <li>• Absent parent or relatives have expressed interest in caring for the child.</li> <li>• Absent parent or relative have successfully reared other children.</li> </ul>	<ul style="list-style-type: none"> <li>• Absent parent has little or no significant contact with the child.</li> <li>• Absent parent does not support the child.</li> <li>• Relatives have had problems rearing their own children.</li> <li>• No relatives are identified as placement resources.</li> <li>• Lack of extended family support</li> </ul>
<b>Successful Visitation</b>	
<b>Strengths</b>	<b>Risk Factors</b>
<ul style="list-style-type: none"> <li>• There are ways that visitation can occur in the home (we need this to be productive and conducive to bonding).</li> <li>• There is someone identified by the parent, <b>who is safe</b>, who can supervise visits. This alternative must be addressed only in the context of safety.</li> <li>• Parent attends school conferences, doctor’s</li> </ul>	<ul style="list-style-type: none"> <li>• Child has extreme emotional and/or behavioral reactions to visits that are chronic (lasts longer than a few days) in nature. May need to look at therapeutic visitation techniques.</li> <li>• Foster Parents and Birth Parents are not able to work effectively together.</li> <li>• Sibling has offended against another child or sibling.</li> </ul>

<p>appointments, etc.</p> <ul style="list-style-type: none"> <li>• Siblings visit regularly</li> <li>• Family members (parents, siblings, grandparents, etc.) can keep in touch through visitation, telephone calls, mail, email, photographs, and videos.</li> </ul>	
<b>Reunification</b>	
<b>Strengths</b>	<b>Risk Factors</b>
<ul style="list-style-type: none"> <li>• Parent is able to identify successes.</li> <li>• Parents are motivated to change—have initiated changes on their own.</li> <li>• Parent seeks and uses community resources-formal and informal.</li> </ul>	<ul style="list-style-type: none"> <li>• Family is unable to make necessary changes to keep child safe.</li> <li>• Family is unwilling to make necessary changes for child to return home.</li> <li>• Child does not want to return home.</li> </ul>



# **PRACTICE GUIDE TO ASSESSMENTS: THE HEALTH AND SAFETY ASSESSMENT (HSA)**

Developed by MidSOUTH Training Academy

### FUNDAMENTAL ASSESSMENT & PLANNING REMINDERS

1. **Safety of the children is the primary goal of the Division of Children and Family Services.** If the interests of parents or caregivers and the interests of children diverge, child safety is always the paramount concern. For example, if there is an issue of remaining in the home versus keeping the child safe, safety of the child must drive the decision. If there is a question of reunification or child safety, child safety must drive the decision. This is not to say that all children who are abused or neglected must be removed from their home. There must however, be a well-considered plan for keeping them safe from further harm.
2. **Shared decision making results in sound decision making.** Assessments and plans may have a greater chance of success if the family and other professionals involved with the family are involved in the decisions.
3. **Critical thinking is an important part of shared decision making.** Critical thinking requires that FSWs and supervisors constantly collect and analyze data, all the while keeping an open mind. It requires that you recognize that it is possible to make an error in judgment. It requires you to constantly factor new information into the equation. Revising an initial assessment or decision based on new information represents good practice.<sup>1</sup>

There are many decision points involved in the assessment of safety threats and risk of future harm, including:

1. The decision on whether or not to accept a complaint for investigation.
2. The initial assessment of safety.
3. The initial safety (protection) plan.
4. The decision of whether the complaint had merit and will be found to be true.
5. **Safety and risk assessment occurs from the time the complaint is received at the Hotline until the day the case is closed.**

Before going any further, it may be helpful to distinguish between **safety threat** and **risk of future harm**.

## SAFETY vs. RISK ASSESSMENTS

Safety and risk are not synonymous. Safety assessments and plans (called Protection Plans in Arkansas) are concerned with the immediate situation. The focus is on identifying current conditions that may harm or endanger children. The focus of the safety assessment and plan is rather narrow and very time limited. Risk assessments are much more comprehensive. They focus on identifying factors that are predictive of maltreatment and on identifying other protective factors (strengths) that might reduce risk of future harm.

Safety	Risk
Concerned with current conditions that may harm or endanger child now.	Concerned with factors that are predictive of child abuse and neglect in the future.
Requires immediate assessment and intervention to protect child from current threats of harm.	Requires planned interventions, usually delivered through services that are designed to decrease risk of harm.
Assessment is provided by the Family Service Worker and is based primarily on observation and/or interview with child and parents or care givers.	Requires a comprehensive assessment of factors provided by the Family Service Worker/Division staff with input from parents, caregivers, children, service providers and extended family members. <sup>2</sup>

### Know the difference between assessment as a process and assessment as a product.

- The process of assessment is the on-going gathering of information, seeing how that information fits with information you already have and figuring out if the new facts indicate that there is a new safety threat, more risk of harm, less risk, or the risk stays the same. Is the problem getting better, worse, or remaining the same.
- At certain intervals you will stop and complete a formal assessment product –either a form or a CHRIS generated report.

## INITIAL SAFETY ASSESSMENT, PROTECTION PLAN & RISK ASSESSMENT (INVESTIGATION)

In Arkansas, the first safety assessments and plans are done during the child maltreatment investigation. During the investigation there are three possible safety determinations:

- The child is safe and can remain at home without a protection (safety) plan in place. This determination is titled "Safe" in CHRIS.
- The child is safe to remain in the home with a protection (safety) plan in place. This determination is titled "Conditionally Safe" in CHRIS.
- The child is not safe in the home and requires out-of-home placement. This determination is titled "Unsafe" in CHRIS.
- *Check your CHRIS Desk Reference for additional help with navigating the Investigation Screens in CHRIS.*

## HEALTH AND SAFETY ASSESSMENT (HSA) BUTTON: CHRIS INVESTIGATION SCREENS

The Safety Assessment is titled the **Health and Safety Checklist** in CHRIS and is under the HSA Button. There are 3 tabs under this button – the Health and Safety Checklist, the Safety Plan and the Investigation Risk Assessment. The initial Safety Assessment looks at factors that place a child in danger of serious and immediate maltreatment. To complete the initial Health and Safety Assessment you will be asked to answer a series of 14 questions. Any of these questions that are answered “yes” must be explained. You then move to the Safety Plan tab. The initial Protection Plan (done during the investigation of maltreatment) is titled the **Safety Plan in CHRIS and is referenced as the Protection Plan in policy**. You are asked to complete another set questions related to the services provided in order for a child/children to remain in the home or whether removal was necessary. You also make a safety determination on this screen. Your options are Safe, Conditionally Safe, or Unsafe.

The final Tab under the HSA button is the **Risk Assessment**. This risk assessment (CFS-6025) will be known as the Investigation Risk Assessment. As the name implies, it is completed during the investigation. It is completed on every case with a true finding, unless the alleged perpetrator is not in the home. In those cases, consult your policy manual for more information. Both the abuse and neglect screens are completed, regardless of the type of maltreatment that was found to be true. This risk assessment determines the baseline level of risk for each child in the family. If you are assigned as secondary to an investigation being handled by the Crimes Against Children Division with the AR. State Police (CACD), you will be the one to complete the Investigation Risk Assessment. So, you will need to communicate with the CACD investigator in order to do an accurate assessment.

## PROTECTION PLAN

First, check the Health and Safety Checklist and the Safety Plan in the investigation. Look to see where any question under either tab has been answered "yes." These questions must be addressed in the safety plan. Be sure to include any of the following that were checked in the Safety Plan in the Investigation:

- Monitoring or direct services by the FSW.
- Use of family resources, neighbors, or other individual in the community as a safety resource.

- Use of community agencies for services as a safety resource.
- Recommend that the alleged perpetrator leave the home.
- Recommend that the non-maltreating care taker move to a safe environment.
- Other (explain)
- Child/children must be moved from the home.

For example, say you did an investigation/assessment and in the Health and Safety Checklist you answered "yes" to the question, "Caretaker(s) has not, cannot or will not provide supervision necessary to protect the child from potentially dangerous harm." In the Safety Plan you checked that "Use of family, resources, neighbors or other individuals in the community as safety resources. If you decide the child is Conditionally Safe and can remain in the home with services, the protection plan must reflect what will happen to ensure appropriate supervision. The plan might read "DCFS will visit every other day and will offer services to insure appropriate supervision. The children's grandmother will watch them when their mother is gone and will notify DCFS if she finds them left alone."

When a protection plan is put into place it must be followed by a Team Decision Meeting within 48 hours in counties that have Team Decision Making Services.

## OVERALL RISK

This screen in CHRIS will list all the risk factors for the family and for each child that you identified during the assessment. You will then be able to select an overall level of risk for this family. It may be the same as the baseline level of risk or it may be higher or lower, depending on what you found out as you and the family got to know each other.

This screen asks you to use your **best judgment**. When considering overall risk you look at the following factors:

- Look at your baseline and consider
  - Severity of the most recent abuse/neglect allegation
  - Prior history – how many reports, how severe and did the family respond to any services offered to prevent further maltreatment.
- Child characteristics;
  - how old is the child(ren)
  - how able to protect him or her self
  - special needs or behavior problems
- Caregiver characteristics:
  - Prior history of abuse (of themselves)
  - Parenting knowledge and skills
  - Family history of violence
  - Ability to parent
  - Protection of child by non-offending parent
  - Level of cooperation with intervention
  - Acknowledgement of need to change

- Family and social factors:
  - Economic resources (including the means, education, etc) to earn sufficient income
  - Family or household stability
  - Supports for the family

The following pages have a suggested **GUIDE** for assessing overall risk. It does not replace your professional judgment.

Most Recent Report (and Baseline Level of Risk)				
Risk Factor	Protective Factors Strengths	Low/Moderately Low	Moderate	Moderately High/ High
Prior History Severity Chronicity	No past incidents of maltreatment	Isolated incident	Intermittent incidents	Repeated, on-going pattern of maltreatment
Exploitation (non-sexual)	Caregiver does not exploit children	Caregiver occasionally uses the child to get basic need or services that benefit both	Caregiver depends on the child to keep up the home environment and to assist in illegal activities to obtain money, meet basic needs	Caregiver engages the child in dangerous activities to benefit the adult.
Injury/Accidents	No injury	Superficial injury; no medical attention required	Significant injury but unlikely to need medical attention	Major injury requiring medical attention/treatment
Dangerous Acts	Caregiver ensures reasonable care to prevent injury	Acts which place the child at risk of minor harm	Acts which place the child at risk of significant pain or moderate injury	Acts which place the child at risk of impairment, loss of bodily function, permanent harm, death
Neglectful conditions	Provides for basic needs	Failure to provide for basic needs causes minor discomfort	Failure to provide places child at risk of cumulative harm	Failure to provide places child at risk of significant pain, injury, harm
Sexual Abuse	Caregiver protects; caregiver has non-sexualized relationship with child	Caregiver makes inappropriate sexually suggestive remarks or flirts with child	Caregiver makes sexual overtures; engages in grooming behaviors	Caregiver engages in sexual acts or permits sexual exploitation
Developmental/ Emotional Harm	Child exhibits normal behavior and social functioning	Minor distress or impairment in functioning to do maltreatment	Behavior problems related to maltreatment impair social functioning and relationships	Extensive emotional/behavioral impairment related to maltreatment
CHILD CHARACTERISTICS				
Risk Factor	Protective Factors Strengths	Low/ Moderately Low	Moderate	Moderately High/ High
Vulnerability	Child is willing and able to protect self	Child displays consistent ability to protect self	Child occasionally protects self	Child cannot protect self
Special Needs Behavior Problems	Child displays age appropriate behavior; no mental, social or	Child displays minor behavioral problems, mental, physical or	Child is behaviorally disturbed/significant physical, mental, social or	Profound behavior problems or delays

	developmental delays	developmental delays	developmental delays	
CAREGIVER CHARACTERISTICS				
Risk Factor	Protective Factors Strengths	Low/Moderately Low	Moderate	Moderately High/ High
Substance Abuse	No alcohol or substance abuse	History of substance abuse but no current problem	Reduced effectiveness due to substance abuse	Substantial incapacity due to substance abuse
Mental, Emotional, Intellectual and Physical Functioning	Caregiver is developmentally able to parent a child	Mental, emotional, intellectual or physical impairment mildly interferes with parenting capacity	Mental, emotional, intellectual or physical impairment significantly interferes with parenting capacity	Mental, emotional, intellectual or physical impairment severely interferes with parenting capacity; irremediable
Parenting Skills/ Parental Expectations	Caregiver provides child friendly environment; openly accepting of child, interacts with and appropriately stimulates	Some unrealistic expectations/some gaps in parenting skills; inconsistent acceptance, inconsistent attention, stimulation, interaction	Significant gaps in parenting skills and/or knowledge that interfere with effective parenting; withholds affection; not openly hostile to child	Gross deficits in knowledge/skills; inappropriate demands and expectations of child; severely rejects child – no affection, acceptance, stimulation, attention
History of Violence	Non-aggressive resolution of conflict	Isolated incident of assault behavior but no injury	Sporadic incidents of assaultive behavior which result in minor injury	Single or repeated incidents which result in or have high potential to result in serious injury
Parental History of Maltreatment	Caregiver was raised in a non-abusive environment	Occasional maltreatment as a child	Repeated incidents of maltreatment as a child	Chronic/severe maltreatment as a child
Protection by Non-Abusive Caregiver	Able to protect from dangerous situations and people	Occasionally unable to protect	Inconsistent or unreliable protection	Refuses or is unable to protect
Recognition of Problem/Motivation to Change	Openly acknowledges; accepts responsibility	Recognizes a problem; takes some responsibility	Superficial understanding and/or refuses to accept any responsibility	No understanding or complete denial of problem; refuses to accept any responsibility
Level of Cooperation	Receptive to intervention; actively problem solves	Receptive; intermittently cooperative; some problem solving	Verbalizes receptiveness but not cooperative; minimal problem solving	Openly hostile, no participation in problem solving



FAMILY, SOCIAL ECONOMIC FACTORS				
Risk Factor	Protective Factor Strength	Low/Moderately Low	Moderate	Moderately High/High
<b>Stressors</b>	Family has normal stress; ability to cope with stress	Experiencing mild stress	Experiencing significant stress/ life changes with limited coping skills	Experiencing multiple/severe stress or life changes; limited coping skills
<b>Social Support</b>	Frequent supportive contacts with friends, family, and community; uses community supports	Occasional supportive contacts, some use of community supports	Sporadic supportive contacts; under use of community supports	Geographically or socially isolated; no community supports or supports not used
<b>Economic</b>	Sufficient resources to meet basic needs	Family resources are usually adequate to meet basic needs	Inadequate resources; limited ability to improve the situation	Grossly inadequate to meet basic needs; limited ability to improve <sub>3</sub>

#### REFERENCE

The National Resource Center on Family Centered Practice and Permanency Planning provided the following resource which was used as source material. *The Practice Guide to Risk Assessment*. KIDS Come First. Washington State Department of Social and Health Services.

**The 14 Safety Threats from the HSA are on the next page.**

## Safety Threats

1. Caretaker(s) behavior toward children is violent or out of control.
2. Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Caretaker(s) caused serious physical injury to the child or made a plausible threat to cause severe physical injury.
4. Caretaker(s) explanation of the injury is unconvincing.
5. The family refuses access to the child, or there is reason to believe the family is about to flee, or the child's whereabouts cannot be ascertained.
6. Caretaker(s) has not, cannot or will not provide supervision necessary to protect the child from potentially dangerous harm.
7. Caretaker(s) is unwilling or unable to meet the child's immediate need for food, clothing, shelter and/or medical or mental health care.
8. Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.
9. Child's physical living conditions are hazardous and immediately threatening based on the child's age and developmental status.
10. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
11. Caretaker(s) current substance abuse seriously affects his/her ability to supervise, protect or care for the child.
12. Caretaker(s) fails to protect child from serious physical harm or threatened harm.
13. Caretaker(s) emotional stability seriously affects current ability to supervise, protect or care for the child.
14. Caretaker(s) had previously maltreated a child and the severity of the maltreatment or caretaker(s) response to the previous incident suggests that child safety may be an immediate concern.

## CANS 0-4 Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings (Child Strengths Section ONLY)

0	Centerpiece Strength	2	Identified Strength
1	Useful Strength	3	No Strength Identified

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age, verbal & cognitive development in this age group will determine whether you ask the child or the caregiver the questions.

- Who is your Mommy? Daddy?
- Who is your family? Outside of the people in your home, who do you consider family?
- How well does your family get along? Who in your family can you rely on?
- Who has been the most stable person in your child's life? Tell me about that.
- What kinds of thing do you do with your child and who else in the family spends time doing things with your child? Who outside of your family spends time with your child?
- Tell me about your child's temperament? How well does he or she play with other children? How does he or she react when meeting new adults?
- Who are your friends? What do you like to play?
- What is your child good at?
- Tell me about your family's spiritual life. Do you and/or your child have the support of a religious community?

More space on the back!

# The Assessment Process

The CANS is designed to maximize communication about the needs and strengths of children and families *for children in out-of-home placement*. The CANS 0-4 includes ratings of Child Strengths, Life Domain Functioning, Regulatory Functioning, Preschool/Daycare, Child Behavioral/Emotional Needs, Child Risk Factors, Trauma, and Permanency Planning Caregiver Strengths and Needs. There are additional CANS modules that may be used depending on the child's situation. The CANS must be completed within 30 days and a subsequent assessment every 90 days thereafter. A few things to keep in mind:

1. It is designed to be completed over several sessions with the family-there is no way it can be done in one short contact.
2. It is a good way to structure visits with the family.
3. CANS information should be gathered from multiple sources-not just one interview with the caregivers. Best practice would be to staff the case with the investigator, reach out to the school if they are involved or any counselor or therapist involved with the family, gather police reports or any supporting documentation of evidence that will be shown in the CANS, etc.
4. Information included in the CANS will inform the case plan.
5. The document that prints out of CHRIS can be used for several purposes but it must be shared with the family and family team members.

## Child Strengths

Family – Nuclear, Family – Extended, Interpersonal, Talents/Interests, Spiritual/Religious, Relationship Permanence, Natural Supports, Adaptability, Persistence

[illegible]

## CANS 0-4 Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings (Child Strengths Section ONLY)

0 Centerpiece Strength

1 Useful Strength

2 Identified Strength

3 No Strength Identified

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age, verbal & cognitive development in this age group will determine whether you ask the child or the caregiver the questions.

- Are you or your child a member of a Native American Tribe? If yes: Which tribe?
- How well does your child adapt to changes in routine? If there are problems, tell me more about that.
- How easily does your child learn new skills or tasks?
- How does your child act when he or she learns a new skill?
- How does your child show frustration?
- Does your child have tantrums when frustrated? Do these seem more frequent and/or severe than other children his/her age?

## Child Strengths (cont.)

Family – Nuclear, Family – Extended, Interpersonal, Talents/Interests, Spiritual/Religious, Relationship Permanence, Natural Supports, Adaptability, Persistence

### *Evidence of Interpersonal Skills (Cornett 2011)*

## Infants

Smiles

### Establishes Eye Contact

### Imitates Others

### Initiates Physical Contact

Laughs

## Toddlers

### Reactions to Others are Synchronous

Acknowledges New People with Words/Gestures

### Establishes Appropriate Eye Contact

### Develops Awareness of Social Boundaries

Responds to Humor

Preschool/School Age

### Prefers Peers

### Initiates Conversations with Adults

### Accepts Praise

## Shares Successes

### Dev. Appropriate Social Cues

## Observations & Next Steps

[illegible]

## CANS 0-4 Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age, verbal & cognitive development in this age group will determine whether you ask the child, caregiver or collaterals these questions.

- How well does your child get along with the members of the family or household?
- Who does he or she go to for comfort and support?
- What people do you consider family who live outside your home?
- How is the child adjusting to living in your home (asked of foster parents)? Are you noticing any problem behaviors and if yes, tell me about those. How does the child get along with others in your home?
- Tell me about how your child sleeps. Does he/she go to sleep easily? Does he/she have bad dreams or night terrors?
- How well does (child) get along with others (both adults and other children)?
- How does your child compare to other children his/her age as far as thinking, communicating, and/or self-care?
- Is anyone worried about your child's development and if yes, what do you think they worry about?
- Has your culture ever led people to misunderstand you or your child? If yes, what have the problems involved?
- Tell me about your child's health.
- What kinds of things can your child do for himself, like dressing, brushing hair, brushing teeth, etc.?
- If your child needs help with daily self-care, who does he/she turn to and how much help is needed?

## Life Domain Functioning

Family – Nuclear, Family – Extended, Living Situation, Sleep, Social Functioning, Developmental, Communication, Cultural, Medical, Physical Health, Daily Functioning

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## Observations & Next Steps

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## CANS 0-4 Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age, verbal & cognitive development in this age group will determine whether you ask the child, the caregiver or collaterals the questions.

- Describe your child's eating behavior. What are his/her favorite things to eat? Least favorite?
- Tell me about a typical day's meals, including the times that your child eats.
- Is mealtime stressful for you or your child or your childcare provider? If yes, how do you handle the stress?
- Does your child spit up more than other children his/her age?
- Does your child have special dietary needs?
- Tell me about your toilet training practices with your child.
- Would you say your child is toilet trained?
- Tell me about any problems your child has with elimination (with pooping or peeing).
- Tell me about your child's behavior at daycare or babysitter.
- Does your child get any special services at day care/babysitter and if so, tell me about those.
- When you leave your child at day care and/or pick him up from care, how does he act?

## Regulatory

### Eating, Elimination

[illegible]

## Preschool/Daycare

## Behavior, Quality, Achievement, Attendance, Special Education

[illegible]

## Observations & Next Steps

[illegible]

## CANS 0-4 Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

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- Note: How does the child react when the caregiver leaves and when the caregiver comes back?
- Who does he or she go to for comfort and support?
- Tell me about your child's behavior. Is there anything you are worried about? Is there anything you think other people are worried about?
  - How well does he/she wait her turn?
  - How frequently does he/she lose her temper? What kinds of things set him/her off?
  - When he/she gets angry, how well can he/she calm down after it's over?
  - Does he/she take medication to help control behavior? Is so, what and how much?
- Tell me about any trauma (or any frightening, scary events or changes) in your child's life and how well he/she is coping with it.
- What, if any, concerns do you have about your child's mental health?
  - Is there any erratic/bizarre behavior?
  - Is he/she in counseling or therapy?
- How well does your child mind you?
- How would you describe your child as generally happy, sad, angry, or something else. Tell me more.

## Child Behavior/Emotional Needs

Attachment, Impulsivity/Hyperactivity, Failure to Thrive, Depression, Anxiety, Oppositional, Adjustment to Trauma, Anger Control

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## Observations & Next Steps

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## CANS 0-4 Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

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- Note: Does the child appear to be of average size for his/her age?
- Tell me about your pregnancy (or the child's mother's pregnancy). Was there:
  - Prenatal care?
  - Low birth weight or premature birth? What was the birth weight?
  - Problems during labor and delivery?
  - Substance exposure during pregnancy? Substance exposure now?
- Does anyone in the home or who cares for the child have a developmental disability?
- Has your child ever deliberately hurt himself/herself? If yes, tell me about that.
- Tell me about your child's sexuality. Does he/she have any sexual behaviors that bother you? How do you think others would describe your child's sexual behavior?
- Tell me whether your child has ever hurt any person or animal. What was going on when that happened?
- Note: Look for evidence of exploitation/risk of exploitation including exposure to pornography, lack of supervision, chaotic or dangerous environment.

## Child Risk Factors

Birth weight, Prenatal Care, Labor & Delivery, Substance exposure (in utero and currently), Parent or Sibling Problems, Self-injurious behavior, Sexually Reactive Behaviors, Exploited, Aggressive Behaviors, Intentional Misbehavior

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## Observations & Next Steps

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# CANS 0-4 Notes & observations on the conversation

Arkansas Child & Adolescent Needs and Strengths

## Action Levels for Ratings

N	No evidence of trauma	S	There is reason to suspect that trauma of this type may have occurred at some point in the child's life. (There may have been unconfirmed allegations or there may be behavioral indicators.)
Y	Evidence of trauma		

## Conversation Starters

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- Tell me about any trauma (or any frightening, scary events or changes) in your child's life and how well he/she is coping with it.
- Have you, your child, or anyone who is important in your child's life had a serious or life threatening accident or illness? Have you lived through a major natural disaster? If yes, how is your child adjusting?
- If I asked your child how you and your partner get along, what do you think he/she would say.
- When your child disobeys, what type of punishment or discipline works? How do you know when enough is enough?
- Tell me how safe you feel you and your children are in your home? In your community? Do you think they feel the same way?
- If someone was "messaging" with (sexually abusing or grooming) your child, who do you think they would tell? Have they ever told you or have you ever suspected sexual abuse?
- Tell me about your child care arrangements if you have to work or to be gone from your home.
- How well do you feel you are able to meet your child's needs for food, clothing, and shelter? Who helps you if you are having trouble making ends meet?

## Trauma

Sexual Abuse, Physical Abuse, Emotional Abuse, Neglect, Medical Trauma, Natural, Witness to Family Violence, Witness to Community Violence, Witness/Victim to Criminal Activity, War/Terrorism Affected, Disruption in Caregiver, Grief and Loss

## Observations & Next Steps

## CANS 5+ Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings (Child Strengths Section ONLY)

0	Centerpiece Strength	2	Identified Strength
1	Useful Strength	3	No Strength Identified

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Remember, there is a very large age variance in this group so pick questions accordingly.

- “Family” means something different to everyone and every family looks a little different. Who do YOU consider your family?
- Tell me about your relationship with your extended family?
- Of your family members who do you confide in or go to for support? Who outside of your family do you go to for support?
- Have you lived with your family your whole life or have there been times when you lived with other family members or someone else?
- What do you think needs to change in your family in order for you to go home?
- *For younger children:* Who do you like to play with?
- *For older youth:* Who are your friends? Who do you enjoy spending time with?
  - Would you say you had lots of friends, or one or really close friends?
  - Do you have any problems getting along or “fitting in” with kids your age?
- What is something that you really like to do or something that you are really good at?
- What do you like to do for fun? What do you like to do to relax?
- How do you feel about school? What is your best subject and what subject do you struggle with the most?

More space on the back!

# The Assessment Process

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4. Information included in the CANS will inform the case plan.
5. The document that prints out of CHRIS can be used for several purposes but it must be shared with the family and family team members.

## Child Strengths

Family – Nuclear, Family – Extended, Interpersonal, Educational, Talents/Interests, Spiritual/Religious, Community Life, Relationship Permanence, Child Involvement with Care, Natural Supports, Adaptability, Building Relationships, Resilience, Resourcefulness

[illegible]

# CANS 5+ Notes & observations on the conversation

Arkansas Child & Adolescent Needs and Strengths

## Action Levels for Ratings (Child Strengths Section ONLY)

0	Centerpiece Strength	2	Identified Strength
1	Useful Strength	3	No Strength Identified

### Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Remember, there is a very large age variance in this group so pick questions accordingly.

- Are you and your family involved in any community groups? Tell me about those.
- Do you go to church or to any church activities?
  - What church/who do you go with?
  - Do you consider yourself a part of a certain religion?
  - If you do not go to church, do you still have a spiritual life? If so, tell me about that.
- How do you deal with change in your life? Would you say you are a person who bounces back quickly or do you struggle with change?
- What kinds of changes have you and your family had in the past few months (like switching schools, moving, divorce, marriage, etc.)
- How would you rate yourself on a scale where 1 is very reserved and 5 is very outgoing? (Note: This is NOT in reference to the CANS scoring – just a way to start this conversation without asking a yes/no question.)
- Tell me how you go about building and keeping relationships.
- What would you say is your biggest strength? What do you think other people would say is your biggest strength?
- Who are your biggest supporters?
- Tell me about your dreams for the future?

### Child Strengths (cont.)

Family – Nuclear, Family – Extended, Interpersonal, Educational, Talents/Interests, Spiritual/Religious, Community Life, Relationship Permanence, Child Involvement with Care, Natural Supports, Adaptability, Building Relationships, Resilience, Resourcefulness

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### Observations & Next Steps

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## CANS 5+ Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age and development will determine whether you ask the child, or the caregiver/other adult the questions.

- How well does your child get along with the members of the family or household?
- Who does he or she go to for comfort and support? Does (child) struggle in relationships with any family member?
- How is the child adjusting to living in your home (asked of foster parents)? Are you noticing any problem behaviors and if yes, tell me about those. How does the child get along with others in your home? Would you predict (child) is going to be able to stay here?
- Tell me about how (child) sleeps. Does (child) go to sleep easily? Does (child) have bad dreams or night terrors? Does (child) take medication to help with sleep?
- How well does (child) get along with others (both adults and other children)?
- How does (child) compare to other children his/her age as far as thinking, communicating, and/or self-care?
- Is anyone worried about your child's development and if yes, what do you think they worry about?
- Has your culture ever led people to misunderstand you or your child? If yes, what have the problems involved?
- Tell me about your child's health.
- What kinds of things can your child do for himself, like dressing, brushing hair, brushing teeth, etc.?

## Life Domain Functioning

Family – Nuclear, Family – Extended, Living Situation, Sleep, Social Functioning - Peer, Social Functioning – Adult, Sexual Development, Developmental, Communication, Cultural, Legal, Medical, Physical Health, Daily Functioning

[illegible]

## Observations & Next Steps

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## CANS 5+ Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. Age and development will determine whether you ask the child or the caregiver/other adult the questions.

- How would you describe (child's) sexual development? Does (child) have any sexualized behaviors that you are concerned about? Is or has (child) been sexually active?
- Other than the removal from the parents does (child) have any involvement with court and if yes, what?
- If your child needs help with daily self-care, who does (child) turn to and how much help is needed?

### For the Child

- What needs to change in your family in order for you to go home?
- Who do you get along with best in your family? Who do you struggle to get along with?
- Tell me about the place you are living now. What's the best thing about it? What do you struggle with?
- How well do you get along with your friends and other kids? With adults? Would anyone say you have a problem getting along and if yes, what would they say you do?
- Are you in a relationship? Are you:
  - Sexually active; LGBT; Involved with more than one partner; Using protection?
- How would you identify yourself culturally; has it ever caused problems in your life?
- Tell me about your health (physical and mental) and any medication you take or have recently taken.
- Have you ever been involved with the court (arrested, on parole or previous times in foster care)? Tell me about that.

## Life Domain Functioning (cont.)

Family – Nuclear, Family – Extended, Living Situation, Sleep, Social Functioning - Peer, Social Functioning – Adult, Sexual Development, Developmental, Communication, Cultural, Legal, Medical, Physical Health, Daily Functioning

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## Observations & Next Steps

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## CANS 5+ Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

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1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

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*For Youth/child*

- Tell me about school.
- How many schools have you gone to in your life?
- How would you describe your school attendance and your behavior at school?
- Would any adult be worried about your grades, behavior or attendance? If so what do you think they would say about it?
- Where do you do best in school? Where do you struggle?

For Caregiver/Placement  
Provider/Collateral

- Tell me how (child) does in school.
- How would you describe (child's) behavior at school?
- Academically, how would you say (child) is doing?
  - If (child) is having problems, what do you think might be the cause?
- Tell me about (child's) attendance.
  - If (child) is having problems, what do you think might be the cause?
- Does (child) have any specialized services?
  - If yes, what do we (DCFS) need to be sure his/her caregiver knows about the service?
  - What services do we need to be sure are in place to support the child?
- Has this school ever involved the court or DCFS on behalf of (child) because of truancy, educational neglect or for some other reason?

## School

School Behavior, School Achievement, School Attendance, Special Education

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## Observations & Next Steps

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## CANS 5+ Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age and development will determine whether you ask the child or the caregiver/other adult the questions.

*For Youth/child*

- How often and for how long do you feel sad (or angry)? What kinds of things make you feel this way?
- When you get angry, how do you deal with it? How do you calm yourself down?
- Tell me about your alcohol/drug use. Has it ever caused problems for you?
- When people tell you things about yourself that you disagree with, how do you react?

For Caregiver/Placement  
Provider/Collateral

- Please tell me about any behavior, emotional or mental health problems (child) has. Is there anything you're worried about? Is there anything you think other people are worried about?
  - Is there any erratic/bizarre behavior?
  - Has a mental health professional made a diagnosis for this child?
  - Is (child) in counseling or therapy?
  - Has (child) been hospitalized for mental health issues?
  - Does (child) take medication for behavior or mental problems?
- Tell me about any trauma (or any frightening, scary events or changes) in (child's) life and how well he/she is coping with it.

## Behavioral/Emotional

Psychosis, Attachment, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Adjustment to Trauma, Anger Control, Substance Use

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## Observations & Next Steps

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## CANS 5+ Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age and development will determine whether you ask the child or the caregiver/other adult the questions.

- How well is (child) able to control his/her impulses and delay gratification?
  - Does (child) have to have things RIGHT NOW?
  - Can (child) wait or plan for a reward?
- How well does (child) mind? How well does (child) follow rules and adult expectations?
- Tell me about (child's) use of alcohol or drugs. Do you think (child) has a problem?
- When (child) gets angry, how does he/she act? Can (child) calm himself/herself down and how long does that take?

## Behavioral/Emotional (cont.)

Psychosis, Attachment, Impulsivity/Hyperactivity, Depression, Anxiety, Oppositional, Conduct, Adjustment to Trauma, Anger Control, Substance Use

[illegible]

## Observations & Next Steps

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# CANS 5+ Notes & observations on the conversation

Arkansas Child & Adolescent Needs and Strengths

## Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age and development will determine whether you ask the child or the caregiver/other adult the questions.

### For Youth/child

- Do you sometimes feel like you just can't get going or that life's not worth it? Have you ever attempted suicide? Tell me about that.
- Have you ever deliberately hurt yourself? What did you do?
- Have you ever run away from home? What was going on when you did that?

### For Caregiver/Placement Provider or Collateral

- Do you have any concerns that (child) might be thinking of committing suicide? Tell what is triggering your concern.
- Tell me about anything that (child) does that might place him/her at risk of getting hurt, including running away.
- Has (child) ever physically harmed another person or an animal? If yes, tell me about that.
- Has (child) ever acted in a sexually inappropriate or sexually aggressive manner? If yes, tell me more about that. Is (child) sexually active? If yes does he/she:
  - Have more than one sexual partner
  - Have unprotected sex
  - Have sex where another person gets hurt
- How safe is (child's) environment?
- How likely do you think it is that (child) would be involved in bullying another person?
- Note: Look for evidence of exploitation/risk of exploitation.

## Child Risk Behavior

Suicide Risk, Self-injurious behavior, Other self-harm, Danger to Others, Sexual Aggression, Runaway, Delinquent Behavior, Sexually Reactive Behavior, Bullying, Intentional Misbehavior, Aggressive Behavior, Exploited

## Observations & Next Steps

## CANS 5+ Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

N	No evidence of trauma
Y	Evidence of trauma of this type

S Reason to suspect trauma of this type may have occurred at some point in the child's life. (There may have been unconfirmed allegations or there may be behavioral indicators.)

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Age and development will determine whether you ask the child or the caregiver/other adult the questions.

## For Youth/child

- Tell me about any trauma (or any frightening, scary events or changes) in your life and how you're doing with that.
- Have you ever lived through a natural disaster or had a serious, life-threatening illness or injury? How did you cope with that?
- How do your parents get along?
- How safe do you feel in your home? Community? Out-of-home placement?
- Have you ever been worried about your mom's (siblings' pet's) safety? What would other people say about whether your mom is safe?
- When your parents punished you, how did they do it? Do you ever feel like it went too far and you got hurt?
- Have you ever been sexually abused? Would you tell me if you had?

## For Caregiver/Placement

## Provider/Collateral

- How well do you feel you are able to meet your child's needs for food, clothing, & shelter? Who helps you if you are having trouble making ends meet? Or how well did (child's) parent meet.....
- For out-of-home provider: How well does (child) seem to be handling the maltreatment that brought about removal from the home?
- Do you have any concern about illegal activity in (child's) home? Are there children there when it is happening?

# Trauma

Sexual Abuse, Physical Abuse, Emotional Abuse, Neglect, Medical Trauma, Natural Disaster, Witness to Family Violence, Witness to Community Violence, Witness/Victim to Criminal Activity, War/Terrorism Affected, Disruption in Caregiver, Grief and Loss

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

## Observations & Next Steps

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## CANS Caregiver Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- What has your life been like in the past year? Have there been any big events or changes? How are you, your child and your significant other dealing with these changes?
- Describe a typical day in your family's life. What kinds of things are going on?
- Tell me about household rules and expectations.
- Who is the primary disciplinarian and what do you feel works best? What would your children say if I asked them what happens when they disobey?
- If one of your kids is being really difficult - for example, he "lies all of the time" - what is one creative way that you have used to deal with it?"
- Parenting can be hard. We aren't born knowing what to do.
  - What is your biggest challenge as a parent?
  - What part of parenting do you feel like you do best?
  - What do you think needs to happen in order for (child) to come home?
- When you need help managing or just need support in general, who do you turn to? Who helps you when you need help with your children?
- This may be hard to talk about, but I would like to know whether you or anyone in your family experienced abuse as a child.
  - If yes, how did you deal with it? (Counseling? Kept silent?)
  - Tell me about any involvement you have had with DCFS before, either as a child or with your own children.
- Tell me about (child's name). What are his/her greatest strengths? What are the biggest problems he/she is experiencing right now?
- What kinds of things should the foster parents know about (child)?
- I know this whole foster care thing can be very scary. Talk to me about what you know about what happens next and what your rights are as a parent.

## The Assessment Process

The CANS is designed to maximize communication about the needs and strengths of children and families *for children in out-of-home placement*. The CANS 0-4 includes ratings of Child Strengths, Life Domain Functioning, Regulatory Functioning, Preschool/Daycare, Child Behavioral/Emotional Needs, Child Risk Factors, Trauma, and Permanency Planning Caregiver Strengths and Needs. There are additional CANS modules that may be used depending on the child's situation. The CANS must be completed within 30 days and a subsequent assessment every 90 days thereafter. A few things to keep in mind:

1. It is designed to be completed over several sessions with the family-there is no way it can be done in one short contact.
2. It is a good way to structure visits with the family.
3. CANS information should be gathered from multiple sources-not just one interview with the caregivers. Best practice would be to staff the case with the investigator, reach out to the school if they are involved or any counselor or therapist involved with the family, gather police reports or any supporting documentation of evidence that will be shown in the CANS, etc.
4. Information included in the CANS will inform the case plan.
5. The document that prints out of CHRIS can be used for several purposes but it must be shared with the family and family team members.

## Permanency Planning Caregiver Strengths & Needs

Supervision, Parenting Skills, Knowledge of Child, Knowledge of Rights & Responsibilities, Organization, Social Resources, Residential Stability, Empathy with Children, Boundaries, Involvement, Posttraumatic Reactions, Knowledge of Family/Child Needs, Knowledge of Service Options, Ability to Listen, Ability to Communicate, Satisfaction with Service Arrangements, Physical Health, Mental Health, Substance Use, Developmental, Accessibility to Child Care, Family Stress, Employment/Educational Functioning, Educational Attainment, Legal, Financial Resources, Transportation, Safety, Marital/Partner Violence

[illegible]

# CANS Caregiver Notes & observations on the conversation

Arkansas Child & Adolescent Needs and Strengths

## Action Levels for Ratings

0 No evidence of a Need; may be a strength  
1 Watchful waiting/prevention

2 Action  
3 Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- What kinds of services do you think your child needs?
  - How do you go about locating services for your child or yourself?
- When someone tells you something about yourself or your child that you disagree with, how do you handle that?
- Tell me about your physical health.
- Tell me about your mental health.
- Tell me about your drug or alcohol use. Do you **or others** feel like you have a problem because of drug or alcohol use?
- If the family member admits to drug/alcohol use consider:
  - What drug (s) do you use?
  - What is your typical use pattern for drugs and/or alcohol?
  - What treatment have you received?
- How long have you lived at your present address? In this community?
- Tell me how you know when your child is happy, sad, etc.?
- Tell how you and your partner get along. If I asked your child/others who know you how you and your partner get along, what do you think he/she would say.
- Other than juvenile court because (child) is in foster care, are you involved with any other court? If yes, tell me about that.
- Tell me about your financial situation.
- There may be services you need in order to get your children back home. Tell me how you plan to get to those services and how you get to other places (like the store) that you need to go.

Supervision, Parenting Skills, Knowledge of Child, Knowledge of Rights & Responsibilities, Organization, Social Resources, Residential Stability, Empathy with Children, Boundaries, Involvement, Posttraumatic Reactions, Knowledge of Family/Child Needs, Knowledge of Service Options, Ability to Listen, Ability to Communicate, Satisfaction with Service Arrangements, Physical Health, Mental Health, Substance Use, Developmental, Accessibility to Child Care, Family Stress, Employment/Educational Functioning, Educational Attainment, Legal, Financial Resources, Transportation, Safety, Marital/Partner Violence

## Observations & Next Steps

Collaterals	Notes & observations on the conversation
<p>1. <b>Collateral 1:</b> [Name of the collateral]</p> <p>2. <b>Collateral 2:</b> [Name of the collateral]</p> <p>3. <b>Collateral 3:</b> [Name of the collateral]</p> <p>4. <b>Collateral 4:</b> [Name of the collateral]</p> <p>5. <b>Collateral 5:</b> [Name of the collateral]</p>	<p>1. <b>Collateral 1:</b> [Notes and observations for Collateral 1]</p> <p>2. <b>Collateral 2:</b> [Notes and observations for Collateral 2]</p> <p>3. <b>Collateral 3:</b> [Notes and observations for Collateral 3]</p> <p>4. <b>Collateral 4:</b> [Notes and observations for Collateral 4]</p> <p>5. <b>Collateral 5:</b> [Notes and observations for Collateral 5]</p>

Arkansas FAST, Arkansas CANS, Any other assessment

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

## For FSW Consideration

- (1) With what other services systems is the family involved and have you contacted them (court, DYS, probation, DDS, etc.?)
- (2) Who at the child's school needs to be interviewed to gain more insight into the child/family?
- (3) With what service providers (therapist, physician, etc.) is the child/family involved? Have you contacted them?
- (4) Staff the case with the investigator.
  - a. What was their interaction with the family like?
  - b. Was there a protection plan or TDM meeting? Was the family engaged with this process? Any resistance?
- (5) What extended family members or people close to and important to the family do you need to interview?

## For the School (Teacher, counselor)

- Tell me how (child) does in school.
- Tell me about any attendance issues.
- Tell me about any behavior issues or concerns.
- Tell me whether you have ever had any concerns in the past about this child/family.

### For the Therapist

- Tell me how you came to be involved with the child/family and how long you have been working together.
- Describe the child/family's involvement/investment in treatment.
- Describe any concerns you have about child/family.

*For Extended Family/Significant Others in Child or Family's Life*

- Tell me your understanding about why DCFS is involved with (child/family).
- Tell me about your relationship with (child/children).
- Tell me about any support or help you have given the family.
- How do you think you can support/help the family at this time?

[illegible]

## Observations & Next Steps

[illegible]

# CANS Acculturation Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0	No evidence of a Need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

### Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- I notice that English is/was not your family's first language. How did that impact you and your family?
- I know that you use ASL (American Sign Language). How has your hearing impacted your relationships and communication? Who in your family and friends signs?
- What would you say is your culture? Has it ever caused problems for you and if so, how?
- How well does your caregiver/do your friends understand your culture?
- Tell me about rituals and celebrations that were important in your family? Are you able to celebrate these now? Is this something you look forward to sharing with your children?
- When people come from different cultures, sometimes it is difficult to understand each other. Are you having any trouble in your current living situation that you think is because your caregiver doesn't understand your beliefs and practices? (This can also be a question for adults.)
- Are there things that you did in (country or culture) that are misunderstood here? Tell me about that.

### Language, Identity, Ritual, Cultural Stress

### Observations & Next Steps

# CANS Developmental Needs Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0 No evidence of a Need; may be a strength  
1 Watchful waiting/prevention

2 Action  
3 Immediate action; dangerous or disabling

### Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment. Information on formal IQ testing and scores needs to be gathered from collaterals.

- Tell me how (child) does in school.
  - Does (child) have specialized services?
  - Has (child) been tested for any learning problems?
  - Is (child) in special education?
  - Does (child) have a medical condition that causes low IQ?
- How easily does your child learn new things?
- Does (child) get any speech, language, or physical therapy?
- When you compare (child) to other children his/her age, or to your other children when they were (child's) age, is there anything you worry about?
- *For infants, toddlers and preschool:* Tell what kinds of things (child) can do for himself/herself.
- How would you describe (child) socially – outgoing, shy, fearful, something else?

Cognitive, Social/Emotional, Self-care/Daily Living

### Observations & Next Steps

# CANS Runaway Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

- 0 No evidence of a Need; may be a strength  
1 Watchful waiting/prevention

- 2 Action  
3 Immediate action; dangerous or disabling

### Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

#### For the child/youth

- I notice that you have run away several times. Where do you go?
- This last time you ran, what did you think it would solve? Or, what did you think would be the result?
- What kinds of things prompt you to run? What kinds of things make you feel like running?
- It seems like the last few times you ran you always end up at \_\_\_\_\_. What is it about that place/person that draws you?
- The last time (or times) you ran, was this something you planned or did it sort of just happen?
- If there was a place where you would stay and not run, what would that look like?

#### For caregivers, adult supports, and/or collaterals

- How often has (child) run? Does he/she come back on his/her own or does (child) have to be found? How hard does (child) make it to be found?
- Does (child) run away by him/herself or are others involved?
- Has (child) gotten into legal trouble while on the run and if yes, what happened?
- Tell me what was going on in the family right around the time that (child) ran. What things seem to trigger a runaway incident?

Frequency of Running, Consistency of Destination, Safety of Destination, Involvement in Illegal Activities, Likelihood of Return on Own, Duration of Run Episode, Planning, Involvement with Others, Realistic Expectations

### Observations & Next Steps



# CANS Sexual Abuse Notes & observations on the conversation

## Arkansas Child & Adolescent Needs and Strengths

### Action Levels for Ratings

0 No evidence of a Need; may be a strength  
1 Watchful waiting/prevention

2 Action  
3 Immediate action; dangerous or disabling

### Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

*Note: Refer back to the investigation. Many of the areas in this module may have already been addressed there, especially duration, frequency and use of force.*

- When you told about your abuse, what happened? Who believed you?
- What did you think/fear would happen when you told and how does that compare with what did happen?
- Sometimes the person who abused you is also someone you love. Tell me how you feel about (perpetrator).
- I know you talked about sexual abuse with (investigator). Is there anything else that you thought was important that they maybe forgot to ask you?

Emotional Closeness to Perpetrator, Frequency of Abuse, Duration of Abuse, Physical Force, Reaction to Disclosure

### Observations & Next Steps

# CANS Substance Use Disorder Notes & observations on the conversation

Arkansas Child & Adolescent Needs and Strengths (for adult)

## Action Levels for Ratings

0 No evidence of a Need; may be a strength  
1 Watchful waiting/prevention

2 Action  
3 Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- Tell me about the use of drugs/alcohol in your family and has it ever caused problems in your family?
- Tell me about your drug/alcohol use. Has your use ever caused you problems on the job, in your relationships or gotten you into legal trouble? When is the last time you used?
- What is your drug of choice?
- When you use alcohol or drugs, how has this affected your ability to take care of your children/family?
- How do you think your drug/alcohol use affects your ability to get your children back? What needs to change?
- Is there anyone who is worried about your drug/alcohol use and what do you think they are worried about?
- It sounds like you have been using for a while. When are you most likely to use? How frequently do you use?
- Have you ever felt like you need to stop or cut back on your substance use? If yes, how have you gone about doing that?
- I see that you have been drug/alcohol free for a while. What is your plan to keep this going and not go back to using?
  - o Do your peers and/or family members use in your home or around you?

Severity of Use, Duration of Use, Stage of Recovery, Peer Influences, Environmental Influences

## Observations & Next Steps

# CANS Substance Use Needs Notes & observations on the conversation

Arkansas Child & Adolescent Needs and Strengths (for child or youth)

## Action Levels for Ratings

0 No evidence of a Need; may be a strength  
1 Watchful waiting/prevention

2 Action  
3 Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- Tell me about the use of drugs/alcohol in your family and has it ever caused problems in your family?
- Tell me about your drug/alcohol use. Has your use ever cause you problems in school, on the job, or gotten you into legal trouble?
- Is there anyone who is worried about your drug/alcohol use and what do you think they are worried about?
- How do you think your parents feel about your drug/alcohol use?
- How do you get alcohol/drugs?
- It sounds like you have been using for a while. When are you most likely to use? Who do you use with? When did you first start using?
- Have you ever felt like you need to stop or cut back on your substance use? If yes, how have you gone about doing that?
- I see that you have been drug/alcohol free for a while. What is your plan to keep this going and not go back to using?
- Tell me about your friends – do they use? Do you have friends who don't use?

Frequency of Use, Duration of Use, Readiness to Change, Recovery Environment, Relapse Skills

## Observations & Next Steps

# CANS Transition Age Notes & observations on the conversation

Arkansas Child & Adolescent Needs and Strengths (triggered at age 14)

## Action Levels for Ratings

0 No evidence of a Need; may be a strength  
1 Watchful waiting/prevention

2 Action  
3 Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- Who is your support system? Who can you turn to if you need help?
- Money management is something even adults struggle with. Talk to me about your strengths and your needs when it comes to budgeting and managing your money?
- Are you involved in life skill classes? How often do you attend?
- What kinds of things do you think you need to know how to do if you are going to be living on your own?
- What is the longest time you have lived in the same place? Tell me why you think it lasted that long.
- How do you get around? What are your plans for getting and keeping reliable transportation?
- What are your job/vocational plans? What would you like to do for a living?
- What are your educational goals?
- Tell me about your friends? What kinds of things do you do together?
- What is your biggest skill or talent?
- *Note: Review the record to see what health information is including physical or mental health issues that require daily management.*
- What are our plans to manage (health issue)?
- You have had a lot of "stuff" happen in your life? How have you learned to cope with it? What works for you?
- Do you have anyone who depends on you for care? What are your plans for being able to continue that once you are living on your own?
- Have you or are you considering going into the military?

Independent Living Skills, Residential Stability, Transportation, Peer/Social Experiences, Health Management and Maintenance, Self-care, Educational Attainment, Resiliency, Resourcefulness, Financial Resources, Caregiving Role, Military Transitions

## Observations & Next Steps

## FAST

Notes & observations on the conversation

# Arkansas Family Advocacy & Support Tool

### Action Levels for Ratings

0	No evidence of a need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- How is your relationship with your partner/significant other?
- Tell me how you and your spouse (the other person involved in caregiving) collaborate and parent.
- Who do you consider "family"? Tell me about your whole family.
- What people do you consider family who live outside your home?
- Who helps you when you are stressed out?
- How long have you lived in this community?
- On a scale of 1-5 how safe would you say your neighborhood or community is? (1 is no concern – 5 is very unsafe) To whom or where can you go to feel safe?
- How do you handle disputes among the children?
- How do you handle disagreements with your significant other?
- Have you ever worried about your safety when you and your partner disagreed/argued?
- Has anyone else worried about your safety or tried to intervene to make sure you were safe?
- Have there been any big changes in your family?
  - How are you and your child dealing with these changes?
  - How are you and your significant other dealing with these changes?
- Who manages the money? How do you make decisions about how the money is spent?
- How does your family make decisions about important matters?

# The Assessment Process

The FAST is designed to maximize communication about the needs and strengths of families. The FAST includes ratings of the Family Together, each Caregiver, and all children and youth. For in-home services cases, the FAST must be completed within 30 days and a subsequent assessment every 90 days thereafter. A few things to keep in mind:

1. It is designed to be completed over several sessions with the family-there is no way it can be done in one short contact.
2. It is a good way to structure visits with the family.
3. FAST information should be gathered from multiple sources-not just one interview with the caregivers. Best practice would be to staff the case with the investigator, reach out to the school if they are involved or any counselor or therapist involved with the family, gather police reports or any supporting documentation of evidence that will be shown in the FAST, etc.
4. Information included in the FAST will inform the case plan.
5. The document that prints out of CHRIS can be used for several purposes but it must be shared with the family and family team members.

# The Family Together

Parent/Caregiver Collaboration, Sibling Relationships, Extended Family Relationships, Family Conflict, Family Communication, Role Appropriateness, Family Safety, Financial Resources, Residential Stability, Home Maintenance

[illegible]

## Next Steps?

## FAST Notes & observations on the conversation

# Arkansas Family Advocacy & Support Tool

### Action Levels for Ratings

0	No evidence of a need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- Tell me about household rules and expectations. How do your children know the rules?
- Who is the primary disciplinarian? What would your children say if I asked them what happens when you disobey?
- If one of your kids is being really difficult - for example, he "lies all of the time" - what is one creative way that you have used to deal with it?"
- As a child did you ever experience any type of abuse?
- Do you ever feel like you just can't take it anymore?
- Do you ever have a hard time just getting going? When/if you cannot "get going" who takes care of your child?
- Have you ever been hospitalized for issues related to mental health?
- Have you ever attempted suicide?
- Tell me about your drug or alcohol use. Do you **or others** feel like you have a problem because of drug or alcohol use?
- If the family member admits to drug/alcohol use consider:
  - What drug (s) do you use?
  - In the past year, what was your typical use pattern for drugs and/or alcohol?
  - What treatment have you received?
- Tell me about your job. Or, how do you provide for and support your family.
- How does the family get to work, appointments, school, shopping, etc.

### Caregiver Status (assess each identified caregiver)

Empathy, Boundaries, Involvement, Supervision, Discipline, Partner Relationships, Vocational Functioning, Mental Health, Alcohol/Drug Use, PTSD Reactions, Organization, Physical Health, Developmental, Accessibility to Child Care, Family Stress, Education, Legal, Transportation, Safety

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

## Observations & Next Steps

[illegible]

# FAST

## Notes & observations on the conversation

# Arkansas Family Advocacy & Support Tool

### Action Levels for Ratings

0	No evidence of a need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions.

You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- Tell me how your child behaves at school?
  - Have you had to miss work or school because of problems?
  - How did you handle the problem/s?
- What kinds of services do you think your child needs?
  - How do you go about locating services for your child or yourself?
- When someone tells you something about yourself or your child that you disagree with, how do you handle that?
- What is something your child has done in the last month that you or your child is really proud of?
- Tell me what you see as a parent's rights and a parent's responsibilities.
- Tell me about why you think DCFS is involved in your life. What do you think needs to change in order for DCFS to get out of your life? Have you worked with DCFS before and what was that like?
- We say we are here to help your family. Tell me what kinds of things would feel helpful.
- How is your child's physical/mental health?
  - Who is your child's doctor? Dentist?
  - Does your child have any health conditions we should know about?
  - Do you and your children have health insurance?
  - Has your child ever received treatment for mental health problems?

## Caregiver Advocacy

Knowledge of Service Options, Knowledge of Rights/Responsibilities, Ability to Listen, Ability to Communicate, Natural Supports, Satisfaction with: Youth's Living Situation, Educational Arrangement, and Satisfaction with Services Arrangement

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## Observations & Next Steps

[illegible]

# FAST

## Notes & observations on the conversation

# Arkansas Family Advocacy & Support Tool

### Action Levels for Ratings

0	No evidence of a need; may be a strength	2	Action
1	Watchful waiting/prevention	3	Immediate action; dangerous or disabling

## Conversation Starters

These questions are suggestions. You do not have to use them all and you are not limited to these examples. These are just ideas to get you thinking. No work aid can take the place of your professional judgment.

- Tell me how you get along with your birth mom (or dad, family, brother, sister, etc.).
- Tell me how you get along with (primary caregiver).
- Sometimes it is hard growing up. What kinds of things bother you? Tell me about your day-to-day problems.
- When you are angry or upset, tell me what happens? How does someone else know if you are angry/upset? How do you calm yourself down when you need to?
- Tell me about your health and any medication you take (if you take any).
- Are you in counseling?
- How is school going? What part do you like best? What part is hardest for you?
- Do you feel like you need help (to do better in school, to solve problems, etc.)
- What do you think needs to happen in your family?
- Tell me about your friends? Who do you look to for support?

*Note: parents/caregivers /collaterals need to be asked the same questions about the child/youth and answered compared.*

## Youth Status (assess for each child/youth in the home)

Relationship with Bio Mother, Relationship with Bio Father, Relationship with Primary Caregiver, Relationship with Other Adult Family Members, Relationship with Siblings, Health Status, Mental Health Status, Adjustment to Trauma, Cognitive Skills, Self-regulation Skills, Interpersonal Skills, Education Status

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## Observations & Next Steps

[illegible]



# **FAMILY ADVOCACY AND SUPPORT TOOL (FAST)**

## **ARKANSAS**

*A family planning and outcome tool for understanding family circumstances  
And assisting in planning for services and reunification*

## **Manual**



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The Family Assessment and Support Tool (FAST) is the family version of the Child and Adolescent Needs and Strengths (CANS) family of planning and outcome management tools. A large number of individuals have contributed to the design and development of the FAST. It is an open domain tool, free for anyone to use. We recommend training and certification to ensure its proper and reliable use. For more information, please contact:

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# INTRODUCTION

The FAST is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the **FAST** is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the **FAST** 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 **FAST** 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 **FAST**.

## Six Key Principles of the FAST

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. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the 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 child 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 “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

## Action Levels for Items

**0 – No Evidence of Need** – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

**1 - Watchful Waiting/Prevention** – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behaviour is past behaviour, and that such behaviour may recur under stress, so we would want to keep an eye on it from a preventive point of view.

**2 - Action Needed** – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth’s or family’s life in a notable way.

**3 - Immediate/Intensive Action Needed** – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a “3” on the relevant need.

# THE FAMILY TOGETHER

In this section, we would like to you to think about who you consider to be your family. Every family is a little different in this way. Once you have decided who is in your family, please describe your family on each of the following questions using the scoring sheet provided.

<b># 1</b>	<p><b>Parental/Caregiver Collaboration</b> <i>This item allows the description of the working alliance among caregivers who are responsible for raising the children in the family. In a two parent family, this item describes the degree to which the two parents agree on parenting philosophy and strategies and work together to support each other in their parenting roles and responsibilities.</i></p> <p><i>Families that do not have two parents can also have care giving alliances. Anytime more than one caregiver is involved in a family, the degree to which the caregivers work together in support of each other is an important family characteristic. Divorced parents can maintain good collaborations in their efforts to parent their shared children despite living separate adult lives.</i></p>
0	Adaptive collaboration. Parents usually work together regarding issues of the development and well-being of the children. They are able to negotiate disagreements related to their children.
1	Mostly adaptive collaboration. Generally good parental collaboration with occasional difficulties negotiating miscommunications or misunderstanding regarding issues of the development and well-being of the children.
2	Limited adaptive collaboration. Moderate problems of communication and collaboration between two or more adult caregivers with regard to issues of the development and well-being of the youth.
3	Significant difficulties with collaboration. Minimal collaboration and destructive or sabotaging communication among any parents regarding issues related to the development and well-being of the youth.

<b># 2</b>	<p><b>Relationships among Siblings</b> <i>This item describes whether any actionable problems exist among the children within a family. Although the title of this item includes 'siblings,' this work does not imply a requirement that the children in a family are all biologically related. Thus, this items describes whether any problems exist among all possible relationships among all the children in a family regardless of the specific nature of their relationship (i.e. biological, half, step).</i></p> <p><i>This item is rated based on whether any problems exist that require intervention. Thus a '2' could be used even in circumstances where the sibling problems just involve a relationship between two children in a much larger sibling group.</i></p>
0	Adaptive relationships. Siblings generally get along well. Occasional fights or conflicts between them occur, but are quickly resolved.
1	Mostly adaptive relationships. Siblings generally get along; however, when fights or conflicts arise there is some difficulty in resolving them.
2	Limited adaptive relationships. Siblings often do not get along. They generally attempt to resolve their fights or conflicts but have limited success in doing so.
3	Significant difficulties with relationships. Siblings do not get along. The relationships are marked by detachment or active, continuing conflicts, and may include physical violence.

<b>#3</b>	<p><b>Extended Family Relationships</b>  <i>This item is used to describe the nature of the relationships between the family and any extended family. Extended family includes grandparents, aunts, uncles, cousins, etc who are not directly members of the family but are related in some fashion. Sometimes an extended family can be a source of significant support. Other times, family can be in conflict or estranged from extended family members.</i></p> <p><i>A family who has recently immigrated to the United States may be estranged from their extended family simply because of geographic distance. This estrangement can be stressful and would be rated in this item.</i></p>
0	Adaptive relationships. Extended family members play a central role in the functioning and well-being of the family. They have predominately positive relationships with members of the extended family and conflicts are resolved quickly.
1	Mostly adaptive relationships. Extended family members play a supportive role in family functioning. They generally have positive relationships with members of the extended family. Conflicts may linger but eventually are resolved.
2	Limited adaptive relationships. Extended family members are marginally involved in the functioning and well-being of the family. They have generally strained or absent relationships with extended family members.
3	Significant difficulties with relationships. Family is not in contact or estranged from extended family members. They have negative relationships with continuing conflicts.

<b># 4</b>	<p><b>Family Conflict</b> <i>This item describes the amount of open fighting that occurs within the family system. The extreme of this item is domestic violence in which conflict turns into physical confrontation and aggression. Any recent domestic violence would be rated as a '3' regardless of which family members are involved in the violence.</i></p> <p><i>All families have conflict. Occasional arguments are not only normal; they can be healthy if resolved eventually. This level of conflict would be rated a '0'. Only when the conflict begins to create notable problems within the family system would a rating of '1' or higher be used.</i></p>
0	Minimal conflict. Family gets along well and negotiates disagreements appropriately.
1	Some Conflict. Family generally gets along fairly well but when conflicts arise resolution is difficult.
2	Significant conflict. Family is generally argumentative and conflict is a fairly constant theme in family communications.
3	Domestic violence. Threat or occurrence of physical, verbal or emotional altercations. Family with a current restraining order against one member would be rated here.

# 5	<p><b>Family Communication</b> <i>This item is designed to describe the ability of family members to communicate to each other their feelings, thoughts, needs, etc. The ability of family members to let each other know what is going on in their individual lives is an important aspect in the life of a family. Challenges with communication interfere with a family's ability to function.</i></p> <p><i>Communication problems can be quite varied in families. Problems may result for difficulties addressing sensitive topics. Families with trauma experiences often avoid entire areas of communication out of fear of touching on a particularly sensitive issue. Alternatively, problems may involve a failure to speak up about thought or feelings or needs. In some cultures, for example, mothers are supposed to meet the needs of everyone else in the family. Some mothers feel that this perspective means that they cannot ever express their needs. However, failing to address the mother's needs can prevent her from successfully meeting the needs of others in the family (e.g. like on airplanes where the safety message is that if you are helping someone with their oxygen mask, please put your own on first. Otherwise you might both pass out).</i></p> <p><i>Communication problems can be related to conflict. Family members who express feeling primarily through anger and cannot come to a resolution of disagreements can create communication problems.</i></p>
0	Adaptive communication. Family members generally are able to directly communicate important information among each other. Family members are able to understand each other's feelings and needs.
1	Mostly adaptive communication. Family members can communicate important information among each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent.
2	Limited adaptive communication. Family members generally are unable to directly communicate important information among each other. Family members have difficulties understanding each other's feelings and needs.
3	Significant difficulties with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs.

# 6	<p><b>Family Role Appropriateness</b> <i>All family members have explicit (clearly stated) and implicit (unstated but known) roles within the family. Generally parents are in charge. Some parents share responsibilities; others separate responsibilities. Often older siblings have some care giving responsibilities for younger siblings.</i></p> <p><i>This item is used to describe when family roles get out of line with health development. For example, in some single parent families, particularly when parental mental health or substance use needs are evidence, older children step into developmentally inappropriate parent roles (i.e., the parentified child). This role can place an enormous stress on the development of that child. Sometimes lonely parents will seek friendship and companionship from their children. This can be healthy to a point, but since parents have to maintain their role as supervisor and disciplinarian, too much of a friendship model can be unhealthy, particularly for younger children.</i></p>
0	Adaptive boundaries. Family has strong appropriate boundaries among members. Clear inter-generational hierarchies are maintained.
1	Mostly adaptive boundaries. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles.
2	Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist.
3	Significant difficulties with boundaries. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist.

<b># 7</b>	<b>Family Safety</b> <i>This item describes whether the family members all live in a safe environment. This environment includes the home but also the neighborhood and circumstances. For example, a family living in a shelter is less safe than a family living in an apartment. A family living in an apartment in which gang members or drug abusers routinely come and go is less safe than a family living in an apartment which no such intrusions. In most cases, risks of domestic violence indicate an immediate/intensive level of need (i.e. '3') on this item.</i>
0	No risk. Family provides a safe home environment for all family members.
1	Mild risk. Family home environment presents some mild risks of neglect or exposure to undesirable influences (e.g., alcohol/drug abuse, gang membership of family members) but no immediate risk is present.
2	Moderate risk. Family home environment presents moderate risks to family members including abuse and neglect or exposure to individuals who could harm the youth.
3	Severe risk. Family home environment presents a clear and immediate risk of harm to family members. Individuals in the environment present immediate risk of significant physical harm.

<b># 8</b>	<b>Financial Resources</b> <i>Poverty is one of the most common and devastating challenging that a family can face. The absence of financial resources can limit housing options, result in poor diet and dress that threaten charges of parental neglect, and subject family members to safety risks. This item describes the degree to which financial problems are a current challenge for the family.</i>  <i>Similar to the issue described with Family Conflict, few families have as many financial resources as they would like. Fewer still consider themselves as having sufficient resources. So, the '0' level is used to indicate a 'good enough' level of financial resources. The family may not be rich, but that have enough money to take care of basic needs.</i>
0	No difficulties. Family has financial resources necessary to meet needs.
1	Mild difficulties. Family has financial resources necessary to meet most needs; however, some limitations exist.
2	Moderate difficulties. Family has financial difficulties that limit their ability to meet significant family needs.
3	Significant difficulties. Family experiencing financial hardship, poverty.

<b># 9</b>	<b>Residential Stability</b> <i>This item rates the parent/caregiver's current and likely future housing circumstances. Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'. This item refers exclusively to the housing stability of the caregiver and should <b>not</b> reflect whether the child might be placed outside of the home.</i>
0	Family has stable housing for the foreseeable future.
1	Family having some difficulties maintaining housing due to things such as difficulty paying rent or utilities or conflict with a landlord.
2	Family has had to move in the past six months due to housing difficulties.
3	Family has experienced homelessness in the past six months.



<b># 10</b>	<b>Home Maintenance</b> <i>This item refers to housekeeping both in terms of cleanliness and organization and safety from dangerous materials and/or objects (e.g. child proofing).</i>
0	No concerns. Home is clean, maintained well and child-proofed. Dangerous items (e.g., poisons, medications, knives, matches) are locked up/stored away properly and out of reach. Kitchen and bathroom are functional. All utilities are operational. Everyone has a bed and outlets are plugged.
1	Most precautions have been taken. No danger to the children present. Dangerous items are out of reach but not locked up. Home is mostly child-proofed. Utilities are operational. Minor cleaning is required. Some odor present.
2	Some precautions have been taken, but potential hazards are obvious. Dangerous items out of sight but within reach of children. Utilities sometimes don't work because bills have not been paid or needed repairs have not been attended to by the family. Overloaded outlets. Home is somewhat cluttered and needs general cleaning. Beds are needed.
3	Few precautions taken. No screens on second floor windows for toddlers. Outlets not plugged. Utilities off due to neglect of bills or needed repairs. No beds for children/parents. No refrigerator. Home is dirty, odors present.

## CAREGIVER'S STATUS

In your family, certain family members have primary responsibilities for managing the household and raising children. In some families, parents are the primary caregivers, in other families a step-parent, a grandparent or an aunt or uncle also have these responsibilities. Please identify ALL of the caregivers in your family and describe them on the scoring sheet provided using the items described below.

<b># 11</b>	<b>Caregiver's Empathy with Children</b> <i>This item refers to the caregivers' ability to understand and respond to the joys, sorrows, anxieties and other feelings of children with helpful, supportive emotional responses.</i>
0	Adaptive emotional responsiveness. Parents/caregivers are emotionally empathic and attend to child's emotional needs.
1	Parents/caregivers are generally emotionally empathic and typically attend to child's emotional needs.
2	Limited adaptive emotional responsiveness. Parents/caregivers are often not empathic and frequently are not able to attend to child's emotional needs.
3	Significant difficulties with emotional responsiveness. Parents/caregivers are not empathic and rarely attend to the child's emotional needs.

<b># 12</b>	<b>Caregiver's Boundaries</b> <i>As described before a family is a collection of individuals who work together with some common goals. However, a part of successful collaboration as a family involves maintaining one's individuality as least to some extent. This concept is referred to as boundaries.</i>  <i>A parent who confides his/her secrets to the children is violating boundaries. A parent who tells the children about how badly the other parent treats him/her (e.g. infidelity) is violating boundaries. A parent, who cannot stop a child from entering the bathroom on them, is experiencing problems with boundaries.</i>
0	Adaptive boundaries. Caregiver has strong, appropriate boundaries between her/himself and her/his children.
1	Mostly adaptive boundaries. Caregiver has generally appropriate boundaries between her/himself and her/his children. Mild boundary violations may occur at times. Minor problems of rigidity of boundaries may occur.
2	Limited adaptive boundaries. Caregiver has problems maintaining appropriate boundaries between her/him and her/his children. Mild boundary violations may be routine or significant boundary violations may be occasional. Boundaries may be rigid.
3	Significant difficulties with boundaries. Caregiver has significant and consistent problems maintaining appropriate boundaries between her/him and her/his children or is excessively rigid in her boundaries.

<b># 13</b>	<b>Caregiver's Involvement in Caregiving Functions</b> <i>This item describes the degree to which this individual care giver is involved in the life of the family. Some parents or care givers are integral members of the family. They know everything that is going on with individual family members and play key roles in family decision-making. Other care givers are more detached from the family and less involved. These care givers may not be aware of the comings and goings and accomplishments and challenges of individual family members. They may be relatively uninvolved in family decision-making.</i>
0	Caregiver is actively and fully involved in daily family life.
1	Caregiver is generally involved in daily family life. She/he may occasionally be less involved for brief periods of time because she/he is distracted by internal stressors and/or other external events or responsibilities.
2	Caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time.
3	Caregiver is mostly uninvolved in daily family life. She/he may not interact with children on a daily basis.

<b># 14</b>	<b>Caregiver's Supervision</b> <i>This item describes this caregiver's ability to monitor the activities of the children in the family. Supervision activities change as children age. With very young children, supervision involves a physical presence. You have to keep an eye on little children to ensure that they stay safe and that their basic needs are met. As children age, the nature of supervision changes. Supervising an adolescent is much more about stay in touch with them to know what they are doing and with whom they are doing it. This level of supervision is much more of a communication strategy than a physical monitoring strategy. In fact, applying physical monitoring supervision to adolescents is likely to be inappropriate in most circumstances.</i>
0	Good supervision. Caregiver demonstrates consistent ability to supervise her/his children according to their developmental needs.
1	Adequate supervision. Caregiver demonstrates generally good ability to supervise children; however, some problems may occur occasionally.
2	Fair supervision. Caregiver has difficulty maintaining an appropriate level of supervision of her/his children.
3	Significant difficulties with supervision. Caregiver has significant problems maintaining any supervision of her/his children.

<b># 15</b>	<b>Caregiver's Discipline</b> <i>This item refers to broad definition of the term discipline. It includes all the things parents and care givers can do to encourage positive behavior in children. In other words, redirecting is as much a discipline strategy as time-out.</i>  <i>Over-reliance on punishment is a need on this dimension. Use of physical punishment as a primary source of discipline would be rated a '3' in most cases, as would other cases of extreme punishment that would be consistent with abuse (e.g., locking in closet or otherwise restraining a child for extended periods).</i>  <i>A '0' on this item is a considerable strength. It indicates that the care giver is adept at strategies that encourage children in the family to behavior appropriately and remain safe.</i>
0	Good discipline methods. Caregiver generally demonstrates an ability to discipline her/his children in a consistent and benevolent manner. She/he usually is able to set age appropriate limits and to enforce them.
1	Adequate discipline methods. Caregiver is often able to set age appropriate limits and to enforce them. On occasion her/his interventions may be either too harsh or too lenient. At times, her/his expectations of her/his children may be too high or too low.
2	Inadequate discipline methods. Caregiver demonstrates limited ability to discipline her children in a consistent and benevolent manner. She/he rarely is able to set age appropriate limits and to enforce them. Her/his interventions may be erratic and overly harsh but not physically harmful. Her/his expectations of her/his children are frequently unrealistic.
3	Significant difficulties with discipline methods. Caregiver disciplines her/his children in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful.

<b># 16</b>	<p><b>Caregiver's Partner Relationship</b> <i>This item describes this care giver's relationship with his/her significant other. This item is intended to be limited to romantic or intimate relationships. This item is more about the quality of life of the care giver. In a two parent family, this refers to the parent's experience of their marriage. In a divorced family, this might refer to new marriages or dating relationships with adults who are not currently considered members of the family.</i></p> <p><i>Some care givers have decided for any number of possible reasons that they are not currently interested in a romantic or intimate relationship. If the individual is currently satisfied in these circumstances, then a rating of '0' on this item is appropriate. However, if a care giver is currently alone but desires a relationship that he/she feels is currently unavailable to them, then that circumstances would be rated higher, likely as a '2' although depending somewhat on the specific circumstances. For example, if a single father is desperate for a relationship and therefore goes out at night all the time looking to find someone to the point of neglecting his family, then this could be rated a '3.'</i></p>
0	Adaptive partner relationship. Caregiver has a strong, positive, partner relationship with another adult. This adult functions as a member of the family. A person without a relationship who currently has no interest in one would be rated here.
1	Mostly adaptive partner relationship. Caregiver has a generally positive partner relationship with another adult. This adult may not function as a member of the family.
2	Limited adaptive partner relationship. Caregiver is currently not involved in any partner relationship with another adult but wishes to have one.
3	Significant difficulties with partner relationships. Caregiver is currently involved in a negative, unhealthy relationship with another adult.

<b># 17</b>	<p><b>Caregiver's Vocational Functioning</b> <i>This item refers to this care givers job status. As noted in the anchor employment outside of the home is not required. A satisfied homemaker would be rated '0.' On the other hand, a parent not working who is interested in seeking employment would be rated higher. A rating of '3' would indicate a parent or caregiver that is either chronically unemployed or employed in illegal activities such as drug sales or prostitution.</i></p>
0	Good vocational functioning. Caregiver is fully employed with no problems at work. Alternatively, caregiver may not be seeking employment or chooses to be a full-time homemaker.
1	Adequate vocational functioning. Caregiver is partially employed, employed significantly below her/his level of education/experience/training, or is having some work related problems.
2	Fair vocational functioning. Caregiver is having significant work-related problems or is temporarily unemployed because of such difficulties.
3	Significant difficulties with vocational functioning. Caregiver is chronically unemployed or obtains financial resources through activities which are illegal and/or potentially harmful to her/himself and her/his family members (prostitution, drug dealing, for example).

<b># 18</b>	<p><b>Caregiver Mental Health</b> <i>Any identified mental health need, whether or not actively diagnosed and/or treated, would be rated here. In general, ratings of 2 or 3 would be reserved for a serious mental health concern such as Depression, Schizophrenia, Bipolar Disorder or a serious Personality Disorder. Concern that mental health needs are present but unrecognized could be rated as a '1'. A '1' could also indicated a well-managed mental health need (i.e. Bipolar Disorder well managed on medication).</i></p>
0	No mental health problems. Caregiver has no signs of any notable mental health problems.
1	Mild mental health problems. Caregiver may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated.
2	Moderate mental health problems. Caregiver has a diagnosable mental health problem that interferes with his/her functioning.
3	Significant difficulties with mental health. Caregiver has a serious psychiatric disorder.

<b># 19</b>	<b>Caregiver Alcohol and/or Drug Use</b> <i>This item indicates whether the identified caregiver's uses of drugs and/or alcohol interferes with their parenting roles and responsibilities. Concern about a possible substance use problem would be rated a '1'. For example, if mom and dad disagree that dad's drinking impacts the family, you might rate dad as a '1' until that time you can reach a shared vision by specifying what needs to happen to get mom and dad on the same page with regard to understanding the role of dad's drinking. Of course, if mom says that if dad doesn't stop drinking, she's moving out, that would make Substance Use a '2' or perhaps even a '3' for dad depending on the specific circumstances.</i>
0	No problems with alcohol or drug use. Caregiver has no signs of any notable substance abuse problems.
1	Mild problems associated with alcohol or drug use. Caregiver may have mild problems with work or home life that result from occasional use of alcohol or drugs.
2	Moderate problems associated with alcohol or drug use. Caregiver has a diagnosable substance-related disorder that interferes with his/her life.
3	Significant difficulties with alcohol or drug dependence. Caregiver is currently addicted to either alcohol or drugs or both.

<b># 20</b>	<b>Caregiver Post-Traumatic Reactions</b> <i>This rating describes post-traumatic reactions faced by parent/caregiver, including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.</i>
0	Caregiver has not experienced any significant trauma or has adjusted to traumatic experiences without notable post-traumatic stress reactions.
1	Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide child care.
2	Caregiver has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide child care. Caregiver may have nightmares or flashbacks of the trauma.
3	Caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact the caregiver's ability to provide child care. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

<b># 21</b>	<b>Knowledge of Child</b> <i>This item describes whether or not the family leadership understand and/or accepts the needs of the family and, perhaps, specific children. Differences of opinion regarding the presence or absence of a need between parents and professionals can be challenging because it can be difficult to know how has the more accurate understanding. However when discrepancies exist that should result in a rating of at least a '1' to indicate that some sorting out should take place so that everyone is on the same page.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

<b># 22</b>	<b>Organization</b> <i>This rating should be based on the ability of the parent/caregiver to participate in or direct the organization of the household, services, and related activities. Parents who need help organizing themselves and/or their family would be rated a '2' or '3'.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

<b># 23</b>	<b>Physical Health</b> <i>Physical health includes medical and physical challenges faced by the parent/caregiver(s). For example a single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'.</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

<b># 24</b>	<b>Developmental</b> <i>This item describes the parent/caregiver's developmental status in terms of low IQ, intellectual disability or other developmental disabilities that impact his/her ability to care for child. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here. Rating on this item should be restricted to the identification of developmental disabilities (i.e. intellectual disabilities and other related conditions) and does not refer to a broad spectrum of developmental issues (e.g. aging is <b>not</b> rated here).</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

<b># 25</b>	<b>Accessibility to Child Care Services</b> <i>This item refers to the caregiver's access to appropriate child care for young children.</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

<b># 26</b>	<b>Family Stress</b> <i>This item rates the impact of the managing the child's needs on the caregiver(s). A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress. Historically, this item was referred to as a burden in that raising a child with many needs can weigh on the family.</i>
0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

<b># 27</b>	<b>Educational Attainment</b> <i>This rates the degree to which the individual has completed his/her planned education.</i>
0	Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

<b># 28</b>	<b>Legal</b> <i>This item indicates the individual's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.</i>
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but currently is not involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3	Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

<b># 29</b>	<b>Safety</b> <i>This item describes whether individuals in the home or who have access to the home present a danger to the youth(s). This item does not describe situations in which the caregiver is unable to prevent a child from hurting his/herself despite well-intentioned efforts. This describes the caregiver's ability or willingness to appropriately protect the child from potential harm. If a child is involved with child welfare, the minimal rating would be a '1'. A '2' or '3' on this item requires child protective services involvement.</i>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood that might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

# CAREGIVER ADVOCACY STATUS

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

<b># 30</b>	<b>Knowledge of Service Options</b> <i>This item is generally less controversial since professionals are generally seen as more knowledgeable regarding these options and thus better able to identify challenges with family leadership in this area. This item does not simply refer to knowledge of whether or not options exist but also includes whether or not the options that the family leadership is asking for is a good fit for the needs of their child. For example, a family who is pushing for the residential placement of a child when that child's needs are not sufficiently complex to warrant out of community treatment would be described on this item.</i>
0	Caregiver(s) has strong understanding of service options.
1	Caregiver(s) has an understanding of service options but may still require some help in learning about certain aspects of these services.
2	Caregiver(s) require assistance in understanding service options.
3	Caregiver(s) require substantial assistance in identifying and understanding service options.

<b># 31</b>	<b>Knowledge of Rights and Responsibilities</b> <i>This item requires a technical understanding of family rights and responsibilities that is likely somewhat different in different jurisdiction and sectors. Resolution of any need describe on this item is primarily educational.</i>
0	Caregiver(s) has strong understanding of rights and responsibilities.
1	Caregiver(s) has understanding of rights and responsibilities but may still require some help in learning about certain aspects of these needs.
2	Caregiver(s) require assistance in understanding rights and responsibilities.
3	Caregiver(s) require substantial assistance in identifying and understanding rights and responsibilities.

<b># 32</b>	<b>Ability to Listen</b> <i>Family advocates will tell you that the first step to becoming an effective advocate for your child is to learn to listen to what professionals are telling you before you try to change their minds on any issue. Listening can be extremely difficult when you are hearing your child described in a negative light. However, it is an important skill to sit and listen even when the news is hard to take and even when you are convinced that the person speaking is absolutely wrong. Talking over people, not letting people finish their thoughts become problematic when it comes your turn to speak.</i>
0	Caregiver(s) is able to listen carefully and understand both good and bad news regarding family and child issues.
1	Caregiver(s) has listening skills but sometimes struggles to hear either good or bad news regarding family and child issues.
2	Caregiver(s) requires help learning to listen effectively.
3	Caregiver(s) requires substantial help learning to listen effectively.



<b># 33</b>	<b>Ability to Communicate</b> <i>The foundation of advocacy is being able to effectively communicate your family's needs so that the system will address them. Communication is fundamental. The FAST can be seen as a strategy to help develop exactly what family leadership needs to communicate to the system so that their family's needs are effectively addressed. Teaching parents and family leaders to being able to communicate effectively with professionals is an important goal in advocacy development.</i>
0	Caregiver(s) is able to express feeling and thoughts effectively with regard to family and child issues. Others hear, understand, and respond.
1	Caregiver(s) is able to express feeling and thoughts but sometimes struggle to express these so that others can listen and/or understand.
2	Caregiver(s) requires help learning to express feelings and thoughts effectively with regard to family and child issues.
3	Caregiver(s) requires substantial help learning to express feelings and thoughts effectively with regard to family and child issues.

<b># 34</b>	<b>Natural Supports</b> <i>These are unpaid others that help a family out. The existing body of research in system of care indicates that this is the single hardest aspect of wraparound philosophy to develop. However, it is also one of the most powerful aspects of intensive community-based intervention. The concept of natural supports comes from the African parable that 'it takes a village' to raise a child. Paid individuals only count as natural supports if it is someone who would remain involved with the family even if they were not receiving a check.</i>
0	Caregiver(s) has substantial natural supports to assist in addressing most family and child needs.
1	Caregiver(s) has natural supports but some limitations exist whereby these supports are insufficient to address some family and child needs.
2	Caregiver(s) has limited natural supports.
3	Caregiver(s) has no natural supports.

<b># 35</b>	<b>Satisfaction with Youth's Living Arrangement</b> <i>This item refers to the caregiver's satisfaction with the current living arrangement of any youth identified with needs. If a youth lives at home this describes the caregiver's desire to maintain this placement.</i>
0	Caregiver(s) is pleased with identified youth's current living arrangement.
1	Caregiver(s) is satisfied with identified youth's current living arrangement, although some improvements could be made.
2	Caregiver(s) believes a change in living arrangement is desirable.
3	Caregiver(s) believes an immediate change in living arrangement is required.

<b># 36</b>	<b>Satisfaction with Youth's Education Arrangement</b> <i>This item describes the degree to which the caregiver is satisfied with the education placement of children in the family.</i>
0	Caregiver(s) is pleased with identified youth's current educational arrangement.
1	Caregiver(s) is satisfied with identified youth's current educational arrangement, although some improvements could be made.
2	Caregiver(s) believes a change in educational arrangement is desirable.
3	Caregiver(s) believes an immediate change in educational arrangement is required.

<b># 37</b>	<b>Satisfaction with Services Arrangement</b> <i>This item refers to the degree to which the caregiver is satisfied with any services (or lack thereof) for children in his/her care.</i>
0	Caregiver(s) is pleased with identified youth's current services arrangement.
1	Caregiver(s) is satisfied with identified youth's current services arrangement, although some improvements could be made.
2	Caregiver(s) believes a significant change in services arrangement is desirable.
3	Caregiver(s) believes an immediate and significant change in services arrangement is required.

# YOUTH'S STATUS

In your family, you have at least one person under the age of 18. The following section is used to describe EACH of these family members individually. Again use the scoring sheet provided to describe each youth separately.

<b># 38</b>	<b>Relationship with Biological Mother</b> <i>This item is exclusively about the current status of a child's relationship with his/her biological mom. If the biological mother is deceased or if the parental rights are terminated and the child will have no contact with the biological mother, then this item would be rated a '0' as it will not impact your planning process. However, even if parental rights are terminated if the child currently has a relationship or seeks to restore a relationship with his/her biological mother, then a higher rating would be used depending on the specific circumstances.</i>
0	Adaptive relationship. Youth has a generally positive relationship with biological mother. The youth appears to have formed a secure attachment, and can turn to mother for security, comfort or guidance.
1	Mostly adaptive relationship. Youth has a somewhat positive relationship with biological mother. The youth appears to have mild attachment problems that interfere with his/her ability to turn to mother for security, comfort, or guidance.
2	Limited adaptive relationship. Youth has a somewhat negative relationship with biological mother. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to mother for security, comfort, or guidance.
3	Significant difficulties with relationships. Youth has no ongoing relationship with his/her biological mother. The Youth appears to have severe attachment problems.

<b># 39</b>	<b>Relationship with Biological Father</b> <i>This item is exclusively about the current status of a child's relationship with his/her biological father. If the biological father is deceased or disappeared or if the parental rights are terminated and the child will have no contact with the biological father, then this item would be rated a '0' as it will not impact your planning process. However, even if parental rights are terminated if the child currently has a relationship or seeks to restore a relationship with his/her biological father, then a higher rating would be used depending on the specific circumstances.</i>
0	Adaptive relationship. Youth has a generally positive relationship with biological father. The youth appears to have formed a secure attachment, and can turn to father for security, comfort, or guidance.
1	Mostly adaptive relationship. Youth has a somewhat positive relationship with biological father. The youth appears to have mild attachment problems that interfere with his/her ability to turn to father for security, comfort, or guidance.
2	Limited adaptive relationship. Youth has a somewhat negative relationship with biological father. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to father for security, comfort, or guidance.
3	Significant difficulties with relationship. Youth has no ongoing relationship with his/her biological father. The youth appears to have severe attachment problems.

<b># 40</b>	<b>Relationship with Primary Caregiver (if not biological mother or father)</b> <i>This item is designed to allow the description of the relationship the child has to whomever his/her primary caregiver is. If the primary caregiver is either the bio mother or father (or both) then the ratings would be the same.</i>
0	Adaptive relationship. Youth has a generally positive relationship with primary caregiver. The youth appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.
1	Mostly adaptive relationship. Youth has a somewhat positive relationship with primary caregiver. The youth appears to have mild attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort, or guidance.
2	Limited adaptive relationship. Youth has a somewhat negative relationship with primary caregiver. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort, or guidance.
3	Significant difficulties with relationship. Youth has no ongoing relationship with his/her primary caregiver. The youth appears to have severe attachment problems.

<b># 41</b>	<b>Relationships with Other Adult Family Members</b> <i>Sometimes children have poor relationship with parents but have positive relationship with other adults in the family. The reverse also can be true where the child is having significant conflict with other adults but has a strong positive relationship with parents. This item captures whether any challenges exist among all of these relationships.</i>
0	Adaptive relationships. Youth is able to have predominately positive relationships with other adult family members and is able to participate in conflict resolution with them.
1	Mostly adaptive relationships. Youth is able to have generally positive relationships with other adult family members. At times, conflicts may occur and linger between them but eventually are resolved.
2	Limited adaptive relationships. Youth is only able to have peripheral relationships with other adult family members or the relationships are strained.
3	Significant challenges with relationships. Adult family members are available emotionally and practically, but the youth is unable to have relationships with them.

<b># 42</b>	<b>Relationship with Siblings</b> <i>In the Family Together section it possible to describe whether challenges exist among brothers and sisters, with this item, it is possible to better identify which children are having these challenges. So for the individual child described, the question is whether or not they have having any problems in their relationship(s) with siblings.</i>
0	Adaptive relationships. Youth is able to have predominately positive relationships with siblings and is able to participate in conflict resolution with them.
1	Mostly adaptive relationships. Youth is able to have generally positive relationships with siblings. At times, conflicts may occur and linger between them but eventually are resolved.
2	Limited adaptive relationships. Youth is only able to have peripheral relationships with siblings or the relationships are strained.
3	Significant challenges with relationships. Siblings are available emotionally and practically but the youth is unable to have relationships with them.

<b># 43</b>	<b>Health Status</b> <i>This item is an indicator for any medical or physical challenges with the child. A '2' would be used to indicate a chronic health problem or physical challenge. A '3' would be used to indicate a life threatening health problem or a physical challenge that prevents functioning in at least one life domain.</i>
0	Good health. Youth is in generally good physical health.
1	Adequate health. Youth gets sick more often than peers, but the health problems do not interfere with his/her general functioning.
2	Fair health. Youth has some health problems that interfere with his/her functioning.
3	Significant health challenges. Youth has significant health problems that may be chronic or life threatening.

<b># 44</b>	<b>Mental Health Status</b> <i>This item is an indicator of any behavioral and emotional challenge with the child. Any mental health need would be indicated here regardless of its specific symptom presentation. So, this item combines depression, anxiety, or disruptive behavior into a single indicator of any need to connect with specialty mental health treatment.</i>
0	No mental health challenges. Youth has no signs of any notable mental health problems.
1	Mild mental health challenges. Youth may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated.
2	Moderate mental health challenges. Youth has a diagnosable mental health problem that interferes with his/her functioning.
3	Significant challenges with mental health. Youth has a serious psychiatric disorder.

<b># 45</b>	<b>Adjustment to Trauma</b> <i>This item describes problems associated with traumatic life events. Traumatic events may include sexual abuse, physical abuse, emotional abuse, medical trauma, natural disasters, or witnessing violence or criminal activity.</i>
0	Child has not experienced any significant trauma or has adjusted well to traumatic experiences.
1	Child has experienced traumatic event and is not demonstrating symptoms, or there are mild changes in the child's behavior that are controlled by caregiver.
2	Clear evidence of adjustment problems associated with traumatic life events. Adjustment is interfering with child's functioning in at least one life domain.
3	Clear evidence of debilitating level of trauma symptoms or symptoms of Post-Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

<b># 46</b>	<b>Cognitive Skills</b> <i>This item is used as an indicator of intellectual or developmental challenges that might limit the child's executive functioning. Another words, the presence of challenges with cognitive skills requires both specific intervention but also accommodation with other interventions to ensure that the learning style and developmental status of the child is fully understood.</i>
0	Good. Youth meets or exceeds all cognitive developmental milestones.
1	Adequate. Youth is close to meeting all cognitive developmental milestones.
2	Fair. Youth has some problems with immaturity or delay in meeting developmental milestones.
3	Significant difficulties with cognitive development. Youth has intellectual disabilities.

<b># 47</b>	<b>Self-Regulation Skills</b> <i>With small children regulation is often physiological and as children mature self-regulation shifts to emotional regulation. Challenges with self-regulation is often an effect of significant trauma experiences but other pathways can be relevant such as developmental disorders. When a child struggles to self-regulate in a developmentally appropriate manner, then problems often occur with either emotions or behavior.</i>
0	Good. Youth has mature self-regulation. Youth is able to self-soothe, function independently and effectively structure free-time.
1	Adequate. Youth is generally able to self-regulate in an age-appropriate way.
2	Fair. Youth has some difficulties with self-regulation.
3	Significant difficulties with self-regulation. Youth is unable to manage him/herself in a developmentally appropriate way.

<b># 48</b>	<b>Interpersonal Skills</b> <i>This item describes whether the child has challenges in his/her relational world. Depending on the child's age, problems with misperception, empathy, or difficult interacting, or making friends, or parallel play would be rated here.</i>
0	Good. Youth has excellent, mature relationship skills.
1	Adequate. Youth has good, developmentally appropriate relationship skills.
2	Fair. Youth has some difficulties with social skills and friendship development and/or maintenance.
3	Significant difficulties. Youth has significant difficulties with social skills and friendship development.

<b># 49</b>	<b>Educational Status</b> <i>This item is a global indicator of whether the child's school experience is working well. Any challenges with education would be identified here including problems with behavior, attendance or achievement. If the youth has completed his/her schooling then use '0'. If youth has dropped out without completing then use a '3'.</i>
0	Good educational functioning. Youth is meeting or exceeding educational expectation at an age-expected grade level.
1	Adequate educational functioning. Youth is mostly meeting educational expectations at an age-expected grade level.
2	Fair educational functioning. Youth is performing below educational expectations and/or requires a specialized educational setting in order to learn at an adequate level.
3	Significant difficulties with educational functioning. Youth has significant educational problems including some behavioral problems related to academic difficulties (chronic truancy, suspensions, expulsions, being held back, etc.). Youth may be placed in a specialized educational setting but remains unable to learn at an adequate level.

# **CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

ARKANSAS

COMPREHENSIVE MULTISYSTEM ASSESSMENT

For Children 0 thru 4

## **Manual**



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**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)  
ARKANSAS  
COMPREHENSIVE MULTISYSTEM ASSESSMENT  
For Children 0 thru 4 Years**

A large number of individuals have collaborated in the development of the CANS-Comprehensive. 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-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

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# INTRODUCTION

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

## Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the 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 child 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 “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.



## Action Levels for “Need” Items

**0 – No Evidence of Need** – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

**1 - Watchful Waiting/Prevention** – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behaviour is past behaviour, and that such behaviour may recur under stress, so we would want to keep an eye on it from a preventive point of view.

**2 - Action Needed** – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth’s or family’s life in a notable way.

**3 - Immediate/Intensive Action Needed** – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a “3” on the relevant need.

## Action Levels of “Strengths” Items

**0 - Centerpiece Strength.** This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

**1 - Useful Strength.** This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

**2 - Identified Strength.** This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

**3 - No Strength Identified.** This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

## Action Levels of “Trauma” Items:

The following items should be scored based on LIFETIME exposure to Trauma or adverse childhood experiences. For the Trauma domain, the following rating scale is used:

**No**-No evidence of any trauma of this type for the lifetime of the child

**Yes**-There is evidence of trauma of this type during the lifetime of the child

**Suspected**-There is reason to suspect that Trauma of this type may have occurred at some point in this child’s life (there may have been unconfirmed allegations or there may be behavioral indications).

# CHILD STRENGTHS

# 1	<p><b>FAMILY-NUCLEAR</b> <i>This item refers to the presence of a nuclear 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.</i></p> <p><i>As with Family Functioning Items, the definition of family comes from the child's perspective (i.e., who the child describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological siblings and parents. If the child is in the child welfare system and parental rights continue, rate the biological family.</i></p>
0	Significant family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child is full included in family activities.
1	Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
2	Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.

# 2	<p><b>FAMILY—EXTENDED</b> <i>This item refers to the presence of a extended 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.</i></p> <p><i>As with Family Functioning Items, the definition of family comes from the child's perspective (i.e., who the child describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological aunts and uncles, cousins, and grandparents. If the child is in the child welfare system and parental rights continue, rate the biological family.</i></p> <p><i>Extended family relationships can be of tremendous value to a child because of the support that this gives their primary caregiver and the child's own valuable experience of a positive relationship with another adult figure.</i></p>
0	Family has strong relationships and excellent communication.
1	Family has some good relationships and good communication.
2	Family needs some assistance in developing relationships and/or communications.
3	Family needs significant assistance in developing relationships and communications or child has no identified family.

# 3	<b>INTERPERSONAL</b> <i>This strength indicates long standing relationship making and maintaining skills.</i>		
	<b>Evidence of Interpersonal Skills in Children</b> (Cornett, 2011)		
	<b>Interpersonal Skills in Infants</b>	<b>Interpersonal Skills in Toddlers</b>	<b>Interpersonal Skills in Preschoolers/School Age</b>
	<i>Smiles</i>	<i>Reactions to Others are Synchronous</i>	<i>Prefers Peers</i>
	<i>Establishes Eye Contact</i>	<i>Acknowledges New People with Gestures and/or Words</i>	<i>Initiates Conversation with Adults</i>
	<i>Imitates Others</i>	<i>Establishes Appropriate Eye Contact</i>	<i>Accepts Praise</i>
	<i>Initiates Physical Contact</i>	<i>Develops Awareness of Social Boundaries</i>	<i>Shares Successes</i>
	<i>Laughs</i>	<i>Responds to Humor</i>	<i>Develops Appropriate Interpretations of Social Cues</i>
0	Significant interpersonal strengths. Child has a prosocial or —easy temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.		
1	Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him-or herself.		
2	Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or —if still an infant-child may have a temperament that makes attachment to others a challenge.		
3	This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.		

# 4	<b>TALENTS/INTERESTS</b> <i>This item refers to hobbies, skills, artistic interests and talents that are positive ways that kids can spend time and also gives them pleasure and a positive sense of themselves.</i>
0	Child has a talent that provides him/her with pleasure and/or self- esteem.
1	Child has a talent, interest, or hobby with the potential to provide him/her with pleasure and self-esteem.
2	Child has identified interests but needs assistance converting those interests into a talent or hobby.
3	Child has no identified talents, interests or hobbies.

# 5	<b>SPIRITUAL/RELIGIOUS</b> <i>This item refers to the individual (and family's) experience of receiving comfort and support from religious or spiritual involvement.</i>
	<i>This is the most controversial item in the category of individual strengths in terms of peoples' comfort levels. For example, case worker took the individual she worked with to her church, while another refused to even discuss the topic as she thought it was not her business. A "0" on this item indicates that the individual's and families' spiritual/religious beliefs and practices are a comfort and significant source of support. For example, an individual who is very involved in her church individual group and gives her a source of belonging and in which she has many friends.</i>
0	Child receives comfort and support from religious and/or spiritual beliefs and practices.
1	Child is involved in a religious community whose members provide support.
2	Child has expressed some interest in religious or spiritual belief and practices.
3	Child has no identified religious or spiritual beliefs or interest in these pursuits.

<b># 6</b>	<b>RELATIONSHIP PERMANENCE</b> <i>This rating refers to the stability of significant relationships in the child's life. Significant relationships likely include family members, but may also include other individuals. This item identifies whether parents or other relatives have been a consistent part of the child's life regardless of the quality of that relationship.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.

<b># 7</b>	<b>NATURAL SUPPORTS</b> <i>Refers to unpaid helpers in the child's natural environment. All family members and paid care givers are excluded.</i>
0	Child has significant natural supports who contribute to helping support the child's healthy development.
1	Child has identified natural supports that provide some assistance in supporting the child's healthy development.
2	Child has some identified natural supports however they are not actively contributing to the child's healthy development.
3	Child has no known natural supports (outside of family and paid caregivers).

<b># 8</b>	<p><b>ADAPTABILITY</b> <i>This item rates how the child reacts to new situations or experiences, as well as how s/he responds to changes in routines.</i></p> <p><b>For Infants:</b></p> <ul style="list-style-type: none"> <li>• <i>How would you describe your infant's bedtime routine?</i></li> <li>• <i>How does your infant respond to interruptions in his/her day, such as getting a diaper changed or getting into a car seat?</i></li> <li>• <i>How does your infant respond when a stranger visits?</i></li> <li>• <i>How does your infant respond when s/he goes to a familiar child care setting or has a familiar babysitter take care of him/her?</i></li> </ul> <p><b>For Toddlers/Preschoolers:</b></p> <ul style="list-style-type: none"> <li>• <i>Does your child resist changes in his/her routine? If so, how?</i></li> <li>• <i>If your child becomes ill or stressed, do you notice changes or setbacks in his/her abilities?</i></li> <li>• <i>How does your child react if a routine is suddenly changed?</i></li> <li>• <i>How does your child respond when s/he goes to a familiar child care or preschool setting OR when s/he has to leave that setting to come home?</i></li> </ul>
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

# 9	<p><b>PERSISTENCE</b> <i>This item rates the child's ability to keep trying a new task/skill, even when it is difficult for him/her.</i></p> <p><b>For Infants:</b></p> <ul style="list-style-type: none"> <li>• <i>Will your infant keep trying a difficult skill, such as rolling over or walking, or does s/he give up easily?</i></li> <li>• <i>Does your infant usually want you nearby when trying a difficult task?</i></li> <li>• <i>When does your infant show frustration?</i></li> <li>• <i>Does your infant cry when frustrated?</i></li> </ul> <p><b>For Toddlers/Preschoolers:</b></p> <ul style="list-style-type: none"> <li>• <i>Will your child keep trying a difficult skill, such as tying shoelaces, or does s/he give up easily?</i></li> <li>• <i>Does your child avoid activities that cause him/her frustration?</i></li> <li>• <i>Does your child have temper tantrums easily when frustrated?</i></li> <li>• <i>Does your child require or ask for much adult help when trying a new task?</i></li> <li>• <i>Has learning new skills been a challenge for your child?</i></li> </ul>
0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
1	Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
2	Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
3	Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

## LIFE DOMAIN FUNCTIONING

<b># 10</b>	<b>FAMILY--NUCLEAR</b> <i>This item rates how the child is functioning within his/her nuclear family. Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive parents and/or siblings with whom the child has contact as the definition of nuclear family. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan.</i>
0	Child is doing well in relationships with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with parents and siblings. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents and siblings. This would include problems of domestic violence, constant arguing, etc.

<b># 11</b>	<b>FAMILY—EXTENDED</b> <i>This item rates how the child is functioning within his/her extended family. Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive grandparents, aunts and uncles, and cousins with whom the child has contact as the definition of extended family. Foster families should only be considered if they have made a significant commitment to the child. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan.</i>
0	Child is doing well in relationships with extended family members.
1	Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc.

<b># 12</b>	<b>LIVING SITUATION</b> <i>This item refers to the functioning of the child within their current living arrangement. When the child is potentially returning to biological parents, this item is rated independent of the Family Functioning items. When the child lives with biological parents this item is rated the same as the Family Functioning item. Hospital and shelters do not count as “living situations”. If a child is presently in one of these places, rate the previous living situation.</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child’s behavior in living situation.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

<b># 13</b>	<b>SLEEP</b> <i>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. Bedwetting and nightmares should be considered a sleep issue. The child must be 12 months of age or older to rate this item.</i>
0	Child gets a full night’s sleep each night.
1	Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
2	Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.
3	Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.

<b># 14</b>	<b>SOCIAL FUNCTIONING</b> <i>This item rates the child's current social and relationship functioning. This includes age appropriate behavior and the ability to make and maintain relationship. When rating this item, consider the child's level of development. For example, can an infant engage with and respond to adults? Does a toddler interact positively with peers and caregivers?</i>
0	Child has positive adult social relationships. (No evidence of social or problems in social functioning.)
1	Child is having some minor problems in adult social relationships
2	Child is having some moderate problems with his/her social relationships with adults.
3	Child is experiencing severe disruptions in his/her social relationships with adults.

<b># 15</b>	<b>DEVELOPMENTAL*</b> <i>This item rates the presence of an Intellectual Disability or Developmental Disabilities and does not refer to broader issues of healthy development. All developmental disabilities occur on a continuum; a child with Autism may be designated a 0, 1, 2, or 3 depending on the significance of the disability and the impairment.</i>
0	Child has no problems in cognitive, communication, social or motor development.
1	There are some concerns that child may have a low IQ or possible delay in communication, social-emotional or motor development.
2	Child has mild intellectual disabilities and/or developmental delays in one or more areas (communication, social-emotional, motor).
3	Child has moderate or profound intellectual disabilities and/or severe delays in multiple areas of development.

*\*Triggers Developmental Module*

<b># 16</b>	<b>COMMUNICATION</b> <i>This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations. This item refers to learning disabilities involving expressive and/or receptive language. This item does not refer to challenges expressing feelings.</i>
0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

<b># 17</b>	<b>CULTURAL*</b> <i>This item identifies cultural differences regarding child development and child rearing practices between the family and majority cultural values. Different child developmental beliefs and rearing practices which are not usually accepted, but not putting the child at risk, are rated '1'. When the family's child rearing practices are considered to be problematic for the child, rate the item '2'. If the family's child rearing culture is considered to be neglectful or abusive by the majority culture, rate the item '3'.</i>
0	Child and family are acculturated. No evidence of any needs relative to culture.
1	Child and/family have some cultural differences from their primary environment that have created challenges in the past or might lead to future challenges.
2	Child and/or significant family members have notable cultural differences from their primary environment that currently lead to functional problems.
3	Child and/or significant family members have notable cultural differences with their primary environment that are causing profound difficulties for the child and/or family.

*\*Triggers Acculturation Module*

<b># 18</b>	<b>MEDICAL</b> <i>This item rates the child's current health status. Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated as a '2'. The rating of '3' is reserved for life threatening medical conditions.</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

<b># 19</b>	<b>PHYSICAL HEALTH</b> <i>This item is used to identify any physical limitations and could include chronic physical conditions such as limitations in vision or hearing or difficulties with fine or gross motor functioning. A child may have physical limitations that are not identified as a medical condition. A child may have physical limitations related to poor nutrition. A child may not have a medical condition but appears tired, reports feeling badly or misses school frequently.</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

<b># 20</b>	<b>DAILY FUNCTIONING</b> <i>This item is used to describe the individual's ability to do relevant activities of daily living.</i>
0	Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group.
1	Child shows mild or an occasional problem in self-care skills for his/her age, but is generally self-reliant.
2	Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group.
3	Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for his/her age group.



## REGULATORY FUNCTIONING

<b># 21</b>	<b>EATING</b> <i>Any challenges with eating would be rated here. For example, eating difficulties are present when infant/child does not have a regular schedule, demonstrates distress around feeding, and refuses to eat a variety of textures. Difficulty swallowing or other types of physical challenges that interfere with eating would also be rated here.</i>
0	No evidence of problems related to eating.
1	Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.
2	Moderate problems with eating are present and impair the child's functioning. Infants may be finicky eaters, spit food or overeat. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat.
3	Severe problems with eating are present putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area.

<b># 22</b>	<b>ELIMINATION</b> <i>Any challenges with urination or defecation would be rated here. . Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.</i>
0	There is no evidence of elimination problems.
1	Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
2	Infant/child demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.
3	Infant/child demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed.

## PRESCHOOL/DAYCARE

<b># 23</b>	<b>PRESCHOOL/DAYCARE BEHAVIOR</b> <i>This item rates the child's behavior in day care or preschool. This is rated independently from attendance. Sometimes children are often absent but when they are in school they behave appropriately. If the child's behavior is disruptive and multiple interventions have been tried, rate this item '2'. If the day care/preschool placement is in jeopardy due to behavior, this would be rated a '3'</i>
0	Child is behaving well in pre/school/daycare.
1	Child is behaving adequately in preschool/daycare although some behavior problems exist. Child may have a history of behavioral problems.
2	Child is having moderate behavioral problems at preschool/daycare. He/she is disruptive and may have received sanctions including suspensions.
3	Child is having severe problems with behavior in preschool/school. He/she is frequently or severely disruptive. Preschool/daycare placement may be in jeopardy due to behavior.

<b># 24</b>	<b>PRESCHOOL/DAYCARE QUALITY</b> <i>This item rates the overall quality of the preschool or day care as well as the ability of the program to meet the needs of the child within a larger care giving context.</i>
0	Infant/child's preschool/daycare meets the needs of the infant/child.
1	Infant/child's preschool/daycare is marginal in its ability to meet the needs of the infant/child. Caregivers may be inconsistent or curriculum may be weak in areas.
2	Infant/child's preschool/daycare does not meet the needs of the infant/child in most areas. Care giving may not support the child's growth or promote further learning.
3	The infant/child's preschool/daycare is contributing to problems for the infant/child in one or more areas.

<b># 25</b>	<b>PRESCHOOL/DAY CARE ACHIEVEMENT</b> <i>This item rates the child's level of developmentally appropriate achievement</i>
0	Child is doing well acquiring new skills.
1	Child is doing adequately acquiring new skills with some challenges. Child may be able to compensate with extra adult support.
2	Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.
3	Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

<b># 26</b>	<b>PRESCHOOL/DAYCARE ATTENDANCE</b> <i>This item assesses the degree to which the child attends preschool or day care.</i>
0	Child attends preschool/daycare regularly.
1	Child has some problems attending preschool/daycare but generally is present. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least two days each week on average.
3	Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine.

<b># 27</b>	<b>SPECIAL EDUCATION</b> <i>This item describes the involvement of the child/youth with Special Education services</i>
0	The child/youth is not involved with Special Education services.
1	The child/youth has been referred for an evaluation for Special Education services
2	The child/youth is receiving Special Education services.
3	The child/youth is not responding to current Special Education services.

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

# 28	<p><b>ATTACHMENT</b> <i>Attachment refers to the special relationship between a child and their caregiver that is established within the first year of life. As the infant experiences getting their needs met throughout the first months of life they begin to associate gratification and security within the care-giving relationship. This ultimately leads to feelings of affection and by 8 months of age an infant will typically exhibit preference for the primary caregiver. An infant that does not experience their needs being met or responded to in a consistent and predictable pattern will typically develop an insecure pattern of attachment.</i></p> <p><i>The benefits of a secure attachment have been researched significantly and are far reaching. Secure attachment between a child and their caregiver promotes positive development in self-esteem, independence and autonomy, impulse control, conscience development, long-term friendships, prosocial coping skills, relationships with caregivers and adults, trust, intimacy and affection, empathy, compassion, behavioral and academic performance and the ability to form secure attachments with their own children when they become adults (Levy, 1998).</i></p>
0	No evidence of problems with attachment.
1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
3	Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.

# 29	<p><b>IMPULSIVITY/HYPERACTIVITY</b> <i>This item refers to both a child's ability to control impulses as well as his/her activity level. Both of these areas need to be considered as problematic, rated a '2', only when it impairs functioning, is observed in more than one setting and is outside the realm of what is considered normal for the child's age and development. Both of these behaviors may result in disruptions in relationships and interference with the development of new skills if problematic. A '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.</i></p>
0	No evidence
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.

<b># 30</b>	<b>FAILURE TO THRIVE</b> <i>This item rates the presence of problems with weight gain or growth. Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.</i>
0	No evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
2	The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75th to 25th).
3	The infant/child has one or more of all of the above and is currently at serious medical risk.

<b># 31</b>	<b>DEPRESSION</b> <i>This item refers to any symptoms of depression which may include sadness, irritable mood most of the day nearly every day, changes in eating and sleeping, and diminished interest in playing or activities that were once of interest. A rating of '2' could be a two year old who is often irritable, does not enjoy playing with toys as s/he used to, is clingy to his/her caregiver, and is having sleep issues.</i>
0	No evidence
1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

<b># 32</b>	<b>ANXIETY</b> <i>This item describes the child's level of fearfulness, worrying or other characteristics of anxiety.</i>  <i>A child that is preoccupied with worries or fears may experience significant challenges in their ability to relate to others, accept support and nurturing from others and focus on growth and development. Beyond this, a caregiver that is attempting to assist a child that is anxious is also challenged in their task of being responsive and supportive to their child. This experience may interfere with the attachment relationship making the parent feel inadequate in meeting their child's needs. In the worst case scenario, a parent may reject or withdraw from their child to protect themselves from the negative feelings of perceived rejection.</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

# 33	<p><b>OPPOSITIONAL</b> <i>This item is intended to capture how the child relates to authority. Oppositional behavior refers to reactions towards adults, not peers. The child should be 3 years of age or older to rate this item.</i></p> <p><i>Oppositional behavior is a significant concern for parents, teachers and caregivers. It is one of the most common reasons for referral for a mental health assessment. Behavioral difficulties may range from significant to mild and may interfere with a child's functioning in varying ways. In determining how to rate this item it is important to remember that etiology or cause is not a factor in the rating. Although a child may be experiencing ineffective parenting to explain oppositional behavior, oppositional behavioral may still be present. Oppositional behavior refers to reactions towards adults, not peers.</i></p> <p style="text-align: center;"><b>Characteristics of Oppositional Behavior in Preschoolers</b></p>	
	<p><i>Presence of "hostile defiance" rather than attempts to negotiate or avoid punishment</i>  <i>Consistent pattern of refusal to comply with adult requests</i></p>	<ul style="list-style-type: none"> <li>• <i>Temper tantrums</i></li> <li>• <i>Often loses temper</i></li> <li>• <i>Often argues with adults</i></li> <li>• <i>Is often angry or vindictive</i></li> <li>• <i>Blames others for mistakes</i></li> <li>• <i>Annoys or provokes others</i></li> </ul>
0	No evidence	
1	History or recent onset (past 6 weeks) of defiance towards authority figures.	
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.	
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.	

# 34	<p><b>ADJUSTMENT TO TRAUMA</b> <i>This item covers the child's reaction to any of a variety of traumatic experiences—such as emotional, physical, or sexual abuse, disasters, neglect, separation from family members, witnessing violence, or the victimization or murder of family members or close friends.</i></p> <p><i>This item should be rated 1 to 3 for young children who have been exposed to a potentially traumatic event in the past or who are exhibiting any symptoms related to a traumatic or adverse experience in their past. The item allows you to rate the overall severity of the broad range of symptoms the child may be experiencing.</i></p>	
	<p>0 Child has not experienced any trauma.</p>	
1	Child has some mild adjustment problems to separation from parent(s) or other caregivers or as a result of earlier abuse. A preverbal child may experience some regression in toileting or sleep behaviors, and a verbal child may be somewhat distrustful or unwilling to talk about parent(s) or other caregivers.	
2	Child has marked adjustment problems associated either with separation from parent(s) or other caregivers, or prior abuse. Symptoms may include intrusive thoughts, hyper vigilance, constant anxiety, and other common symptoms or Post Traumatic Stress Disorder (PTSD).	
3	Child/adolescent functioning is severely impaired by prolonged or severe levels of grief, depression, anxiety or disturbances in conduct directly related to abuse, trauma, or stressors experienced. Frequent and debilitating flashbacks or dissociative episodes would be rated here.	

# 35	<p><b>ANGER CONTROL</b> <i>This item describes the child and youth's ability to manage his/her anger and frustration tolerance.</i></p> <p><i>The '0' level indicates a child/youth without problems on this dimension. Everybody gets angry sometime, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning.</i></p> <p><i>A '1' level is occasional angry outbursts or a situation where the individual has begun to successfully exercise control over his/her temper.</i></p> <p><i>A '2' level describes an individual who has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here.</i></p> <p><i>A '3' level describes an individual whose anger control has put them in physical peril within the rating period.</i></p>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Child's temper has gotten him/her 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	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

## CHILD RISK FACTORS

<b># 36</b>	<b>BIRTH WEIGHT</b> <i>This item rates the child's weight as compared to normal development.</i>
0	Child is within normal range for weight and has been since birth. A child 5.5 pounds or over would be rated here.
1	Child was born underweight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 3.3 pounds and 5.5 pounds would be rated here.
2	Child is considerably under weight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here.
3	Child is extremely under weight to the point of the child's life being threatened. A child with a birth weight of less than 2.2 pounds would be rated here.

<b># 37</b>	<b>PRENATAL CARE</b> <i>This item refers to the health care birth circumstances experienced by the child in utero.</i>
0	Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses.
1	Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy related illness.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness.
3	Child's biological mother had no prenatal care or had a severe pregnancy related illness.

<b># 38</b>	<b>LABOR AND DELIVERY</b> <i>This item refers to conditions associated with, and consequences arising from complications and delivery of the child.</i>
0	Child and biological mother had normal labor and delivery.
1	Child or mother had some mild problems during delivery, but child does not appear affected by problems.
2	Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother.
3	Child had severe problems during delivery that have resulted in long term implications for development.

<b># 39</b>	<b>SUBSTANCE EXPOSURE</b> <i>This item refers to the child's exposure to substance use and abuse both before and after birth.</i>
0	Child had no in utero exposure to alcohol or drugs, and there is no current exposure in the home.
1	Child had either mild in utero exposure or there is current alcohol and/or drug use in the home.
2	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy or significant use of alcohol or tobacco would be rated here.
3	Child was exposed to alcohol or drugs in utero and continues to be exposed in the home.

<b># 40</b>	<b>PARENT OR SIBLING PROBLEMS</b> <i>This item refers to how the child's parents and older siblings have done/are doing in their respective development and behavioral health.</i>
0	The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
1	The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the child has at least one healthy sibling.
2	The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.
3	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.

<b># 41</b>	<b>SELF-INJURIOUS BEHAVIOR</b> <i>This item refers to repetitive non-suicidal self- injury such as cutting, burning, face slapping, head banging and hair pulling.</i>
0	No evidence
1	History of non-suicidal self- injurious behavior
2	Engaged in non-suicidal self- injurious behavior that does not require medical attention.
3	Engaged in non-suicidal self -injurious that requires medical attention.

<b># 42</b>	<b>SEXUALLY REACTIVE BEHAVIOR</b> <i>Some children are exposed to sexual behaviors at an early stage developmentally. Since they do not know how to understand sexuality with any maturity, these children/youth sometimes act out with sexualized behavior. Sexually reactive behavior can be sexually aggressive as well as some children/youth who are sexually abused, then mirror that abuse by sexually abusing others. However, not all sexually reactive behavior is aggressive. The key to this item is understanding whether early exposure to sexual behaviors is a factor in the child/youth's current sexual behavior.</i>
0	No evidence of problems with sexually reactive behaviors.
1	Some evidence of sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here.
2	Moderate problems with sexually reactive behavior that places child at some risk. Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
3	Significant problems with sexually reactive behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

<b># 43</b>	<b>EXPLOITED</b> <i>This item is used to describe situations in which the child is victimized or exploited by others.</i>
0	Child is not being exploited and there are no current concerns that he/she might be at risk of exploitation.
1	Child is not currently being exploited but factors place the child at risk for exploitation.
2	Child is currently being exploited by one or more other people.
3	Child is currently being exploited by one or more other people and the exploitation is placing him/her at considerable risk of physical or severe psychological harm.

<b># 44</b>	<b>AGGRESSIVE BEHAVIOR</b> <i>This item rates if there have been times when the child hurt or threatened to hurt another child or adult.</i>
0	No evidence of aggressive behavior towards people or animals.
1	There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning.
2	There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed.
3	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves harm to animals or others. Caregivers have difficulty managing this behavior.

<b># 45</b>	<b>INTENTIONAL MISBEHAVIOR</b> <i>The child should be 3 years or age or older to rate this item. This item describes behavior in which the child/youth is intentionally forcing adults to sanction them in order to achieve that sanction over other possible sanctions.</i>
0	No evidence of intentional misbehavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of intentional misbehavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of intentional misbehavior. Child is intentionally engaging in problematic social behavior



	that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community.
3	Severe level of intentional misbehavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

# TRAUMA

## Characteristics of the Traumatic Experience:

*Traumatic experiences can change the way a person perceives the world. Approaches to helping people with trauma histories are different than traditional therapy. Having an accurate trauma history is vital to appropriate services being identified and often make the difference whether a case is successful.*

The following items should be scored based on LIFETIME exposure to Trauma or adverse childhood experiences. For the Trauma domain, the following rating scale is used:

No=No evidence of any trauma of this type for the lifetime of the child

Yes=There is evidence of trauma of this type during the lifetime of the child

Suspected=There is reason to suspect that Trauma of this type may have occurred at some point in this child's life (there may have been unconfirmed allegations or there may be behavioral indications).

<b># 46</b>	<b>SEXUAL ABUSE</b> <i>This item refers to trauma experienced by the individual's as a result of sexual abuse. This item includes: incest, rape, exploitation, sodomy, molestation, human trafficking, and the individual's reaction to the abuse. <b>Please rate within the lifetime</b> Please note that sexualized behavior and/or perpetrators of sexually abusive behavior are captured in other items.</i>  <i>A rating of "yes" would result in the need for further specifications of these needs through the completion of the <u>Sexual Abuse Module</u></i>
No	There is no evidence that the individual has experienced sexual abuse.
Yes	Individual has experienced sexual abuse.
Suspected	Individual may display signs of having been abused, but deny experiencing sexual abuse, or collateral contacts may report sexual abuse may have occurred, but there has been no disclosure from the individual.

<b># 47</b>	<b>PHYSICAL ABUSE.</b> <i>This item refers to trauma experienced by the individuals as a result of physical abuse. Physical abuse refers to non-accidental harm. Physical harm includes: physical injury, serious physical injury, and/or threatened physical injury. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has experienced physical abuse.
Yes	The individual has experienced physical abuse.
Suspected	The individual may have experienced physical abuse, but does not remember or denies that abuse happened. Collateral contacts may report the individual was physically abused, but there has been no disclosure from the individual.

<b># 48</b>	<b>EMOTIONAL ABUSE</b> <i>This item refers to trauma experienced by the individual as a result of emotional abuse. Also known as psychological abuse, emotional abuse involves speaking in ways to demean, shame, threaten, blame, intimidate, or unfairly criticize another. This can include derogatory remarks that effect the individual's development of self and social competence, or threatening harm, rejecting, isolating, terrorizing, ignoring, or corrupting the individual. This can lead to serious conduct, cognitive, affective or other mental disorders. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has experienced emotional abuse.
Yes	The individual has experienced emotional abuse.
Suspected	The individual shows signs of emotional abuse but (if not confirmed) either denies, does not remember or justifies (blames self) the emotional abuse. Or collateral contacts report emotional abuse happened but there has been no disclosure from the individual.

<b># 49</b>	<b>NEGLECT</b> <i>This item rates the degree of severity of neglect experienced by the individual over his lifetime. This item refers to trauma experienced by the individuals as a result of neglect. Neglect refers to a lack of proper caregiver care by reason of the fault or habits of the caregiver. Neglect includes: failure of the caregiver to provide proper or necessary sustenance, education, medical care, and/or supervision; in other words a failure of caregivers to meet the basic needs of the child. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has experienced neglect.
Yes	The individual has experienced neglect
Suspected	The individual may have experienced neglect, but (if not confirmed) does not identify as having experienced neglect, denies that it happened or does not remember. Or collateral contacts report neglect happened, but there has been no disclosure from the individual.

<b># 50</b>	<b>MEDICAL TRAUMA</b> <i>This item refers to trauma experienced by the individuals as a result of medical trauma. Medical traumatic stress refers to a set of physical and mental responses of the individual related to pain, injury, serious illness, medical procedures (minor or major surgery), hospitalization, and invasive or frightening treatment experiences. <b>Please rate within the lifetime.</b> Note, documenting actual health conditions (such as chronic diseases) are captured under the Life Domain Functioning Medical Rating; this item rates any trauma experienced as a result of the medical issue.</i>
No	There is no evidence that the individual has experienced any medical trauma.
Yes	The individual has experienced medical trauma
Suspected	The individual may have experienced medical trauma and either does not identify it as a “trauma” or may have been too young to remember. Or collateral contacts report the individual may have experienced a medical trauma, but there has been no disclosure from the individual.

<b># 51</b>	<b>NATURAL OR MAN-MADE DISASTER</b> <i>This item refers to trauma experienced by the individuals as a result of a natural or man-made disaster. This indicates that an individual has been exposed to and/or experienced an event and has unresolved issues related to that event as evident through disclosure or behavioral indicators. These events can include: earthquakes, epidemics, fires, floods, hurricanes, tornados, tsunamis, car wrecks, or other major accidents, etc. The individual has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a person may observe a caregiver who has been injured in a car accident or fire or watch his neighbor’s house burn down. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has experienced any disaster.
Yes	The individual has been affected by disaster.
Suspected	The individual may have been exposed to a disaster or witnessed the impact of a disaster on a family or friend, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced a disaster, but there has been no disclosure from the individual.

<b># 52</b>	<b>WITNESS TO FAMILY VIOLENCE</b> <i>This item refers to trauma experienced by the individuals as a result of witnessing violence in the individual’s family. Family violence includes any act that creates an atmosphere of intimidation and powerlessness in the home. Verbal arguing, physical harm, sexual harm between family members would rate here. <b>Please rate within the lifetime.</b> Note this is documenting ‘witness to’; physical abusive incidents in which the individual is the victim are captured in the Physical Abuse item.</i>
No	There is no evidence that the individual has witnessed family violence.
Yes	The individual has witnessed family violence.
Suspected	The individual may have witnessed episodes of family violence, but does not remember the incident or denies or minimizes its impact; or collateral reports say the individual experienced family violence, but there has been no disclosure from the individual.

<b># 53</b>	<b>WITNESS TO COMMUNITY VIOLENCE (INCLUDING SCHOOL VIOLENCE)</b> <i>This item refers to trauma experienced by the individual as a result of witnessing community violence, This refers to someone who has seen or been the target of acts of interpersonal violence committed by individuals who are not intimately related to the victim/witness. Some acts of community violence include (but are not limited to) sexual assault, burglary, use of weapons, muggings, the sounds of bullet shots, school violence such as fights and bullying, as well as social disorder issues such as the presence of gangs, drugs, and racial divisions. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has witnessed violence in the community or school.
Yes	The individual has witnessed violence/injury in the community or in school.
Suspected	The individual may have witnessed violence/ injury of others in their community or school, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced community violence, but there has been no disclosure from the individual.

<b># 54</b>	<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY</b> <i>This item refers to trauma experienced by the individuals as a result of witnessing or being a victim of a single or multiple criminal acts. Criminal behavior includes any behavior for which an adult could go to prison including (but not limited to) drug dealing, prostitution, assault, or battery. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has been victimized or witnessed criminal activity.
Yes	The individual has witnessed/been victim to criminal activity.
Suspected	The individual may have been a victim of criminal activity or been victimized, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced a crime, but there has been no disclosure from the individual.

<b># 55</b>	<b>WAR/TERRORISM AFFECTED</b> <i>This item refers to trauma experienced by the individuals as a result of war or terrorism. This item includes direct contact with acts of war, such as being a refugee from a war torn nation, being a returning soldier from war and/or has been a victim of acts of foreign or domestic terrorism. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has been victimized or witness war or terrorism activity.
Yes	The individual was a witness of war or terrorism activity.
Suspected	The individual may have experienced war or terrorism, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced war or terrorism, but there has been no disclosure from the individual.

<b># 56</b>	<b>DISRUPTION IN CAREGIVER</b> <i>This item refers to trauma experienced by the individuals as a result of disruption in primary caregiver. Disruptions in caregiver includes: a sudden change in the individual's primary caregiver(s) due to death, incarceration, DCFS removal, change in placement, deployment, parental abandonment and etc. Concerns related to attachment should be considered in this item. This item rates impact on life functioning due to the disruption in caregiver and is not necessarily based on the duration of the separation. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual experienced a disruption in significant caregivers.
Yes	The individual has spent time away from their primary caregivers, such as death of a parent, an episode in foster care, or incarceration of a parent.
Suspected	The individual may have experienced a disruption in primary caregiver such as a previous foster care placement or sudden abandonment, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced war or terrorism, but there has been no disclosure from the individual.

#57	<b>GRIEF AND LOSS</b> <i>This item refers to trauma experienced by the individuals as a result of grief due to the loss of someone or something to which the individual formed a bond. This may include death, divorce, incarceration, termination of parental rights, and separation from siblings. Grief or Loss can be experienced from disruptions in social ties such as a change in schools or peer groups. Age and developmental level need to be taken into account. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that individual has experienced grief or separation from significant others or things.
Yes	The individual has experienced grief due to the death or loss of a significant person or things.
Suspected	The individual may have experienced grief due to death or loss of significant persons or things, but does not remember the incident or denies or minimizes its impact; or collateral reports say the individual experienced grief and/or loss, but there has been no disclosure from the individual.

# PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS

*(If the child 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.)*

<b># 58</b>	<b>SUPERVISION</b> <i>This item refers to the parent/caregiver's ability to provide monitoring and discipline to the rated child. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. Guidance and loving supervision are among factors which promote optimal child development (CIMH, 2005).</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

<b># 59</b>	<b>PARENTING SKILLS</b> <i>This item describes the parents' ability to appropriately discipline their child/youth and apply effective parenting techniques (e.g., ability to set rules, give consequences and rewards, cohesion between parents, etc.).</i>
0	The parents/caregivers are able to appropriately discipline their child/youth and use effective parenting techniques
1	The parents/caregivers have some difficulties with appropriately disciplining their child/youth and using effective parenting techniques (for example, parents/caregivers may sometimes be inconsistent or not always agree on consequences).
2	The parents/caregivers have significant difficulties appropriately disciplining their child/youth. They have limited parenting techniques and/or are using ineffective parenting techniques.
3	The parents/caregivers are unable to discipline their child/youth or they are using inappropriate parenting techniques.

<b># 60</b>	<b>KNOWLEDGE OF CHILD</b> <i>This rating should be based on caregiver's knowledge of the specific strengths, the child and any needs experienced by the child and their ability to understand the rationale for the treatment management of these problems.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

<b># 61</b>	<b>KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES</b> <i>This item requires a technical understanding of family rights and responsibilities that is likely somewhat different in different jurisdiction and sectors. Resolution of any need describe on this item is primarily educational.</i>
0	Caregiver is knowledgeable about their parental rights and responsibilities.
1	Caregiver is generally knowledgeable about their rights and responsibilities but may require additional information to improve their capacity to parent.
2	Caregiver has clear need for information to improve how knowledgeable their rights and responsibilities.. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge (about rights and responsibilities) problems that place the child at risk of significant negative outcomes.

<b># 62</b>	<b>ORGANIZATION</b> <i>This rating should be based on the ability of the parent/caregiver to participate in or direct the organization of the household, services, and related activities. Parents who need help organizing themselves and/or their family would be rated a '2' or '3'.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

<b># 63</b>	<b>SOCIAL RESOURCES</b> <i>This item refers to the financial and social assets (e.g. extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family. If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports. This item is the caregiver equivalent to the Natural Supports items for children and youth.</i>
0	Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing).
2	Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

<b># 64</b>	<b>RESIDENTIAL STABILITY</b> <i>This item rates the parent/caregiver's current and likely future housing circumstances. Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'. This item refers exclusively to the housing stability of the caregiver and should <b>not</b> reflect whether the child might be placed outside of the home.</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

<b># 65</b>	<b>CAREGIVER'S EMPATHY WITH CHILDREN</b> <i>This item refers to the caregivers' ability to understand and respond to the joys, sorrows, anxieties and other feelings of children with helpful, supportive emotional responses.</i>
0	Adaptive emotional responsiveness. Parents/caregivers are emotionally empathic and attend to child's emotional needs.
1	Parents/caregivers are generally emotionally empathic and typically attend to child's emotional needs
2	Limited adaptive emotional responsiveness. Parents/caregivers are often not empathic and frequently are not able to attend to child's emotional needs.
3	Significant difficulties with emotional responsiveness. Parents/caregivers are not empathic and rarely attend to the child's emotional needs.

<b># 66</b>	<b>CAREGIVER'S BOUNDARIES</b> <i>Boundaries refer to the caregiver's ability to separate from children and appropriately keep things from children that they should not know or be exposed to given their age and role in the family.</i>
0	Adaptive boundaries. Caregiver has strong, appropriate boundaries between her/himself and her/his children.
1	Mostly adaptive boundaries. Caregiver has generally appropriate boundaries between her/himself and her/his children. Mild boundary violations may occur at times. Minor problems of rigidity of boundaries may occur.
2	Limited adaptive boundaries. Caregiver has problems maintaining appropriate boundaries between her/him and her/his children. Mild boundary violations may be routine or significant boundary violations may be occasional. Boundaries may be rigid.
3	Significant difficulties with boundaries. Caregiver has significant and consistent problems maintaining appropriate boundaries between her/him and her/his children or is excessively rigid in her boundaries.

<b># 67</b>	<b>CAREGIVER'S INVOLVEMENT IN CAREGIVING FUNCTIONS</b> <i>This item describes the degree to which this individual care giver is involved in the life of the family. Some parents or care givers are integral members of the family. They know everything that is going on with individual family members and play key roles in family decision-making. Other care givers are more detached from the family and less involved. These care givers may not be aware of the comings and goings and accomplishments and challenges of individual family members. They may be relatively uninvolved in family decision-making.</i>
0	Caregiver is actively and fully involved in daily family life.
1	Caregiver is generally involved in daily family life. She/he may occasionally be less involved for brief periods of time because she/he is distracted by internal stressors and/or other external events or responsibilities.
2	Caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time.
3	Caregiver is mostly uninvolved in daily family life. She/he may not interact with children on a daily basis.

<b># 68</b>	<b>CAREGIVER POST-TRAUMATIC REACTIONS</b> <i>This rating describes post-traumatic reactions faced by parent/caregiver, including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.</i>
0	Caregiver has not experienced any significant trauma or has adjusted to traumatic experiences without notable post-traumatic stress reactions.
1	Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide child care.
2	Caregiver has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide child care. Caregiver may have nightmares or flashbacks of the trauma.
3	Caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact the caregiver's ability to provide child care. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

<b># 69</b>	<b>KNOWLEDGE OF FAMILY/CHILD NEEDS</b> <i>This item refers to the caregiver's ability to recognize the needs of the family and individual family members.</i>
0	Caregiver(s) has strong understanding of family and child needs.
1	Caregiver(s) has understanding of family and child needs but may still require some help in learning about certain aspects of these needs.
2	Caregiver(s) require assistance in understanding family and/or child needs.
3	Caregiver(s) require substantial assistance in identifying and understanding family and child needs.



<b># 70</b>	<b>KNOWLEDGE OF SERVICE OPTIONS</b> <i>This item refers to the choices the family might have for specific treatments, interventions or other services that might help the family address their needs or the needs of one of the family's members.</i>
0	Caregiver(s) has strong understanding of service options.
1	Caregiver(s) has understanding of service options but may still require some help in learning about certain aspects of these services.
2	Caregiver(s) require assistance in understanding service options.
3	Caregiver(s) require substantial assistance in identifying and understanding service options.

<b># 71</b>	<b>ABILITY TO LISTEN</b> <i>This item refers to the caregiver's ability to hear both positive and negative feedback about him/herself and family members in a way that he/she can understand. This item would include asking clarifying questions. Family advocates will tell you that the first step to becoming an effective advocate for your child is to learn to listen to what professionals are telling you before you try to change their minds on any issue. Listening can be extremely difficult when you are hearing your child described in a negative light. However, it is an important skill to sit and listen even when the news is hard to take and even when you are convinced that the person speaking is absolutely wrong. Talking over people, not letting people finish their thoughts become problematic when it comes your turn to speak.</i>
0	Caregiver(s) is able to listen carefully and understand both good and bad news regarding family and child issues.
1	Caregiver(s) has listening skills but sometimes struggles to hear either good or bad news regarding family and child issues.
2	Caregiver(s) requires help learning to listen effectively.
3	Caregiver(s) requires substantial help learning to listen effectively.

<b># 72</b>	<b>ABILITY TO COMMUNICATE</b> <i>The foundation of advocacy is being able to effectively communicate your family's needs so that the system will address them. Communication is fundamental. Teaching parents and family leaders to being able to communicate effectively with professionals is an important goal in advocacy development.</i>
0	Caregiver(s) is able to express feeling and thoughts effectively with regard to family and child issues. Others hear, understand, and respond.
1	Caregiver(s) is able to express feeling and thoughts but sometimes struggle to express these so that others can listen and/or understand.
2	Caregiver(s) requires help learning to express feelings and thoughts effectively with regard to family and child issues.
3	Caregiver(s) requires substantial help learning to express feelings and thoughts effectively with regard to family and child issues.

<b># 73</b>	<b>SATISFACTION WITH SERVICES ARRANGEMENT</b> <i>This item refers to the degree to which the caregiver is satisfied with any services (or lack thereof) for the child.</i>
0	Caregiver(s) is pleased with identified child's current services arrangement.
1	Caregiver(s) is satisfied with identified child's current services arrangement, although some improvements could be made.
2	Caregiver(s) believes a significant change in services arrangement is desirable.
3	Caregiver(s) believes an immediate and significant change in services arrangement is required.

<b># 74</b>	<b>PHYSICAL HEALTH</b> <i>Physical health includes medical and physical challenges faced by the parent/caregiver(s). For example a single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'.</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

<b># 75</b>	<b>MENTAL HEALTH</b> <i>This item refers to the parent/caregiver's mental health status. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery or successfully managing illness. However, a caregiver who is in recovery from mental health difficulties might be rated a '1'. This item should be rated independently from substance use.</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

<b># 76</b>	<b>SUBSTANCE USE</b> <i>This item rates the caregiver's pattern of alcohol and/or drug use. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery. If substance use interferes with parenting a rating of '2' is indicated. If it prevents care giving, a '3' would be used. A '1' indicates a caregiver currently in recovery or a situation where problems of substance use are suspected but not confirmed.</i>  <i>A rating of 1, 2 or 3 on this item would trigger the Substance Use Disorder (SUD) Caregiver Module</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

<b># 77</b>	<b>DEVELOPMENTAL</b> <i>This item describes the parent/caregiver's developmental status in terms of low IQ, intellectual disability or other developmental disabilities that impact his/her ability to care for the child. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here. Like the Developmental item for children and youth, rating on this item should be restricted to the identification of developmental disabilities (i.e. intellectual disabilities and other related conditions) and does not refer to a broad spectrum of developmental issues (e.g. aging is <b>not</b> rated here).</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

<b># 78</b>	<b>ACCESSIBILITY TO CHILD CARE SERVICES</b> <i>This item refers to the caregiver's access to appropriate child care for young children.</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

<b># 79</b>	<b>FAMILY STRESS</b> <i>This item rates the impact of the managing the child's needs on the caregiver(s). A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress. Historically, this item was referred to as a burden in that raising a child with many needs can weigh on the family.</i>
0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

<b># 80</b>	<b>EMPLOYMENT/EDUCATIONAL FUNCTIONING</b> <i>This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i>
0	Caregiver is gainfully employed and/or in school.
1	A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
2	A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
3	A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

<b># 81</b>	<b>EDUCATIONAL ATTAINMENT</b> <i>This rates the degree to which the individual has completed his/her planned education.</i>
0	Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

<b># 82</b>	<b>LEGAL</b> <i>This item indicates the individual's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.</i>
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but currently is not involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3	Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

<b># 83</b>	<p><b>FINANCIAL RESOURCES</b> <i>Poverty is one of the most common and devastating challenging that a family can face. The absence of financial resources can limit housing options, result in poor diet and dress that threaten charges of parental neglect, and subject family members to safety risks. This item describes the degree to which financial problems are a current challenge for the family.</i></p> <p><i>Few families have as many financial resources as they would like. Fewer still consider themselves as having sufficient resources. So, the '0' level is used to indicate a 'good enough' level of financial resources. The family may not be rich, but that have enough money to take care of basic needs.</i></p>
0	Caregiver has sufficient financial resources to raise the child (e.g., child rearing).
1	Caregiver has some financial resources that actively help with raising the child (e.g. child rearing).
2	Caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no financial resources to help with raising the child (e.g. child rearing). Caregiver needs financial resources

<b># 84</b>	<p><b>TRANSPORTATION</b> <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her child.</i></p>
0	Child and his/her caregiver have no transportation needs. Caregiver is able to get his/her child to appointments, school, activities, etc. consistently.
1	Child and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her child to appointments, school, activities, etc. less than once a week.
2	Child and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources.
3	Child and his/her caregiver have no access to appropriate transportation and are unable to get his/her child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

<b># 85</b>	<p><b>SAFETY</b> <i>This item describes whether individuals in the home or who have access to the home present a danger to the child. This item does not describe situations in which the caregiver is unable to prevent a child from hurting his/herself despite well-intentioned efforts. It does not refer to the safety of other family or household members based on any danger presented by the assessed child. This item describes the caregiver's ability or willingness to appropriately protect the child from potential harm. If a child is involved with child welfare, the minimal rating would be a '1', perhaps if the child was being transitioned back home. A '2' or '3' on this item requires child protective services involvement.</i></p>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood that might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

<b># 86</b>	<b>MARITAL/PARTNER VIOLENCE IN THE HOME</b> - <i>This rating describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and childcare.</i>
0	Parent/caregiver(s) appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
1	Mild to moderate level of family problems including marital difficulties and partner arguments. Parent/caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
2	Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression, the use of verbal aggression by one partner to control the other or significant destruction of property. Child often witnesses these arguments between caregivers, the use of verbal aggression by one partner to control the other or significant destruction of property.
3	Profound level of caregiver or marital violence that often escalates to the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.

## **INDIVIDUALIZED ASSESSMENT MODULES**

*Complete any specific module only if indicated on the initial page(s)*

1. *Developmental Needs Module-triggered by Developmental Item in Life Domain Functioning*
2. *Acculturation Module-triggered by Cultural Item in Life Domain Functioning*
3. *Sexual Abuse Module-Triggered by Sexual Abuse Item in Trauma*
4. *Substance Use Disorder (SUD) Module-Caregiver-Triggered by Substance Use Item in Permanency Planning Caregiver Strengths and Needs*

## DEVELOPMENTAL NEEDS (DN) MODULE

<b># 87</b>	<b>COGNITIVE</b> <i>This item rates the child/youth's IQ and cognitive functioning. Children and youth with Intellectual Disabilities or Mental Retardation should be identified here.</i>
0	Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.
1	Child has low IQ (70 to 85) or has identified learning challenges.
2	Child has mild mental retardation. IQ is between 55 and 70.
3	Child has moderate to profound mental retardation. IQ is less than 55.

<b># 88</b>	<b>SOCIAL-EMOTIONAL DEVELOPMENT</b> <i>This item describes the child's developmental trajectory, relative to same age peers in terms of his/her emotional and interpersonal abilities. Delays in self-soothing or challenges with playing well with other children could be rated here.</i>
0	Child's social interactions and emotional responses appear within normal range.
1	Some concerns that child's social interactions and/or emotional responses are not developing normally.
2	Clear evidence of impaired social interactions (failure to develop peer reaction to others) and/or a lack of emotional reciprocity (failure to express empathy, pleasure, curiosity) and/or repetitive, stereotyped patterns of behaviors, interests (hand flapping, preoccupation with parts of toys rather than playing with toys).
3	Clear evidence of severely impaired social interactions, lack of emotional reciprocity, and/or repetitive, stereotyped patterns of behaviors or interests to the degree that the child is unable to participate in a wide range of age appropriate activities and settings.

<b># 89</b>	<b>SELF-CARE DAILY LIVING SKILLS</b> <i>This item aims to describe the child/youth's ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.</i>
0	Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.
1	Child requires verbal prompting on self-care tasks or daily living skills.
2	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

# ACCULTURATION MODULE

<b># 90</b>	<b>LANGUAGE</b> <i>This item looks at whether the child and family need help in communication with you or others in their world. It includes both spoken and sign language. In immigrant families, the child(ren) often becomes the translator. While in some instances, this might work well, it may become a burden on the child, or the child, say in a juvenile justice situation might not translate accurately, and so assessing this item depends on the particular circumstances.</i>
0	Child and family speak English well.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

<b># 91</b>	<b>IDENTITY</b> <i>Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i>
0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

<b># 92</b>	<b>RITUAL</b> <i>Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as Kwanza, Cinco de Mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).</i>
0	Child and family are consistently able to practice rituals consistent with their cultural identity.
1	Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
2	Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Child and family are unable to practice rituals consistent with their cultural identity.

<b># 93</b>	<b>CULTURAL STRESS</b> <i>Cultural stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives. This need reflects things such as racism, discrimination, or harassment because of sexual orientation or appearance or background.</i>
0	No evidence of stress between individual's cultural identity and current living situation.
1	Some mild or occasional stress resulting from friction between the individual's cultural identity and his/her current living situation.
2	Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.
3	Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.



# SEXUAL ABUSE MODULE

<b># 94</b>	<b>EMOTIONAL CLOSENESS TO PERPETRATOR</b> <i>This item describes how close of a relationship the child had to the perpetrator at the time of abuse. This item would indicate if the perpetrator is a stranger, teacher, coach, relative, parent, etc</i>
0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child. (e.g. teacher, coach, mentor, close family friend)
3	Perpetrator was a family member with whom the child has a strong and durable emotional bond. (e.g. primary caretaker, parent, sibling)

<b># 95</b>	<b>FREQUENCY OF ABUSE</b> <i>This item indicates how many times the abuse occurred.</i>
0	Abuse occurred at least one time.
1	Abuse occurred two times.
2	Abuse occurred three to ten times.
3	Abuse occurred more than ten times.

<b># 96</b>	<b>DURATION</b> <i>This item indicates what timeframe the abuse occurred over.</i>
0	Abuse occurred at least 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.

<b># 97</b>	<b>PHYSICAL FORCE</b> <i>This item rates the level of force that was involved in the sexual abuse.</i>
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.

<b># 98</b>	<b>REACTION TO DISCLOSURE</b> <i>This item rates how others responded to disclosure of the abuse and whether or not they were supportive of the child.</i>
0	All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child 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 for coming forward with the description of his/her experience.
3	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

## SUBSTANCE USE DISORDER (SUD) MODULE - CAREGIVER

<b># 99</b>	<b>SEVERITY OF USE</b> <i>This item rates how often the individual engages in substance use. This item is rated based on current patterns of use.</i>
0	Individual is currently abstinent and has maintained abstinence for at least six months.
1	Individual is currently abstinent but only in the past 30 days or individual has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Individual actively uses alcohol or drugs but not daily.
3	Individual uses alcohol and/or drugs on a daily basis.

<b># 100</b>	<b>DURATION OF USE</b> <i>This item rates how long the individual has been using and the consistency of substance use over time. This item is rated based on age at which first use began.</i>
0	Individual has begun use in the past year.
1	Individual has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
2	Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

<b># 101</b>	<b>STAGE OF RECOVERY</b> <i>This item reflects the stage of recovery that the individual is at during the last 30 days. Stage of Recovery is based on the transtheoretical model of change which is also the foundation of motivational interviewing. A lack of awareness that any problems exist would be rated a '3' (precontemplation). An awareness that problems exist but not a current willingness to change would be rated a '2'.</i>
0	Individual is in maintenance stage of recovery. Individual is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
1	Individual is actively trying to use treatment to remain abstinent.
2	Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Individual is in denial regarding the existence of any substance use problem.

<b># 102</b>	<b>PEER INFLUENCES</b> <i>This item refers to the individual's peer social network and their level of substance use within the last 30 days. The more peers use substances, the more challenging recovery and abstinence can be.</i>
0	Individual's primary peer social network does not engage in alcohol or drug use.
1	Individual has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Individual predominantly has peers who engage in alcohol or drug use but individual is not a member of a gang.
3	Individual is a member of a peer group that consistently engages in alcohol or drug use.

<b># 103</b>	<b>ENVIRONMENTAL INFLUENCES</b> <i>Please rate the environment around the individual's living situation</i>
0	No evidence that the individual's environment stimulates or exposes the individual to any alcohol or drug use.
1	Mild problems in the individual's environment that might expose the individual to alcohol or drug use.
2	Moderate problems in the individual's environment that clearly expose the individual to alcohol or drug use.
3	Severe problems in the individual's environment that stimulate the individual to engage in alcohol or drug.

# **CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

**ARKANSAS**

**COMPREHENSIVE MULTISYSTEM ASSESSMENT**

**For Children and Youth 5 Years and Older**

**Manual**



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## INTRODUCTION

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

### Six Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the 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 child 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 “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)  
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COMPREHENSIVE MULTISYSTEM ASSESSMENT  
For Children and Youth 5 Years and Older**

A large number of individuals have collaborated in the development of the CANS-Comprehensive. 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-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

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## Action Levels for “Need” Items

**0 – No Evidence of Need** – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, “does Johnny smoke weed?” He says he doesn’t, his mother says he doesn’t, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

**1 - Watchful Waiting/Prevention** – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/youth who has been suicidal in the past). We know that the best predictor of future behaviour is past behaviour, and that such behaviour may recur under stress, so we would want to keep an eye on it from a preventive point of view.

**2 - Action Needed** – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/youth’s or family’s life in a notable way.

**3 - Immediate/Intensive Action Needed** – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/youth who is not attending school at all or an acutely suicidal youth would be rated with a “3” on the relevant need.

## Action Levels of “Strengths” Items

**0 - Centerpiece Strength.** This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

**1 - Useful Strength.** This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

**2 - Identified Strength.** This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

**3 - No Strength Identified.** This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

## Action Levels of “Trauma” Items:

The following items should be scored based on LIFETIME exposure to Trauma or adverse childhood experiences. For the Trauma domain, the following rating scale is used:

**No**-No evidence of any trauma of this type for the lifetime of the child

**Yes**-There is evidence of trauma of this type during the lifetime of the child

**Suspected**-There is reason to suspect that Trauma of this type may have occurred at some point in this child’s life (there may have been unconfirmed allegations or there may be behavioral indications).

## CHILD STRENGTHS

<b># 1</b>	<p><b>FAMILY-NUCLEAR</b> <i>This item refers to the presence of a nuclear 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.</i></p> <p><i>As with Family Functioning Items, the definition of family comes from the child's perspective (i.e., who the child describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological siblings and parents. If the child is in the child welfare system and parental rights continue, rate the biological family.</i></p>
0	Family has strong relationships and excellent communication.
1	Family has some good relationships and good communication.
2	Family needs some assistance in developing relationships and/or communications.
3	Family needs significant assistance in developing relationships and communications or child has no identified family.

<b># 2</b>	<p><b>FAMILY-EXTENDED</b> <i>This item refers to the presence of an extended 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.</i></p> <p><i>As with Family Functioning Items, the definition of family comes from the child's perspective (i.e., who the child describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological aunts and uncles, cousins, and grandparents. If the child is in the child welfare system and parental rights continue, rate the biological family.</i></p> <p><i>Extended family relationships can be of tremendous value to a child because of the support that this gives their primary caregiver and the child's own valuable experience of a positive relationship with another adult figure.</i></p>
0	Family has strong relationships and excellent communication.
1	Family has some good relationships and good communication.
2	Family needs some assistance in developing relationships and/or communications.
3	Family needs significant assistance in developing relationships and communications or child has no identified family.

<b># 3</b>	<p><b>INTERPERSONAL</b> <i>This item is used to identify an individual's social and relationship skills. This is rated independent of Social Functioning because an individual can have skills but be struggling in their relationships at a particular point in time. Thus this strength indicates long standing relationship making and maintaining skills.</i></p>
0	Child has well-developed interpersonal skills and friends.
1	Child has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Child needs assistance in developing good interpersonal skills and/or healthy friendships.
3	Child needs significant help in developing interpersonal skills and healthy friendships.



<b># 4</b>	<b>EDUCATIONAL</b> <i>Certainly an individual who loves and excels at school would be rated as having this strength. However, this item predominantly refers more to the nature of the school's relationship to the individual and family and the level of support the individual is receiving from the school. A rating of "0" would be given if the school was an active participant with the individual and family. A rating of "2" would be given if the school was not able to address the individual's needs.</i>
0	School works closely with child and family to identify and successfully address child's educational needs OR child excels in school.
1	School works with child and family to identify and address child's educational needs OR child likes school.
2	School currently unable to adequately address child's needs.
3	School unable and/or unwilling to work to identify and address child's needs.

<b># 5</b>	<b>TALENTS/INTERESTS</b> <i>This item refers to hobbies, skills, artistic interests and talents that are positive ways that kids can spend time and also gives them pleasure and a positive sense of themselves. A young adult who likes to collect car stereos without paying for them may need some assistance in developing other interests such as learning to fix his friends' car stereos.</i>
0	Child has a talent that provides him/her with pleasure and/or self-esteem.
1	Child has a talent, interest, or hobby with the potential to provide him/her with pleasure and self-esteem.
2	Child has identified interests but needs assistance converting those interests into a talent or hobby.
3	Child has no identified talents, interests or hobbies.

<b># 6</b>	<b>SPIRITUAL/RELIGIOUS</b> <i>This item refers to the individual (and family's) experience of receiving comfort and support from religious or spiritual involvement.</i>  <i>This is the most controversial item in the category of individual strengths in terms of peoples' comfort levels. For example, one caseworker took the individual she worked with to her church, while another refused to even discuss the topic as she thought it was not her business. A "0" on this item indicates that the individual's and families' spiritual/religious beliefs and practices are a comfort and significant source of support. For example, an individual who is very involved in her church individual group and gives her a source of belonging and in which she has many friends.</i>
0	Child receives comfort and support from religious and/or spiritual beliefs and practices.
1	Child is involved in a religious community whose members provide support.
2	Child has expressed some interest in religious or spiritual belief and practices.
3	Child has no identified religious or spiritual beliefs or interest in these pursuits.

<b># 7</b>	<b>COMMUNITY LIFE</b> <i>This item reflects the individual's connection to their community. Adults with a sense of belonging and a stake in their community do better than kids who don't. Individual who have moved a lot or who have been in group home settings may have lost this sense of connection to community life and so might be rated a "3".</i>
0	Child is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community.
1	Child is somewhat involved with his/her community.
2	Child has an identified community but has only limited ties to that community.
3	Child has no identified community to which he/she is a member.

<b># 8</b>	<b>RELATIONSHIP PERMANENCE</b> <i>This rating refers to the stability of significant relationships in the child's life. Significant relationships likely include family members, but may also include other individuals. This item identifies whether parents or other relatives have been a consistent part of the child's life regardless of the quality of that relationship.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.

<b># 9</b>	<b>CHILD INVOLVEMENT WITH CARE</b> <i>This item identifies whether the youth is an active partner in planning and implementing any treatment plan or service package. Like all ratings this should be done in a developmentally informed way. Expectations for involvement in planning are lower for children than for adolescents. Small children are not expected to participate so a '3' rating is OK since this is a strength.</i>
0	Child is knowledgeable of needs and helps direct planning to address them.
1	Child is knowledgeable of needs and participates in planning to address them.
2	Child is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.
3	Child is neither knowledgeable about needs nor willing to participate in any process to address them.

<b># 10</b>	<b>NATURAL SUPPORTS</b> <i>To be a Natural Support one has to be an unpaid individual who has demonstrated the willingness to become involved in the individual's life in a positive and helpful manner. Family members who provide support are rated under Family Strengths, so these supports should be restricted to non-family.</i>
0	Child has significant natural supports who contribute to helping support the child's healthy development.
1	Child has identified natural supports that provide some assistance in supporting the child's healthy development.
2	Child has some identified natural supports however they are not actively contributing to the child's healthy development.
3	Child has no known natural supports (outside of family and paid caregivers).

<b># 11</b>	<b>ADAPTABILITY</b> <i>This item rates how the child reacts to new situations or experiences, as well as how s/he responds to changes in routines.</i>
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

<b># 12</b>	<b>BUILDING RELATIONSHIPS</b> <i>This item describes how the child/youth initiates and builds relationships with people. Evidence of problems in this domain may include difficulties starting conversations, entering groups, connecting with people, etc.</i>
0	No evidence of problems in building relationships.
1	The child/youth is having some minor problems in building relationships.
2	The child/youth is having moderate problems in building relationships.
3	The child/youth lacks the basic skills to build relationships.

<b># 13</b>	<b>RESILIENCE</b> <i>In this model, resiliency refers to one's ability to recognize one's internal or personal strengths (e.g. talents) and use them to promote healthy development. A person who uses a talent to make a career would be resilient. A person who meditates or prays when stressed is resilient.</i>
0	This level indicates a child/youth who is able to both identify and use strengths to better themselves and successfully manage difficult challenges
1	This level indicates a child/youth who is able to identify most of his/her strengths and is able to partially utilize them.
2	This level indicates a child/youth who is able to identify strengths but is not able to utilize them effectively.
3	This level indicates a child/youth who is not yet able to identify personal strengths

<b># 14</b>	<b>RESOURCEFULNESS</b> <i>In this model, resourcefulness refers to one's ability to recognize one's external or environmental strengths (e.g. Family, Social Connection) and use them to promote healthy development. A person who relies on family or friends to help them sort out important decisions would be described as 'resourceful'.</i>
0	This level indicates a child/youth who is able to both identify and use external strengths to better him/herself and successfully manage difficult challenges
1	This level indicates a child/youth who able to identify most of his/her external strengths and is able to partially utilize them.
2	This level indicates a child/youth that is able to identify external strengths but is not able to utilize them effectively.
3	This level indicates a child/youth who is not yet able to identify external strengths

## LIFE DOMAIN FUNCTIONING

<b># 15</b>	<b>FAMILY-NUCLEAR</b> <i>This item rates how the child is functioning within his/her nuclear family. Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive parents and/or siblings with whom the child has contact as the definition of nuclear family. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan..</i>
0	Child is doing well in relationships with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with parents and siblings. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents and siblings. This would include problems of domestic violence, constant arguing, etc.

<b># 16</b>	<b>FAMILY-EXTENDED</b> <i>This item rates how the child is functioning within his/her extended family. Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive grandparents, aunts and uncles, and cousins with whom the child has contact as the definition of extended family. Foster families should only be considered if they have made a significant commitment to the child. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan.</i>
0	Child is doing well in relationships with extended family members.
1	Child is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc.

<b># 17</b>	<p><b>LIVING SITUATION</b> <i>This item refers to the functioning of the child within their current living arrangement. When the child is potentially returning to biological parents, this item is rated independent of the Family Functioning item. When the child lives with biological parents this item is rated the same as the Family Functioning item. Hospital and shelters do not count as —living situations. If a child is presently in one of these places, rate the previous living situation.</i></p> <p><i>When considering the rating for this item it is important to explore the caregiver/family's perceptions of the relationship with the child. Often this may identify potential stressors that would warrant a watchful stance with the rating of a "1."</i></p> <p><i>One of the most important interventions that can occur for young children in foster care is minimizing placement disruptions. Often times, concerns may be emerging despite the denial of problems presently impacting the family.</i></p>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior in living situation.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.

<b># 18</b>	<b>SLEEP</b> <i>This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep. Bedwetting and nightmares should be considered a sleep issue.</i>
0	Child gets a full night's sleep each night.
1	Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally waking or bed wetting or nightmares.
2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep
3	Child is generally sleep deprived. Sleeping is difficult for the child and they are not able to get a full night's sleep.

<b># 19</b>	<b>SOCIAL FUNCTIONING-PEER</b> <i>This item rates the individual social skills and relationship functioning with peers. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the individual/individual is doing currently. Strengths are longer term assets. An individual with friends may be struggling to get along with them currently.</i>
0	Child has positive peer social relationships.
1	Child is having some minor problems in peer social relationships
2	Child is having some moderate problems with his/her social relationships with peers.
3	Child is experiencing severe disruptions in his/her social relationships with peers.

<b># 20</b>	<b>SOCIAL FUNCTIONING-ADULT</b> <i>This item rates the individual social skills and relationship functioning with adults. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the individual/individual is doing currently. Strengths are longer term assets. An individual with relationships with adults may be struggling to get along with them currently.</i>
0	Child has positive adult social relationships.
1	Child is having some minor problems in adult social relationships
2	Child is having some moderate problems with his/her social relationships with adults.
3	Child is experiencing severe disruptions in his/her social relationships with adults.

<b># 21</b>	<b>SEXUAL DEVELOPMENT</b> <i>This item refers to all aspects of sexual behavior. Issues of sexual identity would be rated only if they are worrying the individual or if significant others have concerns regarding these issues that are interfering with functioning.</i>
0	No evidence of any problems with sexual development.
1	Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reactions of others.
2	Significant problems with sexual development. May include multiple and/or older partners or high-risk sexual behaviors.
3	Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression.

<b># 22</b>	<p><b>DEVELOPMENTAL</b> <i>This item rates the presence of Intellectual Disabilities or Developmental Disabilities only and does not refer to broader issues of healthy development. A ‘1’ would be a low IQ individual. Low End Autism would likely be rated a ‘2’ while Severe Autism would be rated a ‘3’.</i></p> <p><i>A rating of a “1” or greater would result in the need for further specification of these needs through the completion of the <u>Developmental Needs Module</u>.</i></p> <p><i>The Developmental Module specifies the type of developmental problem and associated cognition, communication, and development.</i></p>
0	Child has no problems in cognitive, communication, social or motor development.
1	There are some concerns that child may have a low IQ or possible delay in communication, social-emotional or motor development.
2	Child has mild intellectual disabilities and/or developmental delays in one or more areas (communication, social-emotional, motor).
3	Child has moderate or profound intellectual disabilities and/or severe delays in multiple areas of development.

<b># 23</b>	<p><b>COMMUNICATION</b> <i>This item is sometimes misunderstood as a reflection of a child’s generally ability to communicate (e.g. express feeling, etc.). That is not accurate. This item is intended to reflect disorders of language either receptive or expressive, or both. Having difficulty processing language in order to understand what people are saying would be rated here, as would having difficulty formulating sentences in order to communicate. Speech problems that inhibit expressive communication would be rated here.</i></p>
0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

<b># 24</b>	<p><b>CULTURAL</b> <i>This item identifies circumstances in which the individual’s cultural identity is met with hostility or other problems within his/her environment due to differences in the attitudes, behaviors, or beliefs of others. Racism is a form of cultural stress as are all forms of discrimination.</i></p> <p><i>A rating of a “1” or greater would result in the need for further specification of these needs through the completion of the <u>Acculturation Module</u>.</i></p>
0	Child and family are acculturated. No evidence of any needs relative to culture.
1	Child and/family have some cultural differences from their primary environment that have created challenges in the past or might lead to future challenges.
2	Child and/or significant family members have notable cultural differences from their primary environment that currently lead to functional problems.
3	Child and/or significant family members have notable cultural differences with their primary environment that are causing profound difficulties for the child and/or family.

<b># 25</b>	<p><b>LEGAL</b> <i>This item indicates the individual’s level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual’s involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.</i></p>
0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system.
2	Child has some legal problems and is currently involved in the legal system.
3	Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.

<b># 26</b>	<b>MEDICAL</b> <i>This item is used to identify any chronic conditions such as limitations in vision, hearing or difficulties with fine or gross motor or his/her medical status. Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g. diabetes, severe asthma, HIV) would be as a '2'. The rating of '3' is reserved for life threatening medical conditions</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

<b># 27</b>	<b>PHYSICAL HEALTH</b> <i>This item is used to identify any physical limitations and could include chronic physical conditions such as limitations in vision or hearing or difficulties with fine or gross motor functioning.</i>  <i>A child may have physical limitations that are not identified as a medical condition. A child may have physical limitations related to poor nutrition. A child may not have a medical condition but appears tired, reports feeling badly or misses school frequently.</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

<b># 28</b>	<b>DAILY FUNCTIONING</b> <i>This item is used to describe the individual's ability to do relevant activities of daily living. Daily Living skills include money management, cooking, transportation, etc. If consideration of daily living is not in the current planning process, this item can be rated "Not Applicable".</i>
0	Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group.
1	Child shows mild or an occasional problem in self-care skills for his/her age, but is generally self-reliant.
2	Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group.
3	Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for his/her age group.

# SCHOOL

**NOTE:** For the school items, if the child is receiving special education services, the child's performance and behavior should be rated relative to their peer group. If it is planned for the child to be mainstreamed, then his/her school functioning should be rated relative to that peer group.

<b># 29</b>	<b>SCHOOL BEHAVIOR</b> <i>This item describes the child behavior in school. This is rated independently from attendance. Sometimes children are often truant but when they are in school they behave appropriately. If the school placement is in jeopardy due to behavior, this would be rated a "3."</i>
0	Child is behaving well in school.
1	Child is behaving adequately in school although some behavior problems exist.
2	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
3	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

<b># 30</b>	<b>SCHOOL ACHIEVEMENT</b> <i>This item describes the child's academic performance in school. A child having moderate problems with achievement and failing some subjects would be rated a "2." A child failing most subjects or who is more than one year behind his/her peers would be a "3."</i>
0	Child is doing well in school.
1	Child is doing adequately in school although some problems with achievement exist.
2	Child is having moderate problems with school achievement. He/she may be failing some subjects.
3	Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.

<b># 31</b>	<b>SCHOOL ATTENDANCE</b> <i>This item assesses the degree to which the child attends school by looking at the pattern of coming to and staying at school for each required school day.</i>
0	Child attends school regularly.
1	Child has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least two days each week on average.
3	Child is generally truant or expelled or refusing to go to school.

<b># 32</b>	<b>SPECIAL EDUCATION</b> <i>This item describes the involvement of the child/youth with Special Education services</i>
0	The child/youth is not involved with Special Education services.
1	The child/youth has been referred for an evaluation for Special Education services
2	The child/youth is receiving Special Education services.
3	The child/youth is not responding to current Special Education services.



## CHILD BEHAVIORAL/EMOTIONAL NEEDS

# 33	<b>PSYCHOSIS</b> <i>The primary symptoms of psychosis include hallucinations (experiencing things other do not experience), delusions (a false belief based on 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), or bizarre behavior.</i>
0	No evidence
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

# 34	<p><b>ATTACHMENT</b> <i>Attachment refers to the special relationship between a child and their caregiver that is established within the first year of life. As the infant experiences getting their needs met throughout the first months of life they begin to associate gratification and security within the caregiving relationship. This ultimately leads to feelings of affection and by 8 months of age an infant will typically exhibit preference for the primary caregiver. An infant that does not experience their needs being met or responded to in a consistent and predictable pattern will typically develop an insecure pattern of attachment.</i></p> <p><i>The benefits of a secure attachment have been researched significantly and are far reaching. Secure attachment between a child and their caregiver promotes positive development in self-esteem, independence and autonomy, impulse control, conscience development, long-term friendships, prosocial coping skills, relationships with caregivers and adults, trust, intimacy and affection, empathy, compassion, behavioral and academic performance and the ability to form secure attachments with their own children when they become adults (Levy, 1998).</i></p>
0	No evidence of problems with attachment.
1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
3	Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.

<b># 35</b>	<b>IMPULSIVITY/HYPERACTIVITY</b> <i>This item refers to both a child's ability to control impulses as well as his/her activity level. Both of these areas need to be considered as problematic, rated a '2', only when it impairs functioning, is observed in more than one setting and is outside the realm of what is considered normal for the child's age and development. Both of these behaviors may result in disruptions in relationships and interference with the development of new skills if problematic. A '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.</i>
0	No evidence
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.

<b># 36</b>	<p><b>DEPRESSION</b> <i>Depression appears to be equally common in adolescents and adults although it might be somewhat less common among children, particularly young children. The following provides the DSM-IV diagnostic criteria for the presence of a Major Depressive Episode. The main difference between depression in children and adolescents and depression in adults is that among children and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression.</i></p> <p><i>The person exhibiting five or more of the following symptoms during the same two-week period and representing a change from prior status characterizes Major Depression:</i></p> <ol style="list-style-type: none"> <li><i>1. depressed or irritable mood most of the day, nearly every day</i></li> <li><i>2. markedly diminished interest or pleasure in all or almost all activities, most of the day, nearly every day</i></li> <li><i>3. significant weight loss or gain (not a growth spurt)</i></li> <li><i>4. sleep difficulties or too much sleep nearly every night.</i></li> <li><i>5. agitation or retardation in movement nearly everyday</i></li> <li><i>6. fatigue or loss of energy nearly everyday</i></li> <li><i>7. feelings of worthlessness or excessive or inappropriate guilt</i></li> <li><i>8. diminished ability to think or concentrate or indecisiveness, nearly every day</i></li> <li><i>9. recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide</i></li> </ol>
0	No evidence
1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

<b># 37</b>	<p><b>ANXIETY</b> <i>Anxiety disorders are characterized by either a constant sense of worry or dread or ‘out-of-the blue’ panic attacks in which the child or adolescent becomes terrified of losing control, dying, or becoming crazy.</i></p> <p><i>A ‘1’ is used to indicate a child or adolescent who has some problems with anxiety or worrying or may have had a single panic attack in the past six months. A ‘2’ would indicate a child who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder.</i></p> <p><i>A ‘3’ would indicate such a level of anxiety as to put the child at some physical risk.</i></p>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child’s ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

<b># 38</b>	<p><b>OPPOSITIONAL</b> <i>This item describes the child or adolescent’s relationship to authority figures. Generally oppositional behavior is in response to conditions set by a parent, teacher or other figure with responsibility for and control over the child or youth. A ‘0’ is used to indicate a child or adolescent who is generally compliant, recognizing that all children and youth fight authority some. A ‘1’ is used to indicate a problem that has started recently (in past six months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention.</i></p> <p><i>A ‘2’ would be used to indicate a child or adolescent whose behavior is consistent with <b>Oppositional Defiant Disorder (ODD)</b>. A ‘3’ should be used only for children and adolescents whose oppositional behavior put them at some physical peril.</i></p>
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child’s functioning in at least one life domain. Behavior causes emotional harm to others.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

<b># 39</b>	<p><b>CONDUCT</b> <i>This item is used to describe the degree to which a child or adolescent engages in behavior that is consistent with the presence of a <b>Conduct Disorder</b>.</i></p>
0	No evidence
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors.

<b># 40</b>	<p><b>ADJUSTMENT TO TRAUMA</b> <i>This item is used to describe the child or adolescent who is having difficulties adjusting to a traumatic experience. If a child has not experienced any trauma or if their traumatic experiences no longer impact their functioning, then he/she would be rated a '0'.</i></p> <p><i>A '1' would indicate a child who is making progress by learning to adapt to a trauma or a child who recently experienced a trauma where the impact on his/her well-being is not yet known.</i></p> <p><i>A '2' would indicate significant problems with adjustment or the presence of an acute stress reaction.</i></p> <p><i>A '3' indicates <b>Post Traumatic Stress Disorder (PTSD)</b>.</i></p>
0	No evidence
1	History or suspicion of problems associated with traumatic life event/s.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain.
3	Clear evidence of symptoms of Post-Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

<b># 41</b>	<p><b>ANGER CONTROL</b> <i>This item describes the child and youth's ability to manage his/her anger and frustration tolerance.</i></p> <p><i>The '0' level indicates a child/youth without problems on this dimension. Everybody gets angry sometime, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning.</i></p> <p><i>A '1' level is occasional angry outbursts or a situation where the individual has begun to successfully exercise control over his/her temper.</i></p> <p><i>A '2' level describes an individual who has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here.</i></p> <p><i>A '3' level describes an individual whose anger control has put them in physical peril within the rating period.</i></p>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Child's temper has gotten him/her 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	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

<b># 42</b>	<p><b>SUBSTANCE USE</b> <i>The main distinction in this rating is that if a child or adolescents uses any alcohol or drugs, then he/she would be rated as at least a '1'.</i></p> <p><i>If this use causes any functioning problems, then he/she would be rated as at least a '2'.</i></p> <p><i>If the child or adolescent were dependent on a substance or substances, then he/she would be rated as a '3'.</i></p> <p><i>A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the <b><u>Substance Use Needs (SUN) Module</u></b>.</i></p>
0	No evidence
1	History or suspicion of substance use.
2	Clear evidence of substance abuse that interferes with functioning in any life domain.
3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/child who is intoxicated at the time of the assessment (i.e., currently under the influence).

## CHILD RISK BEHAVIORS

# 43	<p><b>SUICIDE RISK</b> <i>This item is intended to describe the presence of suicidal behavior. Only overt and covert thoughts and efforts at attempting to kill oneself are rated on this item. Other self-destructive behavior is rated elsewhere.</i></p> <p><i>Since a history of suicidal ideation and gestures is a predictor of future suicide, any child or adolescent with a history is rated at least a '1'.</i></p> <p><i>Therefore, a '0' is reserved for children and adolescents with no current suicidal thoughts, ideation, or behavior nor any history.</i></p> <p><i>A '2' is used to describe a child or adolescent who is recently suicidal but who is not currently planning to kill him/herself. Thus, a youth who was thinking about suicide but was able to contract for safety would be rated a '2'.</i></p> <p><i>A '3' is used to identify an individual who is either attempted suicide during the rating period or who during this time has an active intention and plan to commit suicide.</i></p>
0	No evidence
1	History but no recent ideation or gesture.
2	Recent ideation or gesture but not in past 24 hours.
3	Current ideation and intent OR command hallucinations that involve self-harm.

# 44	<p><b>SELF-INJURIOUS BEHAVIOR</b> <i>This item is used to describe repetitive behavior that results in physical injury to the child or adolescent. Carving and cutting on the arms or legs would be common examples of self-mutilation behavior. Generally body piercing and tattoos are not considered a form of self-injury. Repeatedly piercing or scratching one's skin would be included. Self-injury in this fashion is thought to have addictive properties since generally the self-abusive behavior results in the release of endorphins (naturally produced morphine-like substances) that provide a calming feeling.</i></p>
0	No evidence
1	History of non-suicidal self- injurious behavior
2	Engaged in non-suicidal self- injurious behavior that does not require medical attention.
3	Engaged in non-suicidal self -injurious that requires medical attention.

# 45	<p><b>OTHER SELF HARM</b> <i>This item is used to describe behavior not covered by either Suicide Risk or Self-Injury that places a child or adolescent at risk of physical injury. Any behavior that the child engages in has significant potential to place the child in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, subway surfing). If the child frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually place themselves in such a position, a rating of '1' might be used to indicate the need for prevention.</i></p> <p><i>To rate a '3', the child or adolescent must have placed himself or herself in significant physical jeopardy during the rating period.</i></p>
0	No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

<b># 46</b>	<p><b>DANGER TO OTHERS</b> <i>This item rates the child or adolescents violent or aggressive behavior. Like ‘Suicide Risk’ a ‘1’ is reserved for history of violence or dangerous aggressiveness. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior also should be intentional. Reckless behavior that may cause physical harm to others is not rated on this item.</i></p> <p><i>Thus a ‘0’ is used to indicate neither history nor any current violent or aggressive behavior. A ‘1’ indicates history but not recent (as defined in the criteria of the tool used). A ‘2’ indicates recent but not immediate.</i></p> <p><i>A ‘3’ is reserved for a youth who is acutely dangerous to others at the time of the rating (generally within the past 24 hours). A boy who threatens his mother with a knife would be a ‘3’ at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain a ‘3’. If on the other hand, he calms down and feels bad about his earlier threats, he would be reduced to a ‘2’ and then a ‘1’ with the passage of time so long as no other violent behavior or plans are observed.</i></p>
0	No evidence
1	History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
2	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, child set a fire that placed others at significant risk of harm.

<b># 47</b>	<p><b>SEXUAL AGGRESSION</b> <i>This item is intended to describe sexually aggressive (or abusive) behavior. The severity and recency of the behavior provide the information needed to rate this item. If sexually aggressive behavior is at the level of molestation, penetration, or rape that would lead to a rating of a ‘3’.</i></p> <p><i>Any of this behavior in the past year, but not in the rating window would result in a rating of ‘2’.</i></p> <p><i>Several situations could result in a rating of ‘1’. A history of sexually aggressive behavior but not in the past year or harassment of others using sexual language would be rated as a ‘1’.</i></p>
0	No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.
2	Child has engaged in sexually aggressive behavior in the past year but not in the past 30 days.
3	Child has engaged in sexually aggressive behavior in the past 30 days.

<b># 48</b>	<p><b>RUNAWAY</b> <i>This item describes the risk of or actual runaway behavior. A “0” is no evidence; a “1” some history of runaway behavior at least 30 days ago, expression of ideation about escaping current living situation, or running away for a couple of hours at a time but returning home prior to nightfall; a “2” recent runaway, but not in the past 7 days and a “3” is an acute threat or significant ideation about running away, the child has run away in the past week, stayed away overnight during the past 30 days, or that the child is currently a runaway.</i></p> <p><i>A rating of a “1” or greater would result in the need for further specification of these needs through the completion of the <u>Runaway Module</u>.</i></p>
0	No evidence
1	History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago.
2	Recent runaway behavior or thoughts but not in past 7 days.
3	Acute threat to runaway as manifest by either recent attempts OR child is currently a runaway.

<b># 49</b>	<b>DELINQUENT BEHAVIOR</b> <i>This relates to delinquent behavior for which the youth may or may not have been caught (thus may not have any legal involvement) and juvenile justice issues.</i>
0	No evidence
1	History of delinquency but no acts of delinquency in past 30 days.
2	Recent acts of delinquency.
3	Severe acts of delinquency that places others at risk of significant loss or injury or place child at risk of adult sanctions.

<b># 50</b>	<b>SEXUALLY REACTIVE BEHAVIOR</b> <i>Some children are exposed to sexual behaviors at an early stage developmentally. Since they do not know how to understand sexuality with any maturity, these children/youth sometimes act out with sexualized behavior. Sexually reactive behavior can be sexually aggressive as well as some children/youth who are sexually abused, then mirror that abuse by sexually abusing others. However, not all sexually reactive behavior is aggressive. The key to this item is understanding whether early exposure to sexual behaviors is a factor in the child/youth's current sexual functioning.</i>
0	No evidence of problems with sexually reactive behaviors.
1	Some evidence of sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here.
2	Moderate problems with sexually reactive behavior that places child at some risk. Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
3	Significant problems with sexually reactive behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

<b># 51</b>	<b>BULLYING</b> <i>This item describes perpetrators of the exploitation of others. Generally, this refers to bullying other children or youth (usually smaller or younger ones); however, it could include youth who bully adults. Evidence of the use of threats and/or other intimidation tactics are necessary to rate a child/youth as having an 'actionable' need on this item (i.e. 2 or 3). Children who use angry outbursts for secondary gains could be considered engaging in bullying.</i>
0	Child has never engaged in bullying at school or in the community.
1	Child has been involved with groups that have bullied other child either in school or the community; however, child has not had a leadership role in these groups.
2	Child has bullied other child in school or community. Child has either bullied the other child individually or led a group that bullied child
3	Child has repeated utilized threats or actual violence to bully child in school and/or community.

<b># 52</b>	<b>INTENTIONAL MISBEHAVIOR</b> <i>This item refers to obnoxious behaviors that force adults to sanction the child. The key to rating this behavior is to understand that the child or youth is intentionally trying to force sanctions. For example, a youth who is trying to get away with something is not engaged in this behavior. But, a youth who does something that obviously requires a sanction in a manner in which there is no doubt that a sanction must be provided may be seeking that sanction. A child who forces his/her teacher to send him/her out of class because he is having trouble learning would fit this category.</i>
0	No evidence of intentional misbehavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of intentional misbehavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
2	Moderate level of intentional misbehavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community.
3	Severe level of intentional misbehavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

<b># 53</b>	<b>AGGRESSIVE BEHAVIOR</b> <i>This item rates if there have been times when the child hurt or threatened to hurt another child or adult.</i>
0	No evidence of aggressive behavior towards people or animals.
1	There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning.
2	There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed.
3	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves harm to animals or others. Caregivers have difficulty managing this behavior.

<b># 54</b>	<b>EXPLOITED</b> <i>This item is used to describe situations in which the child is victimized or exploited by others.</i>
0	Child is not being exploited and there are no current concerns that he/she might be at risk of exploitation.
1	Child is not currently being exploited but factors place the child at risk for exploitation.
2	Child is currently being exploited by one or more other people.
3	Child is currently being exploited by one or more other people and the exploitation is placing him/her at considerable risk of physical or severe psychological harm.



# TRAUMA

## Characteristics of the Traumatic Experience:

*Traumatic experiences can change the way a person perceives the world. Approaches to helping people with trauma histories are different than traditional therapy. Having an accurate trauma history is vital to appropriate services being identified and often make the difference whether a case is successful.*

The following items should be scored based on LIFETIME exposure to Trauma or adverse childhood experiences. For the Trauma domain, the following rating scale is used:

No=No evidence of any trauma of this type for the lifetime of the child

Yes=There is evidence of trauma of this type during the lifetime of the child

Suspected=There is reason to suspect that Trauma of this type may have occurred at some point in this child's life (there may have been unconfirmed allegations or there may be behavioral indications).

<b># 55</b>	<b>SEXUAL ABUSE</b> <i>This item refers to trauma experienced by the individual's as a result of sexual abuse. This item includes: incest, rape, exploitation, sodomy, molestation, human trafficking, and the individual's reaction to the abuse. <b>Please rate within the lifetime</b> Please note that sexualized behavior and/or perpetrators of sexually abusive behavior are captured in other items.</i>  <i>A rating of "yes" would result in the need for further specifications of these needs through the completion of the <b>Sexual Abuse Module</b></i>
No	There is no evidence that the individual has experienced sexual abuse.
Yes	Individual has experienced sexual abuse.
Suspected	Individual may display signs of having been abused, but deny experiencing sexual abuse, or collateral contacts may report sexual abuse may have occurred, but there has been no disclosure from the individual.

<b># 56</b>	<b>PHYSICAL ABUSE.</b> <i>This item refers to trauma experienced by the individuals as a result of physical abuse. Physical abuse refers to non-accidental harm. Physical harm includes: physical injury, serious physical injury, and/or threatened physical injury. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has experienced physical abuse.
Yes	The individual has experienced physical abuse.
Suspected	The individual may have experienced physical abuse, but does not remember or denies that abuse happened. Collateral contacts may report the individual was physically abused, but there has been no disclosure from the individual.

<b># 57</b>	<b>EMOTIONAL ABUSE</b> <i>This item refers to trauma experienced by the individual as a result of emotional abuse. Also known as psychological abuse, emotional abuse involves speaking in ways to demean, shame, threaten, blame, intimidate, or unfairly criticize another. This can include derogatory remarks that effect the individual's development of self and social competence, or threatening harm, rejecting, isolating, terrorizing, ignoring, or corrupting the individual. This can lead to serious conduct, cognitive, affective or other mental disorders. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has experienced emotional abuse.
Yes	The individual has experienced emotional abuse.
Suspected	The individual shows signs of emotional abuse but (if not confirmed) either denies, does not remember or justifies (blames self) the emotional abuse. Or collateral contacts report emotional abuse happened but there has been no disclosure from the individual.

<b># 58</b>	<b>NEGLECT</b> <i>This item rates the degree of severity of neglect experienced by the individual over his lifetime. This item refers to trauma experienced by the individuals as a result of neglect. Neglect refers to a lack of proper caregiver care by reason of the fault or habits of the caregiver. Neglect includes: failure of the caregiver to provide proper or necessary sustenance, education, medical care, and/or supervision; in other words a failure of caregivers to meet the basic needs of the child. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has experienced neglect.
Yes	The individual has experienced neglect
Suspected	The individual may have experienced neglect, but (if not confirmed) does not identify as having experienced neglect, denies that it happened or does not remember. Or collateral contacts report neglect happened, but there has been no disclosure from the individual.

<b># 59</b>	<b>MEDICAL TRAUMA</b> <i>This item refers to trauma experienced by the individuals as a result of medical trauma. Medical traumatic stress refers to a set of physical and mental responses of the individual related to pain, injury, serious illness, medical procedures (minor or major surgery), hospitalization, and invasive or frightening treatment experiences. <b>Please rate within the lifetime.</b> Note, documenting actual health conditions (such as chronic diseases) are captured under the Life Domain Functioning Medical Rating; this item rates any trauma experienced as a result of the medical issue.</i>
No	There is no evidence that the individual has experienced any medical trauma.
Yes	The individual has experienced medical trauma
Suspected	The individual may have experienced medical trauma and either does not identify it as a “trauma” or may have been too young to remember. Or collateral contacts report the individual may have experienced a medical trauma, but there has been no disclosure from the individual.

<b># 60</b>	<b>NATURAL OR MAN-MADE DISASTER</b> <i>This item refers to trauma experienced by the individuals as a result of a natural or man-made disaster. This indicates that an individual has been exposed to and/or experienced an event and has unresolved issues related to that event as evident through disclosure or behavioral indicators. These events can include: earthquakes, epidemics, fires, floods, hurricanes, tornados, tsunamis, car wrecks, or other major accidents, etc. The individual has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a person may observe a caregiver who has been injured in a car accident or fire or watch his neighbor’s house burn down. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has experienced any disaster.
Yes	The individual has been affected by disaster.
Suspected	The individual may have been exposed to a disaster or witnessed the impact of a disaster on a family or friend, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced a disaster, but there has been no disclosure from the individual.

<b># 61</b>	<b>WITNESS TO FAMILY VIOLENCE</b> <i>This item refers to trauma experienced by the individuals as a result of witnessing violence in the individual’s family. Family violence includes any act that creates an atmosphere of intimidation and powerlessness in the home. Verbal arguing, physical harm, sexual harm between family members would rate here. <b>Please rate within the lifetime.</b> Note this is documenting ‘witness to’; physical abusive incidents in which the individual is the victim are captured in the Physical Abuse item.</i>
No	There is no evidence that the individual has witnessed family violence.
Yes	The individual has witnessed family violence.
Suspected	The individual may have witnessed episodes of family violence, but does not remember the incident or denies or minimizes its impact; or collateral reports say the individual experienced family violence, but there has been no disclosure from the individual.

<b># 62</b>	<b>WITNESS TO COMMUNITY VIOLENCE (INCLUDING SCHOOL VIOLENCE)</b> <i>This item refers to trauma experienced by the individual as a result of witnessing community violence, This refers to someone who has seen or been the target of acts of interpersonal violence committed by individuals who are not intimately related to the victim/witness. Some acts of community violence include (but are not limited to) sexual assault, burglary, use of weapons, muggings, the sounds of bullet shots, school violence such as fights and bullying, as well as social disorder issues such as the presence of gangs, drugs, and racial divisions. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has witnessed violence in the community or school.
Yes	The individual has witnessed violence/injury in the community or in school.
Suspected	The individual may have witnessed violence/ injury of others in their community or school, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced community violence, but there has been no disclosure from the individual.

<b># 63</b>	<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY</b> <i>This item refers to trauma experienced by the individuals as a result of witnessing or being a victim of a single or multiple criminal acts. Criminal behavior includes any behavior for which an adult could go to prison including (but not limited to) drug dealing, prostitution, assault, or battery. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has been victimized or witnessed criminal activity.
Yes	The individual has witnessed/been victim to criminal activity.
Suspected	The individual may have been a victim of criminal activity or been victimized, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced a crime, but there has been no disclosure from the individual.

<b># 64</b>	<b>WAR/TERRORISM AFFECTED</b> <i>This item refers to trauma experienced by the individuals as a result of war or terrorism. This item includes direct contact with acts of war, such as being a refugee from a war torn nation, being a returning soldier from war and/or has been a victim of acts of foreign or domestic terrorism. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual has been victimized or witness war or terrorism activity.
Yes	The individual was a witness of war or terrorism activity.
Suspected	The individual may have experienced war or terrorism, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced war or terrorism, but there has been no disclosure from the individual.

<b># 65</b>	<b>DISRUPTION IN CAREGIVER</b> <i>This item refers to trauma experienced by the individuals as a result of disruption in primary caregiver. Disruptions in caregiver includes: a sudden change in the individual's primary caregiver(s) due to death, incarceration, DCFS removal, change in placement, deployment, parental abandonment and etc. Concerns related to attachment should be considered in this item. This item rates impact on life functioning due to the disruption in caregiver and is not necessarily based on the duration of the separation. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that the individual experienced a disruption in significant caregivers.
Yes	The individual has spent time away from their primary caregivers, such as death of a parent, an episode in foster care, or incarceration of a parent.
Suspected	The individual may have experienced a disruption in primary caregiver such as a previous foster care placement or sudden abandonment, but does not remember the incident or denies or minimizes its impact, or collateral reports say the individual experienced war or terrorism, but there has been no disclosure from the individual.

#66	<b>GRIEF AND LOSS</b> <i>This item refers to trauma experienced by the individuals as a result of grief due to the loss of someone or something to which the individual formed a bond. This may include death, divorce, incarceration, termination of parental rights, and separation from siblings. Grief or Loss can be experienced from disruptions in social ties such as a change in schools or peer groups. Age and developmental level need to be taken into account. <b>Please rate within the lifetime.</b></i>
No	There is no evidence that individual has experienced grief or separation from significant others or things.
Yes	The individual has experienced grief due to the death or loss of a significant person or things.
Suspected	The individual may have experienced grief due to death or loss of significant persons or things, but does not remember the incident or denies or minimizes its impact; or collateral reports say the individual experienced grief and/or loss, but there has been no disclosure from the individual.

# PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS

*(If the child 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.)*

<b># 67</b>	<b>SUPERVISION</b> <i>This item refers to the caregiver's ability to consistently provide the level of monitoring and discipline required by the rated child. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son, who is not following house rules, is staying out all night and who may be using drugs or alcohol may be rated a "2."</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

<b># 68</b>	<b>PARENTING SKILLS</b> <i>This item describes the parents' ability to appropriately discipline their child/youth and apply effective parenting techniques (e.g., ability to set rules, give consequences and rewards, cohesion between parents, etc).</i>
0	The parents/caregivers are able to appropriately discipline their child/youth and use effective parenting techniques
1	The parents/caregivers have some difficulties with appropriately disciplining their child/youth and using effective parenting techniques (for example, parents/caregivers may sometimes be inconsistent or not always agree on consequences).
2	The parents/caregivers have significant difficulties appropriately disciplining their child/youth. They have limited parenting techniques and/or are using ineffective parenting techniques.
3	The parents/caregivers are unable to discipline their child/youth or they are using inappropriate parenting techniques.

<b># 69</b>	<b>KNOWLEDGE OF CHILD</b> <i>This rating should be based on the caregiver's knowledge of the specific strengths of the child and any problems experienced by the child and their ability to understand the rationale for the treatment or management of these problems This item is perhaps the one most sensitive to issues of cultural competence. It is natural to think that what you know, someone else should know and if they don't then it's a knowledge problem.</i>  <i>In order to minimize the cultural issues, we recommend thinking of this item in terms of whether there is information that if you made available to the caregivers they could be more effective in working with their child.</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

<b># 70</b>	<b>KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES</b> <i>This item requires a technical understanding of family rights and responsibilities that is likely somewhat different in different jurisdiction and sectors. Resolution of any need describe on this item is primarily educational.</i>
0	Caregiver is knowledgeable about their parental rights and responsibilities..
1	Caregiver is generally knowledgeable about their rights and responsibilities but may require additional information to improve their capacity to parent.
2	Caregiver has clear need for information to improve how knowledgeable their rights and responsibilities.. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge (about rights and responsibilities) problems that place the child at risk of significant negative outcomes.

<b># 71</b>	<b>ORGANIZATION</b> <i>This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services. Parents who need help organizing themselves and/or their family would be rated a '2' or '3'.</i>
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

<b># 72</b>	<b>SOCIAL RESOURCES</b> <i>If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports.</i>
0	Caregiver has significant family and social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or social network that actively helps with raising the child (e.g. child rearing.
2	Caregiver has some family or social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing).

<b># 73</b>	<b>RESIDENTIAL STABILITY</b> <i>Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1.' This item refers exclusively to the housing stability of the caregiver and should <b>not</b> reflect whether the child might be placed outside of the home.</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

<b># 74</b>	<b>CAREGIVER'S EMPATHY WITH CHILDREN</b> <i>This item refers to the parent/caregiver's ability to understand and respond to the joys, sorrows, anxieties and other feelings of children with helpful, supportive emotional responses.</i>
0	Adaptive emotional responsiveness. Parents/caregivers are emotionally empathic and attend to child's emotional needs.
1	Parents/caregivers are generally emotionally empathic and typically attend to child's emotional needs
2	Limited adaptive emotional responsiveness. Parents/caregivers are often not empathic and frequently are not able to attend to child's emotional needs.
3	Significant difficulties with emotional responsiveness. Parents/caregivers are not empathic and rarely attend to the child's emotional needs.

<b># 75</b>	<p><b>CAREGIVER'S BOUNDARIES</b> <i>As described before a family is a collection of individuals who work together with some common goals. However, a part of successful collaboration as a family involves maintaining one's individuality as least to some extent. This concept is referred to as boundaries.</i></p> <p><i>A parent who confides his/her secrets to the children is violating boundaries. A parent who tells the children about how badly the other parent treats him/her (e.g. infidelity) is violating boundaries. A parent, who cannot stop a child from entering the bathroom on them, is experiencing problems with boundaries.</i></p>
0	Adaptive boundaries. Caregiver has strong, appropriate boundaries between her/himself and her/his children.
1	Mostly adaptive boundaries. Caregiver has generally appropriate boundaries between her/himself and her/his children. Mild boundary violations may occur at times. Minor problems of rigidity of boundaries may occur.
2	Limited adaptive boundaries. Caregiver has problems maintaining appropriate boundaries between her/him and her/his children. Mild boundary violations may be routine or significant boundary violations may be occasional. Boundaries may be rigid.
3	Significant difficulties with boundaries. Caregiver has significant and consistent problems maintaining appropriate boundaries between her/him and her/his children or is excessively rigid in her boundaries.

<b># 76</b>	<p><b>CAREGIVER'S INVOLVEMENT IN CAREGIVING FUNCTIONS</b> <i>This item describes the degree to which this individual care giver is involved in the life of the family. Some parents or care givers are integral members of the family. They know everything that is going on with individual family members and play key roles in family decision-making. Other care givers are more detached from the family and less involved. These care givers may not be aware of the comings and goings and accomplishments and challenges of individual family members. They may be relatively uninvolved in family decision-making.</i></p>
0	Caregiver is actively and fully involved in daily family life.
1	Caregiver is generally involved in daily family life. She/he may occasionally be less involved for brief periods of time because she/he is distracted by internal stressors and/or other external events or responsibilities.
2	Caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time.
3	Caregiver is mostly uninvolved in daily family life. She/he may not interact with children on a daily basis.

<b># 77</b>	<p><b>CAREGIVER POST-TRAUMATIC REACTIONS</b> <i>This rating describes post-traumatic reactions faced by parent/caregiver, including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.</i></p>
0	Caregiver has not experienced any significant trauma or has adjusted to traumatic experiences without notable post-traumatic stress reactions.
1	Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide child care.
2	Caregiver has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide child care. Caregiver may have nightmares or flashbacks of the trauma.
3	Caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact the caregiver's ability to provide child care. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

<b># 78</b>	<p><b>KNOWLEDGE OF FAMILY/CHILD NEEDS</b> <i>This item refers to the caregiver's ability to recognize the needs of the family and individual family members.</i></p>
0	Caregiver(s) has strong understanding of family and child needs.
1	Caregiver(s) has understanding of family and child needs but may still require some help in learning about certain aspects of these needs.
2	Caregiver(s) require assistance in understanding family and/or child needs.
3	Caregiver(s) require substantial assistance in identifying and understanding family and child needs.

<b># 79</b>	<b>KNOWLEDGE OF SERVICE OPTIONS</b> <i>This item refers to the choices the family might have for specific treatments, interventions or other services that might help the family address their needs or the needs of one of the family's members.</i>
0	Caregiver(s) has strong understanding of service options.
1	Caregiver(s) has understanding of service options but may still require some help in learning about certain aspects of these services.
2	Caregiver(s) require assistance in understanding service options.
3	Caregiver(s) require substantial assistance in identifying and understanding service options.

<b># 80</b>	<b>ABILITY TO LISTEN</b> <i>This item refers to the caregiver's ability to hear both positive and negative feedback about him/herself and family members in a way that he/she can understand. Family advocates will tell you that the first step to becoming an effective advocate for your child is to learn to listen to what professionals are telling you before you try to change their minds on any issue. Listening can be extremely difficult when you are hearing your child described in a negative light. However, it is an important skill to sit and listen even when the news is hard to take and even when you are convinced that the person speaking is absolutely wrong. Talking over people, not letting people finish their thoughts become problematic when it comes your turn to speak.</i>
0	Caregiver(s) is able to listen carefully and understand both good and bad news regarding family and child issues.
1	Caregiver(s) has listening skills but sometimes struggles to hear either good or bad news regarding family and child issues.
2	Caregiver(s) requires help learning to listen effectively.
3	Caregiver(s) requires substantial help learning to listen effectively.

<b># 81</b>	<b>ABILITY TO COMMUNICATE</b> <i>The foundation of advocacy is being able to effectively communicate your family's needs so that the system will address them. Communication is fundamental. Teaching parents and family leaders to be able to communicate effectively with professionals is an important goal in advocacy development.</i>
0	Caregiver(s) is able to express feeling and thoughts effectively with regard to family and child issues. Others hear, understand, and respond.
1	Caregiver(s) is able to express feeling and thoughts but sometimes struggle to express these so that others can listen and/or understand.
2	Caregiver(s) requires help learning to express feelings and thoughts effectively with regard to family and child issues.
3	Caregiver(s) requires substantial help learning to express feelings and thoughts effectively with regard to family and child issues.

<b># 82</b>	<b>SATISFACTION WITH SERVICES ARRANGEMENT</b> <i>This item refers to the degree to which the caregiver is satisfied with any services (or lack thereof) for their child.</i>
0	Caregiver(s) is pleased with identified child's current services arrangement.
1	Caregiver(s) is satisfied with identified child's current services arrangement, although some improvements could be made.
2	Caregiver(s) believes a significant change in services arrangement is desirable.
3	Caregiver(s) believes an immediate and significant change in services arrangement is required.



<b># 83</b>	<b>PHYSICAL HEALTH</b> <i>This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that limit or prevents their ability to parent the child. For example a single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3.' If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1.'</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

<b># 84</b>	<b>MENTAL HEALTH</b> <i>This item allows for the identification of serious mental illness among caregivers that might limit caregiver capacity. A parent with serious mental illness would likely be rated a '2' or even a '3' depending on the impact of the illness. However, a parent whose mental illness is currently well controlled by medication might be rated a '1'.</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for them to parent at this time.

<b># 85</b>	<b>SUBSTANCE USE</b> <i>This item describes the impact of any notable substance use on caregivers. If substance use interferes with parenting a rating of '2' is indicated. If it prevents care giving, a '3' would be used. A '1' indicates a caregiver currently in recovery or a situation where problems of substance use are suspected but not confirmed.</i>  <i>A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the <u>Substance Use Disorder (SUD) Module</u>.</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

<b># 86</b>	<b>DEVELOPMENTAL</b> <i>This item describes the presence of intellectual disabilities among caregivers. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here. Like the Developmental item for children and youth, rating on this item should be restricted to the identification of developmental disabilities (i.e. intellectual disabilities and other related conditions) and does not refer to a broad spectrum of developmental issues (e.g. aging is <b>not</b> rated here).</i>
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

<b># 87</b>	<b>ACCESSIBILITY TO CHILD CARE SERVICES</b> <i>This item describes the caregiver's access to child care supports such as baby-sitting or day care.</i>
0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

<b># 88</b>	<b>FAMILY STRESS</b> <i>This item refers to the impact the child or youth's challenges place on the family system. A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress. Historically, this item was referred to as a burden in that raising a child with many needs can weigh on the family.</i>
0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

<b># 89</b>	<b>EMPLOYMENT/EDUCATIONAL FUNCTIONING</b> <i>This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i>
0	Caregiver is gainfully employed and/or in school.
1	A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
2	A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
3	A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

<b># 90</b>	<b>EDUCATIONAL ATTAINMENT</b> <i>This rates the degree to which the individual has completed his/her planned education.</i>
0	Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
1	Caregiver has set educational goals and is currently making progress towards achieving them.
2	Caregiver has set educational goals but is currently not making progress towards achieving them.
3	Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

<b># 91</b>	<b>LEGAL</b> <i>This item indicates the caregiver's level of involvement with the legal system (not involved in the courts due to child custody issues). Family involvement with the courts is not rated here—only the identified caregiver's involvement is relevant to this rating.</i>
0	Caregiver has no known legal difficulties.
1	Caregiver has a history of legal problems but currently is not involved with the legal system.
2	Caregiver has some legal problems and is currently involved in the legal system.
3	Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

<b># 92</b>	<p><b>FINANCIAL RESOURCES</b> <i>Poverty is one of the most common and devastating challenging that a family can face. The absence of financial resources can limit housing options, result in poor diet and dress that threaten charges of parental neglect, and subject family members to safety risks. This item describes the degree to which financial problems are a current challenge for the family.</i></p> <p><i>Few families have as many financial resources as they would like. Fewer still consider themselves as having sufficient resources. So, the '0' level is used to indicate a 'good enough' level of financial resources. The family may not be rich, but that have enough money to take care of basic needs.</i></p>
0	Caregiver has sufficient financial resources to raise the child (e.g., child rearing).
1	Caregiver has some financial resources that actively help with raising the child (e.g. child rearing).
2	Caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing).
3	Caregiver has no financial resources to help with raising the child (e.g. child rearing). Caregiver needs financial resources

<b>#93</b>	<p><b>TRANSPORTATION</b> <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her child.</i></p>
0	Child and his/her caregiver have no transportation needs. Caregiver is able to get his/her child to appointments, school, activities, etc. consistently.
1	Child and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her child to appointments, school, activities, etc. less than once a week.
2	Child and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources.
3	Child and his/her caregiver have no access to appropriate transportation and are unable to get his/her child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

<b># 94</b>	<p><b>SAFETY</b> <i>This item describes whether individuals in the home or who have access to the home present a danger to the child. This item does not describe situations in which the caregiver is unable to prevent a child from hurting his/herself despite well-intentioned efforts. It does not refer to the safety of other family or household members based on any danger presented by the assessed child. This item describes the caregiver's ability or willingness to appropriately protect the child from potential harm. If a child is involved with child welfare, the minimal rating would be a '1', perhaps if the child was being transitioned back home. A '2' or '3' on this item requires child protective services involvement.</i></p>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood that might be abusive.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

<b># 95</b>	<b>MARITAL/PARTNER VIOLENCE IN THE HOME</b> - <i>This rating describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and childcare.</i>
0	Parent/caregiver(s) appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
1	Mild to moderate level of family problems including marital difficulties and partner arguments. Parent/caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
2	Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression, the use of verbal aggression by one partner to control the other or significant destruction of property. Child often witnesses these arguments between caregivers, the use of verbal aggression by one partner to control the other or significant destruction of property.
3	Profound level of caregiver or marital violence that often escalates to the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.

## **INDIVIDUALIZED ASSESSMENT MODULES**

*Complete any specific module only if indicated on the initial page(s)*

1. *Transition Age Module-triggered by age*
2. *Developmental Needs Module-triggered by Developmental Item in Life Domain Functioning*
3. *Acculturation Module-triggered by Cultural Item in Life Domain Functioning*
4. *Substance Use Needs (SUN) Module-Triggered by Substance Use Item in Child Behavioral/Emotional Needs*
5. *Runaway Module-Triggered by Runaway Item in Child Risk Behaviors*
6. *Sexual Abuse Module-Triggered by Sexual Abuse Item in Trauma*
7. *Substance Use Disorder (SUD) Module-Caregiver-Triggered by Substance Use Item in Permanency Planning Caregiver Strengths and Needs*

# TRANSITION AGE MODULE

*This Module is triggered by age and must be completed on any youth 14 years of age or older.*

<b># 96</b>	<b>INDEPENDENT LIVING SKILLS</b> <i>This item is used to describe the individual's ability to do relevant activities of daily living. Independent living skills include money management, cooking, transportation, etc.</i>
0	This level indicates a person who is fully capable of independent living. There is no evidence of any problems that could impede maintaining his/her own home.
1	This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, ability to cook, clean, and manage self. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.
2	This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.
3	This level indicates a person with profound impairment of independent living skills. This youth would be expected to be unable to live independently given their current status. Problems require a structured living environment.

<b># 97</b>	<b>RESIDENTIAL STABILITY</b> <i>Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1.' This item refers exclusively to the housing stability of the caregiver and should <b>not</b> reflect whether the child might be placed outside of the home.</i>
0	There is no evidence of residential instability. The youth has stable housing for the foreseeable future.
1	The youth has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, there is a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. For example, a youth having difficulty paying utilities, rent, or a mortgage or if the youth has recently moved for any reason that they found stressful would be rated here.
2	The youth has moved multiple times in the past year. Also, there is a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing. This level would also indicate concerns about instability in the immediate future.
3	The youth has experienced periods of homelessness in the past six months as defined by living on the streets, in shelters, or other transitional housing.

<b># 98</b>	<b>TRANSPORTATION</b> <i>This item is used to describe unmet transportation needs. If the individual has access and can afford all necessary transportation, he/she would be rated a '0'.</i>
0	No evidence of an unmet transportation need.
1	The youth has occasional transportation needs (e.g. appointments). These needs would be no more than weekly and not require a special vehicle.
2	The youth has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily to work or therapy) that do not require a special vehicle.
3	The youth requires frequent (e.g. daily to work or therapy) transportation in a special vehicle.

<b># 99</b>	<b>PEER/SOCIAL EXPERIENCES</b> <i>This item rates problems associated with the youth's ability to relate to same age peers. This may involve either problems with making or maintaining friends and social contacts or with having social contact with peers who engage in and support destructive personal behavior.</i>
0	No evidence of any problems with peers. Youth has friends and has developmentally appropriate peer interactions.
1	Mild to moderate levels of problems making friends or getting along with peers. Youth may get into arguments or have difficulty maintaining multiple friendships. This may include involvement with peers who support destructive personal behavior.
2	Significant level of problems making friends or getting along with peers. Youth may engage in developmentally inappropriate peer behavior. He may affiliate with a peer group that has problems.
3	Severe problems making friends or getting along with peers. Youth may constantly fight with peers or have no significant social contacts. Alternatively this rating would be used to describe a youth whose only peer interactions are with a highly problematic peer group.

<b># 100</b>	<b>HEALTH MANAGEMENT &amp; MAINTENANCE</b> <i>This item rates the presence of treatment needs and the ability of the young adult to independently manage these needs.</i>
0	The young adult has no behavioral, physical, or medical treatment needs.
1	The young adult has behavioral, physical, and/or medical treatment needs but is able to effectively manage these needs.
2	The young adult has behavioral, physical, and/or medical treatment needs and has mild to moderate difficulty managing these needs.
3	The young adult has behavioral, physical, and/or medical treatment needs, and his/her inability to manage these needs interferes with daily life functioning.

<b># 101</b>	<b>SELF-CARE</b> – <i>This item rates the youths current status of self-care functioning. This includes activities of daily living such as personal hygiene, bathing, grooming and dressing. Trauma, poverty and physical impairment may complicate the issue of self-care.</i>
0	No evidence of self-care impairments. This is characterized by the ability to independently complete all activities of daily living such as bathing, grooming, and dressing.
1	A mild degree of impairment with self-care. This is characterized by self-care difficulties that impair the youth's level of functioning, but do not represent a significant short or long-term threat to the person's well-being.
2	A moderate degree of self-care impairment. This is characterized by an extreme disruption in one self-care skill or moderate disruption in more than one self-care skill. The youth's self-care does not represent an immediate threat to his/her safety but has the potential for creating significant long-term problems if not addressed.
3	A significant degree of self-care impairment. This is characterized by extreme disruptions in multiple self-care skills. The youth's self-care abilities are sufficiently impaired that it represents an immediate threat to him and requires 24 hour supervision to ensure safety. (Suicidal or homicidal ideation or behavior would not be rated here; however, an acute eating disorder would be rated here.)

<b># 102</b>	<b>EDUCATIONAL ATTAINMENT</b> – <i>This item rates the degree to which the youth is making progress toward or has completed his planned educational goals. This rates all forms of education including traditional education (high school, college, GED, etc.); vocational training (culinary school, automotive engineering, etc.); workshops; and certificate programs.</i>
0	No evidence of need in working toward completing youth's planned educational goals and/or youth has achieved all educational goals.
1	Youth has set educational goals and is currently making progress towards achieving them.
2	Youth has set educational goals but is currently not making progress towards achieving them.
3	Youth has no educational goals, and lack of educational attainment is interfering with youth's lifetime vocational functioning.

<b># 103</b>	<b>RESILIENCY</b> – <i>This item rates a youth’s ability to recognize his/her strengths and use them in times of need or to support his/her own development. This rating assesses a youth’s ability to “bounce back” from or overcome adversity in his/her life. A youth who plays the guitar and uses his/her practice to help them deal with stress is an example.</i>
0	This level indicates a youth who presents evidence that he/she can overcome adverse situations. The youth expresses that he/she feels confident that they can handle the challenges adversity brings or has demonstrated their ability to do so over time.
1	This level indicates a youth who presents some evidence that he/she can overcome adverse situations. She/he expresses that he/she can handle the challenges adversity brings in specific situations or at certain time periods in his/her life, or has examples in his/her lifetime where they have been able to do so.
2	This level indicates a youth who has no known evidence of being able to overcome adverse situations in his/her life. A youth rated here currently has limited confidence in his/her ability to overcome setbacks.
3	This level indicates a youth who has no known evidence of being able to overcome adverse situations in his/her life. A youth who currently has no confidence in his/her ability to overcome setbacks should be rated here.

<b># 104</b>	<b>RESOURCEFULNESS</b> <i>This item rates a youth’s ability to identify and utilize external resources in times of need to support their own healthy functioning and development.</i>
0	Youth is quite skilled at finding the necessary resources to aid him/her in transition to adulthood.
1	Youth has some ability to find necessary resources to aid in their transition to adulthood but sometimes requires assistance at identifying or accessing these resources.
2	Youth has limited ability to find necessary resources to aid him in his transition to adulthood and requires temporary assistance both with identifying and accessing these resources.
3	Youth lacks the ability to find the necessary resources to aid in his transition to adulthood and requires ongoing assistance with both identifying and accessing these resources.

<b># 105</b>	<b>FINANCIAL RESOURCES</b> <i>This item rates whether the youth has sufficient financial resources to support him/herself in meeting basic needs and self-identified goals.</i>
0	No evidence of financial difficulties and/or youth has financial resources necessary to meet needs.
1	Mild difficulties. Youth has financial resources necessary to meet most needs; however, some limitations exist.
2	Moderate difficulties. Youth has financial difficulties that limit him/her ability to meet needs.
3	Severe difficulties. Youth is experiencing financial hardship, poverty.

<b># 106</b>	<b>CAREGIVING ROLES</b> <i>This item rates the youth in any caregiver role. For example, a youth with a son or daughter or a youth responsible for a younger sibling, parent, or grandparent would be rated here. Include pregnancy as a parenting role.</i>
0	Youth is not a parent or in any other caregiving role.
1	The youth has responsibilities as a caregiver to an individual or older adult but is currently able to manage these responsibilities.
2	The youth has responsibilities as a caregiver to an individual or older adult and either the youth is struggling with these responsibilities or they are currently interfering with the youth’s functioning in other life domains.
3	The youth has responsibilities as a caregiver to an individual or older adult and the youth is currently unable to meet these responsibilities OR these responsibilities are making it impossible for the youth to function in other life domains.



<b># 107</b>	<b>MILITARY TRANSITIONS</b> <i>This item rates transitions experienced by young adults due to involvement in military service.</i>
0	Young adult is not experiencing any transitions related to military services. Young adult not involved in military service would be rated here.
1	Young adult anticipating a transition related to military service in the near future or young adult experienced a transition in the past which was challenging.
2	Young adult experiencing a transition related to military service.
3	Young adult experiencing a transition related to military service that has a major impact on their life domain functioning.

## DEVELOPMENTAL NEEDS (DN) MODULE

<b># 108</b>	<b>COGNITIVE</b> <i>This item rates the child/youth's IQ and cognitive functioning. Children and youth with Intellectual Disabilities or Intellectual Disabilities should be identified here.</i>
0	Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.
1	Child has low IQ (70 to 85) or has identified learning challenges.
2	Child has mild intellectual disabilities. IQ is between 55 and 70.
3	Child has moderate to profound intellectual disabilities. IQ is less than 55.

<b># 109</b>	<b>SOCIAL-EMOTIONAL DEVELOPMENT</b> <i>This item describes the child's developmental trajectory, relative to same age peer in terms of his/her emotional and interpersonal abilities. Delays in self soothing or challenges with playing well with other children could be rated here.</i>
0	Child's social interactions and emotional responses appear within normal range.
1	Some concerns that child's social interactions and/or emotional responses are not developing normally.
2	Clear evidence of impaired social interactions (failure to develop peer reaction to others) and/or a lack of emotional reciprocity (failure to express empathy, pleasure, curiosity) and/or repetitive, stereotyped patterns of behaviors, interests (hand flapping, preoccupation with parts of toys rather than playing with toys).
3	Clear evidence of severely impaired social interactions, lack of emotional reciprocity, and/or repetitive, stereotyped patterns of behaviors or interests to the degree that the child is unable to participate in a wide range of age appropriate activities and settings.

<b># 110</b>	<b>SELF-CARE DAILY LIVING SKILLS</b> <i>This item aims to describe the child/youth's ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.</i>
0	Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.
1	Child requires verbal prompting on self-care tasks or daily living skills.
2	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

# ACCULTURATION

<b># 111</b>	<b>LANGUAGE</b> <i>This item looks at whether the individual and family need help in communication with you or others in their world. In immigrant families, the individual(ren) often becomes the translator. While in some instances, this might work well, it may become a burden on the individual, or the individual, say in a juvenile justice situation might not translate accurately, and so assessing this item depends on the particular circumstances.</i>
0	Child and family speak English well.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

<b># 112</b>	<b>IDENTITY</b> <i>This item refers to whether the individual is experiencing any difficulties or barriers to their connection to their cultural identity. Can the individual be with others who share a common culture? A newly immigrated Indian individual living in a predominantly Caucasian neighborhood and attending a predominantly Caucasian school may be rated a “1” or a “2.”</i>
0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

<b># 113</b>	<b>RITUAL</b> <i>This item looks to identify whether barriers exist for a individual to engage in rituals relevant to his/her culture. For example, can a Buddhist individual in a residential setting have place to chant? Can a Muslim individual pray in the direction of Mecca at the requisite times during the day?</i>
0	Child and family are consistently able to practice rituals consistent with their cultural identity.
1	Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.
2	Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Child and family are unable to practice rituals consistent with their cultural identity.

<b># 114</b>	<b>CULTURAL STRESS</b> <i>This item identifies circumstances in which the individual’s cultural identity is met with hostility or other problems within his/her environment due to differences in the attitudes, behaviors, or beliefs of others. Racism is a form of cultural stress as are all forms of discrimination.</i>
0	No evidence of stress between individual’s cultural identity and current living situation.
1	Some mild or occasional stress resulting from friction between the individual’s cultural identity and his/her current living situation.
2	Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain.
3	Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.

# SUBSTANCE USE NEEDS (SUN) MODULE

<b># 115</b>	<b>FREQUENCY OF USE</b> <i>This item rates how often the individual engages in substance use.</i>
0	Child is currently abstinent and has maintained abstinence for at least six months.
1	Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Child frequently uses alcohol and drugs but not daily.
3	Child uses alcohol and/or drugs on a daily basis.

<b># 116</b>	<b>DURATION OF USE</b> <i>This item rates how long the individual has been using and the consistency of substance use over time.</i>
0	Child has begun use in the past year.
1	Child has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
2	Child has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Child has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

<b># 117</b>	<b>READINESS TO CHANGE</b> <i>This item indicates whether or not and how willing the individual is to make a change in their substance use.</i>
0	Child is abstinent and able to recognize and avoid risk factors for future substance abuse.
1	Child is actively trying to remain abstinent.
2	Child is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Child is in denial regarding the existence of any substance use problem.

<b># 118</b>	<b>RECOVERY ENVIRONMENT</b> <i>This item indicates how supportive the recovery environment is.</i>
0	No evidence that the child's environment stimulates or exposes the child to any alcohol or drug use.
1	Mild problems in the child's environment that might expose the child to alcohol or drug use.
2	Moderate problems in the child's environment that clearly expose the child to alcohol or drug use.
3	Severe problems in the child's environment that stimulate the child to engage in alcohol or drug.

<b># 119</b>	<b>RELAPSE SKILLS</b> <i>This item is used to describe whether the youth has developed the ability to manage threats to his/her sobriety by understanding their triggers and circumstances that lead to problems with the use of drugs and/or alcohol.</i>
0	Child has a clear relapse prevention plan, strong relapse prevention skills, and is committed to pursuing recovery.
1	Child is motivated to pursue recovery but lacks a clear relapse prevention plan and/or skill.
2	Child has a relapse prevention plan but lacks motivation, knowledge and skill to recognize and effectively respond to triggers.
3	Child is not motivated to pursue recovery and does not have a relapse prevention plan.

# RUNAWAY MODULE

<b># 120</b>	<b>FREQUENCY OF RUNNING</b> <i>This item describes how often the child runs away.</i>
0	Youth has only run once in past year.
1	Youth has run on multiple occasions in past year.
2	Youth runs often but not always.
3	Youth runs at every opportunity.

<b># 121</b>	<b>CONSISTENCY OF DESTINATION</b> <i>This item describes whether or not the child runs away to the same place, area, or neighborhood.</i>
0	Youth always runs to the same location.
1	Youth generally runs to the same location or neighborhood.
2	Youth runs to the same community but the specific locations change.
3	Youth runs to no planned destination.

<b># 122</b>	<b>SAFETY OF DESTINATION</b> <i>This item describes how safe the area is where the child runs.</i>
0	Youth runs to a safe environment that meets his/hers basic needs (e.g. food, shelter).
1	Youth runs to generally safe environments; however, they might be somewhat unstable or variable.
2	Youth runs to generally unsafe environments that cannot meet his/her basic needs.
3	Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.

<b># 123</b>	<b>INVOLVEMENT IN ILLEGAL ACTIVITIES</b> <i>This item describes what type of activities the child is involved in while on the run and whether or not they are legal activities.</i>
0	Youth does not engage in illegal activities while on run beyond those involved with the running itself.
1	Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking)
2	Youth engages in delinquent activities while on run.
3	Youth engages in dangerous delinquent activities while on run (e.g. prostitution).

<b># 124</b>	<b>LIKELIHOOD OF RETURN ON OWN</b> <i>This item describes whether or not the child returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (police).</i>
0	Youth will return from run on his/her own without prompting.
1	Youth will return from run when found but not without being found.
2	Youth will make him/herself difficult to find and/or might passively resist return once found.
3	Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

<b># 125</b>	<b>DURATION OF RUN EPISODES</b> <i>This item describes how long the child runs away for.</i>
0	Youth returns within 24 hours.
1	Youth will most often return within 48 hours and is never gone more than one week.
2	Youth has one or more episodes of remaining on run from 1 week to one month.
3	Youth has one or more episodes in the last 2 yrs of remaining on run for 30 days or more.

<b># 126</b>	<b>PLANNING</b> <i>This item describes how much planning the child put into running away or if the child runs spontaneously.</i>
0	Running behavior is completely spontaneous and emotionally impulsive.
1	Running behavior is somewhat planned but not carefully planned.
2	Running behavior is planned.
3	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

<b># 127</b>	<b>INVOLVEMENT WITH OTHERS</b> <i>This item describes whether or not others help the child to run away.</i>
0	Youth runs by self with no involvement of others. Others may discourage behavior or encourage youth to return from run.
1	Others enable youth running by not discouraging youth's behavior.
2	Others are involved in running by helping youth to not be found.
3	Youth is actively encouraged by others to run. Others actively cooperate to facilitate running behavior.

<b># 128</b>	<b>REALISTIC EXPECTATIONS</b> <i>This item describes what the child's expectations are for when they run away.</i>
0	Youth has realistic expectations about the implications of his/her running behavior.
1	Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat 'optimistic' outcome.
2	Youth has unrealistic expectations about the implications of his/her running behavior.
3	Youth has obviously false or delusional expectations about the implications of his/her running behavior.

# SEXUAL ABUSE MODULE

<b># 129</b>	<b>EMOTIONAL CLOSENESS TO PERPETRATOR</b> <i>This item rates the relationship the individual had with the person who abused him/her.</i>
0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child. (e.g. teacher, coach, mentor, close family friend)
3	Perpetrator was a family member with whom the child has a strong and durable emotional bond. (e.g. primary caretaker, parent, sibling)

<b># 130</b>	<b>FREQUENCY OF ABUSE</b> <i>Please rate using time frames provided in the anchors</i>
0	Abuse occurred at least one time.
1	Abuse occurred two times.
2	Abuse occurred three to ten times.
3	Abuse occurred more than ten times.

<b># 131</b>	<b>DURATION</b> <i>This item rates the duration of the abuse.</i>
0	Abuse occurred at least 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.

<b># 132</b>	<b>PHYSICAL FORCE</b> <i>This item rates the level of force that was involved in the sexual abuse.</i>
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.

<b># 133</b>	<b>REACTION TO DISCLOSURE</b> <i>This item rates how others responded to the abuse and how supportive they were upon disclosure.</i>
0	All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child 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 for coming forward with the description of his/her experience.
3	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

## SUBSTANCE USE DISORDER (SUD) MODULE - CAREGIVER

<b># 134</b>	<b>SEVERITY OF USE</b> <i>This item rates how often the individual engages in substance use. This item is based on current use patterns.</i>
0	Individual is currently abstinent and has maintained abstinence for at least six months.
1	Individual is currently abstinent but only in the past 30 days or individual has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Individual actively uses alcohol or drugs but not daily.
3	Individual uses alcohol and/or drugs on a daily basis.

<b># 135</b>	<b>DURATION OF USE</b> <i>This item rates how long the individual has been using and the consistency of substance use over time. This item is based on age at first use.</i>
0	Individual has begun use in the past year.
1	Individual has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
2	Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

<b># 136</b>	<b>STAGE OF RECOVERY</b> <i>This item reflects the stage of recovery that the individual is at during the last 30 days. Stage of Recovery is based on the transtheoretical model of change which is also the foundation of motivational interviewing. A lack of awareness that any problems exist would be rated a '3' (precontemplation). An awareness that problems exist but not a current willingness to change would be rated a '2'.</i>
0	Individual is in maintenance stage of recovery. Individual is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
1	Individual is actively trying to use treatment to remain abstinent.
2	Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Individual is in denial regarding the existence of any substance use problem.

<b># 137</b>	<b>PEER INFLUENCES</b> <i>This item refers to the individual's peer social network and their level of substance use within the last 30 days.</i>
0	Individual's primary peer social network does not engage in alcohol or drug use.
1	Individual has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Individual predominantly has peers who engage in alcohol or drug use but individual is not a member of a gang.
3	Individual is a member of a peer group that consistently engages in alcohol or drug use.

<b># 138</b>	<b>ENVIRONMENTAL INFLUENCES</b> <i>This item rates the individual's immediate environment and whether it is a risk factor for future substance use. Please rate the environment around the individual's living situation</i>
0	No evidence that the individual's environment stimulates or exposes the individual to any alcohol or drug use.
1	Mild problems in the individual's environment that might expose the individual to alcohol or drug use.
2	Moderate problems in the individual's environment that clearly expose the individual to alcohol or drug use.
3	Severe problems in the individual's environment that stimulate the individual to engage in alcohol or drug.





# The TCOM Tools: Obtaining Certification

Visit [TCOMTraining.com](http://TCOMTraining.com) to view the list of all TCOM Tools used in your jurisdiction.

## EXPLORE TCOM CONTENT AND EMBED TCOM INTO YOUR DAY-TO-DAY PRACTICE:

There are many ways to embed TCOM into your day-to-day practice. At the supervisory level, using action levels (in individual cases and in the aggregate) to guide planning/care, to track progress in care, and to help your staff and your program develop are great ways to do that. Many in the collaborative are using data in wonderful ways, and you can learn about that and much more at our blog: <https://tcomconversations.org/TCOMtraining-faq/>

PRACTICE: Regular User Certification Score: .70, Super User/Trainer Certification Score: .80

### WHY TAKE A PRACTICE TEST:

Practice tests are untimed and give you the chance integrate content without stress!

- Take at least 1 Practice Test
- Review your answers with preferred ratings

### WORK SMARTER, NOT HARDER

Repeatedly taking certification exams (without the practice test) can lead to struggle! The timed environment and frustration and stress can keep you from building Communimetric skills.

DON'T get hung up on the "anchors" (aka the descriptions for each action level within a given item) and instead focus on the action levels!

#### Needs Items Translate Directly into ACTION

- 0 = **Nothing**, no evidence of a need
- 1 = **Monitor**, or collect more information, suspicion or history of a need
- 2 = **ACT to address Need**, evidence of the need interfering with functioning
- 3 = **ACT Immediately/Intensely**, evidence of imminent danger to safety, health, and/or development

#### "Action Overrides Anchor"

Think about the action level needed for each item. It may even override the specific description provided.

- Would I check on this or think about it (1)?
- Would I definitely intervene/refer for an intervention (2)?
- Would I urgently intervene (3)?

Focus on the action levels, and move to the anchors (or item descriptions) only when you really feel stuck. Remember, we cannot possibly generate examples for every circumstance in the manual, so remembering the action levels (quick review below) really helps.



### Take your time on the Certification Exam:

Once you get to the final certification exam, take your time! A sample of 47,000 professionals took an average of 31 minutes to complete a certification exam successfully. You have 2 hours (120 minutes) before you are timed out. DON'T RUSH.

1. Print out the manual and the rating form.
2. Print/Read the vignette (don't forget to breathe) and check off any item on the rating form that is present in the vignette.
3. Check the vignette line by line to correct/add/subtract actionable needs and strengths.

*If possible, take the test alone, at home, outside of work to avoid all distractions.*

*Reach out to your supervisor to assist protecting your testing time.*

# CORE DOMAINS

Life Domain Functioning ○ Behavioral/Emotional Needs ○ Risk Behaviors  
Cultural Factors ○ Strengths ○ Caregiver Resources and Needs

## STRENGTHS DOMAIN—

This domain describes the assets of the child/youth that can be used to advance healthy development. Remember, STRENGTHS are NOT the opposite of NEEDS. Increasing strengths, while addressing other needs, leads to better outcomes!

### Strength Items are focused on USEFULNESS/UTILITY

- 0 = **VERY USEFUL for Planning**, well-developed or centerpiece
- 1 = **USEFUL for Planning**, could be useful for treatment planning, strength is evident
- 2 = **POTENTIALLY USEFUL**, strength requires building in order to be used for planning
- 3 = **Currently NOT a STRENGTH**, consider building, effort required to identify or create strengths

*If there is NO MENTION of a strength, rate it a '3.'*

- If, for example, you don't explicitly read about a youth with a positive future outlook, or a youth planning for his/her future, the recommended rating would be a '3' on optimism. When there is no evidence of a strength the recommended rating is a '3.'
- A '2' can be potentially useful, any building activities for this strength would be identified in planning.
- A centerpiece strength is a '0' (that is, a powerful strength that can be the focal point, or centerpiece, of the plan).

Example 1 (Centerpiece Strength-0): Molly sings like an angel. She goes to choir and is in a music program at school. Even when she gets down, singing can bring her up. She hopes to be an opera singer in the future.

Example 2 (Useful Strength-1): Molly sings really well. She is in a music program at school and is interested in doing more with her music.

Example 3 (Potential Strength-2): Molly has a nice voice. She likes music.

### WHAT TO DO WITH AN N/A?

There is no N/A option on the exam, so you'll want to read the instructions listed in order to choose the correct rating. Generally, an N/A is a '0' for a Needs item and a '3' for a Strengths item.

## CAREGIVER RESOURCES AND NEEDS DOMAIN—

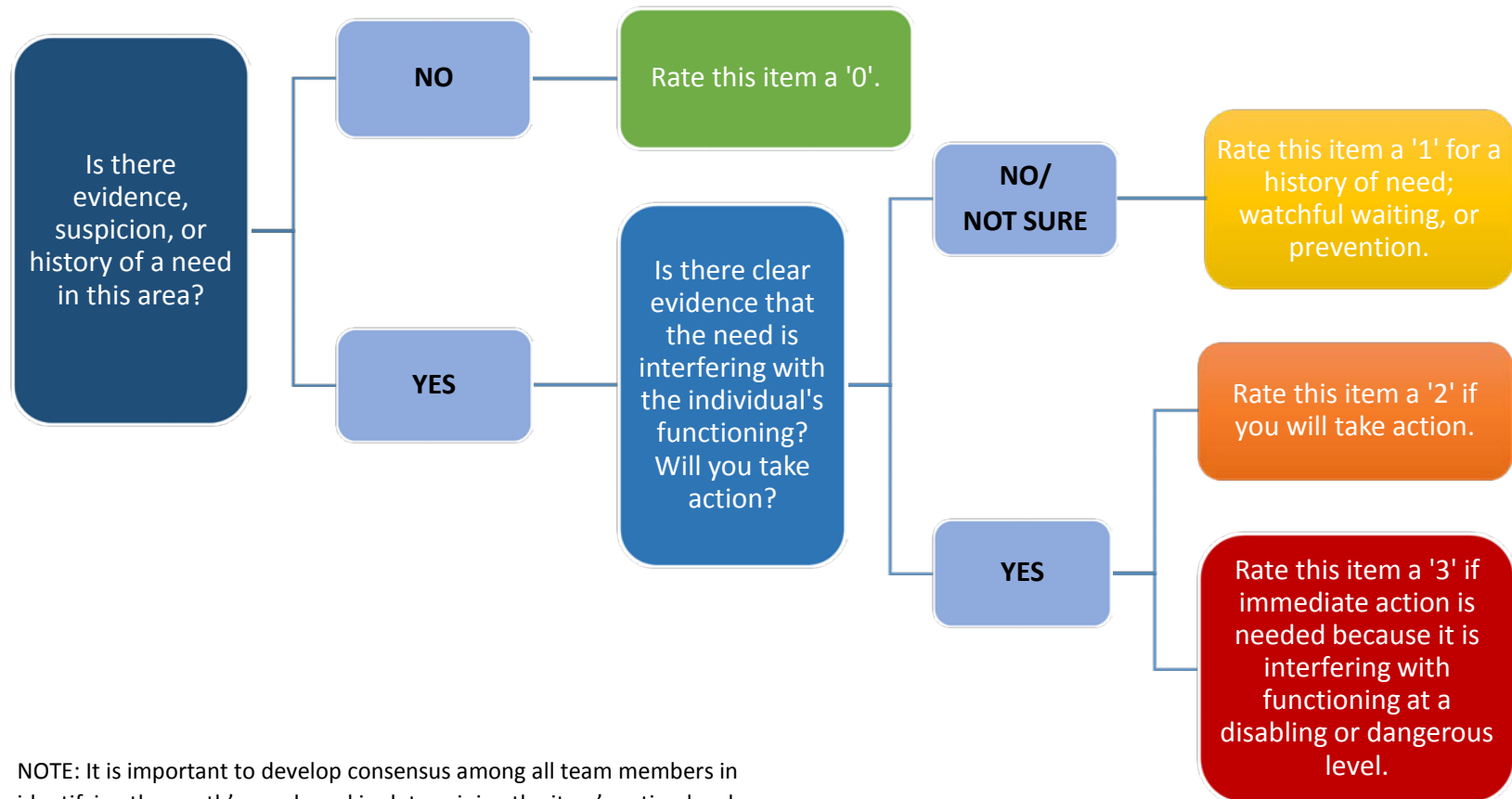
A caregiver is the family member or paid helper who provides support for an individual who is unable to fully care for themselves. If the child/youth is in foster care, the caregiver is the person(s) who is part of the permanency goal.

Overrating is very common on the Caregiver Resources and Needs Domain. It is important not to make assumptions; rate only what is there. Be careful **not to read into** the needs and strengths of the caregiver based on what you read about the youth. Take the vignette literally, and remember that the action levels on most items in this domain are related to the caregiver's capacity to parent.

This is a great example of how the vignettes force us to practice Communimetric principles. Read the item description at the top of each item in the Caregiver Resources and Needs domain, then go through the vignette and see if you have actual evidence of that caregiver need. Remember to focus on the action levels here. If, for example, the caregiver has mental health issues but is parenting well, the action level for "Mental Health" would likely be a '1.'

# ASSESSING FOR NEEDS

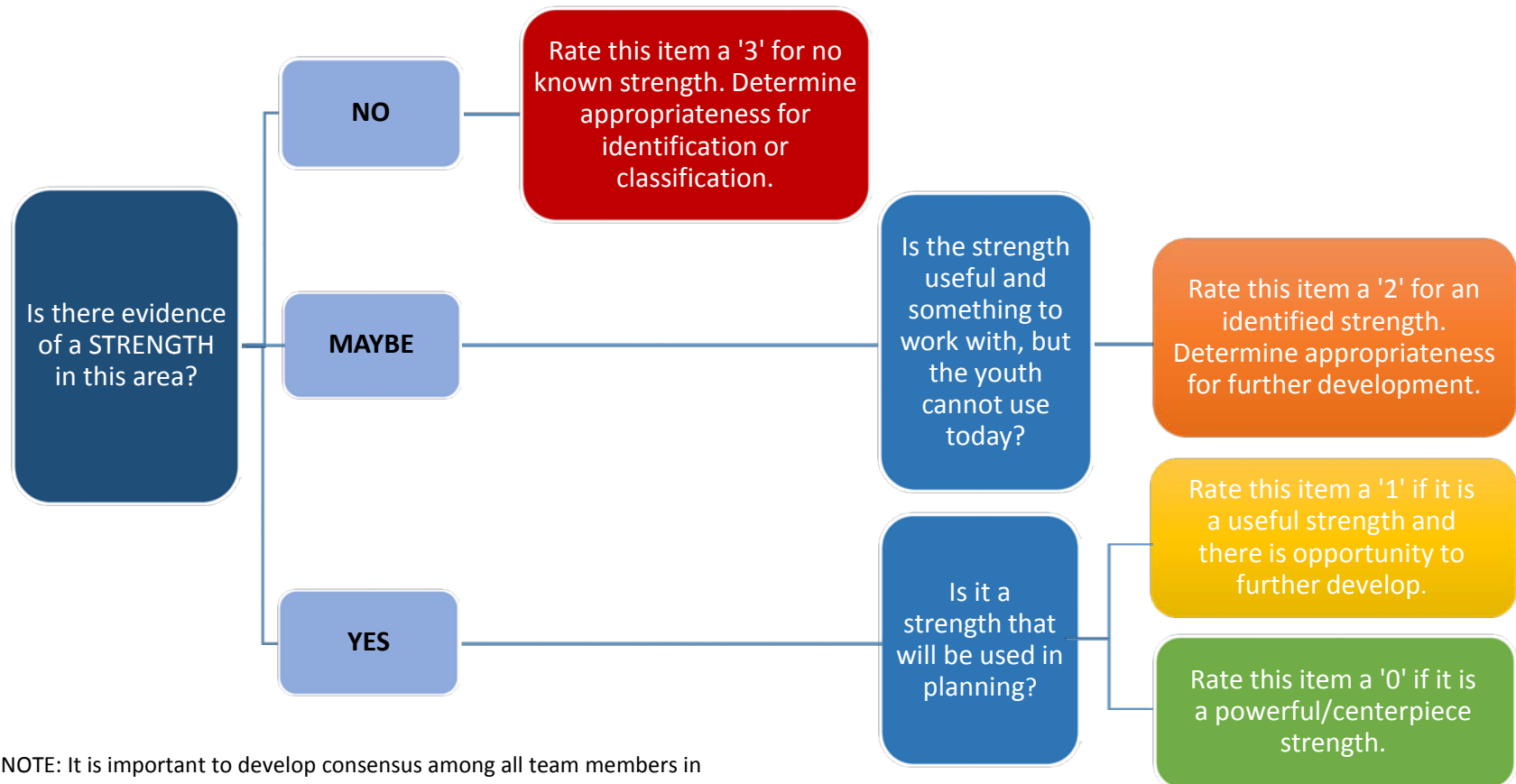
Decision of whether or not information represents a NEED



NOTE: It is important to develop consensus among all team members in identifying the youth's needs and in determining the item's action level.

# ASSESSING FOR STRENGTHS

Decision of whether or not information represents a STRENGTH



NOTE: It is important to develop consensus among all team members in identifying the youth's strengths and in determining the item's action level.

# Child and Adolescent Needs and Strengths

## (CANS) USER TIP SHEET


The CANS is designed as a structured assessment strategy for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. It provides a common language for multidisciplinary settings for consensus building.

### Guiding Principles

1. Items are included because they are relevant for planning and decision making.
2. Item ratings translate into action levels.
3. Focus is on the youth's needs, not interventions or services that could mask a need.
4. Consider culture and development before establishing action levels.
5. It's about the 'what,' not the 'why.' Don't explain away needs with what you think might be an underlying cause.
6. Specific ratings window (30-days) can be over ridden based on action levels.

### Before rating an item, consider the following questions:

- Is there any evidence of a need or strength?
- Are you understanding the youth's behavior within normal development given her/his age?
- Have you considered the youth and family's culture? Does your approach to assessment and engagement communicate respect for the youth and family's culture?
- Is the need impacting the youth's functioning?
- How urgently is action required on a need? How useful is the youth/family strength in achieving targeted outcomes?
- Are you focused on describing the need or strength, and not the underlying cause?
- What services are already in place for the youth and/or family?



The majority of the CANS items are rated in the context of what is normative for the youth's age and developmental stage.

	Rating Needs Domains	Rating Strengths Domains
Item Rating: Action Levels	<div style="background-color: #003366; color: white; text-align: center; padding: 2px;">0</div> No evidence of need; no need for action.	<div style="background-color: #660066; color: white; text-align: center; padding: 2px;">0</div> Centerpiece strength; central to planning.
	<div style="background-color: #cccccc; text-align: center; padding: 2px;">1</div> History of or possible need; watchful waiting/ prevention/additional assessment.	<div style="background-color: #cccccc; text-align: center; padding: 2px;">1</div> Strength present; useful in planning.
	<div style="background-color: #cccccc; text-align: center; padding: 2px;">2</div> Need is interfering with functioning; action or intervention required.	<div style="background-color: #cccccc; text-align: center; padding: 2px;">2</div> Identified strength; consider strength building or development activities.
	<div style="background-color: #cccccc; text-align: center; padding: 2px;">3</div> Need is dangerous or disabling; immediate or intensive action required.	<div style="background-color: #cccccc; text-align: center; padding: 2px;">3</div> No strength identified; strength creation or identification may be indicated.

## *The Praed Foundation Collaborative Training Website*

### **Q: I had an account on LearnerNation, how do I log into Schoox for the first time?**

A: If you had an account in LearnerNation, and are now logging into Schoox for the first time, please follow the below steps:

1. Go to: <https://www.tcomtraining.com>
2. Username: the email you used on our old website
3. Password: password (yes, the word 'password' is your temporary password)
4. You will be prompted to reset your password after completing steps 1 and 2
5. Must be 6 alphanumeric characters
6. You will be prompted to select your agency by using the following filters
7. Country
8. Regional Designation
9. Unit (Agency- Start Typing your agency name and it will auto populate)

### **Q: I did not have an account on LearnerNation, how do I register on Schoox?**

A: If you did not have an account in LearnerNation and need to register on Schoox, please follow the steps below:

1. Go to: <https://www.tcomtraining.com>
2. Click "Sign Up"
3. Fill out the required fields
4. Click 'sign up now'

### **Q: How do I obtain a certificate in one of the TCOM Tools?**

A: To obtain a certificate, you can review the materials or jump straight to the final exam by scrolling to the bottom of the course and selecting 'Certification Exam'.

### **Q: What courses do I need to take?**

A: Please contact your agency to determine what courses you are required to take.

### **Q: I cannot pass the final exam. I have completed all of the materials and reviewed my quizzes and videos, what do I do?**

A: If you are having trouble passing the final exam, please contact our support team at: [support@TCOMTraining.com](mailto:support@TCOMTraining.com) and let them know you would like coaching. Our team will connect you with a coach.

### **Q: Do you provide live training opportunities?**

A: Yes! We provide online webinars and in person training events. To view what is available and register for an event, toggle over 'Training' in the top toolbar and select 'events'.

# FAQ

## FREQUENTLY ASKED QUESTIONS



### **Q: How do I recertify?**

A: To recertify you will follow the steps below:

1. Go to: <https://www.tcomtraining.com>
2. Login and Select 'Training' then 'Courses' on the top toolbar
3. Select the course you need to Recertify in
4. Now you can review the materials or jump straight to the final exam by scrolling to the bottom of the course and selecting 'Certification Exam'.
5. Please note all Manuals and course materials are under the 'Supplemental Materials' on the course toolbar and can be reviewed and downloaded for your reference.
6. Once you have finished your exam you can see your results by selecting "Dashboard" on the top toolbar. Go to Vignettes, Select the bar graph to the right of the Certification Exam you took. Your Status of the Exam will show either Passed or Failed.
7. You can view your updated Certificate by selecting 'Me' then 'My Certificates' on the top toolbar.

### **Q: How do I view my exam Score?**

A: You can view your exam scores by:

- Click on 'dashboard' at the top toolbar
- Click on 'vignettes'
- Click on the course you want to see results for
- Click on the bar chart to the right of the course you would like to see the course for.

### **Q: How do I view my Certificates?**

A: You can view your Certificates by:

- Hover over the 'me' tab on the top toolbar
- Click on 'my certificates'
- Click on the certificate you would like to view



FAMILY ADVOCACY AND SUPPORT TOOL (FAST)										ARKANSAS				
Case Name:					Case Number:									
Assessor:					Date of Assessment:		m	m	d	d	y	y		
Form Status:		Initial	Subsequent	Annual	Discharge									
Caregiver A:					Youth A:									
Caregiver B:					Youth B:									

THE FAMILY TOGETHER					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
		0	1	2	3
Parental/Caregiver Collaboration		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships among Siblings		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended Family Relationships		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Conflict		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Role Appropriateness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Safety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Maintenance		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER A'S STATUS					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
		0	1	2	3
Empathy with Child		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boundaries		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner Relationships		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol and/or Drug Use		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posttraumatic Reactions		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Child		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER B'S STATUS					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
		0	1	2	3
Empathy with Child		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boundaries		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discipline		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner Relationships		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol and/or Drug Use		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posttraumatic Reactions		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Child		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER ADVOCACY STATUS					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
		0	1	2	3
Knowledge of Service Options		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Rights & Responsibilities		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Listen		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Communicate		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Youth's Living Arrangement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Youth's Educational Arrangement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Services Arrangement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUTH A'S STATUS					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Relationship with Biological Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Biological Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Other Adult Family Members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Health Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mental Health Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cognitive Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-Regulation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Educational Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

YOUTH B'S STATUS					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Relationship with Biological Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Biological Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Primary Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Other Adult Family Members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Health Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mental Health Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cognitive Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-Regulation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Educational Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**
**ARKANSAS 0-4**

Child's Name:		DOB:	Gender:	Race/Ethnicity:			
Caregiver(s):		Form Status:	Initial	Subsequent	Annual	Discharge	
		Case Name:					
		Case Number:					
Assessor:		Date of Assessment:	m	m	d	d	y y

**CHILD STRENGTHS**
*\*Please note only for the Strengths section 3 is "no evidence"*

0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
Family-Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**LIFE DOMAIN FUNCTIONING**

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Family-Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental <sup>1</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural <sup>2</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**REGULATORY FUNCTIONING**

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PRESCHOOL/DAYCARE**

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Preschool/Daycare Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool/Daycare Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHILD BEHAVIORAL/EMOTIONAL NEEDS**

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failure to Thrive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHILD RISK FACTORS**

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Birth Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor & Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent or Sibling Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Injurious Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Reactive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRAUMA			
Characteristics of the Traumatic Experience			
<i>Please rate over the lifetime</i>			
N=No evidence of trauma	Y=Evidence of trauma		
S=There is reason to suspect that Trauma of this type may have occurred at some point in this child's life (there may have been unconfirmed allegations or there may be behavioral indications).			
	N	Y	S
Sexual Abuse <sup>3</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim to Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
War/Terrorism Effected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption in Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grief and Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Rights & Responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boundaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posttraumatic Reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Family/Child Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Service Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Listen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Communicate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Services Arrangement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use <sup>4</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Educational Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital/Partner Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULES	<sup>1</sup> Developmental Needs (DD) Module
Complete any specific module only if indicated on the initial page	<sup>2</sup> Acculturation Module
	<sup>3</sup> Sexual Abuse Module
	<sup>4</sup> Substance User Disorder (SUD) Module-Caregiver

## MODULES

DEVELOPEMENTAL NEEDS (DN) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social/Emotional Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCUULTURATION MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEXUAL ABUSE MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUBSTANCE USE DISORDER (SUD) MODULE-CAREGIVER				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**
**ARKANSAS – 5+**

Child's Name:		DOB:	Gender:		Race/Ethnicity:				
Caregiver(s):		Form Status:	Initial	Subsequent	Annual	Discharge			
		Case Name:							
		Case Number:							
Assessor:		Date of Assessment:		m	m	d	d	y	y

**CHILD STRENGTHS**
*\*Please note only for the Strengths section 3 is "no evidence"*

0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
Family-Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**LIFE DOMAIN FUNCTIONING**

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Family-Nuclear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Extended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning-Peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning-Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental <sup>2</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural <sup>3</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SCHOOL**

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHILD BEHAVIORAL/EMOTIONAL NEEDS**

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use <sup>4</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHILD RISK BEHAVIORS**

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Injurious Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway <sup>5</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Reactive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRAUMA			
Characteristics of the Traumatic Experience			
<i>Please rate over the lifetime</i>			
N=No evidence of trauma	Y=Evidence of trauma		
S=There is reason to suspect that Trauma of this type may have occurred at some point in this child's life (there may have been unconfirmed allegations or there may be behavioral indications).			
	N	Y	S
Sexual Abuse <sup>3</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim to Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
War/Terrorism Effected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruption in Caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grief and Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Rights & Responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boundaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posttraumatic Reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Family/Child Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Service Options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Listen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Communicate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Services Arrangement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use <sup>7</sup>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Educational Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marital/Partner Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULES	
Complete any specific module only if indicated on the initial page	<sup>1</sup> Transition Age Module-Triggered by DOB
	<sup>2</sup> Developmental Needs (DD) Module
	<sup>3</sup> Acculturation Module
	<sup>4</sup> Substance Use Needs (SUN) Module
	<sup>5</sup> Runaway Module
	<sup>6</sup> Sexual Abuse Module
	<sup>7</sup> Substance User Disorder (SUD) Module-Caregiver

## MODULES

TRANSITION AGE MODULE					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Independent Living Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peer/Social Experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Health Management & Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Educational Attainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resiliency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Caregiving Roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Military Transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

DEVELOPMENTAL NEEDS (DN) MODULE					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social/Emotional Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

ACCUULTURATION MODULE					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

SUBSTANCE USE NEEDS (SUN) MODULE					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Frequency of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Readiness to Change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recovery Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relapse Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

RUNAWAY MODULE					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement in Illegal Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Duration of Run Episodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

SEXUAL ABUSE MODULE					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physical Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

SUBSTANCE USE DISORDER (SUD) MODULE-CAREGIVER					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	