

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.

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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

# 1	<p>FAMILY-NUCLEAR <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.

# 2	<p>FAMILY-EXTENDED <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	<p>INTERPERSONAL <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.

# 4	EDUCATIONAL <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.

# 5	TALENTS/INTERESTS <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.

# 6	SPIRITUAL/RELIGIOUS <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.

# 7	COMMUNITY LIFE <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.

# 8	RELATIONSHIP PERMANENCE <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.

# 9	CHILD INVOLVEMENT WITH CARE <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.

# 10	NATURAL SUPPORTS <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).

# 11	ADAPTABILITY <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.

# 12	BUILDING RELATIONSHIPS <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.

# 13	RESILIENCE <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

# 14	RESOURCEFULNESS <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

# 15	FAMILY-NUCLEAR <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.

# 16	FAMILY-EXTENDED <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.

# 17	<p>LIVING SITUATION <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.

# 18	SLEEP <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.

# 19	SOCIAL FUNCTIONING-PEER <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.

# 20	SOCIAL FUNCTIONING-ADULT <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.

# 21	SEXUAL DEVELOPMENT <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.

# 22	<p>DEVELOPMENTAL <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 Developmental Needs Module.</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.

# 23	<p>COMMUNICATION <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.

# 24	<p>CULTURAL <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 Acculturation Module.</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.

# 25	<p>LEGAL <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.

# 26	MEDICAL <i>This items is used to identify any chronic conditions such a 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.

# 27	PHYSICAL HEALTH <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.

# 28	DAILY FUNCTIONING <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.

# 29	SCHOOL BEHAVIOR <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.

# 30	SCHOOL ACHIEVEMENT <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.

# 31	SCHOOL ATTENDANCE <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.

# 32	SPECIAL EDUCATION <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	PSYCHOSIS <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>ATTACHMENT <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.

# 35	IMPULSIVITY/HYPERACTIVITY <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.

# 36	<p>DEPRESSION <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"> 1. <i>depressed or irritable mood most of the day, nearly every day</i> 2. <i>markedly diminished interest or pleasure in all or almost all activities, most of the day, nearly every day</i> 3. <i>significant weight loss or gain (not a growth spurt)</i> 4. <i>sleep difficulties or too much sleep nearly every night.</i> 5. <i>agitation or retardation in movement nearly everyday</i> 6. <i>fatigue or loss of energy nearly everyday</i> 7. <i>feelings of worthlessness or excessive or inappropriate guilt</i> 8. <i>diminished ability to think or concentrate or indecisiveness, nearly every day</i> 9. <i>recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide</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.

# 37	<p>ANXIETY <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.

# 38	<p>OPPOSITIONAL <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 Oppositional Defiant Disorder (ODD). 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.

# 39	<p>CONDUCT <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 Conduct Disorder.</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.

# 40	<p>ADJUSTMENT TO TRAUMA <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 adjust 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 Post Traumatic Stress Disorder (PTSD).</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.

# 41	<p>ANGER CONTROL <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.

# 42	<p>SUBSTANCE USE <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 Substance Use Needs (SUN) Module.</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>SUICIDE RISK <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>SELF-INJURIOUS BEHAVIOR <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>OTHER SELF HARM <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.

# 46	<p>DANGER TO OTHERS 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.</p> <p>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.</p> <p>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.</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.

# 47	<p>SEXUAL AGGRESSION 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’.</p> <p>Any of this behavior in the past year, but not in the rating window would result in a rating of ‘2’.</p> <p>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’.</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.

# 48	<p>RUNAWAY 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.</p> <p>A rating of a “1” or greater would result in the need for further specification of these needs through the completion of the Runaway Module.</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.

# 49	DELINQUENT BEHAVIOR <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.

# 50	SEXUALLY REACTIVE BEHAVIOR <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.

# 51	BULLYING <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.

# 52	INTENTIONAL MISBEHAVIOR <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)

# 53	AGGRESSIVE BEHAVIOR <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.

# 54	EXPLOITED <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).

# 55	<p>SEXUAL ABUSE <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. Please rate within the lifetime Please note that sexualized behavior and/or perpetrators of sexually abusive behavior are captured in other items.</i></p> <p><i>A rating of "yes" would result in the need for further specifications of these needs through the completion of the Sexual Abuse Module</i></p>
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.

# 56	<p>PHYSICAL ABUSE. <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. Please rate within the lifetime.</i></p>
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.

# 57	<p>EMOTIONAL ABUSE <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 affect 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. Please rate within the lifetime.</i></p>
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.

# 58	NEGLECT <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. Please rate within the lifetime.</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.

# 59	MEDICAL TRAUMA <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. Please rate within the lifetime. 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.

# 60	NATURAL OR MAN-MADE DISASTER <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. Please rate within the lifetime.</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.

# 61	WITNESS TO FAMILY VIOLENCE <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. Please rate within the lifetime. 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.

# 62	WITNESS TO COMMUNITY VIOLENCE (INCLUDING SCHOOL VIOLENCE) <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. Please rate within the lifetime.</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.

# 63	WITNESS/VICTIM TO CRIMINAL ACTIVITY <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. Please rate within the lifetime.</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.

# 64	WAR/TERRORISM AFFECTED <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. Please rate within the lifetime.</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.

# 65	DISRUPTION IN CAREGIVER <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. Please rate within the lifetime.</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	GRIEF AND LOSS <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. Please rate within the lifetime.</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.)

# 67	SUPERVISION <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.

# 68	PARENTING SKILLS <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.

# 69	KNOWLEDGE OF CHILD <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.

# 70	KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES <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.

# 71	ORGANIZATION <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.

# 72	SOCIAL RESOURCES <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).

# 73	RESIDENTIAL STABILITY <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 not 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.

# 74	CAREGIVER'S EMPATHY WITH CHILDREN <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.

# 75	<p>CAREGIVER'S BOUNDARIES <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.

# 76	<p>CAREGIVER'S INVOLVEMENT IN CAREGIVING FUNCTIONS <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.

# 77	<p>CAREGIVER POST-TRAUMATIC REACTIONS <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.

# 78	<p>KNOWLEDGE OF FAMILY/CHILD NEEDS <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.

# 79	KNOWLEDGE OF SERVICE OPTIONS <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.

# 80	ABILITY TO LISTEN <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.

# 81	ABILITY TO COMMUNICATE <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.

# 82	SATISFACTION WITH SERVICES ARRANGEMENT <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.

# 83	PHYSICAL HEALTH <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.

# 84	MENTAL HEALTH <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.

# 85	SUBSTANCE USE <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 Substance Use Disorder (SUD) 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.

# 86	DEVELOPMENTAL <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 not 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.

# 87	ACCESSIBILITY TO CHILD CARE SERVICES <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.

# 88	FAMILY STRESS <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.

# 89	EMPLOYMENT/EDUCATIONAL FUNCTIONING <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.

# 90	EDUCATIONAL ATTAINMENT <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.

# 91	LEGAL <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.

# 92	<p>FINANCIAL RESOURCES <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

#93	<p>TRANSPORTATION <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.

# 94	<p>SAFETY <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.

# 95	MARITAL/PARTNER VIOLENCE IN THE HOME - <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.

# 96	INDEPENDENT LIVING SKILLS <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.

# 97	RESIDENTIAL STABILITY <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 not 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.

# 98	TRANSPORTATION <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.

# 99	PEER/SOCIAL EXPERIENCES <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.

# 100	HEALTH MANAGEMENT & MAINTENANCE <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.

# 101	SELF-CARE – <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.)

# 102	EDUCATIONAL ATTAINMENT – <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.

# 103	RESILIENCY – <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.

# 104	RESOURCEFULNESS <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.

# 105	FINANCIAL RESOURCES <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.

# 106	CAREGIVING ROLES <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.

# 107	MILITARY TRANSITIONS <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

# 108	COGNITIVE <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.

# 109	SOCIAL-EMOTIONAL DEVELOPMENT <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.

# 110	SELF-CARE DAILY LIVING SKILLS <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

# 111	LANGUAGE <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.

# 112	IDENTITY <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.

# 113	RITUAL <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.

# 114	CULTURAL STRESS <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

# 115	FREQUENCY OF USE <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.

# 116	DURATION OF USE <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.

# 117	READINESS TO CHANGE <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.

# 118	RECOVERY ENVIRONMENT <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.

# 119	RELAPSE SKILLS <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

# 120	FREQUENCY OF RUNNING <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.

# 121	CONSISTENCY OF DESTINATION <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.

# 122	SAFETY OF DESTINATION <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.

# 123	INVOLVEMENT IN ILLEGAL ACTIVITIES <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).

# 124	LIKELIHOOD OF RETURN ON OWN <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.

# 125	DURATION OF RUN EPISODES <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.

# 126	PLANNING <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.

# 127	INVOLVEMENT WITH OTHERS <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.

# 128	REALISTIC EXPECTATIONS <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

# 129	EMOTIONAL CLOSENESS TO PERPETRATOR <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)

# 130	FREQUENCY OF ABUSE <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.

# 131	DURATION <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.

# 132	PHYSICAL FORCE <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.

# 133	REACTION TO DISCLOSURE <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

# 134	SEVERITY OF USE <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.

# 135	DURATION OF USE <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.

# 136	STAGE OF RECOVERY <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.

# 137	PEER INFLUENCES <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.

# 138	ENVIRONMENTAL INFLUENCES <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.

