

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

ARKANSAS

COMPREHENSIVE MULTISYSTEM ASSESSMENT

For Children 0 thru 4

## **Manual**



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ARKANSAS  
COMPREHENSIVE MULTISYSTEM ASSESSMENT  
For Children 0 thru 4 Years**

A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

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# INTRODUCTION

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

## Six Key Principles of the CANS

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

## Action Levels for “Need” Items

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

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

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

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

## Action Levels of “Strengths” Items

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

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

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

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

## Action Levels of “Trauma” Items:

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

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

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

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

# CHILD STRENGTHS

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

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

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

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

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

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

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

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

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



## LIFE DOMAIN FUNCTIONING

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

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

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

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

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

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

*\*Triggers Developmental Module*

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

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

*\*Triggers Acculturation Module*

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

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

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

## REGULATORY FUNCTIONING

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

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

## PRESCHOOL/DAYCARE

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

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

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

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

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

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

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

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

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

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

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

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

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



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

## CHILD RISK FACTORS

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

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

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

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

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

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

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

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

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

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

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

# TRAUMA

## Characteristics of the Traumatic Experience:

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

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

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

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

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

<b># 46</b>	<p><b>SEXUAL ABUSE</b> <i>This item refers to trauma experienced by the individual's as a result of sexual abuse. This item includes: incest, rape, exploitation, sodomy, molestation, human trafficking, and the individual's reaction to the abuse. <b>Please rate within the lifetime</b> Please note that sexualized behavior and/or perpetrators of sexually abusive behavior are captured in other items.</i></p> <p><i>A rating of "yes" would result in the need for further specifications of these needs through the completion of the <b>Sexual Abuse Module</b></i></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.

<b># 47</b>	<p><b>PHYSICAL ABUSE.</b> <i>This item refers to trauma experienced by the individuals as a result of physical abuse. Physical abuse refers to non-accidental harm. Physical harm includes: physical injury, serious physical injury, and/or threatened physical injury. <b>Please rate within the lifetime.</b></i></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.

<b># 48</b>	<p><b>EMOTIONAL ABUSE</b> <i>This item refers to trauma experienced by the individual as a result of emotional abuse. Also known as psychological abuse, emotional abuse involves speaking in ways to demean, shame, threaten, blame, intimidate, or unfairly criticize another. This can include derogatory remarks that effect the individual's development of self and social competence, or threatening harm, rejecting, isolating, terrorizing, ignoring, or corrupting the individual. This can lead to serious conduct, cognitive, affective or other mental disorders. <b>Please rate within the lifetime.</b></i></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.

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

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

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

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

# 53	<b>WITNESS TO COMMUNITY VIOLENCE (INCLUDING SCHOOL VIOLENCE)</b> <i>This item refers to trauma experienced by the individual as a result of witnessing community violence, This refers to someone who has seen or been the target of acts of interpersonal violence committed by individuals who are not intimately related to the victim/witness. Some acts of community violence include (but are not limited to) sexual assault, burglary, use of weapons, muggings, the sounds of bullet shots, school violence such as fights and bullying, as well as social disorder issues such as the presence of gangs, drugs, and racial divisions. 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.

# 54	<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY</b> <i>This item refers to trauma experienced by the individuals as a result of witnessing or being a victim of a single or multiple criminal acts. Criminal behavior includes any behavior for which an adult could go to prison including (but not limited to) drug dealing, prostitution, assault, or battery. 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.

# 55	<b>WAR/TERRORISM AFFECTED</b> <i>This item refers to trauma experienced by the individuals as a result of war or terrorism. This item includes direct contact with acts of war, such as being a refugee from a war torn nation, being a returning soldier from war and/or has been a victim of acts of foreign or domestic terrorism. 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.

# 56	<b>DISRUPTION IN CAREGIVER</b> <i>This item refers to trauma experienced by the individuals as a result of disruption in primary caregiver. Disruptions in caregiver includes: a sudden change in the individual's primary caregiver(s) due to death, incarceration, DCFS removal, change in placement, deployment, parental abandonment and etc. Concerns related to attachment should be considered in this item. This item rates impact on life functioning due to the disruption in caregiver and is not necessarily based on the duration of the separation. 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.

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



## PERMANENCY PLANNING CAREGIVER STRENGTHS & NEEDS

*(If the child is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child.)*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

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

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

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

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

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

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

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

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

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

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

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

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





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

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

## DEVELOPMENTAL NEEDS (DN) MODULE

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

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

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

# ACCULTURATION MODULE

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

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

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

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

## SEXUAL ABUSE MODULE

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

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

<b># 96</b>	<b>DURATION</b> <i>This item indicates what timeframe the abuse occurred over.</i>
0	Abuse occurred at least one time.
1	Abuse occurred within a six month time period.
2	Abuse occurred within a six-month to one year time period.
3	Abuse occurred over a period of longer than one year.

<b># 97</b>	<b>PHYSICAL FORCE</b> <i>This item rates the level of force that was involved in the sexual abuse.</i>
0	No physical force or threat of force occurred during the abuse episode(s).
1	Sexual abuse was associated with threat of violence but no physical force.
2	Physical force was used during the sexual abuse.
3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

<b># 98</b>	<b>REACTION TO DISCLOSURE</b> <i>This item rates how others responded to disclosure of the abuse and whether or not they were supportive of the child.</i>
0	All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
2	Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.
3	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

## SUBSTANCE USE DISORDER (SUD) MODULE - CAREGIVER

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

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

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

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

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