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The State of Maryland CHILD & ADOLESCENT NEEDS & STRENGTHS (CANS): SCORING MANUAL

Praed Foundation
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A large number of individuals have collaborated in the development of the Maryland CANS. 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 trauma items were developed in collaboration with Cassandra Kisiel, Ph.D., Glenn Saxe, M.D., Margaret Blaustein, Ph.D., Heide Ellis, Ph.D. and with the SAMHSA-funded National Child Traumatic Stress Network. The CANS is an open domain tool for use in service delivery systems that address the mental health of youth and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For more information about other versions of the CANS, contact:

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MD CANS for youth ages 5 years and older

Please ✓ appropriate use: Initial Reassessment
 Transition/Discharge

Date:

M	M	D	D	Y	Y	Y	Y
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Child's Name _____ DOB

	m		m		d		d		y		y
--	---	--	---	--	---	--	---	--	---	--	---

 Gender M F T Race/Ethnicity _____

Current Living Situation: _____

Assessor (Print Name): _____ Signature _____

Caregiver Name: _____ Relation _____

LIFE DOMAIN FUNCTIONING					
0 = no evidence of need		2 = ACT to address need			
1 = monitor, collect more info		3 = ACT immediately, intensely			
	0	1	2	3	NA
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social Functioning - Peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social Functioning - Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical/Physical	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
Enuresis/Encopresis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intellectual (IQ only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Speech/Language Delay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Autism Spectrum/PDD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Job Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal (DJS/criminal court)	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
Judgment/Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS				
0 = no evidence of need		2 = ACT to address need		
1 = monitor, collect more info		3 = ACT immediately, intensely		
	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attn Deficit/Impulse Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/Mood Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct/Antisocial Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD & ENVIRONMENTAL STRENGTHS					
0 = centerpiece strength		2 = identified but not yet useful			
1 = identified & useful strength		3 = not yet identified			
	0	1	2	3	NA
Family Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Educational Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Vocational Preferences & Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Natural Supports (i.e., unpaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpersonal Skills – Peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpersonal Skills – Non-caregiver Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Youth Involvement w/ Care Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resiliency (History)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resourcefulness (History)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

CHILD RISK BEHAVIORS				
0 = no evidence of need		2 = ACT to address need		
1 = monitor, collect more info		3 = ACT immediately, intensely		
	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Injurious Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reckless Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Sexually Reactive Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Delinquent Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire-Setting	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCULTURATION				
0 = no evidence of need		2 = ACT to address need		
1 = monitor, collect more info		3 = ACT immediately, intensely		
	0	1	2	3
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender/Sexual Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCORING DEFINITIONS & GUIDELINES

Key Characteristics of CANS

1. Items were selected because they are each relevant to service/treatment planning.
2. Item rating levels *translate directly into action*.
3. The assessment focuses on the family and youth needs, not interventions that could mask a need.
4. Assessors consider family culture and youth development before rating the level of action that is needed.
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.”
6. 30-day window keeps assessments relevant and fresh.

The MD CANS is comprised of eight sections of items. These sections are:

- Life Domain Functioning
- Child & Environmental Strengths
- Child Behavioral/Emotional Needs
- Child Risk Behaviors
- Acculturation
- Trauma Experiences
- Trauma Stress Symptoms
- Caregiver Needs & Strengths (Permanency Plan and Current)

The MD CANS also contains six modules that are completed when specific items are scored “1” or higher. These modules are:

- | | |
|--------------------|---------------------|
| • Substance Abuse | • Sexual Aggression |
| • Fire Setting | • Medical/Physical |
| • Juvenile Justice | • Runaway |

GENERAL STRATEGIES FOR USING THIS SCORING MANUAL TO SCORE ITEMS

1. Review the general scoring definitions for the specific CANS section.
2. Read the definition of the specific item.

These two strategies will be sufficient for many instances.

If further guidance is desired, examples and specific possible definitions for each rating (i.e., “0,” “1,” “2,” “3,” or—for some items—“N/A”) are given. However, please note that these examples are not comprehensive.

LIFE DOMAIN FUNCTIONING

How much is the youth struggling in the major areas of life?

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

- 0** indicates an area where there is no evidence of any needs. No action is required. This may be a strength.
- 1** indicates an area that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates an area that requires immediate or intensive action.

LD1. FAMILY

This item refers to how the youth is functioning with her/his family. Family ideally should be defined by who the youth identifies as her/his family. However, in the absence of this knowledge, consider biological relatives and their significant others with whom the youth still has contact as the definition of family.

POTENTIAL INTERVIEW QUESTIONS: *How does your family get along? Are there problems between family members? Has there ever been any violence? How is your family getting along right now?*

0	No evidence of problems in relationships with family members and/or youth is doing well in relationships with family members.
1	History or suspicion of problems. Youth might be 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 youth.
2	Youth is having significant problems with parents, siblings, or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Youth is having severe problems with parents, siblings, or other family members. This would include problems of domestic violence, constant arguing, etc.

LD2. LIVING SITUATION

This item refers to how the youth is functioning in their current living arrangement (i.e., “where the youth’s head hits the pillow”), which could be a relative, temporary foster home, shelter, treatment foster care, group home, residential treatment center, etc. This rating should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

POTENTIAL INTERVIEW QUESTION: *How is the youth behaving and getting along with others in the current living situation?*

0	No evidence of problems with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers might be concerned about youth’s behavior in living situation.
2	Moderate to severe problems with functioning in current living situation. Youth has difficulties maintaining her/his behavior in this setting; the behavior creates significant problems for others in the residence and/or youth shows significant impairment in this context.
3	Profound problems with functioning in current living situation. Youth is at immediate risk of being removed from living situation due to his/her behaviors or concerns about welfare/safety.

LD3. SOCIAL FUNCTIONING – PEER

This item rates difficulty a youth may have in relationships with similar-age others. It includes age-appropriate behavior, the ability to make and sustain adaptive peer relationships, and adequate sources of adaptive peer relationships.

POTENTIAL INTERVIEW QUESTIONS: *How well does the youth get along with people around the same age as her/him? Does s/he make new friends easily? Has s/he kept friends a long time or does s/he tend to change friends frequently? Are these friendships healthy? Do these friendships help her/him succeed in life?*

0	No evidence of problems and/or youth has developmentally appropriate social functioning with peers.
1	History/ suspicion or youth is having some minor problems in making and keeping adaptive peer relationships.
2	Youth is having some moderate problems with peer relationships that interfere with other life domains.
3	Youth is experiencing severe disruptions in peer relationships. Youth may have no friends, or s/he has constant conflict in relations with peers, or primary peer relationships are maladaptive. The quality of the youth's peer relationships presents imminent danger to youth's safety, health, and/or development.

LD4. SOCIAL FUNCTIONING – ADULT

This item rates difficulty a youth may have in relationships with adults. It includes age-appropriate behavior, the ability to make and sustain adaptive adult relationships, and adequate sources of adaptive adult relationships.

POTENTIAL INTERVIEW QUESTIONS: *How does the youth get along with adults? Does s/he develop healthy relationships with adults easily? Has s/he kept healthy relationships with adults a long time or does s/he tend to change those frequently?*

0	No evidence of problems and/or youth has developmentally appropriate social functioning with adults.
1	History/ suspicion or youth is having some minor problems in relationships with adults.
2	Youth is having some moderate problems with relationships with adults that interfere with other life domains.
3	Youth is experiencing severe disruptions in relationships with adults. Youth may have no close relationships with adults, or s/he has constant conflict in relations with adults, or primary peer relationships are maladaptive. The quality of the youth's relationships with adults presents imminent danger to youth's safety, health, and/or development.

LD5. MEDICAL/PHYSICAL

This item refers to the youth's current medical health problems and physical impediments (i.e., both acute and chronic). Vision, weight, and asthma concerns would also be rated here. This item excludes mental health issues.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth generally healthy? Does s/he have any medical or physical problems? Does s/he have to see a doctor regularly to treat any problems (like asthma, diabetes)? Are there any activities the youth cannot do because of a physical or medical condition? How much does this interfere with her/his life?*

0	No evidence of health problems and/or child is healthy.
1	Youth has <i>mild</i> medical or physical problems (usually transient and treatable) that require medical evaluation or intervention.
2	Youth has <i>serious</i> medical or physical problems that require medical treatment or intervention. Or youth has a <i>chronic</i> illness or a physical challenge that requires <i>ongoing</i> medical intervention.
3	Youth has <i>life-threatening</i> illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to youth's safety, health, and/or development.

LD6. ENURESIS/ENCOPRESIS

This item describes any needs related to excreting and eliminating bodily wastes into inappropriate places (e.g., bed or clothes). This problem could be involuntary or intentional and applies only to youth age five years or older. Be sure to rate the cause(s) of this problem elsewhere on the CANS, if applicable.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth frequently pee or poop in places besides the toilet?*

0	There is no evidence of toileting problems.
1	History of toileting difficulties but is presently not exhibiting them, except on rare occasion.
2	Youth demonstrates toileting problems on a consistent basis, interfering with functioning.
3	Youth demonstrates significant difficulty with toileting to the extent that youth and parent are in significant distress or interventions have failed.

LD7. SLEEPING

This rating applies to the youth's sleep pattern (i.e., a full night's sleep).

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have problems with sleep? Does s/he sleep through the night? Is his/her sleep disturbed by nightmares or bedwetting?*

0	Youth gets a full night's sleep each night.
1	Youth has some problems sleeping. Generally gets a full night's sleep but has some sleep disturbances related to difficulty falling asleep, staying asleep, nightmares, or bedwetting.
2	Youth has frequent problems with sleep. Sleep is often disrupted and youth seldom obtains a full night's sleep.
3	Youth is generally sleep-deprived. Sleep is difficult for youth and s/he are not able to get a full night's sleep.

DEVELOPMENT DELAY ITEMS: Intellectual, Speech/Language Delay, & Autism Spectrum / PDD

POTENTIAL INTERVIEW QUESTIONS: *Does the youth's growth and development seem healthy? Has s/he reached appropriate developmental milestones (such as walking, talking)? Has anyone ever mentioned that the youth may have developmental problems? Has the youth developed like other children her/his age?*

LD8. INTELLECTUAL (IQ only)

This rating describes the youth's cognitive/intellectual functioning.

POTENTIAL INTERVIEW QUESTIONS: *In general, does the youth learn as quickly as other youth around the same age? Has the youth's intelligence ever been assessed? What is the youth's IQ score?*

0	No evidence that youth has any problems with intellectual functioning and/or youth's intellectual functioning appears to be in normal range.
1	Borderline to low average IQ (IQ between 70 and 85).
2	Mild to moderate delayed intellectual functioning (IQ between 50 and 70).
3	Severe or profound delayed intellectual functioning (IQ less than 50).

LD9. SPEECH/LANGUAGE DELAY

This rating describes the youth's ability to understand, process, and express language. Youth with a history of hearing problems or neglect are at risk for language development delays.

POTENTIAL INTERVIEW QUESTIONS: *Compared to other youth the same age, did the youth start talking on time? Is the youth's speech understandable to most people? Has a teacher, doctor, or anyone else ever expressed concern about the youth's speech and language development? Should speech and language therapy services be included in an intervention plan (e.g., in school)?*

0	No evidence of delays in speech and language development. Youth is able to understand and express self without difficulty.
1	Youth has mild difficulties with receptive or expressive ability. For instance, youth stutters or frequently requires repetition due to not understanding/processing directions given.
2	Speech and language presents a real frustration and barrier to social functioning for youth. A youth who meets criteria for a communication disorder, would be rated here.
3	Youth is unable to communicate at all or only on a very basic level with sounds or a very limited vocabulary.

LD10. AUTISM SPECTRUM / PDD

This rating describes symptoms of pervasive developmental disorders (PDDs), such as Autism, Asperger's, PDD NOS, Rett Syndrome, and Child Disintegrative Disorder. Youth with these symptoms demonstrate deficits in 1) social interaction, 2) verbal and nonverbal communication, and 3) repetitive behaviors or interests. In addition, they will often have unusual responses to sensory experiences, such as certain sounds or the way objects look. Each of these symptoms can be mild to severe and present in each individual youth differently.

POTENTIAL INTERVIEW QUESTIONS: *Since birth how responsive to people was the youth, compared to other youth of the same age? As a baby or toddler, did the youth maintain eye contact, respond to his/her name, and smile as often, as other children of the same age? Was the youth able to see the world through someone else's perspective? Compared to other youth of the same age, were there any delays in speaking? Since birth, does the youth focus on one object for long periods of time or have a hard time with breaks in routine?*

0	No evidence of a pervasive developmental disorder.
1	Evidence of a mild PDD. Youth may have symptoms of a PDD, but symptoms are below threshold for a PDD diagnosis and do not have a significant effect on youth's development.
2	Youth meets criteria for a PDD. Developmental delays create significant challenges for this youth.
3	Severe PDD. Youth is unable to meet developmental milestones.

LD11. RECREATIONAL

This item is intended to reflect the youth's interest in, access to, and use of adaptive leisure time activities.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have things that s/he likes to do with free time? Things that give her/him pleasure? Activities that are a positive use of her/his extra time? Does s/he often claim to be bored or have nothing to do?*

0	Youth has and enjoys adaptive recreational activities on an ongoing basis.
1	Youth is doing adequately with recreational activities, although some problems may exist.
2	Youth is having moderate problems with recreational activities. Youth may experience some problems with effective use of leisure time.
3	Youth has no access to or interest in recreational activities. Youth has significant difficulties making use of leisure time.

LD12. JOB FUNCTIONING

This item is intended to describe functioning in vocational settings. If a youth is not working and is not involved in any prevocational activities, this item should be rated 'N/A'. Youth aged 12 or younger typically would be rated 'N/A' here.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have a job? If so, how is s/he doing at work?*

0	No evidence of any problems in work environment.
1	Youth has some mild problems at work (e.g., tardiness, conflict).
2	Youth has problems at work.
3	Youth has severe problems at work in terms of attendance, performance or relationships. Youth may have recently lost job.
N/A	Not applicable. Youth is not currently or recently employed.

LD13. LEGAL (DJS/Criminal Court)

This item involves only the youth's involvement with the legal system due to youth's behavior (i.e., juvenile/criminal courts). Do not rate CINA review hearings or family court involvement here.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever admitted that s/he has broken the law? Has s/he ever been arrested? Has s/he ever been in detention?*

0	Youth has no known legal difficulties.
1	Youth has a history of legal problems but currently is not involved with the legal system.
2	Youth has some legal problems and is currently involved in the legal system.
3	Youth has serious current or pending legal difficulties that place him/her at risk for a court-ordered out of home placement.

LD14. JUDGMENT/DECISION-MAKING

This item describes the youth's age-appropriate decision-making processes and awareness of consequences. Ratings greater than "0" indicate that the youth requires more supervision than typically expected for the youth's age to keep the youth and others safe.

POTENTIAL INTERVIEW QUESTIONS: *Does s/he typically make good choices for him/herself? Do his/her choices ever result in harm to the youth or others? If the youth were left alone, how safe and responsible would the youth's decisions be, compared to other youth of the same age?*

0	No evidence of problems with judgment or decision-making, resulting in harm to development and/or safety.
1	History of problems with judgment in which the youth makes harmful decisions. For example, youth has a history of hanging out with other youth who shoplift.
2	Youth makes decisions harmful to her/his development or well-being more often than other similar-age youth. Therefore, youth requires supervision greater than expected for youth's age.
3	Youth makes decisions that would likely result in significant physical harm to self or others. Therefore, youth requires intense and constant supervision, over and above that expected for youth's age.

LD15. SEXUAL DEVELOPMENT

This rating describes issues around sexual development including developmentally inappropriate sexual behavior and sexual behavior presenting risk to the youth's safety and overall health. Please note that sexual orientation or gender identity issues should be rated in the Acculturation section.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth sexually active? Is there any reason to worry about her/his sexual behavior? Does the youth have less interest/more interest in sex than other youth her/his age?*

0	No evidence of any problems with sexual development.
1	Mild to moderate problems with sexual development. Youth might have some issues with sexually acting out but this behavior does not affect other areas of life.
2	Significant problems with sexual development. This behavior affects other areas of life. May include multiple older partners or high-risk sexual behavior.
3	Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression.

LD16. SCHOOL ATTENDANCE

This item rates issues of tardiness and/or truancy. If school is not in session, rate the last 30 days when school was in session.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth had any difficulty with getting to or staying in school? Has the teacher or other school personnel expressed concern about the youth's attendance?*

0	No evidence of attendance problems. Youth attends regularly.
1	Youth has some problems attending school but generally goes to school. S/he may miss up to one day per week on average. Or s/he may have moderate to severe problems in the past six months but has been attending school regularly in the past month.
2	Youth is having problems with school attendance. S/he is missing at least two days per week on average.
3	Youth is not going to school. Youth is generally truant or refusing to go to school.
N/A	Not applicable based on youth's age.

LD17. SCHOOL ACHIEVEMENT

This item rates the youth's grades or level of academic achievement. Failing most subjects or being more than one year behind same-age peers would be rated '3.'

POTENTIAL INTERVIEW QUESTIONS: *How is the youth doing academically? Is s/he having difficulty with any subjects? Is s/he at risk of failing any classes? Of being left back? Has the teacher or other school personnel expressed concern about the youth's academic performance?*

0	No evidence of issues in school achievement and/or youth is doing well in school.
1	Youth is doing adequately in school, although some problem with achievement exists.
2	Youth is having moderate problems with school achievement. S/he may be failing some subjects.
3	Youth is having severe achievement problems. S/he may be failing most subjects or has been retained a grade level ("left back"). Youth might be more than one year behind same-age peers in school achievement.
N/A	Not applicable based on youth's age.

LD18. SCHOOL BEHAVIOR

This item rates the behavior of the youth in school or school-like settings (e.g., Head Start, pre-school). A rating of '3' would indicate a youth, who is still having problems after special efforts have been made (e.g., problems in a special education class). If youth is currently not attending (e.g., summer break, expelled, truancy), rate behavior when youth last attended.

POTENTIAL INTERVIEW QUESTIONS: *How is the youth doing in school? Has the teacher or other school personnel expressed concerns about the youth's behavior?*

0	No evidence of behavior problems at school or day care and/or youth is behaving well.
1	Youth is behaving adequately in school, although some behavior problems exist. May be related to either relationship with teachers or peers. A single detention might be rated here.
2	Youth is having moderate behavioral difficulties at school. S/he is disruptive and may have received sanctions including suspensions or multiple detentions.
3	Youth is having severe problems with behavior in school. S/he is frequently or severely disruptive. School placement may be in jeopardy due to behavior.
N/A	Not applicable based on youth's age.

CHILD & ENVIRONMENTAL STRENGTHS

What protective resources are currently available to the youth?

How useful are their protective resources, particularly when youth is faced with adversity?

For **Child & Environmental Strengths**, the following categories and action levels are used:

- 0 Identified & highly useful strength** - can be used as a centerpiece for a strength-based plan.
- 1 Identified & useful strength** - resource requires further development to serve as a focus of a strength-based plan.
- 2 Identified, but not yet useful strength** – potential resource requires significant development before it can be effectively utilized as a focus of a strength-based plan.
- 3 Not yet identified strength** - efforts are needed to identify potential resource(s) for strength-building efforts.

CES1. FAMILY ENVIRONMENT

Family refers to all biological or adoptive relatives with whom the youth remains in contact along with other individuals in relationships with these relatives. This item reflects how much the family as a whole (including the youth) feels connected, committed, and loved by one another. Ratings should include level of cohesion and quality of communication among family members.

POTENTIAL INTERVIEW QUESTIONS: *How do you care about one another in your family? Is there usually good communication? Is this an area that you could use some help to develop?*

0	Significant family strengths. This level indicates a family with much love and mutual respect for each other. Family members are central in each other's lives ("tight"). Youth is fully 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 and they sometimes need help with getting along and talking. Youth is generally included.
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. Youth is often not included in family activities.
3	No evidence of any family relationships as strength at this time. Youth might not have identified family or identified family requires significant assistance to develop relationships and ability to communicate. Youth might not be included in normal family activities.

CES2. EDUCATIONAL ENVIRONMENT

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

POTENTIAL INTERVIEW QUESTIONS: *Is the youth's school an active partner in figuring out how to best meet the youth's needs. Does the youth like this school? When has the youth been at his/her best in school?*

0	The school is an effective advocate on behalf of the child and family to identify and successfully address the child's educational needs.
1	The school occasionally works with child and family to identify and address the child's educational needs.
2	School is currently unable to adequately address youth's academic or behavioral needs.
3	No evidence of the school working to identify or successfully address youth needs and/or school is unable or unwilling to work to identify and address youth needs and/or there is no school to partner with at this time.

CES3. VOCATIONAL PREFERENCES & SKILLS*

This item rates the development of skills which could be applied to a vocation including prevocational skills and work experience. Generally this rating is reserved for adolescents and is not applicable for youth 12 years and under. Computer skills would be rated here.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth know what s/he wants to be when s/he grows up? Are his/her goals realistic? Has s/he ever worked? Does s/he have plans for a career?*

0	Youth has stated a vocational preference and has vocational skills and work experience related to that preference.
1	Youth has some vocational skills or work experience, which will be generally useful for future employment.
2	Youth has some pre-vocational skills. Youth may have a clear vocational preference.
3	No evidence of vocational/pre-vocational skills or work experience and no expression of any vocational preference.

CES4. SPIRITUAL/RELIGIOUS*

This item refers to youth's experience of receiving comfort and support from religious or spiritual involvement.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth involved with any religious community? Does the youth have spiritual beliefs that provide comfort?*

0	Youth is involved in and receives significant comfort or support from spiritual/religious beliefs, practices and/or community. For example, youth is very involved in her church youth group, has many friends there, and derives a sense of belonging from her participation.
1	Youth is involved in and receives some comfort or support from spiritual/religious beliefs, practices, and/or community.
2	Youth has expressed some interest in spiritual/religious belief and practices.
3	No evidence of identified spiritual/religious beliefs, nor does youth show any interest in these pursuits.

CES5. COMMUNITY LIFE

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

POTENTIAL INTERVIEW QUESTIONS: *Is the youth active in a community? Is s/he a member of a community organization or group? Are there things that the youth does in the community?*

0	Youth has extensive and substantial, long-term ties with the community.
1	Youth has some significant community ties, albeit they may be relatively short term (i.e., past year).
2	Youth has an identified community but has only limited, or unhealthy, ties to that community
3	No evidence of an identified community of which s/he is a member at this time. For example, because youth has moved a lot or has been in multiple foster care settings, s/he may have lost their sense of connection to community life. Or youth lives in a campus-based residential treatment facility or residential drug rehabilitation facility (unless s/he has significant involvement in the community off-campus).

CES6. RELATIONSHIP PERMANENCE

This rating refers to the stability of significant relationships in the youth's life. This likely includes family members but may also include other individuals.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have relationships with adults that have lasted her/his lifetime? Is s/he in contact with both parents? Are there relatives in the youth's life with whom s/he has long-lasting relationships?*

0	This level indicates a youth 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. Youth may have a stable relationship with both parents.
1	This level indicates a youth 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 youth who has a stable relationship with only one parent may be rated here.
2	This level indicates a youth 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 youth who does not have any stability in relationships. Youth might have to live "on their own" or be adopted.

CES7. NATURAL SUPPORTS (i.e., unpaid)

These ratings refer to unpaid helpers in the youth's natural environment. These include individuals who provide social support to the target youth and family.

0	Youth has significant natural supports, who routinely support the youth's healthy development.
1	Youth has identified natural supports, who sometimes support the youth's healthy development.
2	Youth has some identified natural supports; however, they are not actively contributing to the youth's healthy development.
3	Youth has no known natural supports.

INTERPERSONAL SKILLS

Interpersonal skills are rated independently of Social Functioning, because a child can have social skills but still struggle in his or her relationships at a particular point in time. Thus, this strength indicates an ability to make and maintain long-standing relationships.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth pleasant and likeable? Do adults or other children like him/her? Do you feel that the youth can act appropriately in social settings?*

CES8. INTERPERSONAL SKILLS-PEER

This rating refers to the youth's social and relationship skills with peers, specifically similar-age others.

0	Significant interpersonal strengths with similar-age peers. Youth is seen as well-liked by peers and has significant ability to form and maintain prosocial, adaptive relationships with peers. Individual has <i>multiple</i> close friends and is friendly with others.
1	Moderate level of interpersonal strengths. Youth has formed prosocial, adaptive interpersonal relationships with similar-age peers. Youth may have one friend, if that friendship is a healthy "best friend."
2	Mild level of interpersonal strengths with similar-age peers. Youth needs help getting and keeping friends. Youth has some social skills that facilitate prosocial and adaptive relationships with peers. Youth may not have any current close relationships, but has a history of making and maintaining healthy friendships with peers.
3	No evidence of observable interpersonal skills or healthy friendships with similar-age peers at this time and/or youth requires significant help to learn to develop interpersonal skills and healthy friendships.

CES9. INTERPERSONAL SKILLS-ADULT (i.e., non-caregiver adults)

This rating refers to the youth's social and relationship skills with non-caregiver adults.

0	Significant interpersonal strengths with adults. Youth is seen as well-liked by adults and has significant ability to form and maintain prosocial, adaptive relationships with adults. Individual has <i>multiple</i> close supportive relationships with non-caregiver adults.
1	Moderate level of interpersonal strengths. Youth has formed prosocial, adaptive relationships with non-caregiver adults.
2	Mild level of interpersonal strengths. Youth needs help forming and maintaining healthy relationships with adults. Youth has some social skills that facilitate prosocial, adaptive relationships with non-caregiver adults. Youth may not have any current relationships, but has a history of making and maintaining healthy relationships with non-caregiver adults.
3	No evidence of observable interpersonal skills or healthy friendships with adults at this time and/or youth requires significant help to learn to develop interpersonal skills and healthy relationships with adults.

CES10. OPTIMISM

This rating should be based on the youth's sense of self in his/her own future. This is intended to rate the youth's positive future orientation.

POTENTIAL INTERVIEW QUESTIONS: *Does s/he have a generally positive outlook on things? Does s/he have things to look forward to? Does s/he have plans for the future? Is s/he forward-looking and see him/herself as likely to be successful?*

0	Youth has a strong and stable optimistic outlook on her/his future.
1	Youth is generally optimistic about her/his future. Youth is likely able to articulate some positive future vision.
2	Youth has difficulties maintaining a positive view of self and life. Youth may vary from overly optimistic to overly pessimistic.
3	No evidence of optimism at this time and/or youth has difficulties seeing any positives about self or life.

CES11. TALENT/INTERESTS*

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

POTENTIAL INTERVIEW QUESTIONS: *What are the youth's talents or interests? What are things that the youth does particularly well? What does s/he enjoy?*

0	Child has a talent, interest, or hobby that provides him/her with pleasure and/or self-esteem.
1	Child has a talent, interest, or hobby that has the potential to provide him/her with pleasure and self-esteem.
2	Child has a talent, interest, or hobby. It is unclear if this provides him/her with any benefit.
3	No evidence of identified talents, interests, or hobbies at this time, and/or youth requires significant assistance to identify and develop talents and interests.

CES12. YOUTH INVOLVEMENT WITH CARE (i.e., insight and motivation for change)

This item refers to the youth's participation in efforts to address his/her identified needs. Participation is characterized by insight/awareness of needs and motivation to make changes to address needs.

0	Youth is knowledgeable of needs and helps direct planning to address them.
1	Youth is knowledgeable of needs and participates in planning to address them.
2	Youth is somewhat knowledgeable of needs but is not willing to participate in plans to address them.
3	Youth is neither knowledgeable about needs nor willing to participate in any process to address them.

CES13. RESILIENCY (i.e., history of recovery after adversity)

Resilience refers to a process leading to youth recovery from events threatening youth wellness. Although this is a youth-focused item, everyone in the youth's life (i.e., youth, family, and society) contributes to the resiliency process. This rating describes the youth's history of recovery victories; that is, the youth regained enough functioning to accomplish major developmental tasks after adverse events. Previous recovery victories indicate potential for future recovery victories.

0	Youth has achieved and maintained multiple recovery victories (and/or has even surpassed her/his baseline functioning).
1	Youth has achieved and maintained one recovery victory or multiple partial recoveries (with <i>perhaps</i> occasional assistance in maintaining progress).
2	Youth has demonstrated some partial recoveries, but continues to require moderate to significant assistance in maintaining progress.
3	No evidence of recovery at this time and/or youth requires significant assistance in achieving recovery.

CES14. RESOURCEFULNESS (i.e., history of effective support seeking)

This rating describes the youth's history of recognizing appropriate social support resources and effectively utilizing these resources in the face of adversity with the purpose of fostering recovery.

0	Youth has demonstrated on multiple occasions that s/he effectively recognizes and utilizes appropriate social support resources.
1	Youth has demonstrated on one occasion that s/he effectively recognizes and utilizes appropriate social support resources.
2	Youth has demonstrated that s/he can recognize appropriate social support resources but requires significant assistance to effectively utilize these resources.
3	No evidence that youth can recognize nor utilize appropriate social support resources and/or youth requires significant assistance in developing these skills.

**Vocational, Talents/Interests, and Spiritual/Religious have been found to be the three best predictors for positive outcomes for children involved in the mental health and juvenile justice systems. Children who had strengths in these areas were less likely to be rearrested than those who did not.*

CHILD BEHAVIORAL/EMOTIONAL NEEDS

To what degree do mental health challenges impair the youth/family's life?

For **Behavioral/Emotional Needs**, the following categories and symbols are used:

- 0** indicates an area where there is no evidence of any needs.
- 1** indicates a history, suspicion, or mild level of need, thus requiring *monitoring, watchful waiting, or preventive activities*.
- 2** indicates moderate need (i.e., impairing at least one life domain), thus requiring *action* to address this need.
- 3** indicates severe need (i.e., impairing multiple life domains), thus requiring *immediate or intensive action*.

BEN1. PSYCHOSIS

The primary symptoms of psychosis include hallucinations (experiencing things others do not experience), delusions (a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), unusual thought processes, strange speech, or bizarre behavior. The most common form of hallucinations is tactile, followed by auditory, and then visual. DSM-IV disorders included on this dimension are schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, delusional disorder, shared psychotic disorder, substance-induced psychosis, psychosis due to a general medical condition, psychosis NOS.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever talked about hearing, seeing or feeling something that was not actually there? Has the youth ever done strange or bizarre things that didn't seem to make sense? Does the youth have strange beliefs about things? Has anyone ever told you that the youth has a thought disorder or a psychotic condition?*

0	No evidence of thought disorder. Both thought processes and content are within normal range.
1	History, suspicion, or mild level of need regarding thought processes or content. The youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This category would be used for youth who are sub-threshold for one of the DSM diagnoses listed above.
2	Moderate disturbance in thought processes or content. The youth may be somewhat delusional or have brief or intermittent hallucinations. The youth's speech may be at times quite tangential or illogical. This level would be used for youth who meet the diagnostic criteria for one of the disorders listed above.
3	Severe psychotic disorder. The youth frequently experiences symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions, hallucinations or both. Command hallucinations would be coded here. This level is used for extreme cases of the diagnoses listed above.

BEN2. ATTENTION DEFICIT/IMPULSE CONTROL

This rating focuses on the loss of control or intentional behavior, sometimes referred to as problems in executive functioning. Youth with impulse problems tend to engage in behavior without thinking, regardless of consequences. Symptoms of Attention Deficit and Hyperactivity Disorder and Impulse Control Disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth able to sit still for any length of time? Does s/he have trouble paying attention for more than a few minutes? Is the youth able to control him/herself? Does the youth report feeling compelled to do something despite negative consequences?*

0	No evidence of attention, hyperactivity, or impulse problems.
1	History, suspicion, or mild level of need regarding attention, hyperactivity, or impulse control. Youth may have some difficulties staying on task for an age appropriate time period.
2	Moderate symptoms of attention, hyperactivity, or impulse control problems. A youth who meets DSM-IV diagnostic criteria for ADHD would be rated here.
3	Severe impairment of attention/dangerous impulse control problems. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g. running into the street, dangerous driving or bike riding). A youth with profound symptoms of ADHD would be rated here.

BEN3. DEPRESSION/MOOD DISORDER

Symptoms included in this dimension are irritable, depressed, or manic mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation. This dimension can be used to rate symptoms of the following mood disorders as specified in DSM-IV: dysthymic disorder, major depressive disorder, depressive disorder NOS, bipolar disorder NOS, bipolar I, bipolar II, mood disorder NOS.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth seem depressed or irritable? Has s/he withdrawn from normal activities? Does the youth seem lonely or not interested in others?*

0	No evidence of mood disorder symptoms.
1	History, suspicion, or mild level of need regarding mood disorder symptoms. Mild symptoms associated with a recent negative life event with minimal impact on life domain functioning.
2	Moderate level of mood disorder symptoms that interfere with functioning in at least one life domain. This level is used to rate youth who meet the criteria for an affective disorder listed above.
3	Severe level of mood disorder symptoms. This would include a youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be coded here. This level is used to indicate a severe case of one of the disorders listed above.

BEN4. ANXIETY

This item describes the youth's level of fearfulness, worrying, panic attacks, or other characteristics of anxiety disorders.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have any problems with anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Does the youth act frightened or afraid? Does the youth worry a lot?*

0	No evidence of any anxiety or fearfulness.
1	History, suspicion, or mild level of need regarding anxiety disorder symptoms. Mild to moderate symptoms associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the other listed disorders.
2	Moderate level of anxiety disorder symptoms that has interfered significantly in youth's ability to function in at least one life domain.
3	Severe level of anxiety disorder symptoms that makes it virtually impossible for the youth to function in any life domain.

BEN5. OPPOSITIONAL BEHAVIOR (Non-compliance with authority)

This item is intended to capture how the youth relates to authority across contexts. Authority figures include caregivers, school officials, police, and other powerful adults. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance to authority rather than on seriously breaking social rules, norms, and laws.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth do what adults and other people of authority ask him/her to do? Have teachers or other adults reported that the youth does not follow rules or directions? Does the youth argue with adults when they try to get her/him to do something?*

0	No evidence of oppositional behavior. Youth is generally compliant, recognizing that all children and youth fight authority some.
1	History, suspicion, or mild level of need regarding compliance with authority figures. Behavior has minimal impact on life domain functioning. Youth may occasionally talk back to teacher, parent/caregiver. Caregiver may receive letters or calls from school regarding youth's noncompliance with school rules.
2	Moderate problems with compliance with authority figures. Behavior interferes with functioning in at least one life domain. A youth who meets the criteria for Oppositional Defiant Disorder in DSM-IV would be rated here.
3	Severe problems with compliance with authority figures. Behavior interferes with functioning in multiple life domains. A youth rated at this level would be a severe case of Oppositional Defiant Disorder. They would be virtually always noncompliant. Youth repeatedly ignores authority.

BEN6. CONDUCT / ANTISOCIAL BEHAVIOR

These symptoms indicate purposeful acts against society, rule-breaking for sport, satisfaction from subordination or pain of others, and lack of remorse/quilt for such acts. Acts include antisocial behaviors like pathological lying, shoplifting/stealing, vandalism, deliberate destruction of property, cruelty to animals, and assault. This dimension would include the symptoms of Conduct Disorder as specified in the DSM. Training example: Youth blindfolded foster sister, told her to walk down the steps, and – while there were still four steps remaining – told her she'd reached the bottom of the steps.

POTENTIAL INTERVIEW QUESTIONS: *Is the youth honest? How does the youth handle telling the truth/lies? Has the youth been part of any criminal behavior? Has the youth ever shown violent or threatening behavior towards others? Has the youth ever tortured animals or set fires?*

0	No evidence of serious violations of others or laws.
1	History, suspicion, or mild level of need regarding antisocial behavior. Youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex, and community. This might include occasional truancy, repeated severe lying, or petty theft from family.
2	Moderate antisocial behavior. This could include episodes of planned aggressive or other antisocial behavior. A youth rated at this level should meet the criteria for a diagnosis of Conduct Disorder.
3	Severe antisocial behavior. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior that places youth or community at significant risk of physical harm due to these behaviors.

BEN7. SUBSTANCE ABUSE

These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with DSM-IV Substance-related Disorders.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth used alcohol or any kind of drugs on more than an experimental basis? Does the youth have an alcohol or drug use problem? Has anyone reported that they think the youth might be using alcohol or drugs?*

0	No evidence of substance use. If the person is in recovery for greater than 1 year, they should be coded here although this is unlikely for a youth.
1	History, suspicion, or mild level of need regarding substance use that might occasionally impair functioning (e.g., intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently abstinent for at least 30 days.
2	Moderate substance abuse problem that interferes with functioning in at least one life domain and thus requires treatment. Substance abuse problems consistently interfere with the ability to function optimally but do not completely preclude functioning in an unstructured setting.
3	Severe substance abuse problem. Youth requires detoxification, is dependant or addicted to alcohol and/or drugs. Youth intoxicated at the time of assessment (i.e., currently under the influence) is included here. A substance-exposed infant who demonstrates symptoms of substance dependence would be rated here.

BEN8. EATING DISTURBANCE

This item describes any needs involving the youth's food intake, such as food hoarding, overeating, anorexia, bulimia, rigid food preferences, and inability to chew/swallow due to muscle problems. Pica (i.e., persistently eating non-nutritive substances) would also be included.

POTENTIAL INTERVIEW QUESTIONS: *How does the youth feel about his/ her body? Does s/he seem to be overly concerned about his/her weight? Does s/he ever refuse to eat, binge eat, or hoard food? Has the youth ever been hospitalized for eating related issues?*

0	No evidence of any problems related to eating.
1	History, suspicion, or mild level of need regarding eating minimal impairment in functioning. This could include some preoccupation with weight or calorie intake. Youth of normal weight or below normal weight who are preoccupied with their body size or type would be rated here. This could also include some binge eating patterns.
2	Moderate problems with eating that impair functioning in at least one life domain. Youth may be finicky eaters, have few food preferences and not have a clear pattern of when they eat. They may spit food or overeat or may have problems with oral motor control.
3	Severe problems with eating, either in the mechanics of eating or with respect to food preferences, are present and are putting the youth at risk developmentally. The youth and family are very distressed and unable to overcome problems in this area.

BEN8. ANGER CONTROL

This item captures the youth's ability to identify and manage their anger when frustrated, regardless of the impulsivity component to behavior. (TIP: For concurrent ratings, consider how quickly the youth "cools down," esp. after youth receives desired response or object.)

POTENTIAL INTERVIEW QUESTIONS: *How does the youth control his/her temper? Does s/he get upset or frustrated easily? Does s/he become physically aggressive when angry? Does s/he have a hard time managing anger if someone criticizes or rejects him/her?*

0	No evidence of developmentally inappropriate anger control problems.
1	Mild problems with controlling anger. S/he may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems, getting him/her in significant trouble with peers, family, and/or school. This level may be associated with some physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

BEN9. ATTACHMENT DIFFICULTIES

This item describes the youth's ability to form secure, age-appropriate emotional bonds with important others, display appropriate boundaries in their interactions with others (e.g., lack of clinginess, distancing), and appropriately differentiate their interactions with close others versus strangers. This item should be rated within the context of developmental appropriateness and the youth's significant relationships, including caregiver relationships and peer relationships. Social impairment due solely to developmental disorder or delay should NOT be rated here.

0	No evidence of attachment problems. Youth exhibits age-appropriate emotional bonds with caregiver(s) and peers.
1	Mild problems with attachment. There is some evidence of insecurity in the youth-caregiver relationship. Youth may have minor difficulties with appropriate physical/emotional boundaries with others.
2	Moderate problems with attachment. Youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers and peers, and may have ongoing difficulties with physical or emotional boundaries with others.
3	Severe problems with attachment. Youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior) OR youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Youth is considered at ongoing risk due to the nature of attachment behaviors. A youth who meets the criteria for Reactive Attachment Disorder (RAD) in DSM would be rated here. Youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers.

BEN10. ADJUSTMENT TO TRAUMA

This item covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. This dimension covers both adjustment disorders and posttraumatic stress disorder from DSM-IV. Behaviors which might indicate trauma reactions include anxiousness/hyper-vigilance, regression to behavior of younger ages (e.g., toileting problems, babyish speech, failure to engage in self-feeding, bathing, and other self-care), appetite disruption, withdrawal of interest from pleasurable activities, and other signs of emotional dysregulation after significant life events.

POTENTIAL INTERVIEW QUESTIONS: *Has youth experienced a traumatic event? Does s/he experience frequent nightmares? Is s/he troubled by flashbacks? Is s/he unusually afraid of being alone, or of participating in normal activities?*

0	No evidence of problems associated with traumatic life events.
1	History, suspicion, or mild level of need regarding adjustment to trauma. Youth may have an adjustment disorder or other reaction that might ease with the passage of time. Or youth may be recovering from a more extreme reaction to a traumatic experience.
2	Marked adjustment problems associated with traumatic experiences. Youth may have nightmares or other notable symptoms of Adjustment Disorder or Acute Stress Disorder. Adjustment is interfering with functioning in at least one life domain.
3	Youth has post-traumatic stress difficulties as a result of traumatic experience. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD).

CHILD RISK BEHAVIORS

To what degree is the youth a danger to self and others?

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

- 0** indicates an area where there is no evidence of any needs.
- 1** indicates an area that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates an area that requires immediate or intensive action.

CRB1. SUICIDE RISK

This rating describes the presence of thoughts or behaviors aimed at taking one's life. This item rates overt and covert thoughts and efforts on the part of an individual to end his/her life. A rating of 2 or 3 would indicate the need for a safety plan.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever talked about a wish or plan to die or to kill him/herself? Has s/he ever tried to commit suicide?*

0	No evidence or history of suicidal or self-harming behaviors that are life-threatening.
1	History or suspicion of suicidal ideation or gesture, but no suicide attempts during the past 30 days.
2	Recent suicidal ideation or gesture, but not in past 24 hours. Self-harming behaviors that are life-threatening in the past 30 days (including today) without suicidal ideation or intent would be rated here.
3	Current suicidal ideation, intent, and/or attempt.

CRB2. SELF-INJURIOUS BEHAVIOR (for self-soothing)

This rating includes repetitive physically harmful behavior that generally serves a self-soothing function for the youth and could exist in the absence of suicidal intent. Rubbing, burning, face slapping, head banging against surfaces, carving, and cutting on the arms or legs would be common examples of self-mutilation behavior. Giving oneself tattoos also would be an example. Repeatedly piercing one's skin is another example. Professional tattoos or body piercing would not be classified as self-mutilation.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever talked about a wish or plan to hurt him/herself? Does the youth ever purposely hurt him/herself (e.g. cutting)?*

0	No evidence of self-injurious behavior.
1	History or suspicion of self-injurious behavior.
2	Engaged in self-injurious behavior that <i>does not require medical attention</i> .
3	Engaged in self-injurious behavior that <i>requires medical attention</i> .

CRB3. RECKLESS BEHAVIOR (without intent to harm self or others)

This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the youth or others at some jeopardy. These behaviors could include dangerous thrill-seeking and other stunts for the sake of distraction or entertainment. Suicidal or self-injurious behavior is NOT rated here. (Please note that this rating is also related to Judgment/Decision-Making rating.)

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever talked about or acted in a way that might be dangerous to him/herself (e.g., reckless behavior such as subway surfing, riding on top of cars, reckless driving, climbing bridges, promiscuity)?*

0	No evidence of behaviors that place the youth at risk of physical harm.
1	History, suspicion, or mild level of reckless and risk-taking behavior that places youth at risk of physical harm.
2	Engaged in reckless behavior or intentional risk-taking behavior that places him/her in danger of <i>physical harm</i> .
3	Engaged in reckless behavior or intentional risk-taking behavior that places him/her at immediate risk of <i>death</i> .

CRB4. DANGER TO OTHERS (with intent to harm)

This item rates the youth's violent or aggressive behavior with the intention cause significant bodily harm to others. This rating includes actual and threatened violence, beyond normative displays (e.g., boys pushing each other around to say "hello" without intent to harm). Imagined violence (e.g., drawings, lists of potential targets for violence), when extreme, may be rated here. Homicidal ideation would be rated here. A rating of 2 or 3 would indicate the need for a safety plan.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever injured another person on purpose? Does s/he get into physical fights? Has the youth ever threatened to kill or seriously injure another person?*

0	No evidence or history of aggressive behaviors towards others (including people and animals).
1	History of aggressive behavior or verbal aggression towards others.
2	Recent aggressive or threatening behavior (e.g., homicidal ideation, physically harmful aggression, or dangerous fire setting) but not within past 24 hours.
3	Frequent or dangerous (significant harm) level of aggression to others. Youth is an immediate risk to others.

CRB5. SEXUAL AGGRESSION

Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which youth takes advantage of a younger or less powerful youth through seduction, trickery, bribery or force.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever been accused of being sexually aggressive with another youth? What happened after that?*

0	No evidence of problems with sexual behavior in the past year.
1	History or suspicion of sexual aggression or mild problems of sexually abusive behavior. For example, occasional inappropriate sexually aggressive/harassing language or behavior.
2	Moderate problems with sexually abusive behavior, For example, frequent inappropriate sexual behavior. Frequent disrobing would be rated here only if it was sexually provocative. Frequent inappropriate touching would be rated here.
3	Severe problems with sexually abusive behavior. This would include the rape or sexual abuse of another person involving sexual penetration and other sexual acts.

CRB6. SEXUALLY REACTIVE BEHAVIORS

Sexually reactive behavior includes both age-inappropriate sexualized behaviors that may place a youth at risk for victimization or risky sexual practices. The primary distinction between sexual aggression and sexually reactive behaviors is that youth with sexually reactive behaviors target peers or older/more powerful others.

0	No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.
1	History, suspicion, or some evidence of sexually reactive behavior. Youth 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 youth at great risk. A history of sexually provocative behavior would be rated here.
2	Moderate problems with sexually reactive behavior that place youth at some risk. Youth 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	Severe problems with sexually reactive behaviors. Youth exhibits sexual behaviors that place youth or others at immediate risk.

CRB7. RUNAWAY

In general, to classify as a runaway or elopement, the youth is gone overnight or very late into the night.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever run away from home, school or any other place? If so, where did s/he go? How long did s/he stay away? How did you find her/him? Did s/he ever threaten to run away?*

0	No evidence of running away or elopement from the present living situation.
1	History or suspicion of runaway behavior. This rating includes youth who has expressed ideation about eloping from present living situation or treatment. Youth may have threatened running away on one or more occasions or have a history (lifetime) of running away but not in the past year.
2	Youth has run away from home once or run away from one treatment setting within the past year. Youth might have run away to home (parental or relative) in the past year from a treatment setting.
3	Youth has run away from home and/or treatment settings within the last 7 days or run away from home and/or treatment setting for two or more overnight stays during the past 30 days. Destination is NOT a return to home of parent or relative.

CRB8. DELINQUENT BEHAVIOR

This rating includes both criminal behavior and status offenses that may result from youth failing to follow required behavioral standards (e.g., truancy). These behaviors include those known beyond court-involvement. Sexual offenses should be included as criminal behavior. Substance use should NOT be counted here.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth been involved in any delinquent activities including truancy and curfew violations? Has the youth ever been arrested?*

0	No evidence or no history of criminal or delinquent behavior.
1	History or suspicion of criminal or delinquent behavior but none in the past 30 days. Status offenses in the past 30 days would be rated here.
2	Moderate level of criminal activity including a high likelihood of crimes committed in the past 30 days. Examples would include vandalism, shoplifting, etc.
3	Severe level of criminal or delinquent activity in the past 30 days. Examples would include car theft, residential burglary, gang involvement, etc.

CRB9. FIRE-SETTING

This item refers to behavior involving the intentional setting of fires that might be dangerous to the youth or others. This includes both malicious and non-malicious fire-setting. This does NOT include the use of candles or incense or matches to smoke or accidental fire-setting.

POTENTIAL INTERVIEW QUESTIONS: *Has the youth ever played with matches or set a fire? Did the fire-setting behavior destroy property or endanger the lives of others?*

0	No evidence or history of fire-setting behavior.
1	History or fire-setting but not in past six months. History of malicious fire-setting might warrant a rating here for longer than six months.
2	Recent fire-setting behavior (in past six months) but not of the type that has endangered the lives of others (e.g., playing with matches) or repeated fire-setting behavior over a period of at least two years, even if not in the past six months.
3	Acute threat of fire-setting. Youth has set fire that endangered the lives of others (e.g., attempting to burn down a house).

CRB10. INTENTIONAL MISBEHAVIOR (i.e., sanction-seeking behavior)

This rating describes obnoxious social behaviors that a youth engages in to intentionally force adults to sanction him/her. In other words, he/she is trying to get caught usually for some secondary gain (e.g., avoidance of adverse stimulus, attention, "cry for help").

POTENTIAL INTERVIEW QUESTIONS: *Does the youth ever intentionally do or say things to upset others? Has the youth sworn at someone or done other behavior that was insulting, rude, or obnoxious? Does the youth seem to purposely get in trouble by making you or other adults angry with them?*

0	No evidence of intentional misbehavior.
1	Mild level of problematic intentional misbehavior. This might include occasionally inappropriate social behavior that forces adults to sanction the youth. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included at this level.
2	Moderate level of problematic intentional misbehavior. Behavior is causing problems in the youth's life. Youth may be intentionally getting in trouble in school or at home.
3	Severe level of problematic intentional misbehaviors. This would be indicated by frequent seriously inappropriate behavior that force adults to seriously and/or repeatedly sanction the youth. Social behaviors are sufficiently severe that they place the youth at risk of significant sanctions (e.g. expulsion, removal from the community).

CRB11. BULLYING

Bullying is a pattern of behavior in which the youth intentionally torments others in physical, verbal, or psychological ways. Bullying can range from hitting, shoving, name-calling, threats, and mocking to extorting money and treasured possessions; it can also include shunning others and spreading rumors about targets. Bullies might also use email, chat rooms, instant messages, social networking websites, and text messages to taunt others or hurt their feelings. This item describes the history and current risk of the youth bullying others.

0	No evidence that youth has ever engaged in bullying at school or in the community.
1	History or suspicion of bullying, or youth has been involved with groups that have bullied other youths, either in school or in the community, however, youth has not had a leadership role in these groups.
2	Youth has bullied other youth in school or in the community. Youth has either bullied others individually or led a group that bullied youth.
3	Youth has repeatedly utilized threats or actual violence to bully youth in school and/or community.

CRB12. EXPLOITED

This item is used to examine history and level of current risk for exploitation, which includes being bullied or taken advantage of by others. This item includes youth who are currently being bullied at school or in their community. It would also include youth who are exploited in other ways (e.g., sexual abuse, prostitution, inappropriate expectations based on a youth's level of development, forced to take on a parental level of responsibility, etc).

0	No evidence of recent exploitation and no significant history of victimization within the past year. The youth may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Youth is not presently at risk for re-victimization.
1	History or suspicion of exploitation. Youth has not been exploited in the past year. Youth is not presently at risk for re-victimization.
2	Recently exploited (within the past year) but is not in acute risk of re-exploitation. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.
3	Recently exploited and is in acute risk of re-exploitation. Examples include working as a prostitute and living in an abusive relationship.

ACCULTURATION

How much of a concern is the cultural fit between youth and environment?

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

- 0** indicates an area where there is no evidence of any needs.
- 1** indicates an area that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates an area that requires immediate or intensive action.

A1. LANGUAGE

This item includes both spoken and sign language. A '2' or '3' indicates need for an interpreter appropriate for necessary proceedings.

POTENTIAL INTERVIEW QUESTIONS: *Do the youth or significant family members have any difficulty communicating (either because English is not their first language, or due to another communication issue such as the need to use/learn sign language)?*

0	Youth and family speak English well.
1	Youth and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but a qualified individual(s) can be identified within natural supports.
3	Youth 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.

A2. CULTURAL IDENTITY

Cultural identity refers to the youth'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.

POTENTIAL INTERVIEW QUESTIONS: *Does the youth have a sense of belonging to a specific cultural group? Does the youth have role models, friends, and community members who share his/her sense of culture?*

0	Youth has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Youth is experiencing some confusion or concern regarding cultural identity.
2	Youth has significant struggles with his/her own cultural identity. Youth may have cultural identity but is not connected with others who share this culture.
3	Youth has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

A3. GENDER / SEXUAL IDENTITY

This item refers to the youth's gender identity including transgender, heterosexual, gay/lesbian, bisexual, transsexual, etc.

0	Youth has clear and consistent gender/sexual identity and is connected to others who share or support his/her sexual identity.
1	Youth is experiencing some confusion or concern regarding gender/sexual identity.
2	Youth has significant struggles with his/her own gender/sexual identity. Youth may have gender/sexual identity but is not connected with others who are supportive.
3	Youth is experiencing significant problems due to conflict regarding his/her gender/sexual identity.

A4. RITUAL

Cultural rituals are activities and traditions that support cultural identity, including the celebration of culturally specific holidays such as Kwanza, Hanukkah, 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).

POTENTIAL INTERVIEW QUESTIONS: *Is your child able to celebrate with others (e.g., friends, family, and community members) who share their traditions and customs?*

0	Youth and family are consistently able to practice rituals consistent with their cultural identity
1	Youth 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	Youth and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Youth and family are unable to practice rituals consistent with their cultural identity.

TRAUMA EXPERIENCES

*These ratings are made based on **lifetime** exposure* to trauma. Perpetrators should NOT be rated here. (Note: Definitions of trauma experiences were taken from the National Child Traumatic Stress Network (NCTSN).)*

For **Trauma Experiences**, the following rating categories are used:

- 0** indicates that there is no evidence of any trauma of this type.
- 1** indicates that exposure to this trauma type is suspected or considered mild.
- 2** indicates moderate exposure to this trauma type.
- 3** indicates severe exposure to this trauma type (often with medical and physical consequences).

TE1. SEXUAL ABUSE

This rating describes the youth's experience of sexual abuse and the impact of the abuse on youth functioning. Sexual abuse includes a wide range of sexual behaviors that take place between a youth and an older person or alternatively between a youth and another youth. Behaviors that are sexually abusive often involve bodily contact, such as sexual kissing, touching, fondling of genitals, and intercourse. However, behaviors may be sexually abusive even if they do not involve contact, such as of genital exposure ("flashing"), verbal pressure for sex, and sexual exploitation for purposes of prostitution or pornography.

0	No evidence that youth has experienced sexual abuse.
1	Suspicion that youth has experienced sexual abuse.
2	Sexual abuse. Youth might have experienced one or multiple incidences.
3	Severe sexual abuse. Youth might have experienced one severe incident or accumulated incidences (perhaps chronic) warranting this rating.

TE2. PHYSICAL ABUSE

This rating describes the youth's experience of physical abuse and the impact of the abuse on youth functioning. Physical abuse means causing or attempting to cause physical pain or injury. It can result from punching, beating, kicking, burning, or harming a child in other ways. Sometimes an injury occurs when a punishment is not appropriate for a child's age or condition. It may also include misuse of medical/chemical restraint or inappropriate sanctions.

0	No evidence that youth has experienced physical abuse.
1	Suspicion that youth has experienced physical abuse.
2	Moderate level of physical abuse and/or repeated forms of physical punishment (e.g., hitting, punching).
3	Severe and repeated physical abuse with intent to do harm and that causes sufficient physical harm to necessitate hospital treatment.

TE3. EMOTIONAL ABUSE

This rating describes the youth's experience of emotional abuse (including verbal and nonverbal) and the impact of the abuse on youth functioning. Emotional abuse encompasses ignoring, isolating, exploiting, corrupting, verbally assaulting (i.e., belittling, ridiculing, using pejorative labels), constant criticizing, terrorizing, threatening (i.e., threatening physical or sexual abuse or deprivation of life necessities), bullying, intimidating, harassing, neglecting, or rejecting (i.e., actively refusing to respond to youth needs). Emotional abuse also includes excessive, aggressive, or unreasonable demands that place expectations on a youth beyond her/his capacity.

0	No evidence that youth has experienced emotional abuse.
1	Suspicion or mild emotional abuse. For instance, youth may experience some insults or is occasionally referred to in a derogatory manner by caregivers.
2	Moderate emotional abuse. For instance, youth may be consistently denied emotional attention from caregivers, insulted or humiliated, or intentionally isolated from others.
3	Severe emotional abuse over an extended period of time (at least one year). For instance, youth is completely ignored by caregivers, or threatened/terrorized by others.

TE4. NEGLECT

This rating describes the youth's exposure to neglect and the impact of this exposure on youth functioning. Youth neglect occurs when a caregiver does not give a youth the care needed according to her/his age. Neglect may be physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision), medical (e.g., failure to provide necessary medical or mental health treatment), educational (e.g., failure to educate a youth or attend to special education needs), and emotional (e.g., inattention to a youth's emotional needs, failure to provide psychological care, or permitting the youth to use alcohol or other drugs). Neglect also includes poor supervision for a youth, including putting her/him in the care of someone incapable of caring for youth. It can also mean abandoning a youth or expelling her/him from home.

0	No evidence that youth has experienced neglect.
1	Suspicion of or minor/occasional neglect. Youth may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of youth.
2	Moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
3	Severe level of neglect, including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

TE5. MEDICAL TRAUMA

This rating describes the youth's exposure to medical trauma and the impact of this exposure on youth functioning. Medical trauma refers to reactions that youth may have to pain, injury, and serious illness or to "invasive" medical procedures (such as surgery) or treatments (such as burn care) that are sometimes frightening.

0	No evidence that youth has experienced any medical trauma.
1	Mild medical trauma, including minor surgery (e.g., stitches, bone setting).
2	Moderate medical trauma, including major surgery or injuries requiring hospitalization.
3	Severe (i.e., life-threatening) medical trauma.

TE6. WITNESS TO FAMILY VIOLENCE

This rating describes the youth's exposure to family violence and the impact of this exposure on youth functioning. Family violence, also often referred to as domestic violence, may occur between spouses, domestic partners, romantic partners not living together, siblings, caregiver(s), sibling(s), relatives, and cohabitants. Family violence includes physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence.

0	No evidence that youth has witnessed family violence.
1	Suspicion that youth has been exposed to family violence. Youth might have witnessed one episode of family violence or have had mild or limited exposure to family violence.
2	Moderate family violence. Youth might have witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.
3	Severe family violence. Youth might have witnessed repeated and severe episodes of family violence or has had to intervene in episodes of family violence. Significant injuries have occurred and have been witnessed by the youth as a direct result of the violence.

TE7. COMMUNITY VIOLENCE

This rating describes the youth's exposure to community violence and the impact of this exposure on youth functioning. Community violence includes predatory violence (e.g., robbery) and violence that comes from personal conflicts between people who are not family members. It may include brutal acts such as shootings, rapes, stabbings, and beatings. Youth may experience trauma as victims or witnesses.

0	No evidence that youth has witnessed or experienced violence in the community.
1	Youth has witnessed occasional fighting or other forms of violence in the community. Youth has <u>not</u> been directly impacted by the community violence (i.e., violence not directed at self, family, or friends) and exposure

	has been limited.
2	Youth has witnessed the significant injury of others in his/her community, or has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence that was not life-threatening, or has witnessed/experienced chronic or ongoing community violence.
3	Youth has witnessed or experienced the death of another person in his/her community as a result of violence, or is the direct victim of violence in the community that was life-threatening, or has experienced chronic/ongoing impact as a result of community violence (e.g., family member injured and no longer able to work).

TE8. SCHOOL VIOLENCE

This rating describes the youth's exposure to school violence and the impact of this exposure on youth functioning. School violence includes fatal and nonfatal student or teacher victimization, threats to or injury of students, fights at school, and students carrying weapons to school.

0	No evidence that youth has witnessed violence in the school setting.
1	Youth has witnessed occasional fighting or other forms of violence in the school setting. Youth has <u>not</u> been directly impacted by the violence (i.e., violence not directed at self or close friends) and exposure has been limited.
2	Youth has witnessed the significant injury of others in his/her school setting, or has had friends injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to minor injury, or has witnessed ongoing/chronic violence in the school setting.
3	Youth has witnessed the death of another person in his/her school setting, or has had friends who were seriously injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to significant injury or lasting impact.

TE9. NATURAL OR MAN-MADE DISASTERS

*This rating describes the youth's exposure to either natural or man-made disasters and the impact of this exposure on youth functioning. **Natural disasters** may include hurricanes, floods, tornadoes, earthquakes, brush fires, tsunami, typhoon, avalanche, blizzard, mudslide, volcanic eruption, cyclone, and wildfire. Other more minor natural occurrences in this category include heat waves, droughts, extreme precipitation, and hail storms. **Man-made disasters** consist of a broad category of life events, which can cause a traumatic response, both for direct and indirect victims. They might include transportation accidents and crashes (e.g., airplane, train, automobile), bridge/mine collapse, explosions, and energy/chemical containment failures. Factors to consider in disaster trauma include death or injury of loved one or self, home/habitat destruction, financial loss, and displacement from family or friends or community.*

0	No evidence that youth has been exposed to natural or man-made disasters.
1	Youth has been exposed to disasters second-hand (i.e., on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters, such as a fire or earthquake or man-made disaster, including car accident, plane crashes, or bombings.
2	Youth has been directly exposed to a disaster or witnessed the impact of a disaster on a family member or friend. For instance, a youth may have observed a caregiver who has been injured in a car accident or has watched his neighbor's house burn down.
3	Youth has been directly exposed to a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g., house burns down, caregiver loses job).

TE10. WAR-AFFECTED

This rating describes the youth's direct exposure to war, political violence, or torture and the impact of this exposure on youth functioning. This type of trauma can be the result of living in a region affected by bombing, shooting, or looting, as well as forced displacement to a new home due to political reasons. Some young refugees have served as soldiers, guerrillas, or other combatants in their home countries, and their traumatic experiences may closely resemble those of combat veterans. Violence or trauma related to terrorism is not included here.

0	No evidence that youth has been exposed to war, political violence, or torture.
1	Youth did not live in war-affected region or refugee camp, but family was affected by war. Family members

	directly related to the youth may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war, or both. This does not include youth who have lost one or both parents during the war.
2	Youth has been affected by war or political violence. S/he may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Youth may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of youth. Youth may have spent extended amount of time in refugee camp.
3	Youth has experienced the direct affects of war. Youth may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped. Some may have served as soldiers, guerrillas, or other combatants in their home countries.

TE11. TERRORISM-AFFECTED

This rating describes the degree to which a youth has been affected by terrorism. Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological." Terrorism includes attacks by individuals acting in isolation (e.g., sniper attacks) as well as attacks by groups or people acting for groups.

0	No evidence that youth has been affected by terrorism or terrorist activities.
1	Youth's community has experienced an act of terrorism, but the youth was not directly impacted by the violence (i.e., youth lives close enough to site of terrorism that they may have visited before or youth recognized the location when seen on TV, but youth's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.
2	Youth has been affected by terrorism within his/her community, but did not directly witness the attack. Youth may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of youth's daily life may be disrupted due to attack (e.g. utilities or school), and youth may see signs of the attack in neighborhood (e.g., destroyed building). Youth may know people who were injured in the attack.
3	Youth has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

TE12. WITNESS/VICTIM TO CRIMINAL ACTIVITY

This rating describes the degree of severity of exposure to criminal activity.

0	No evidence that youth has been victimized via or witnessed significant criminal activity.
1	Youth is a witness of significant criminal activity.
2	Youth is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Youth is a victim of criminal activity that was life-threatening or caused significant physical harm or youth witnessed the death of a loved one.

TRAUMA STRESS SYMPTOMS

These ratings describe a range of reactions that youth may exhibit to any of a variety of traumatic experiences from youth abuse and neglect to community violence to disasters.

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

- 0** indicates an area where there is no evidence of any needs.
- 1** indicates an area that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates an area that requires immediate or intensive action.

TSS1. TRAUMATIC GRIEF/SEPARATION

This rating describes the level of traumatic grief due to death or loss or separation from significant caregivers.

0	There is no evidence that youth has experienced traumatic grief or separation from significant caregivers.
1	Youth is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation.
2	Youth is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs function in certain but not all areas. This could include withdrawal or isolation from others.
3	Youth is experiencing significant traumatic grief or separation reactions. Youth exhibits impaired functioning across several areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation.

TSS2. RE-EXPERIENCING

These symptoms consist of difficulties with intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.

0	This rating is given to a youth with no evidence of intrusive symptoms.
1	This rating is given to a youth with some problems with intrusions, including occasional nightmares about traumatic events.
2	This rating is given to a youth with moderate difficulties with intrusive symptoms. This youth may have more recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions at exposure to traumatic cues.
3	This rating is given to a youth with severe intrusive symptoms. Youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing other youth or sexual play with adults. Youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the youth to function.

TSS3. AVOIDANCE

These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.

0	This rating is given to a youth with no evidence of avoidance symptoms.
1	This rating is given to a youth who exhibits some problems with avoidance. Youth may exhibit one primary avoidant symptom, including efforts to try and avoid thoughts, feelings or conversations associated with the trauma.
2	This rating is given to a youth with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, youth may also avoid activities, places, or people that arouse recollections of the trauma.
3	This rating is given to a youth who exhibits significant or multiple avoidant symptoms. Youth may avoid thoughts and feelings as well as situations and people associated with the trauma and have an inability to recall important aspects of the trauma.

TSS4. NUMBING

These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses are not present before the trauma.

0	This rating is given to a youth with no evidence of numbing responses.
1	This rating is given to a youth who exhibits some problems with numbing. Youth may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).
2	This rating is given to a youth with moderate difficulties with numbing responses. Youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	This rating is given to a youth with significant numbing responses or multiple symptoms of numbing. Youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

TSS5. AFFECT DYSREGULATION

These symptoms include difficulties modulating or expressing emotions, intense fear or helplessness, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

0	This rating is given to a youth with no difficulties regulating emotional responses. Emotional responses are appropriate to the situation.
1	This rating is given to a youth with some minor difficulties with affect regulation. Youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable, in response to emotionally charged stimuli or more watchful or hyper-vigilant in general. Youth may have some difficulty sustaining involvement in activities for any length of time.
2	This rating is given to a youth with moderate problems with affect regulation. Youth may be unable to modulate emotional responses. Youth may exhibit marked shifts in emotional responses (i.e., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (i.e., normally restricted affect punctuated by outbursts of anger or sadness). Youth may also exhibit persistent anxiety, intense fear or helplessness, or lethargy/loss of motivation.
3	This rating is given to a youth with severe problems with highly dysregulated affect. Youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions). Youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally “shut down”).

TSS6. DISSOCIATION

Symptoms included in this dimension are daydreaming, spacing/blanking out, forgetfulness, emotional numbing, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).

0	This rating is given to a youth with no evidence of dissociation.
1	This rating is given to a youth with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing/blanking out.
2	This rating is given to a youth with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder NOS or another diagnosis that is specified “with dissociative features.”
3	This rating is given to a youth with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Youth is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Youth shows rapid changes in personality or evidence of alternate personalities. Youth who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

CAREGIVER NEEDS AND STRENGTHS (PERMANENCY PLAN & CURRENT)

Caregiver ratings should be completed by household. If multiple households are involved in the permanency planning, then this section should be completed once for each household under consideration.

For **Caregiver Needs & Strengths** the following definitions and action levels apply:

- 0** indicates an area where there is no evidence of any needs. This is strength
- 1** indicates an area that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates an area that requires immediate or intensive action.

CNS1. SUPERVISION

This rating is used to determine the caregiver's capacity to provide the level of monitoring and discipline needed by the youth.

POTENTIAL INTERVIEW QUESTIONS: *How do you feel about your ability to keep an eye on and discipline your child/children? Do you think you might need some help with these issues?*

0	This rating is used to indicate a caregiver circumstance in which supervision and monitoring are appropriate and functioning well.
1	This level indicates a caregiver circumstance in which supervision is generally adequate but inconsistent. This may include a caregiving situation in which one member of the caregiving team is capable of appropriate monitoring and supervision, but others are not capable or not consistently available.
2	This level indicates a caregiver circumstance in which appropriate supervision and monitoring are very inconsistent and frequently absent.
3	This level indicates a caregiver circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.

CNS2. INVOLVEMENT WITH CARE

This rating should be based on the level of involvement the caregiver(s) has in the planning and provision of youth welfare and related services.

POTENTIAL INTERVIEW QUESTIONS: *How do you feel about being involved in services for your child? Do you feel comfortable being an advocate? Would you like any help to become more involved?*

0	This level indicates a caregiver(s) who is <i>actively involved</i> in the planning and/or implementation of services and is able to be an <i>effective advocate</i> on behalf of the youth.
1	This level indicates a caregiver(s) who is <i>consistently involved</i> in the planning and/or implementation of services for the youth but is <i>not an active advocate</i> on behalf of the youth.
2	This level indicates a caregiver(s) who is <i>minimally involved</i> in the care of the youth. In the case of the Permanency Plan caregiver, the caregiver may visit individual when in out-of-home placement, but does not become involved in service planning and implementation.
3	This level indicates a caregiver(s) who is <i>uninvolved</i> with the care of the youth. In the case of the Permanency Plan caregiver, the caregiver may want individual out of the home or fails to visit the youth when the youth is in residential placement.

CNS3. KNOWLEDGE

This rating should be based on caregiver's knowledge of the specific strengths of the youth and any problems experienced by the youth and their ability to understand the rationale for the treatment or management of these problems.

POTENTIAL INTERVIEW QUESTIONS: *Do you feel comfortable with what you know about your child's needs? Have professionals told you things about your child and you didn't understand what they were trying to say? Are there areas that you feel you would like to know more?*

0	This level indicates that the present caregiver is fully knowledgeable about the youth's psychological strengths and weaknesses, talents and limitations.
1	This level indicates that the present caregiver, while being generally knowledgeable about the youth, has some mild deficits in knowledge or understanding of either the youth's psychological condition or his/her talents, skills and assets.
2	This level indicates that the caregiver does not know or understand the youth well and that significant deficits exist in the caregiver's ability to relate to the youth's problems and strengths.
3	This level indicates that the present caregiver has little or no understanding of the youth's current condition. The placement is unable to cope with the youth given his/her status at the time, not because of the needs of the youth but because the caregiver does not understand or accept the situation.

CNS4. ORGANIZATION

This rating should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities (e.g., returning phone calls, getting to appointments and managing a schedule).

POTENTIAL INTERVIEW QUESTIONS: *Do you think you need or want help with managing your home? Do you have difficulty getting to appointments, managing a schedule?*

0	Caregiver(s) is well organized and efficient.
1	Caregiver(s) has minimal difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager or other involved individuals.
2	Caregiver(s) has moderate difficulty organizing or maintaining household to support needed services.
3	Caregiver(s) is unable to organize household to support needed services.

CNS5. RESOURCES

This item refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the youth and family.

POTENTIAL INTERVIEW QUESTIONS: *Do you have enough of what you need to take care of your family's needs? Do you have family members or friends who can help you when you need it?*

0	Caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the youth.
1	Caregiver(s) has the necessary resources to help address the youth's major and basic needs but those resources might be stretched.
2	Caregiver(s) has limited resources (e.g. a grandmother living in same town who is sometimes available to watch the youth).
3	Caregiver(s) has severely limited resources that are available to assist in the care and treatment of the youth.

CNS6. ATTACHMENT DIFFICULTIES

This item should be rated within the context of the caregiver's significant relationships with youth.

POTENTIAL INTERVIEW QUESTIONS:

0	No evidence of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and youth's development of a sense of security and trust. Caregiver appears able to respond to youth cues in a consistent, appropriate manner, and youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.
1	Mild problems with attachment. There is some evidence of insecurity in the caregiver-youth relationship. Caregiver may at times have difficulty accurately reading youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Caregiver may have mild problems with separation (e.g., anxious behaviors in the absence of obvious cues of danger) or may avoid contact with youth in an inappropriate way. Caregiver may have minor difficulties with appropriate emotional boundaries with youth they have cared for.
2	Moderate problems with attachment. Attachment relationship is marked by sufficient difficulty as to require intervention. Caregiver may consistently misinterpret youth cues, act in an overly intrusive way, or ignore/avoid youth bids for attention/nurturance. Caregiver may have ongoing difficulties with separation, may consistently avoid contact with youth, and may have ongoing difficulties with emotional boundaries with other youth they have cared for.
3	Severe problems with attachment. Caregiver is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR caregiver presents diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Caregiver is considered an ongoing risk due to the nature of his/her attachment behaviors. A caregiver who meets the criteria for an Attachment Disorder in DSM-IV would be rated here. Caregiver may have experienced significant early separation from or loss from their caregiver, or have experienced chronic inadequate care from early caregivers, or caregiver may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

CNS7. ACCESSIBILITY TO CHILD CARE SERVICES

This item refers to baby sitting and day care services. If the youth is sufficiently independent to not need these services, then rate the caregiver as '0' on this need.

POTENTIAL INTERVIEW QUESTIONS:

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.

CNS8. RESIDENTIAL STABILITY

This item rates the caregivers' current and likely future housing circumstances.

POTENTIAL INTERVIEW QUESTIONS: *Is your current housing situation stable? Do you have any concerns that you may have to move in the near future? Have you lost your housing?*

0	This rating indicates a family/caregiver in stable housing with no known risks of instability.
1	This rating indicates a family/caregiver that is currently in stable housing but there are significant risks of housing disruption (e.g., loss of job).
2	This rating indicates a family/caregiver that has moved frequently or has very unstable housing.
3	This rating indicates a family/caregiver that is currently homeless.

CNS9. FAMILY STRESS

This item describes the level of stress or burden the youth's current needs are generating in the family system.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregiver able to manage the stress of youth's needs.
1	Caregiver has some problems managing the stress of youth's needs.
2	Caregiver has notable problems managing the stress of youth's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with youth's needs. This stress prevents caregiver from parenting.

CNS10. SAFETY

This rating refers to the safety of the assessed youth. It does not refer to the safety of other family or household members based on any danger presented by the assessed youth.

POTENTIAL INTERVIEW QUESTIONS: *Has the Department of Social Services ever been involved with your family? What happened that they became involved? Are they currently involved? If so what led to their involvement? Is there any current concern about the child/youth's safety from a child protection perspective?*

0	This level indicates that the present placement is as safe or safer for the youth (in his or her present condition) as could be reasonably expected.
1	This level indicates that the present placement environment presents some mild risk of neglect, exposure to adverse environments (e.g., drug use or gangs in neighborhood, etc.) but that no immediate risk is present.
2	This level indicates that the present placement environment presents a moderate level of risk to the youth, including such things as the risk of neglect or abuse or exposure to individuals who could harm the youth.
3	This level indicates that the present placement environment presents a significant risk to the well being of the youth. Risk of neglect or abuse is imminent and immediate. Individuals in the environment offer the potential of significantly harming the youth.

CNS11. PHYSICAL HEALTH

Physical health includes medical and physical challenges faced by the caregiver(s) that affects parenting.

POTENTIAL INTERVIEW QUESTIONS: *How is your health? Do you have any health problems that make it hard for you to take care of your family? Does anyone else in the family have serious physical needs? Do you help care for them?*

0	Caregiver(s) has no physical health limitations that impact assistance or attendant care.
1	Caregiver(s) has some physical health limitations that interfere with provision of assistance or attendant care.
2	Caregiver(s) has significant physical health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is physically unable to provide any needed assistance or attendant care.

CNS12. MENTAL HEALTH

This item refers to the caregiver's mental health status that affects parenting. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery.

POTENTIAL INTERVIEW QUESTIONS: *Do you have mental health needs that make parenting more difficult? Does anyone else in the family have serious mental health needs? Do you help care for them?*

0	Caregiver(s) has no mental health limitations that impact assistance or attendant care.
1	Caregiver(s) has some mental health limitations that interfere with provision of assistance or attendant care.
2	Caregiver(s) has significant mental health limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is unable to provide any needed assistance or attendant care due to serious mental illness.

CNS13. SUBSTANCE USE

This item rates the caregiver's pattern of alcohol and/or drug use that affects parenting. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery.

POTENTIAL INTERVIEW QUESTIONS: *Do you have any substance abuse needs that make parenting more difficult? Does anyone else in the family have serious substance abuse needs? Do you help care for them?*

0	Caregiver(s) has no substance-related limitations that impact assistance or attendant care. Long-term recovery would be rated here.
1	Caregiver(s) has some substance-related limitations that interfere with provision of assistance or attendant care. History and short-term recovery would be rated here.
2	Caregiver(s) has significant substance-related limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is unable to provide any needed assistance or attendant care due to serious substance dependency or abuse.

CNS14. DEVELOPMENTAL (COGNITIVE DEVELOPMENT)

This item describes the caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities that might affect parenting.

POTENTIAL INTERVIEW QUESTIONS: *Has anyone ever told you that you may have developmental problems that make parenting/caring for your child more difficult?*

0	Caregiver(s) has no developmental limitations that impact assistance or attendant care.
1	Caregiver(s) has some developmental limitations that interfere with provision of assistance or attendant care.
2	Caregiver(s) has significant developmental limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is unable to provide any needed assistance or attendant care due to serious developmental disabilities.

CNS15. MARITAL/PARTNER CONFLICT

This rating describes the degree of difficulty or conflict in the caregiver relationship.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver 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 caregiver arguments. Caregivers are generally able to keep arguments to a minimum when youth 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 or the use of verbal aggression by one partner to control the other. Youth often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.
3	Profound level of caregiver or marital violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate youth's difficulties or put the youth at greater risk.

CNS16. CAREGIVER POSTTRAUMATIC REACTIONS

This rating describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to their youth's or their own traumatic experiences.

POTENTIAL INTERVIEW QUESTIONS:

0	Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.
1	Caregiver has some mild adjustment problems related to their youth's or their own traumatic experiences. Caregiver may exhibit some guilt about their youth's trauma or become somewhat detached or estranged from others.
2	Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.
3	Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

CNS17. CAREGIVER CRIMINAL BEHAVIOR

This item rates the criminal behavior of the caregiver(s).

POTENTIAL INTERVIEW QUESTIONS:

0	No evidence that youth's caregivers have ever engaged in criminal behavior.
1	One of youth's caregivers has history of criminal behavior but youth has not been in contact with this caregiver for at least one year.
2	One of youth's caregivers has history of criminal behavior resulting in incarceration and youth has been in contact with this caregiver in the past year.
3	Both of youth's parents have history of criminal behavior resulting in incarceration.

MODULES

MODULES SUBFORM

SUBSTANCE ABUSE MODULE

0 = no evidence of problems	1 = history, mild			
2 = moderate	3 = severe			
	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEXUAL AGGRESSION MODULE

0 = no evidence of problems	1 = history, mild			
2 = moderate	3 = severe			
	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexually Abusive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RUNAWAY MODULE

0 = no evidence of problems	1 = history, mild			
2 = moderate	3 = severe			
	0	1	2	3
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of Illegal Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Return On Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement With Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIRE-SETTING MODULE

0 = no evidence of problems	1 = history, mild			
2 = moderate	3 = severe			
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Future Fire-setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

JUVENILE JUSTICE MODULE

	# of Incidents
Age at First Offense	
Misdemeanor Referrals	
Felony Referrals	
Weapon Referrals	
Against-person misdemeanor referrals	
Against-person felony referrals	
Sexual misconduct misdemeanor referrals	
Felony sex offense referrals	
Detention	
Placement	
Escapes	
Failure to appear in court warrants	

MEDICAL / PHYSICAL MODULE

0 = no evidence of problems	1 = history, mild			
2 = moderate	3 = severe			
	0	1	2	3
Life Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impairment in Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensity of Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational Complexity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUBSTANCE ABUSE MODULE

These ratings describe the youth on the following dimensions based on their current substance use and any prior history of similar behaviors.

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

- 0** indicates an area where there is no evidence of any needs.
- 1** indicates an area that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates an area that requires immediate or intensive action.

SU1. SEVERITY OF USE

Please rate the most recent incident.

0	Youth is currently abstinent and has maintained abstinence for at least six months.
1	Youth is currently abstinent but only in the past 30 days or youth has been abstinent for more than 30 days, but is living in an environment that makes substance use difficult.
2	Youth actively uses alcohol or drugs but not daily.
3	Youth uses alcohol and/or drugs on a daily basis.

SU2. DURATION OF USE

Please rate using time frames provided in the anchors.

0	Youth has begun use in the past year.
1	Youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days when s/he did not have any use.
2	Youth has been using alcohol or drugs for at least one year (but less than five years) but not daily.
3	Youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

SU3. STAGE OF RECOVERY

Please rate the most recent incident.

0	Youth is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
1	Youth is actively trying to use treatment to remain abstinent.
2	Youth is in contemplation phase (i.e., recognizing a problem but not willing to take steps for recovery).
3	Youth is in denial regarding the existence of any substance use problem.

SU4. PEER INFLUENCES

Please rate the most recent incident.

0	Youth's primary peer social network does not engage in alcohol or drug use.
1	Youth has peers in her/his primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Youth predominantly has peers who engage in alcohol or drug use, but youth is not a member of a gang.
3	Youth is a member of a peer group that consistently engages in alcohol or drug use. Youth may be a member of a gang.

SU5. PARENTAL INFLUENCES

Please rate the most recent incident.

0	There is no evidence that youth's parents have ever engaged in substance abuse.
1	One of youth's parents has history of substance abuse but not in the past year.
2	One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.
3	One or both of youth's parents use alcohol or drugs with the youth.

SU6. ENVIRONMENTAL INFLUENCES

*Please rate highest level in the **past 30 days**.*

0	No evidence that the youth's environment stimulates or exposes the youth to any alcohol or drug use.
1	Mild problems in the youth's environment that might expose the youth to alcohol or drug use.
2	Moderate problems in the youth's environment that clearly expose the youth to alcohol or drug use.
3	Severe problems in the youth's environment that stimulate the youth to engage in alcohol or drug.

SEXUAL AGGRESSION MODULE

These ratings describe the youth on the following dimensions based on their most recent sexually aggressive incident and any prior history of similar behaviors. Sexually aggressive behavior is defined as non-consenting sexual activity initiated by the abuser in which one of the following conditions apply: use or threat of physical force, age differential, power differential. A youth is only assessed on this dimension, if they were an active abuser in this form of sexual abuse of another person.

For **Sexual Aggression**, the following categories and action levels are used:

- 0** indicates an area where there is no evidence of any needs.
- 1** indicates an area that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates an area that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates an area that requires immediate or intensive action.

SA1. RELATIONSHIP

Please rate the most recent episode of sexual behavior.

0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this youth being in the position of authority.
2	Youth is clearly victimizing at least one other individual with sexually abusive behavior.
3	Youth is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

SA2. PHYSICAL FORCE/THREAT

Please rate the highest level from the most recent episode of sexual behavior.

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

SA3. PLANNING

Please rate the highest level from the most recent episode of sexual behavior.

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

SA4. AGE DIFFERENTIAL

Please rate the highest level from the most recent episode of sexual behavior.

0	Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).
1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
2	Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.
3	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

SA5. TYPE OF SEX ACT

Please rate the highest level from the most recent episode of sexual behavior.

0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

SA6. RESPONSE TO ACCUSATION

Please rate the highest level from the past 30 days.

0	Youth admits to behavior and expresses remorse and desire to not repeat.
1	Youth partially admits to behaviors and expresses some remorse.
2	Youth admits to behavior but does not express remorse.
3	Youth neither admits to behavior nor expresses remorse. Youth is in complete denial.

SA7. TEMPORAL CONSISTENCY

0	This level indicates a youth, who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.
1	This level indicates a youth, who has been sexually abusive during the past two years OR youth who has become sexually abusive in the past three months despite the absence of any clear stressors.
2	This level indicates a youth who has been sexually abusive for an extended period of time (i.e., more than two years), but who has had significant symptom-free periods.
3	This level indicates a youth who has been sexually abusive for an extended period of time (i.e. more than two years) without significant symptom-free periods.

SA8. HISTORY OF SEXUALLY ABUSIVE BEHAVIOR (toward others)

0	Youth has none or only one incident of sexually abusive behavior that has been identified and/or investigated.
1	Youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
2	Youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
3	Youth has more than ten incidents of sexually abusive behavior with more than one victim? (has to be more than one?)

SA9. SEVERITY OF SEXUAL ABUSE

0	No history of any form of sexual abuse.
1	History of occasional fondling or being touched inappropriately, however not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
2	This level is to indicate a moderate level of sexual abuse. This may involve a youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the youth.

SA10. PRIOR TREATMENT

0	No history of prior treatment or history of outpatient treatment with notable positive outcomes.
1	History of outpatient treatment which has had some degree of success.
2	History of residential treatment where there has been successful completion of program.
3	History of residential or outpatient treatment condition with little or no success.

RUNAWAY MODULE

These ratings describe the youth on the following dimensions based on their most recent running away incident and any prior history of similar behaviors.

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

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

R1. FREQUENCY OF RUNNING

0	Youth has only run away once in past year
1	Youth has run away on multiple occasions in past year.
2	Youth runs away often but not always.
3	Youth runs away at every opportunity.

R2. CONSISTENCY OF DESTINATION

0	Youth always runs away to the same location.
1	Youth generally runs away to the same location or neighborhood
2	Youth runs away to the same community but the specific locations change.
3	Youth runs away to no planned destination.

R3. SAFETY OF DESTINATION

0	Youth runs away to a safe environment that meets his/her basic needs (e.g. food, shelter).
1	Youth runs away to generally safe environments, however, they might be somewhat unstable or variable.
2	Youth runs away to generally unsafe environments that cannot meet his/her basic needs.
3	Youth runs away to very unsafe environments where the likelihood that he/she will be victimized is high.

R4. INVOLVEMENT IN ILLEGAL ACTIVITIES

0	Youth does not engage in illegal activities while on run-away beyond those involved with the running itself.
1	Youth engages in status offenses beyond those involved with the running itself while on run-away (e.g. curfew violations, underage drinking)
2	Youth engages in delinquent activities while on run-away.
3	Youth engages in dangerous delinquent activities while on run (e.g. prostitution)

R5. LIKELIHOOD OF RETURN ON OWN

0	Youth will return from run-away on his/her own without prompting.
1	Youth will return from run-away when found but not without being found.
2	Youth will make himself/herself difficult to find and/or might passively resist return once found.
3	Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

R6. INVOLVEMENT WITH OTHERS

0	Youth runs away by self with no involvement of others. Others may discourage behavior or encourage youth to return from run-away.
1	Others enable youth running away by not discouraging youth's behavior.
2	Others involved in running away by assisting in hiding youth (helping youth to not be found.)
3	Youth actively is encouraged to run away by others. Others actively cooperate to facilitate running behavior.

R7. REALISTIC EXPECTATIONS

0	Youth has realistic expectations about the implications of his/her running away behavior.
1	Youth has reasonable expectations about the implications of his/her running away behavior but may be hoping for a somewhat 'optimistic' outcome.
2	Youth has unrealistic expectations about the implications of their running away behavior.
3	Youth has obviously false or delusional expectations about the implications of their running away behavior.

R8. PLANNING

0	Running away behavior is completely spontaneous and emotionally impulsive.
1	Running away behavior is somewhat planned but not carefully.
2	Running away behavior is planned.
3	Running away behavior is carefully planned and orchestrated to maximize likelihood of not being found.

FIRE-SETTING MODULE

These ratings describe the youth on the following dimensions based on their most recent fire-setting behavior and any prior history of similar behaviors.

For **Fire-Setting**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

FS1. SERIOUSNESS

Please rate the most recent incident.

0	Youth has engaged in fire-setting that resulted in only minor damage (e.g. camp fire in the backyard which scorched some lawn).
1	Youth has engaged in fire-setting that resulted only in some property damage that required repair.
2	Youth has engaged in fire-setting which caused significant damage to property (e.g. burned down house).
3	Youth has engaged in fire-setting that injured self or others.

FS2. HISTORY

Please rate using time frames provided in the anchors.

0	Only one known occurrence of fire-setting behavior.
1	Youth has engaged in multiple acts of fire-setting in the past year.
2	Youth has engaged in multiple acts of fire-setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire-setting behavior.
3	Youth has engaged in multiple acts of fire-setting for more than one year without any period of at least 3 months where he/she did not engage in fire-setting behavior.

FS3. PLANNING

Please rate the most recent incident.

0	No evidence of any planning. Fire-setting behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of fire-setting behavior is enhanced.
2	Evidence of some planning of fire-setting behavior.
3	Considerable evidence of significant planning of fire-setting behavior. Behavior is clearly premeditated.

FS4. USE OF ACCELERANTS

Please rate the most recent incident.

0	No evidence of any use of accelerants (e.g., gasoline). Fire-setting involved only starters such as matches or a lighter.
1	Evidence suggests that the fire-setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire-setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

FS5. INTENTION TO HARM*Please rate the most recent incident.*

0	Youth did not intend to harm others with fire. He/she took efforts to maintain some safety.
1	Youth did not intend to harm others but took no efforts to maintain safety.
2	Youth intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Youth intended to injure or kill others.

FS6. COMMUNITY SAFETY*Please rate highest level in the past 30 days.*

0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in fire-setting behavior that represents a risk to community property.
2	Youth engages in fire-setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in fire-setting behavior that intentionally places community members in danger of significant physical harm. Youth attempts to use fires to hurt others.

FS7. RESPONSE TO ACCUSATION*Please rate highest level in the past 30 days.*

0	Youth admits to behavior and expresses remorse and desire to not repeat.
1	Youth partially admits to behaviors and expresses some remorse.
2	Youth admits to behavior but does not express remorse.
3	Youth neither admits to behavior nor expresses remorse. Youth is in complete denial.

FS8. REMORSE*Please rate highest level in the past 30 days.*

0	Youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Youth is able to apologize directly to effected people.
1	Youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, youth is unable or unwilling to apologize to affected people.
2	Youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
3	Youth accepts no responsibility and does not appear to experience any remorse.

FS9. LIKELIHOOD OF FUTURE FIRE-SETTING*Please rate highest level in the past 30 days.*

0	Youth is unlikely to set fires in the future. Youth able and willing to exert self-control over fire-setting.
1	Youth presents mild to moderate risk of fire-setting in the future. Should be monitored but does not require ongoing treatment/intervention.
2	Youth remains at risk of fire-setting if left unsupervised. Youth struggles with self-control.
3	Youth presents a real and present danger of fire-setting in the immediate future. Youth unable or unwilling to exert self-control over fire-setting behavior.

JUVENILE JUSTICE MODULE

The Juvenile Justice Module is the Pre-Screen Risk Assessment from the Maryland Comprehensive Assessment and Service Planning (MCASP) instrument. The Pre-Screen Assessment is an evidence based tool that provides useful information on a youth's risk of re-offending. This scoring for this module is different from the rest of the CANS instrument. Instead of the rating each item using the 0-3 needs and strengths scale, each item will require a numerical response that corresponds to the total number of incidents identified by the item.

JJ1. AGE AT FIRST OFFENSE

The age at the time of the first offense for which the youth was referred to DJS. This could have been a misdemeanor or felony.

JJ2. MISDEMEANOR REFERRALS

Total number of DJS referrals in which the most serious offense was a misdemeanor.

JJ3. FELONY REFERRALS

Total number of DJS referrals in which the most serious offense was a felony.

JJ4. WEAPON REFERRALS

Total number of DJS referrals in which the most serious offense included the possession or use of a firearm or explosive.

JJ5. "AGAINST-PERSON" MISDEMEANOR REFERRALS

Total number of DJS referrals in which the most serious offense was an "against-person" misdemeanor. An "against-person" misdemeanor involves threats, force, or physical harm to another person such as assault, sex, coercion, harassment, obscene phone call, etc.

JJ6. "AGAINST-PERSON" FELONY REFERRALS

Total number of referrals for an "against-person" felony. An "against-person" felony involves force or physical harm to another person such as homicide, murder, manslaughter, assault, rape, sex, robbery, kidnapping, domestic violence, harassment, criminal mistreatment, intimidation, coercion, obscene harassing phone call, etc.

JJ7. SEXUAL MISCONDUCT MISDEMEANOR REFERRALS

Total number of DJS referrals for which the most serious offense was a sexual misconduct 4th degree misdemeanor.

JJ8. FELONY SEX OFFENSE REFERRALS

Total number of DJS referrals for a felony sex offense – first, second, or third degree.

JJ9. DETENTION

Number of times a youth served at least one day confined in detention under a detention order.

JJ10. PLACEMENT

Number of times a youth served at least one day in placement under commitment to DJS (including pending placement in a detention facility).

JJ11. ESCAPES

Total number of DJS referrals for escape from a detention facility.

JJ12. FAILURE TO APPEAR IN COURT RESULTING IN WARRANT

Total number of failures-to-appear in court that resulted in a warrant being issued. Exclude failure-to-appear warrants for non-criminal matters.

MEDICAL / PHYSICAL MODULE

These ratings describe the youth on the following dimensions based on their most recent and/or most serious medical/physical condition.

For **Medical / Physical**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

MP1. LIFE THREAT

*Please rate highest level in the **past 30 days**.*

0	Youth's medical/physical condition has no implications for shortening his/her life.
1	Youth's medical/physical condition may shorten life, but not until later in adulthood.
2	Youth's medical/physical condition places him/her at some risk of premature death before he/she reaches adulthood.
3	Youth's medical/physical condition places him/her at imminent risk of death.

MP2. CHRONICITY

*Please rate highest level in the **past 30 days**.*

0	Youth is expected to fully recover from his/her current medical/physical condition within the next six months.
1	Youth is expected to fully recover from his/her current medical/physical condition after at least six months but less than two years.
2	Youth is expected to fully recover from his/her current medical/physical condition but not within the next two years.
3	Youth's medical/physical condition is expected to continue throughout his/her lifetime.

MP3. DIAGNOSTIC COMPLEXITY

*Please rate highest level in the **past 30 days**.*

0	The youth's medical diagnosis is clear and there is no doubt as to the correct diagnosis. Symptom presentation is clear.
1	Although there is some confidence in the accuracy of the youth's medical diagnosis, there also exists sufficient complexity in the youth's symptom presentation to raise concerns that the diagnosis may not be accurate.
2	There is substantial concern about the accuracy of the youth's medical diagnosis due to the complexity of symptom presentation.
3	At present, It is not possible to accurately diagnose the youth's medical condition(s).

MP4. EMOTIONAL RESPONSE

*Please rate highest level in the **past 30 days**.*

0	Youth is coping well with his/her medical/physical condition.
1	Youth is experiencing some emotional difficulties related to his/her medical/physical condition but these difficulties do not interfere with other areas of functioning.
2	Youth is having difficulties coping with his/her medical/physical condition. His/her emotional response is interfering with functioning in other life domains.
3	Youth is having a severe emotional response to his/her medical/physical condition that is interfering with treatment and functioning.

MP5. IMPAIRMENT IN FUNCTIONING*Please rate highest level in the past 30 days.*

0	Youth's medical/physical condition is not interfering with his/her functioning in other life domains.
1	Youth's medical/physical condition is having a limited impact on his/her functioning in at least one other life domain.
2	Youth's medical/physical condition is interfering with functioning in more than one life domain or is disabling in at least one.
3	Youth's medical/physical condition has disabled him/her in several life domains.

MP6. TREATMENT INVOLVEMENT*Please rate highest level in the past 30 days.*

0	Youth and family are actively involved in treatment.
1	Youth and/or family are generally involved in treatment but may struggle to stay consistent.
2	Youth and/or family are generally uninvolved in treatment although they are sometimes compliant with treatment recommendations.
3	Youth and/or family are currently resistant to all efforts to provide medical treatment.

MP7. FAMILY STRESS*Please rate highest level in the past 30 days.*

0	Youth's medical/physical condition is not adding any stress to the family.
1	Youth's medical/physical condition is a mild stressor on the family.
2	Youth's medical/physical condition is a stressor on the family and is interfering with healthy family functioning.
3	Youth's medical/physical condition is a severe stressor on the family and is resulting in significant functioning problems in multiple family domains.

MP8. INTENSITY OF TREATMENT*Please rate highest level in the past 30 days.*

0	Youth's medical treatment involves taking daily medication or visiting a medical professional no more than weekly.
1	Youth's medical treatment involves taking multiple medications or visiting a medical professional multiple times per week.
2	Youth's medical treatment is daily but non-invasive. Treatment can be administered by a caregiver.
3	Youth's medical treatment is daily and invasive and requires either a medical professional to administer or a well trained caregiver

MP9. ORGANIZATIONAL COMPLEXITY*Please rate highest level in the past 30 days.*

0	All medical care is provided by a single medical professional.
1	Youth's medical care is generally provided by a coordinated team of medical professionals who all work for the same organization.
2	Youth's medical care requires the collaboration of multiple medical professionals who work for more than one organization but current communication and coordination is effective.
3	Youth's medical care requires the collaboration of multiple medical professionals who work for more than one organization and problems currently exist in communication among these professionals.