

---

# Standard Adult Crisis Assessment Tool (A-CAT)

Behavioral Health Crisis Assessment Tool  
Ages 21+

Copyright 2022 by the John Praed Foundation

2022  
REFERENCE  
GUIDE

# ACKNOWLEDGEMENTS

The Adult Crisis Assessment Tool (A-CAT) is an adult version of the Crisis Assessment Tool (CAT), designed to provide additional information on assessing individuals aged 21+ during a behavioral health crisis. The Crisis Assessment Tool (CAT) began as the Childhood Severity of Psychiatric Illness (CSPI) tool which was created to assess appropriate use of psychiatric hospital and residential treatment services. It has been revised over the years, each time with a large number of individuals collaborating. The CSPI-2 was developed based on work done in collaboration with the New Jersey Division of Behavioral Healthcare as a component of the Division of Children’s Behavioral Health Services. The CSPI-3.0 version was developed as a lifespan assessment in collaboration with individuals from the Illinois Departments of Children and Family Services (DCFS), Human Services (DHS) and Healthcare and Family Services (HFS).

The CAT is an open domain tool for use in service delivery systems that address the mental health of children, youth, adults and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is required for appropriate use.

Literary Preface/Comment regarding gender references:

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns “they/them/themselves” in the place of “he/him/himself” and “she/her/herself.”

The A-CAT is for ages 21+. For ease of use, the term “individual” will be used throughout the A-CAT Reference Guide to refer to individuals throughout the age range.

For specific permission to use this tool, please contact the Praed Foundation. For more information on the A-CAT contact:

**John S. Lyons, PhD**  
Director  
Center for Innovation in Population Health  
Professor, Health, Management & Policy  
University of Kentucky  
College of Public Health  
John.Lyons@uky.edu

**April D. Fernando, PhD**  
Associate Director  
Center for Innovation in Population Health  
Assistant Professor, Health, Behavior & Society  
University of Kentucky  
College of Public Health  
April.Fernando@uky.edu

**Lynn M. Steiner, MSW**  
Senior Policy Analyst  
Center for Innovation in Population Health  
University of Kentucky  
College of Public Health  
Lynn.Steiner@uky.edu

**Praed Foundation**  
<http://praedfoundation.org>  
[Info@praedfoundation.org](mailto:Info@praedfoundation.org)



# TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	2
TABLE OF CONTENTS .....	3
INTRODUCTION .....	4
Adult Crisis Assessment Tool.....	4
Six Key Principles of a Communimetric Tool.....	4
Rating Needs .....	5
A-CAT ITEM LIST .....	6
DESCRIPTIONS OF CODING CRITERIA .....	6
RISK BEHAVIORS .....	7
BEHAVIORAL/EMOTIONAL NEEDS .....	11
FUNCTIONING NEEDS .....	18
CRIMINAL JUSTICE .....	24
ADULT PROTECTION .....	26
CAREGIVER RESOURCES AND NEEDS (OPTIONAL) .....	28

# INTRODUCTION

## ADULT CRISIS ASSESSMENT TOOL

The original purpose of the Crisis Assessment Tool (CAT) was as an information integration tool that supports decisions and communication of the needs of individuals experiencing a behavioral health crisis that threatens their safety or well-being or the safety of the community. As the CAT evolved, it was also designed to measure the impact of acute psychiatric services – that is, the change before and after the crisis intervention – to help assessors and programs better understand the crisis and improve their crisis work.

The general time frame for assessment using the CAT is 24 hours. Over time, a need arose to use the CAT both for crisis assessment and aftercare, using the output of the crisis assessment for longer-term continuity of care. Some applications of the CAT are deployed using a subset of items from a corresponding CANS (or other TCOM tools) in order to be used as part of a continuum of care. These customized versions change the time frame of the assessment to 30 days.

The A-CAT (Adult Crisis Assessment Tool) – along with the CAT (ages 6 through 20) -- is the first type of assessment: a decision support and communication tool to allow for the rapid and consistent communication of the needs of individuals experiencing a crisis that threatens their safety or well-being or the safety of the community. It is intended to be completed by the individuals who are directly involved with the individual in crisis. The form serves as both a decision support tool and as documentation of the identified needs of the individual served along with the decisions made with regard to treatment and placement at the time of the crisis. The A-CAT is a communimetric tool and there are six key principles that underlie the approach. Fidelity to these key principles helps ensure that the crisis assessment process is person-centered.

## SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

The A-CAT is a communimetric tool, and there are six key principles that should be considered when completing the ratings.

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Item ratings translate into Action Levels.** Each item uses a four level ('0'-3') rating system. An item **rated '2' or '3' requires action.**
3. **Culture and development should be considered prior to establishing the action levels.** Understanding their role in the expression of behavior helps to determine whether or not there is a need that could benefit from support. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs. Development takes into account an individual's age and developmental status before completing the ratings.
4. **The ratings are generally "agnostic as to etiology."** It is descriptive tool. Rate the "what" and not the "why." The A-CAT describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
5. **Ratings should describe the individual, not the individual in services.** If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., '2' or '3').
6. **Specific ratings window (e.g., 24 hours) is used to make sure assessments stay relevant to the individual's present circumstances.** The CAT is a communication tool and a measure of an individual's story during a crisis. The 24-hour time frame should be considered in terms of whether an item is a need within the time frame; it is NOT whether a specific behavior occurred during the time frame. The action levels assist in understanding whether or not a need is current even when no specific behavior has occurred during the time frame; therefore, the ratings window can be over-ridden when there is a need.

## RATING NEEDS

The A-CAT is easy to learn and is well liked by individuals and families, providers and other partners in the services system because it is easy to understand and does not necessarily require complex scoring or calculations in order to be meaningful to the individual and family.

As a communimetric tool, the indicators on the A-CAT are selected to represent the key information needed in order to decide the best intervention strategy for an individual during a time of crisis.

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

In order to enhance the reliability of the A-CAT, anchor points have been designed to facilitate the translation of levels of each indicator into the four action levels described above. It should be noted that these anchor points represent guidelines. Since it is not feasible to exhaustively define all circumstances that might fit a particular level, the assessor may use some clinical judgment to determine the rating when no clear choice is obvious. This judgment should be guided by a decision on the appropriate level of action required for the specific indicator.

A primary goal of this tool is to further communication with both the individual and family and for the individual's system of care. As such, consistency and reliability in the use of this tool is important. Therefore, formal training is required prior to any staff completing this tool based on an actual crisis assessment. Annual certification on the tool is also required.

# A-CAT ITEM LIST

## **Risk Behaviors**

Suicide Risk  
Danger to Others  
Non-Suicidal Self-Injurious Behav. (Self-Mutilation)  
Other Self-Harm (Recklessness)  
Sexual Aggression  
Decision Making

## **Behavioral/Emotional Needs**

Psychosis (Thought Disorder)  
Impulse Control  
Depression  
Anxiety  
Mania  
Antisocial Behavior  
Adjustment to Trauma  
Anger Control  
Substance Use

## **Functioning Needs**

Living Situation  
School/Employment  
Social Functioning  
Developmental/Intellectual  
Sleep  
Medication Adherence

## **Criminal Justice**

Legal  
Community Safety  
Criminal Behavior

## **Adult Protection**

Victimization/Exploitation  
Marital/Partner Violence in the Home

## **Caregiver Resources and Needs (Optional)**

Supervision  
Involvement with Care  
Social Resources  
Residential Stability  
Health/Behavioral Health  
Family Stress

# DESCRIPTIONS OF CODING CRITERIA

Unless otherwise specified, rate the highest level from the past 24 hours based on relevant information from all sources.

### **For all domains, the following categories and action levels are used:**

- 0 No evidence of any needs; no need for action.
- 1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

Note: Specific time frames noted in some of the rating levels are intended to be guidelines and not rules (for example, “not in the past 24 hours” in level 2 of suicide risk). Always consider the item rating within the context of the action levels described on p. 5 above. This may mean that the rating still falls in that level even though the behavior occurred outside the specified time frame.

# RISK BEHAVIORS

## SUICIDE RISK

This item describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of an individual to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frame for each rating.

### Questions to Consider

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

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of suicidal ideation or behaviors.
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the past 30 days.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Recent ideation or gesture but not in the past 24 hours. Recent (last 30 days), but not acute (today), suicidal ideation or gesture.
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Current suicidal ideation and intent in the past 24 hours OR command hallucinations that involve self-harm.

**Supplemental Information:** Since a history of suicidal ideation and gestures is a predictor of future suicide, any individual with a history is rated at least a '1.' **A rating of '2' or '3' would indicate the need for a safety plan.**

## DANGER TO OTHERS

This item rates the individual's actual or threatened violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.

### Questions to Consider

- Has the individual ever injured another person on purpose?
- Do they get into physical fights?
- Have they ever threatened to kill or seriously injure others?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
History of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days. History of fire setting (not in past year) would be rated here.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression. Homicidal ideation in the last 30 days would be rated here.
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Individual is an immediate risk to others.

**Supplemental Information:** Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others would be rated a '3.' Reckless behavior that may cause physical harm to others is not rated on this item. **A rating of '2' or '3' would indicate the need for a safety plan.**

### NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (SELF-MUTILATION)

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

#### Questions to Consider

- Does the individual ever purposely hurt themselves (e.g., cutting)?
- Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?
- Does the individual use this behavior as a release?

#### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of any forms of self-injury.
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
A history of self-injurious behavior but none within the past 30 days or minor self-injuring behavior (e.g., scratching) in the last 30 days that does not require any medical attention.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Moderate self-injurious behavior in the last 30 days requiring medical assessment (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that has potential to cause safety risk to individual.
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
One or more incidents of self-injurious behavior in the last 30 days requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put individual's health at risk.

**Supplemental Information:** Suicidal behavior is not self-mutilation. Self-mutilation is thought to have addictive properties since generally the self-abusive behavior results in the release of endorphins (naturally produced morphine-like substances) that provide a calming feeling. Generally the individual feels somehow better after having hurt themselves. Carving and cutting on the arms or legs are common examples of self-mutilation behavior. Repeatedly piercing or scratching one's skin would be included. Generally, body piercings and tattoos are not considered a form of self-injury. Self-injury could be a reaction to trauma or related to a developmental disability, but it's not necessary to know the cause for crisis assessment purposes.

### OTHER SELF-HARM (RECKLESSNESS)

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

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the individual act without thinking?</li><li>• Has the individual ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of behaviors (other than suicide or self-mutilation) that place the individual at risk of physical harm.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places individual at risk of physical harm.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual in danger of physical harm.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual at immediate risk of death.</p>

**Supplemental Information:** Any behavior that the individual engages in that has significant potential to place them in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g., reckless driving, subway surfing, unprotected sex, risky substance use.). If the individual frequently exhibits significantly poor judgment that has the potential to place themselves in danger, but has yet to actually do so, a rating of '1' might be used to indicate the need for prevention. A rating of '3' is used for an individual that has placed themselves in significant physical jeopardy during the rating period.

### SEXUAL AGGRESSION

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

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Has the individual ever been involved in sexual activities or done anything sexually inappropriate?</li><li>• Has the individual ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of sexually aggressive behavior.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual engages in a dangerous level of sexually aggressive behavior. This would include the rape or sexual abuse of another person involving sexual penetration.</p>

## DECISION MAKING

This item describes the individual's ability to make decisions and understanding of choices and consequences. This rating should reflect the degree to which an individual can concentrate on an issue, think through decisions, anticipate consequences of decisions, and follow through on decisions.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence of problems with judgment or poor decision-making that result in harm to development and/or well-being.
	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems with judgment in which the individual makes decisions that are in some way harmful to their well-being.
	2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Problems with judgment in which the individual makes decisions that are in some way harmful to their well-being. As a result, more supervision is required than is expected for their age.

---

	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Problems with judgment that place the individual at risk of significant physical harm. Individual is currently unable to make decisions. Therefore, individual requires intense and constant supervision.
--	---	---

# BEHAVIORAL/EMOTIONAL NEEDS

**Note:** Information on DSM-5 diagnoses is provided for informational and descriptive purposes only. This tool should not be used for diagnostic purposes, and an individual does not need to have a specific diagnosis in order to be rated actionable on an item.

## PSYCHOSIS (THOUGHT DISORDER)

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Has the individual ever talked about hearing, seeing, or feeling something that was not actually there?</li> <li>• Has the individual ever done strange, bizarre, or nonsensical things?</li> <li>• Does the individual have strange beliefs about things?</li> </ul>	<p>Ratings and descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of psychotic symptoms. Thought processes and content are within normal range.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of disruption in thought processes or content. Individual may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes individuals with a history of hallucinations but none currently. Use this category for individuals who are exhibiting some symptoms for schizophrenia spectrum and other psychotic disorders.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Evidence of disturbance in thought process or content that may be impairing individual's functioning in at least one life domain. Individual may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Clear evidence of dangerous hallucinations, delusions, or bizarre behavior. Behavior might be associated with some form of psychotic disorder that places the individual or others at risk of physical harm.</p>

**Supplemental information:** While a growing body of evidence suggests that schizophrenia can begin as early as age nine, schizophrenia is more likely to begin to develop during the teenage years. Posttraumatic stress disorder secondary to sexual or physical abuse can be associated with visions of the abuser when individuals are falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours.

Note: If an individual has a diagnosis that includes psychosis, but psychotic symptoms did not lead to the crisis or the crisis did not exacerbate psychotic symptoms, a rating of '1' would be appropriate for watchful waiting.

## IMPULSE CONTROL

This item rates behavioral symptoms associated with impulsiveness (i.e., loss of control of behaviors), which includes, but is not limited to, Intermittent Explosive Disorder, Borderline Personality Disorder, and disorders of impulse control. Individuals with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire starting, stealing, or self-abusive behavior.

Questions to Consider	Ratings and descriptions	
	0	<i>No evidence of any needs; no need for action.</i> Individual with no evidence of impulse problems. They are able to regulate and self-manage behavior and affect.
	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual with some evidence of impulse control that does not impact functioning. They may have some difficulties with sitting still or paying attention or may occasionally engage in impulsive behavior.
	2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual with impulse control problems that impact functioning. An individual who meets DSM diagnostic criteria for impulse control disorder would be rated here. Individuals who use poor judgment or put themselves in jeopardy would be rated here (e.g., picking fights).
	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual with impulse control problems that place the individual or others in some danger. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g., running into the street and dangerous driving).

## DEPRESSION

This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

Questions to Consider	Ratings and descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence of problems with depression.
	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of such symptoms that impair peer, family, or academic functioning, but do not lead to gross avoidance behavior.
	2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in individual's ability to function in at least one life domain.
	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Clear evidence of disabling level of depression that makes it virtually impossible for the individual to function in any life domain. This rating is given to an individual with a severe level of depression. This would include an individual who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

## ANXIETY

This item rates evidence of symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Questions to Consider	Ratings and descriptions
<ul style="list-style-type: none"><li>• Does the individual have any problems with anxiety or fearfulness?</li><li>• Are they avoiding normal activities out of fear?</li><li>• Does the individual act frightened or afraid?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion, or mild level of anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the individual's ability to function in at least one life domain.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Clear evidence of debilitating level of anxiety that makes it virtually impossible for the individual to function in any life domain.

## MANIA

This item identifies elevated/expansive mood, increase in energy, decrease in sleep, pressured speech, racing thoughts, and grandiosity that are consistent with the symptoms of mania.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Does the individual have periods of feeling super happy/excited for hours or days at a time? Have periods of feeling very angry/cranky for hours or days at a time?</li><li>• Does the individual have periods of time where they feel they don't need to sleep or eat? Have extreme behavior changes?</li><li>• Is the individual's functioning impaired by emotional/mood problems?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of hypomania, mania or manic behavior.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual has a history of manic behavior, or individual with some evidence of hypomania or irritability that does not impact the individual's functioning. Individual may be showing signs of beginning to cycle up.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual with manic behavior that is interfering with their functioning or those around them.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual with a level of mania that is dangerous or disabling. For example, the individual may be wildly over-spending, rarely sleeping, engaging in dangerous or extremely inappropriate behavior, or pursuing a special "mission" that only they can accomplish. The manic episode rated here could include psychotic symptoms.

## ANTISOCIAL BEHAVIOR

This item rates the degree to which an individual engages in behavior that is consistent with the presence of an Antisocial Personality Disorder.

### Questions to Consider

- Does the individual repeatedly engage in actions that are grounds for arrest?
- Does the individual deceive others for personal profit or pleasure?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
Individual shows no evidence of antisocial behavior.
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
There is a history, suspicion or evidence of some problems associated with antisocial behavior included but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The individual may have some difficulties at school, work and/or home behavior.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals. An individual rated at this level will likely meet criteria for a diagnosis of Antisocial Personality Disorder.
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the individual or community at significant risk of physical harm due to these behaviors. This could include frequent, episodes of unprovoked, planned aggression or other antisocial behavior.

**Supplemental Information:** As noted in the DSM-5, the essential feature of Antisocial Personality Disorder is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood.

### DSM-5 criteria for Antisocial Personality Disorder:

- A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following:
- Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
  - Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
  - Impulsivity or failure to plan ahead.
  - Reckless disregard for safety of self or others.
  - Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
  - Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.
- B. The individual is at least age 18 years.
- C. There is evidence of conduct disorder with onset before age 15 years.
- D. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.

## ADJUSTMENT TO TRAUMA

This item is used to describe the individual who is having difficulties adjusting to a traumatic experience, as defined by the individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Has the individual experienced any trauma?</li><li>• How is the individual adjusting to the trauma?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence that individual has experienced a traumatic life event, OR individual has adjusted well to traumatic/adverse experiences.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The individual has experienced a traumatic event and there are some changes in their behavior that are currently sufficiently managed. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Individual may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with individual's functioning in at least one life domain.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the individual to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).</p>

**Supplemental Information:** This is one item where speculation about why a person is displaying a certain behavior is considered: There should be an inferred link between the trauma and behavior.

- A '1' would indicate an individual who is making progress in adapting or recovering from a trauma(s) or an individual who experienced a trauma(s) where the impact on their well-being is not yet known and/or mild problems are present that we suspect are related to the trauma (watchful waiting).
- A '2' would indicate a level of symptoms related to the individual's history of trauma exposure that may meet criterion for a DSM diagnosis. Such diagnoses may be trauma-related such as Posttraumatic Stress Disorder (PTSD) or related to one or more other diagnoses.
- A '3' indicates symptoms requiring immediate attention. There is likely more than one DSM diagnosis and/or another trauma related disorder present (e.g., PTSD, complex trauma).

## ANGER CONTROL

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

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• How does the individual control their emotions?</li><li>• Do they get upset or frustrated easily?</li><li>• Do they overreact if someone criticizes or rejects them?</li><li>• Does the individual seem to have dramatic mood swings?</li></ul>	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any significant anger control problems.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History, suspicion or evidence of some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual's difficulties with controlling their anger are impacting functioning in at least one life domain. Their temper has resulted in significant trouble with peers, family and/or school/work. Anger may be associated with physical violence. Others are likely quite aware of anger potential.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual's temper or anger control problem is dangerous. They frequently get into fights that are often physical. Others likely fear them.</p>
--	---

**Supplemental Information:** Everyone gets angry at times. This item is intended to identify individuals who are more likely than average to become angry and lose control in such a way that it leads to problems with functioning. A '3' describes an individual whose anger has put themselves or others in physical peril within the rating period.

## SUBSTANCE USE

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by an individual. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Has the individual used alcohol or drugs on more than an experimental basis?</li><li>• Do you suspect the individual has an alcohol or drug use problem?</li></ul>	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> Individual has no notable substance use history or difficulties at the present time.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual's substance use causes problems that might occasionally interfere with their daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the individual.</p>
---	---

# FUNCTIONING NEEDS

## LIVING SITUATION

This item refers to how the individual is functioning in their current living arrangement, which could be with a relative, in a structured setting, etc.

### Questions to Consider

- How is the individual functioning in their current living situation?
- Is the individual's current living situation at risk because of their behaviors?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
 No evidence of problem with functioning in current living environment. Individual and those they live with (including caregivers, if relevant) feel comfortable and safe dealing with issues that come up in day-to-day life.
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
 Individual experiences mild problems with functioning in current living situation. Those that the individual lives with (including caregivers, if relevant) express some concern about individual's behavior in living situation; and/or individual and those they live with have some difficulty dealing with issues that arise in daily life.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
 Individual has moderate to severe problems with functioning in current living situation. Individual's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Individual and those they live with (including caregivers, if relevant) have difficulty interacting effectively with each other much of the time.
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
 Individual has profound problems with functioning in current living situation. Individual is at immediate risk of being asked to leave or be removed from living situation due to problematic behaviors.

**Supplemental Information:** Hospitals, shelters and detention centers do not count as "living situations." If an individual is presently in one of these places, rate the previous living situation. **Group homes and residential treatment centers are rated in this item.** Rating congregate care as a "living situation" is specific to the A-CAT: the purpose of this is to monitor this level of care for appropriateness for the individual during a crisis situation (e.g., is this level of care able to meet the individual's needs?).

## SCHOOL/EMPLOYMENT

This item rates the individual's experiences in school or work settings, and the individual's ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, academic achievement or work performance, support from the school or work staff to meet the individual's needs, and the individual's behavioral response to these environments.

### Questions to Consider

- What is the individual's experience in school or the work setting?
- Does the individual have difficulties with academics/work performance, social relationships, behavior, or attendance at school or work?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of problems with functioning in current school/work environment.
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
History or evidence of problems with functioning in current school/work environment. Individual is enrolled in a special program. OR Individual may have some problems in work environment involving attendance, productivity, or relations with others. An individual not currently working, but who is motivated and actively seeking work would be rated here.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Individual is experiencing difficulties maintaining their behavior, attendance, and/or achievement/performance in this setting. OR individual is having difficulties with performing required work as indicated. Supervisors likely have warned individual about problems with their work performance. An individual who seems interested in doing so, but may have some anxiety about working, is rated here.
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Individual's problems with functioning in school/work environment place them at immediate risk of being removed from program or employment setting due to their attendance, behaviors, achievement/performance, or unmet needs. OR individual may be recently fired or at very high risk of firing (e.g., on notice). An individual who has a long history of unemployment would be rated here.

## SOCIAL FUNCTIONING

This item rates social skills and relationships. It includes age-appropriate behavior and the ability to make and sustain relationships.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Currently, how well does the individual get along with others?</li><li>• Has there been an increase in peer conflicts?</li><li>• Do they have unhealthy friendships?</li><li>• Do they tend to change friends frequently?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems and/or individual has developmentally-appropriate social functioning.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems in social relationships. Individual is having some difficulty interacting with others and building and/or maintaining relationships.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual is having some problems with social relationships that interfere with functioning in other life domains.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual is experiencing significant disruptions in social relationships. Individual may have no friends or have constant conflict in relation with others, or have maladaptive relationships with others. The quality of the individual's social relationships presents imminent danger to the individual's safety, health or development.</p>

## DEVELOPMENTAL/INTELLECTUAL

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

### Questions to Consider

- Does the individual's growth and development seem age-appropriate?
- Has the individual been screened for any developmental problems?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of developmental delay and/or individual has no developmental problems or intellectual disability.
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
There are concerns about possible developmental delay. Individual may have low IQ, a documented delay, or documented borderline intellectual disability (i.e., FSIQ 70-85). Mild deficits in adaptive functioning are indicated.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Individual has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Individual has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

**Supplemental Information:** All developmental disabilities occur on a continuum; an individual with Autism Spectrum Disorder may be designated a '0', '1', '2', or '3' depending on the significance of the disability and the impairment. Learning disability is **not** rated in this item. An individual with suspected low IQ or developmental delays and has not been previously diagnosed and/or assessed would be rated as a '1' and a referral for assessment would be recommended.

## SLEEP

This item is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the individual appear rested?</li><li>• Is the individual often sleepy during the day?</li><li>• Does the individual have frequent nightmares or difficulty sleeping?</li><li>• How many hours does the individual sleep each night?</li></ul>	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> There is no evidence of problems with sleep. Individual gets a full night's sleep each night and feels rested.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual has some problems sleeping. Generally, individual gets a full night's sleep but at least once a week problems arise. This may include occasionally having difficulties falling asleep or awakening early or in the middle of the night. Sleep is not restful for the individual.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep and does not feel rested. Difficulties with sleep are interfering with their functioning in at least one area.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual is generally sleep deprived. Sleeping is almost always difficult for the individual and the individual is not able to get a full night's sleep and does not feel rested. Individual's sleep deprivation is dangerous and places them at risk.</p>
--	--

## MEDICATION ADHERENCE

This item focuses on the level of the individual's willingness and participation in taking prescribed medication.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Has the individual been prescribed medication?</li><li>• Regardless of who is responsible for making sure the individual is taking medication (i.e., individual or caregiver), is the medication being taken as prescribed?</li></ul>	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> This level indicates an individual who takes psychotropic medications as prescribed and without reminders, or an individual who is not currently on any psychotropic medication.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> This level indicates an individual who will take psychotropic medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rate here.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> This level indicates an individual who is somewhat non-compliant. Individual may be resistant to taking psychotropic medications or may tend to overuse their medications. They might comply with prescription plans for period of time (1-2 weeks) but generally do not sustain taking medication in prescribed dose or protocol.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> This level indicates an individual who has refused to take prescribed psychotropic medications during the past 30-day period or who has abused their medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree).</p>
--	--

**Supplemental Information:** This rating can include all types of medication; however, given the nature of crisis services, problems with compliance with psychotropic medications are common needs.

# CRIMINAL JUSTICE

## LEGAL

This item rates the individual's involvement with the criminal justice system due to their behavior. This item does not refer to family involvement in the legal system.

### Questions to Consider

- Has the individual been arrested?
- Is the individual on probation?
- Are there charges pending against the individual?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
Individual has no known legal difficulties or involvement with the court system.
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Individual has a history of legal problems (e.g., status offenses such as family conflict, petty offenses) but currently is not involved with the legal system; or, immediate risk of involvement with the legal system.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Individual has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses).
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Individual has serious current or pending legal difficulties that place them at risk for incarceration such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).

**Supplemental Information:** This item indicates the individual's level of involvement with the criminal justice system, not involvement in the courts due to custody issues. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating.

## COMMUNITY SAFETY

This item rates the level to which the behavior of the individual puts the community's safety at risk.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Is the individual's behavior violent in nature?</li><li>• Does the individual commit violent crimes against people or property?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of any risk to the community from the individual's behavior. Individual could be unsupervised in the community.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual engages in behavior that represents a risk to community property.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the individual's behavior.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual engages in behavior that directly places community members in danger of significant physical harm.

**Supplemental Information:** An individual who is only violent within their household (i.e., family violence) would not be rated as a community safety risk, only as dangerous to others.

## CRIMINAL BEHAVIOR

This item includes both criminal behavior and status offenses that may result from the individual failing to follow required behavioral standards. This category does not include drug usage, but it does include drug sales and other drug-related activities. Sexual offenses should be included as criminal behavior.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Is individual at risk for contact with the criminal justice system due to drug sales, illegal graffiti, weapons, etc.?</li><li>• Has the individual ever been arrested?</li><li>• Has the individual ever been incarcerated or on probation?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence or history of criminal behavior.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> A history of criminal behavior, but none in the past year.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has been engaged in violent criminal activity during the past year that represents a significant physical risk to others in the community. Examples would include rape, armed robbery and assault.

# ADULT PROTECTION

This section is particularly relevant when the individual being assessed is a dependent adult with a caregiver. If the individual does not have a caregiver, or item is not applicable, these items will be rated '0.' The Marital/Partner Violence in the Home item can be rated for the individual's caregiver or for the individual and their partner, if applicable.

## VICTIMIZATION/EXPLOITATION

This item describes an individual who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the person is at current risk for re-victimization or exploitation. It would also include individuals who are victimized in other ways (e.g., being bullied, sexual abuse, sexual exploitation, etc.).

### Questions to Consider

- Has the individual ever been exploited or are they currently being exploited?
- Has the individual been abused, or a victim of bullying or a crime?
- Have they been trafficked, or sexually exploited?

### Ratings and Descriptions

- |   |  |
|---|--|
| 0 | <p><i>No evidence of any needs; no need for action.</i></p> <p>No evidence that the individual has experienced a pattern of victimization or exploitation. They may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Individual is not presently at risk for re-victimization or exploitation.</p>                   |
| 1 | <p><i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>Individual has a prior pattern of victimization or exploitation, but the individual has not been victimized to any significant degree in the past year. Individual is not presently at risk for re-victimization or exploitation.</p> |
| 2 | <p><i>Action is required to ensure that the identified need or risk behavior is addressed.</i></p> <p>Individual has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.</p>                                  |
| 3 | <p><i>Intensive and/or immediate action is required to address the need or risk behavior.</i></p> <p>Individual has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, sexual activity) or living in an abusive relationship.</p>        |

## MARITAL/PARTNER VIOLENCE IN THE HOME

This item describes the degree of difficulty or conflict in the dependent adult's parent/caregiver's partner relationship and the impact on providing care to the individual. This item can also be rated on any interpersonal violence that an individual is experiencing within their own partner relationship.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• How are power and control handled in the parent/caregiver's or individual's relationship with their partner?</li><li>• How frequently does the individual witness caregiver conflict?</li><li>• Does the conflict escalate to verbal aggression, physical attacks or destruction of property?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> Individual is functioning adequately in their partner relationship, OR parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting or partner relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of marital difficulties and partner arguments. Parents/caregivers (if relevant) are generally able to keep arguments to a minimum when individual is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which individual often witnesses.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Marital or partner difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate individual's difficulties or put them at greater risk.</p>

**Supplemental Information:** Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregivers or partners. Since marital/partner violence is a risk factor for abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The individual's past exposure to marital/partner violence with current or other caregivers or partners is rated a '1.' This item would be rated a '2' if the individual is exposed to marital/partner violence in the household and protective services or police must be called; a '3' indicates that the individual is in danger due to marital/partner violence in the household and requires immediate attention. If the individual being assessed has children in the home, this item rates the impact on parenting and childcare.

# CAREGIVER RESOURCES AND NEEDS (OPTIONAL)

Dependent adults often have caregivers. If the individual being assessed has a caregiver, this section should be completed. In general, it is recommended that the caregiver(s) with whom the individual is currently living be rated. If the individual has been placed outside the home temporarily, then focus on the caregiver to whom the individual will be returned. If the individual is currently in a transitional setting, then it may be more appropriate to rate the community caregivers where the individual will be placed upon transition to a permanent setting.

In situations where there are multiple caregivers, we recommend making the ratings based on the needs of the set of caregivers as they affect the individual. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline may not be relevant to the ratings. Alternatively, if the father is responsible for the individual because he works the first shift and the mother works the second shift, then his skills should be factored into the ratings of the Supervision item.

When rating multiple caregivers, the ratings should reflect the caregiver with the greatest need; so even if one caregiver doesn't have needs, an item's rating may be elevated to reflect the needs of the other caregiver.

## SUPERVISION

This item rates the caregiver's capacity to parent by providing effective supervision, monitoring and effective discipline as needed by the individual. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their children.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Does the caregiver set appropriate limits on the individual?</li> <li>• Does the caregiver provide appropriate support to the individual to meet the caregiver's expectations?</li> <li>• Does the caregiver think they need some help with these issues?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence caregiver needs help or assistance in monitoring or disciplining the individual and/or caregiver has effective monitoring and discipline skills.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Caregiver is unable to monitor or discipline the individual. Caregiver requires immediate and continuing assistance. Individual is at risk of harm due to absence of supervision or monitoring.</p>

## INVOLVEMENT WITH CARE

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

Questions to Consider		Ratings and Descriptions
	<ul style="list-style-type: none"><li>• How involved are the caregivers in services for the individual?</li><li>• Is the caregiver an advocate for the individual?</li><li>• Would they like any help to become more involved?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with caregiver involvement in services or interventions for the individual, and/or caregiver is able to act as an effective advocate for individual.
		1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Caregiver is consistently involved in the planning and/or implementation of services for the individual but is not an active or fully effective advocate on behalf of the individual. Caregiver is open to receiving support, education, and information.
		2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Caregiver does not actively involve themselves in services and/or interventions intended to assist the individual.
3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Caregiver wishes for individual to be removed from their care.		

**Supplemental Information:** This rating should be based on the level of involvement the caregiver(s) has in the planning and provision of behavioral health, education/employment, primary care, and related services.

## SOCIAL RESOURCES

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

Questions to Consider		Ratings and Descriptions
	<ul style="list-style-type: none"><li>• Does family have extended family or friends who provide emotional support?</li><li>• Can they call on social supports to help with the individual occasionally?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> Caregiver has significant social and family networks that actively help with caregiving.
		1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Caregiver has some family, friends or social network that actively help with caregiving.
		2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Work needs to be done to engage family, friends or social network in helping with caregiving.
3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Caregiver has no family or social network to help with caregiving.		

**Supplemental Information:** If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports.

## RESIDENTIAL STABILITY

This item rates the caregiver's current and likely future housing circumstances. It does not include the likelihood that the individual will be removed from the household.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the family's current housing situation stable?</li><li>• Are there concerns that they might have to move in the near future?</li></ul>	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> Caregiver has stable housing with no known risks of instability.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Caregiver has moved multiple times in the past year. Housing is unstable.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Caregiver is homeless, or has experienced periods of homelessness in the recent past.</p>

**Supplemental information:** Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future: A family having difficulty paying utilities, rent or a mortgage might be rated as a '1.'

## HEALTH/BEHAVIORAL HEALTH

This item refers to medical, physical, mental health and/or substance use problems that the caregiver(s) may be experiencing that prevent or limit their ability to provide care to the individual.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• How is the caregiver's health?</li><li>• Do they have any health, mental health or substance use problems that limit their ability to care for the family?</li></ul>	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> Caregiver is generally healthy.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Caregiver is in recovery from medical, physical, mental health or substance use problems, or has mild or controlled health problems that have the potential to complicate parenting.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Caregiver has medical, physical, mental health or substance use problems that interfere with their caregiving role.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Caregiver has medical, physical, mental health or substance use problems that make it impossible for them to provide care at this time.</p>

## FAMILY STRESS

This item reflects the degree of stress or burden experienced by the family as a result of managing the individual's behavioral and emotional needs.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Do caregivers find it stressful at times to manage the challenges in dealing with the individual's needs?</li><li>• Does the stress ever interfere with ability to care for the individual?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of caregiver having difficulty managing the stress of the individual's needs and/or caregiver is able to manage the stress of individual's needs.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of and/or caregiver has some problems managing the stress of individual's needs.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Caregiver has notable problems managing the stress of individual's needs. This stress interferes with their capacity to provide care.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Caregiver is unable to manage the stress associated with the individual's needs. This stress prevents caregiver from providing care.</p>