Standard Comprehensive

Adult Needs and Strengths Assessment

(Standard Comprehensive ANSA 3.0)

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2020
REFERENCE
GUIDE

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ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Adult Needs and Strengths Assessment. This information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The ANSA is an open domain tool for use in multiple individual-serving systems that address the needs and strengths of individuals, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

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."

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INTRODUCTION

THE ANSA

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

SIX KEY PRINCIPLES OF THE ANSA

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system designed to translate immediately into action levels.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the individual, not the individual in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e. '2' or '3').
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual's developmental and/or chronological age depending on the item.
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." While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the "why" is considered in rating these items.
6. **A 30-day window is used for ratings in order to make sure assessments stay "fresh" and relevant to the individual's present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE ANSA

The Adult Needs and Strengths Assessment is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The ANSA was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The ANSA gathers information on individuals and their parents/caregivers' needs and strengths (if relevant). Strengths are the individual's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where an individual requires help or serious intervention. Care providers use an assessment process to get to know the individual and families with whom they work and to understand their strengths and needs. The ANSA helps care providers decide which of an individual's needs are the most important to address in a treatment or service plan. The ANSA also helps identify strengths, which can be the basis of a treatment or service plan. By working with the individual and family (if relevant) during the assessment process and talking together about the ANSA, care providers can develop a treatment or service plan that addresses an individual's strengths and needs while building strong engagement.

The ANSA is made of domains that focus on various areas in an individual's life, and each domain is made up of a group of specific items. There are domains that address how the individual functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family's beliefs and preferences, and about general family concerns that can be

rated if relevant. The provider gives a number rating to each of these items. These ratings help the provider, individual and family understand where intensive or immediate action is most needed, and also where an individual has assets that could be a major part of the treatment or service plan.

The ANSA ratings, however, do not tell the whole story of an individual's strengths and needs. Each section in the ANSA is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the individual.

HISTORY

The Adult Needs and Strengths Assessment grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assessed those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the ANSA. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler, & Cohen, 1997; Leon, Uziel-Miller, Lyons, & Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The ANSA assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the individual and the parent/caregiver, looking primarily at the 30-day period prior to completion of the ANSA. It is a tool developed with the primary objective of supporting decision making at all levels of care: individuals and families, programs and agencies, individual serving systems. It provides for a structured communication and critical thinking about the individual and their context. The ANSA is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual's progress. It can also be used as a communication tool that provides a common language for all individual-serving entities to discuss the individual's needs and strengths. A review of the case record in light of the ANSA assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the ANSA and their supervisors. Additional training is available for ANSA super users as experts of ANSA assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

The ANSA was the first communimetric measure developed that now represent the suite of TCOM tools used for decision support, quality improvement and outcomes monitoring. Originally called the Severity of Psychiatric Illness (SPI) and the Acuity of Psychiatric Illness (API), these tools were originally conceived for use in adult acute psychiatric services. A body of research was developed that demonstrated that the SPI was a valid decision support for psychiatric hospitalization decision making (Lyons, Stutesman, Neme, Vessey, O'Mahoney, & Camper, 1997; George, Durbin, Sheldon, & Goering, 2002; Mulder, Koopman, & Lyons, 2005; Marten-Santos, et al., 2006) and in combination these tools could provide important information on the quality and outcomes of care in acute settings (Lyons, O'Mahoney, Miller, Neme, Kabot, & Miller, 1997; Lansing, Lyons, Martens, O'Mahoney, Miller, & Obolsky, 1997; Goodwin & Lyons, 2001; Foster, Lefauve, Kresky-Wolff, & Rickards, 2009). The individual items of the SPI were shown to have concurrent validity with more traditional psychometric measures of similar constructs (Lyons, Colletta, Devens, & Finkel, 1995).

The SPI and API evolved into the ANSA when strengths were added (Anderson & Lyons, 2001). While the strength movement was initiated within the child serving system, there is good reason to believe that strengths are equally important across the life span. This may be particularly true for young people transitioning to adulthood (Cappelli, et al., 2014). The vast majority of people with serious mental illness live full lives in the community without significant interaction with the public or private mental health system and there are reasons to believe that this functional capacity is related to the presence of strengths. Much like with any chronic disease, it is how the individual learns to live with it that is the true outcome, not if it can be cured. Building and sustaining strengths for people with serious mental illness is likely an important outcome priority of the public health system.

Research has demonstrated that the individual item structure of the ANSA is valid and reliable (Lyons, et al., 1995; Anderson & Lewis, 2000; Nelson & Johnston, 2008).

In sum, there is solid evidence from multiple, independent research groups in the United States and Europe, along with ongoing field experience, that the ANSA is a reliable and valid clinical and functional assessment for adults with mental health and developmental challenges.

RATING NEEDS & STRENGTHS

The ANSA 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 scoring in order to be meaningful to the individual and family.

- ★ Basic core items – grouped by domain - are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area

Each ANSA rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
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

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, it should be used only in the rare instances where an item does not apply to that particular individual. To complete the ANSA, an ANSA trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each item and then record the appropriate rating on the ANSA form (or electronic record).

Remember that the item anchor descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The ANSA is an information integration tool, intended to include multiple sources of information (e.g., individual and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the ANSA supports the belief that individuals and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with individual and their families (if relevant) to discover individual and family functioning and strengths. Failure to demonstrate an individual's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on an individual's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family (if relevant) and individual in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the ANSA and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) supports effective services for individual and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the ANSA assessment. A rating of '2' or '3' on an ANSA need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that might be the focus of strength-building activities. It is important to remember that when developing service and treatment plans for healthy individual trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop individual capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the ANSA can be used to monitor outcomes. This can be accomplished in two ways. First, ANSA items that are initially rated a '2' or '3' are monitored over time to determine the percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. ANSA dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, community mental health, and justice programs.

The ANSA is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use versions of the ANSA and share experiences, additional items, and supplementary tools.

HOW IS THE ANSA USED?

The ANSA is used in many ways to transform the lives of individuals and their families and to improve our programs. Hopefully, this guide will help you to also use the ANSA as a multi-purpose tool. What is the ANSA?

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful to use during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the ANSA is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

The ANSA is often completed every 6 months to measure change and transformation. We work with individuals and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

When a client leaves a treatment program, a closing ANSA may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing ANSA, much like a discharge summary integrated with ANSA ratings, provides a picture of how much progress has been made, and allows for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our client and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the ANSA and guide you in filling it out in an accurate way that helps you make good clinical decisions.

ANSA: A STRATEGY FOR CHANGE

The ANSA is an excellent strategy in addressing individuals' behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the ANSA and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the individual and family (if relevant). This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The ANSA domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Individual Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar with the ANSA items can help in having more natural conversations. So, if the family is talking about situations around the individual's anger control and then shift into something like---"you know, he only gets angry when he is working with Mr. S," you can follow that and ask some questions about situational anger, and then explore other work-related issues.

MAKING THE BEST USE OF THE ANSA

Individuals often have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the ANSA and how it will be used. The description of the ANSA should include teaching the individual and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the individual and family the ANSA domains and items (see the ANSA Core Item list on page 12) and encourage them to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with them. Individuals and families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed ANSA ratings should be reviewed with each individual and family. Encourage them to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE ANSA

Listening is the most important skill that you bring to working with the ANSA. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes," "and"—things that encourage people to continue
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking "if I were this person, I would do X" or "that's just like my situation, and I did X." But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the individual that you are with them.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "does that make sense to you"? Or "do you need me to explain that in another way?"
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The ANSA is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO ONE'S OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people's observations such as "well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "So your mother feels that when he does X, that is obnoxious. What do YOU think?"

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when. . ." demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for the individual, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a "total picture" of the individual and family, and offer them the opportunity to change any ratings. Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

You might close with a statement such as: "OK, now the next step is a 'brainstorm' where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So, let's start. . ."

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ANSA BASIC STRUCTURE

The Adult Needs and Strengths Assessment basic core items are noted below.

CORE ITEMS

Life Functioning Domain
- Family Functioning
- Medical/Physical*
- Employment Functioning*
- Social Functioning
- Recreational
- Developmental/Intellectual*
- Sexuality
- Independent Living Skills
- Residential Stability
- Legal
- Sleep
- Basic Activities of Daily Living
- Medication Adherence
- Transportation
- Living Situation
- School
- Decision Making
- Involvement in Recovery
- Parental/Caregiving Role*

Strengths Domain
- Family Strengths
- Interpersonal/Social Connectedness
- Optimism
- Job History
- Talents and Interests
- Spiritual/Religious
- Community Connection
- Natural Supports
- Resilience
- Resourcefulness
- Volunteering
- Educational/Vocational
- Cultural Identity

Cultural Factors Domain
- Language
- Traditions and Rituals
- Cultural Stress

Behavioral/Emotional Needs Domain
- Psychosis (Thought Disorder)
- Impulse Control
- Depression
- Mood Disturbance
- Anxiety
- Interpersonal Problems
- Antisocial Behavior
- Adjustment to Trauma*
- Anger Control
- Substance Use*
- Eating Disturbances

Risk Behaviors Domain
- Suicide Risk*
- Non-Suicidal Self-Injurious Behavior
- Other Self Harm
- Victimization/Exploitation
- Danger to Others*
- Addictive Behaviors
- Sexual Aggression*
- Criminal Behavior*

Caregiver Resources and Needs Domain (Optional)
- Involvement with Care
- Knowledge
- Social Resources
- Residential Stability
- Medical/Physical
- Behavioral Health
- Developmental
- Safety
- Family Stress
- Organization

**** A rating of '1,' '2,' or '3' on this item triggers the completion of specific individualized assessment modules. ****

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LIFE FUNCTIONING DOMAIN

This section focuses on the different arenas of social interaction found in the lives of individuals and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

Question to Consider for this Domain: How is the individual functioning in individual, family, peer, school, and community realms?

For the **Life Functioning Domain,** use the following categories and action levels:	
0	No evidence of any needs; no need for action.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
2	Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3	Need is dangerous or disabling; requires immediate and/or intensive action.

FAMILY FUNCTIONING

This item evaluates and rates the individual's relationships with those who are in their family: spouse/partner, children and other family members. It is recommended that the description of family should come from the individual's perspective (i.e. who the individual describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the individual is still in contact.

Questions to Consider	Ratings and Descriptions
• Who does the individual consider as family? • Does the individual get along well with their family? • Are there any problems between any of the family members?	0 *No evidence of any needs; no need for action.* No evidence of problems in relationships with spouse/partner, children and/or other family members, and/or individual is doing well in relationships with spouse/partner, children and/or other family members.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History or suspicion of problems. Individual might be doing adequately in relationships with spouse/partner, children and/or other family members, although some problems may exist. For example, spouse/partner, children and/or other family members may have problems in their relationships with individual. Arguing may be common but does not result in major problems.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Individual is having problems with spouse/partner, children and/or other family members that are impacting the individual's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed. [continues]

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FAMILY FUNCTIONING continued

	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Individual is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

Supplemental Information: When rating this item, take into account the relationship the individual has with their family as well as the relationship of the family as a whole.

MEDICAL/PHYSICAL *

This item includes both health problems and chronic/acute physical conditions.

	Ratings and Descriptions
Questions to Consider • Does the individual have any physical or medical problems? • Is the individual able to control their physical and/or medical problems?	0 *No evidence of any needs; no need for action.* No evidence that the individual has any medical or physical problems, and/or the individual is healthy.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Individual has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Individual has serious medical or physical problems that require medical treatment or intervention. Or individual has a chronic illness or a physical challenge that requires ongoing medical intervention.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Individual has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to individual's safety, health, and/or development.

*** A rating of '1,' '2,' or '3' on this item triggers the completion of the [A] Medical Health Module.**

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[A] MEDICAL HEALTH MODULE

This module is to be completed when the Medical/Physical item AND/OR any item in the Behavioral/Emotional Needs Domain is rated '1,' '2' or '3'.

MH1. MANAGEMENT OF HEALTHCARE

This item focuses on the individual's awareness of co-occurring behavioral and physical health care needs and the individual's ability to handle both.

Questions to Consider

- Does the individual understand their co-occurring medical and behavioral health conditions?
- Are they aware of their physical health risk factors?
- Do they receive services for either or both conditions?
- Do they need assistance with accessing services or managing these conditions?

Ratings and Descriptions

0	There is no evidence that the person has any co-occurring physical health and mental health conditions or physical health risk factors (antipsychotic medications, depression, lifestyle risks – smoking, obesity, and inactivity, -- transportation issues, negative symptoms, or financial barriers to health care). Individual recognizes physical and behavioral health issues and risk factors, and manages them successfully.
1	Individual is generally able to manage healthcare, but may have occasional difficulties with consistency, such as occasionally missing scheduled appointments; individual may benefit from reminders and checks to consistently keep appointments, and to monitor symptoms.
2	Individual has difficulty managing physical or behavioral healthcare. Difficulties may include not consistently following mental health or physical health care plans or not routinely seeing a primary care physician; may frequently miss scheduled appointments, has challenges in working with health care team, or faces barriers to accessing comprehensive, coordinated health care (lack of transportation, long wait for appointments, does not understand treatment plans, is not screened for lifestyle risks), or does not make needed lifestyle changes. OR, side effects and related risk factors for poor physical health are not monitored. OR, individual has visited the ER in the last year.
3	Individual is struggling to manage their healthcare effectively, risking serious or life-threatening complications. Individual may not have a primary health care provider who was seen within the last year. OR, individual uses the ER for primary health care. OR, individual refuses or is unable to participate in either physical or behavioral healthcare, is experiencing an exacerbation of the physical or behavioral health condition, or may be experiencing complications due to multiple health care conditions. OR, external barriers prevent the individual from receiving physical and/or mental health care. OR, individual has been hospitalized within the last year.

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MH2. COORDINATION OF HEALTHCARE

This item focuses on the need for coordination of physical and mental health for individuals with chronic or acute physical health conditions and behavioral health diagnoses.

Questions to Consider

- Does the individual receive services for physical and mental health conditions?
- Is the individual managing coordination well, or there a need for coordination of care?
- Is there a need for services but the individual is not receiving them and needs assistance to access services?

Ratings and Descriptions

0	There is no evidence of a need for coordination of physical and mental health care. Both mental and physical health care are well coordinated and managed by the individual and/or health care team, resulting in stable, healthy functioning.
1	Mental and physical health care coordination issues occasionally occur. Such issues are resolved by the individual or health care team.
2	Evidence of problems with mental and physical care coordination. For example, the individual has frequent outpatient or urgent care visits over the past three months in order to stabilize or treat their acute or chronic physical condition or behavioral health condition. OR, individual requires support and coordination of medical and behavioral health issues to increase and maintain stability. OR, individual may not be able to communicate across multiple medical/behavioral health providers. OR, physical health care providers may not understand the individual's mental health needs, attribute physical symptoms to psychological issues, not measure and monitor lifestyle risks, or provide vague treatment instructions.
3	Significant care coordination challenges for individual with mental and physical health needs may result in dangerous or disabling mental or physical health care outcomes or institutional placement. The individual experiences reoccurring problems with limited periods of stability. OR, the individual has any ER visits or inpatient hospitalization within the last year. OR, the individual does not have a primary health care provider or has not seen the primary health care provider within the last year. A state hospital or nursing home admission has been considered. External barriers prevent access to physical health care.

MH3. ORGANIZATIONAL COMPLEXITY

This item refers to how effectively organizations and medical/ancillary service providers caring for an individual work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration. An individual who receives primary and specialty care from one institution in which professionals are successfully communicating (i.e. within a tertiary medical center) would be rated lower than an individual who receives primary care from a community provider, behavioral health care from another community provider, and specialty medical care from a tertiary care center, and communication issues exist amongst professionals regarding the treatment plan.

Questions to Consider

- Is medical care for the individual being provided by multiple medical providers? How many?
- Are the medical providers coordinated in providing care for the individual?

Ratings and Descriptions

0	All care is provided by a single medical provider; there are no ancillary service providers involved.
1	Care is provided by a single or multiple medical provider(s) plus ancillary services provider(s), and communication/collaboration among providers is effective.
2	Care is provided by a single or multiple medical and/or ancillary services provider(s) and communication/collaboration among providers may present some challenges for the individual's care.
3	Care is provided by a single or multiple medical and/or ancillary services provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the individual's care.

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MH4. MEDICATION MANAGEMENT

This item focuses on the individual's ability to manage their prescription medication regimen and the impact on their physical and/or mental health symptoms and functioning.

Questions to Consider

- Is individual able to manage taking their medication independently and as prescribed?
- Does individual sometimes forget to take medication and needs reminders?
- Does individual refuse to take medication, or do they misuse it?

Ratings and Descriptions

0	There is no evidence that the individual has difficulty managing any prescription medication.
1	Although the individual usually takes medications consistently, they may occasionally stop, skip, or forget to take medications without causing instability in the underlying conditions. Individual may benefit from reminders and checks to consistently take medications. OR, individual has significant history of problems managing medication, problems that adversely impacted physical and/or mental health.
2	Over the last year, individual takes medication inconsistently, has difficulties with side effects, or misuses medications. OR, the underlying medical or behavioral health conditions are unstable or adversely affect the individual's functioning. OR, the individual makes frequent visits to physician or urgent care center within the last year.
3	Due to the individual's inability to self-manage prescribed medications, their mental or physical condition is deteriorating and functioning is severely impaired. Inpatient care may be necessary to stabilize the individual's condition. OR, this level indicates an individual who has refused to take prescribed psychotropic medications or physical health care medications during the past 180-day period or who has abused their medications to a significant degree (e.g., overdosing or using medications to a dangerous degree).

MH5. INTENSITY OF TREATMENT

This item refers to the complexity of the individual's medical treatment, including frequency of treatment and whether or not there is a need for special medical services or equipment.

Questions to Consider

- Does the individual's medical condition(s) require specialized medical equipment or services?
- Does the individual have the support needed to administer their medical treatments?

Ratings and Descriptions

0	Individual's medical treatment involves taking daily medication or visiting a medical professional for routine follow up no more than 2 times a year.
1	Individual's medical treatment involves taking multiple medications daily and visiting a medical professional(s) 3-4 times a year.
2	Individual's medical treatment is daily but non-invasive; treatment can be administered by the individual or with some support. Non-invasive treatments could include daily nebulizer treatments, chest percussion therapy, application of splints/braces and stretching exercises etc. Without support, this individual's care might be provided in an alternate setting (e.g. intermediate care facility). The individual could require visits every 4-6 weeks to a medical professional(s) for adjustments in medication dosing and treatment and take multiple daily medications with dosing spaced throughout the day.
3	Individual's medical treatment is daily and invasive and requires either a medical professional to administer or a well-trained caregiver. Examples of treatment provided by medical professional or well-trained caregiver include catheterization of bladder, suctioning of tracheostomy tube, provision of tube feedings etc. Without a well-trained caregiver or medical professional, this individual's care would be provided in a skilled alternate setting (e.g., hospital, assisted living setting or nursing home).

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MH6. CHRONICITY

This item refers to a condition that is persistent or long-lasting in its effects or a disease that develops gradually over time and is expected to last a long time even with treatment. Chronic conditions are in contrast to acute conditions which have a sudden onset.

Questions to Consider

- Does the individual have a persistent or long-lasting medical condition?

Ratings and Descriptions

0	Individual is expected to fully recover from current medical condition within the next six months to one year. Note: An individual with this rating does not have a chronic condition.
1	Individual's chronic condition is minor or well controlled with current medical management.
2	Individual's chronic condition(s) has significant effects/exacerbations despite medical management. Individual may experience more frequent medical visits, including ER visits, surgeries or hospitalizations for acute manifestation or complications of chronic condition.
3	Individual's chronic condition(s) places them at risk for prolonged inpatient hospitalization or out-of-home placement (or in-home care with what would be equivalent to institutionalized care).

MH7. LIFE THREATENING

This item refers to conditions that pose an impending danger to life or carry a high risk of death if not treated.

Questions to Consider

- Does the individual have a medical condition that poses a risk of death if not treated?

Ratings and Descriptions

0	Individual's current medical condition(s) does not pose any risk to premature death.
1	Individual's current medical condition(s) may shorten life at an older age (over 65).
2	Current medical condition(s) places individual at risk of premature death in the next few years.
3	Individual's medical condition places them at imminent risk of death.

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MH8. DIAGNOSTIC COMPLEXITY

This item refers to the degree to which symptoms can be attributed to medical, developmental, or behavioral conditions, or there is an acknowledgement that symptoms/behaviors may overlap, and are contributing to the complexity of the individual's presentation.

Questions to Consider	Ratings and Descriptions	
• Is there concern that the individual's diagnosis is not accurate? • Does the individual present with symptoms that could be attributed to medical, developmental or behavioral conditions?	0	The individual's medical diagnoses are clear; the symptom presentation is clear.
	1	Although there is some confidence in the accuracy of individual's diagnoses, there also exists sufficient complexity in their symptom presentation to raise concerns that the diagnoses may not be accurate.
	2	There is substantial concern about the accuracy of the individual's medical diagnoses due to the complexity of symptom presentation.
	3	It is currently not possible to accurately diagnose the individual's medical condition(s).

MH9. IMPAIRMENT IN FUNCTIONING

This item refers to a reduction in either physical or mental capacity that is sufficient to interfere with managing day-to-day tasks of life. This limitation can range from a slight loss of function to a total impairment which is usually considered a disability. Some impairments may be short-term while others may be permanent. Assessing the impairment can help identify the best course of treatment and whether it is responding to treatment.

Questions to Consider	Ratings and Descriptions	
• Is the individual's medical condition(s) interfering with their day-to-day functioning?	0	Individual's medical condition is not interfering with functioning in other life domains.
	1	Individual's medical condition has a limited impact on functioning in at least one other life domain.
	2	Individual's medical condition is interfering in more than one life domain or is disabling in at least one.
	3	Individual's medical condition has disabled them in most other life domains.

MH10. EMOTIONAL RESPONSE

This item refers to how the individual is managing the emotional strain of their medical conditions.

Questions to Consider	Ratings and Descriptions	
• How is the individual coping with their medical condition(s)? • Does the individual have emotional difficulties related to their medical condition that interfere with their functioning?	0	Individual is coping well with medical condition.
	1	Individual is experiencing some emotional difficulties related to medical condition but these difficulties do not interfere with other areas of functioning.
	2	Individual is having difficulties coping with medical condition. Individual's emotional response is interfering with functioning in other life domains.
	3	Individual's emotional response to medical condition is interfering with treatment and functioning.

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MH11. FAMILY STRESS (OPTIONAL ITEM)

This item refers to the physical, emotional, or financial stress on the family due to the provision of direct care, making and coordinating appointments, or obtaining medical supplies and equipment.

Questions to Consider

- Does the individual's medical condition(s) put the family under any stress?

Ratings and Descriptions

0	Individual's medical condition or care is not adding stress to the family.
1	Individual's medical condition or care is a stressor on the family but family is functioning well.
2	Individual's medical condition or care is a stressor and is interfering with family functioning.
3	Individual's medical condition or care is a significant stressor and is significantly impacting family functioning. Family functioning is characterized by lack of support for or conflict among the family members.

End of Medical Health Module

EMPLOYMENT FUNCTIONING*

This item rates the performance of the individual in work settings. This performance can include issues of behavior, attendance or productivity.

Questions to Consider

- Is the individual employed?
- Does the individual have any behavioral, attendance, or productivity problems at work?
- Does the individual get to work on time?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of problems at work. Individual is gainfully employed.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Individual experiences some problems with work functioning. Individual may have some problems in work environment involving attendance, productivity, or relations with others. OR the individual is not currently working, but is motivated and is actively seeking work.
2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Individual experiences work problems including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with his/her work performance. OR although not working, the individual seems interested in doing so, but may have some anxiety about working.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Work problems are dangerous or disabling, including aggressive behavior toward peers or superiors or severe attendance problems is evidenced. Individual may be recently fired or at very high risk of firing (e.g. on notice). OR the individual has a long history of unemployment.
NA	Not applicable if the individual is a homemaker or retired.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [B] RISEmploy Module.**

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[B] READINESS INVENTORY FOR SUCCESSFUL EMPLOYMENT MODULE (RISEMPLOY)

Being able to get and keep a job is really about building and maintaining work-related strengths. Since career building is about creating skills and assets, we have developed a set of items that are intended to capture the key skills necessary for successful employment. We call this collection of items the Readiness Inventory for Successful Employment (RISEmploy) domain.

This module is to be completed when the Employment Functioning item is rated '1,' '2' or '3'. If the individual is unemployed, rate each item based on the last work experience. **NOTE:** When there is no information/evidence about a strength in this area, use a rating of '3.'

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

0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.

1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

WORK ORIENTATION

RISE1. CAREER ASPIRATIONS
This item is used to describe the degree to which an individual has ideas about what type of job they would want or a clear idea of a career direction.

Questions to Consider	Ratings and Descriptions
• Does the individual have goals for their job or career development? • Is the individual able to identify a job or career path, and do they have resources needed to get there?	0 Individual has clear and feasible career plans. 1 Individual has career plans but significant barriers may exist to achieving these plans. 2 Individual wants to work but does not have a clear idea regarding jobs or careers. 3 Individual has no career plans or aspirations.

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RISE2. ASPIRATIONAL CONGRUENCE
This item is used to describe the degree to which the individual's career-related goals are consistent with their background including education, experiences, skills and interests.

Questions to Consider	Ratings and Descriptions
• Are the individual's career aspirations realistic based on the individual's current education level and/or skills? • Might skills need to be built, or more education or training needed, in order for these aspirations to be realistic?	0 Individual's career aspirations are very consistent with their education, skills and interests. 1 Individual's career aspirations are reasonable given their education, skills and interests. 2 Individual's career aspirations are inconsistent with their education, skills or interests. 3 Individual's career aspirations are in conflict with their education, skills or interests.

RISE3. LABOR MARKET EXPECTATIONS
This item is used to describe the degree to which an individual's ideal job is available in the labor market where they are seeking employment.

Questions to Consider	Ratings and Descriptions
• Does the individual have a realistic understanding of what jobs may be available to them based on their past job experience, skills, education level, or other qualifications?	0 Individual understands what jobs will likely be available to them based on their qualifications. 1 Individual has a sense of what jobs are available but might be overly optimistic or pessimistic about job prospects. 2 Individual has limited sense of jobs currently available. 3 Individual has a very unrealistic idea of what jobs will be available to them based on their qualifications.

RISE4. WORK ETHIC
This item is used to describe how committed the individual is to working and whether they get any personal satisfaction from working hard on something.

Questions to Consider	Ratings and Descriptions
• Does the individual have a strong work ethic? • Does the individual change their work effort when no one is watching? • Is the individual self-motivated or self-directed? • Is the individual proactive or go "above and beyond"?	0 Individual has a strong work ethic and puts considerable effort into doing anything that they try, to the best of their abilities. 1 Individual has some sense of work ethic and tends to make an effort if they can see a benefit in doing so. 2 Individual has not developed a work ethic and tends to see employment strictly as a means to get money. 3 Individual has no work ethic and often chooses to do nothing when given the choice.

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WORK EXPERIENCE

RISE5. WORK HISTORY
This item is used to describe whether the individual has a history of employment.

Questions to Consider	Ratings and Descriptions	
• Has the individual ever held a job? • Would previous employers be willing to re-hire the individual? • Does individual use any previous employers as positive references?	0	Individual has a job history with employers who would be willing to provide positive references (beyond documenting employment).
	1	Individual has a job history but no employers who would be willing to provide a positive reference.
	2	Individual has a limited job history.
	3	Individual has never held a job.

RISE6. TIME SINCE LAST JOB
This item is used to describe the duration of time that the individual has been out of the labor market.

Questions to Consider	Ratings and Descriptions	
• How long has it been since the individual was last employed?	0	Individual worked within the past six months.
	1	Individual worked within the past two years.
	2	Individual has worked but not in more than two years.
	3	Individual has never held a job or has not worked in more than 10 years.

RISE7. JOB TURNOVER
This item is used to describe how often the individual has changed jobs or how stable their employment has been.

Questions to Consider	Ratings and Descriptions	
• Does the individual stay at a job for a reasonable period of time or does the individual change jobs frequently?	NA	Individual has never worked.
	0	Individual has averaged more than two years on the job for each job they have held.
	1	Individual has held at least one job for more than two years.
	2	Individual has held at least one job for at least six months but none for at least two years.
	3	Individual has never held a job for more than six months.

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WORK PERFORMANCE

RISE8. JOB ATTENDANCE
This item is used to describe the individual's ability to consistently make it to work based on their job history.

Questions to Consider	Ratings and Descriptions	
• Has the individual experienced communication or disciplinary action for work attendance issues? • Is the individual meeting expectations for attendance?	0	Individual goes to work consistently as scheduled.
	1	Individual has occasional problems going to work. They may sometimes call in sick when not ill.
	2	Individual has difficulty consistently going to work.
	3	Individual has severe job attendance problems that threaten termination or have resulted in recent firing.

RISE9. JOB PERFORMANCE
This item is used to describe the individual's prior performance based on their job history.

Questions to Consider	Ratings and Descriptions	
• What feedback has the individual received regarding their job performance?	0	Individual is a productive employee.
	1	Individual is generally a productive employee but some performance issues exist.
	2	Individual is having problems performing adequately on the job.
	3	Individual has severe performance problems that threaten termination or have resulted in recent firing.

RISE10. JOB RELATIONS
This item is used to describe the individual's history of relationships in work environments.

Questions to Consider	Ratings and Descriptions	
• Are individual's relationships at the job setting a source of distress or source of strength for them?	0	Individual gets along well with superiors and co-workers.
	1	Individual is experiencing some problems with relationships at work.
	2	Individual is having problems with their relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.
	3	Individual is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.

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RISE11. JOB ENJOYMENT
This item is used to describe the degree to which the individual enjoys the experience of employment.

Questions to Consider
- Are there aspects of previous jobs that the individual enjoyed?

Ratings and Descriptions

0	Individual is able to spontaneously describe aspects of a previous job that gave them obvious enjoyment.
1	Individual is able to identify aspects of a previous job they enjoyed, with some prompting.
2	Individual has no prior work history but can describe aspects that they think they might enjoy.
3	Individual has no ability to identify any aspect of a job, either in the past or anticipated, which might provide them enjoyment.

RISE12. CUSTOMER ORIENTATION
This item is used to describe the degree to which the individual is able to understand and present a customer-first view of employment.

Questions to Consider
- Does the individual have an understanding of what good customer services looks like?
- Does the individual understand what is required to provide good customer service? Can they provide it consistently?

Ratings and Descriptions

0	Individual has experience and success working with a positive customer orientation. Individual could be an ideal employee in a customer friendly workplace.
1	Individual has the ability to understand and express a positive customer orientation but has no experience.
2	Individual has some limited experience with a customer-oriented job but had difficulties maintaining a positive customer orientation.
3	Individual is unable to understand or express a positive customer orientation.

WORK READINESS

RISE13. ROUTINE
This item is used to describe the degree to which the individual's lifestyle has established routines that would be supportive of ongoing employment.

Questions to Consider
- Does the individual have a daily routine?
- If so, could this routine accommodate a work schedule?

Ratings and Descriptions

0	Individual has and maintains a daily routine in which work would easily fit.
1	Individual has and maintains a daily routine that, with adjustments, could include regular employment.
2	Individual has and maintains a routine, but employment would require a major adjustment.
3	Individual has no routine to their daily life.

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RISE14. SKILLS RELEVANT TO ASPIRATIONS
This item is used to describe the development of an individual's skill set relative to their career aspirations.

Questions to Consider	Ratings and Descriptions	
• Does the individual have the necessary skills to be successful in their desired job? • Do skills need to be enhanced or built? • If so, is the individual interested in or willing to develop skills?	0	Individual has all needed skills to successfully perform in desired job.
	1	Individual has some well-developed skills necessary to successfully perform in desired job and has a plan to develop any additional needed skills that they do not currently possess.
	2	Individual has basic job skills necessary to do the desired job but a plan must be created to develop the skills needed to do the job successfully.
	3	Individual is uninterested in or unwilling to develop necessary skills to successfully perform the desired job.

RISE15. DIGITAL LITERACY
This item is used to describe the degree of the individual's understanding of any skills with computers and relevant software.

Questions to Consider	Ratings and Descriptions	
• Is the individual comfortable using technology (e.g., using computers, doing tasks online, using social media)? • Are there gaps in technological knowledge/ experience that impact the individual's ability to be successful in their job?	0	Individual has excellent digital literacy. Individual is fluent in all the computer software needed for their desired job.
	1	Individual has digital literacy. They are comfortable using a computer and are knowledgeable about some common computer software.
	2	Individual has minimal digital literacy. Individual has some very basic computer skills but does not currently use any software beyond standard social media platforms.
	3	Individual has no digital literacy.

RISE16. FINANCIAL LITERACY
This item is used to describe the individual's understanding of money.

Questions to Consider	Ratings and Descriptions	
• Does the individual have money management skills (e.g., pay bills, check balances, understand a budget)? • Are training or services needed in order to help the individual manage their finances?	0	Individual has excellent financial literacy. Individual has solid money management skills.
	1	Individual has financial literacy. Individual is generally able to manage money well but may have occasional difficulties.
	2	Individual has minimal financial literacy. Individual has some limited money management skills and may need some assistance in managing some financial tasks.
	3	Individual has no financial literacy. Individual has no money management skills.

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RISE17. RESUME/COVER LETTER

This item is used to describe the degree to which the individual is able to develop a resume and cover letter for seeking employment opportunities.

Questions to Consider	Ratings and Descriptions	
• Does the individual have a resume? • If so, is it current and/or an accurate representation of their job history and skills? • Has the individual ever written a cover letter?	0	Individual has developed a strong resume and cover letter that accurately portray their skills, interests and job history.
	1	Individual has a resume that was developed for them or developed one that is not an accurate portrayal of their skills, interests and job history.
	2	Individual does not currently have a resume but has developed one in the past.
	3	Individual has no experience with resumes or cover letters.

RISE18. INTERVIEW CLOTHES

This item is used to describe the degree to which the individual has clothing appropriate for a job interview.

Questions to Consider	Ratings and Descriptions	
• Does the individual have clothes that would be appropriate to wear to an interview for their desired job? • Does the individual know what type of clothing is appropriate for a job interview?	0	Individual has good interview clothes consistent with the type of job they desire.
	1	Individual has clean clothes that would be passable in most job interviews.
	2	Individual understands how they should dress for a job interview, but needs help getting the appropriate interview clothes.
	3	Individual has no clear concept of dressing for a job interview.

End of RISEmploy Module

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SOCIAL FUNCTIONING

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

Questions to Consider

- Does the individual have any friends?
- Does the individual get along well with their friends?
- Are the individual's friendships healthy?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems and/or individual has developmentally appropriate social functioning.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
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.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual is having some problems with social relationships that interfere with functioning in other life domains.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual is experiencing significant disruptions in social relationships. Individual may have no friends or have constant conflict in relations 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, and/or development.

Supplemental Information: Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the individual is doing currently. Strengths are longer-term assets.

RECREATIONAL

This item is intended to reflect the individual's access to and use of leisure time activities.

Questions to Consider

- What does the individual do in their leisure time?
- Does the individual engage in healthy activities during their leisure time?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Individual has and enjoys positive recreational activities on an ongoing basis.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Individual is doing adequately with recreational activities although some problems may exist.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual is having moderate problems with recreational activities. Individual may experience some problems with effective use of leisure time.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual has no access to or interest in recreational activities. Individual has significant difficulties making positive use of leisure time.

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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.

Questions to Consider

- Does the individual have any developmental or intellectual challenges?

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 *Identified need 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 is addressed; need is interfering with functioning.*
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 *Need is dangerous or disabling; requires immediate and/or intensive action.*
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.

*** A rating of '1,' '2,' or '3' on this item triggers the completion of the [C] Developmental Needs Module.**

Supplemental Information: This item 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.

[C] DEVELOPMENTAL NEEDS MODULE

This module is to be completed when the Developmental/Intellectual item is rated '1,' '2' or '3'.

DN1. COGNITIVE

This item rates the individual's IQ and cognitive functioning.

Questions to Consider

- Has the individual been tested for or diagnosed with a learning disability?
- Does the individual have an intellectual disability or delay?

Ratings and Descriptions

0 Individual's intellectual functioning appears to be in normal range. There is no reason to believe that the individual has any problems with intellectual functioning.

1 Individual has low IQ (70 to 85) or has identified learning challenges.

2 Individual has a mild intellectual disability. IQ is between 55 and 70.

3 Individual has a moderate to profound intellectual disability. IQ is less than 55.

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DN2. COMMUNICATION
This item rates the individual's ability to communicate with others via expression and reception.

Questions to Consider	Ratings and Descriptions	
• Can the individual understand what others are saying? Can others understand what the individual is trying to communicate? • Has the individual ever been diagnosed with a communication disorder?	0	Individual's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the individual has any problems communicating.
	1	Individual has receptive communication skills but limited expressive communication skills.
	2	Individual has both limited receptive and expressive communication skills.
	3	Individual is unable to communicate.

DN3. DEVELOPMENTAL
This item rates the level of developmental delay/disorders that are present.

Questions to Consider	Ratings and Descriptions	
• Is the individual progressing developmentally in a way similar to peers of the same age? • Has the individual been diagnosed with a developmental disorder?	0	Individual's development appears within normal range. There is no reason to believe that the individual has any developmental problems.
	1	Evidence of a mild developmental delay.
	2	Evidence of a pervasive developmental disorder including Autism Spectrum Disorder, Tourette's, Down's Syndrome or other significant developmental delay.
	3	Severe developmental disorder.

End of Developmental Needs Module

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SEXUALITY

This item looks at broad issues of sexuality including sexual behavior or sexual concerns, and the reactions of others to any of these factors.

Questions to Consider

- Does the individual have any issues with sexuality?
- Does the individual's sexuality interfere with their life functioning?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of issues with sexuality.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or suspicion of problems with sexuality, but does not interfere with functioning in other life domains. May include the individual's concerns about their sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Problems with sexuality that interfere with the individual's life functioning in other life domains.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Problems with sexuality place individual at risk of physical or emotional harm. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.

Supplemental Information: Sexually abusive behaviors are rated elsewhere. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.

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INDEPENDENT LIVING SKILLS

This item focuses on the presence or absence of short- or long-term risks associated with impairments in independent living abilities.

Questions to Consider

- Does the individual have any skills that would aid in their living abilities?
- Is the individual able to clean, cook, manage money, keep a home, and balance living?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

This level indicates an individual who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

This level indicates an individual with an impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

This level indicates an individual with an impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

This level indicates an individual with an impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.

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RESIDENTIAL STABILITY

This item is used to rate the individual's current and likely future housing circumstances. If the individual lives independently, their history of residential stability can be rated.

Questions to Consider

- Does the individual have a stable living situation?
- Where is the individual living?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence of residential instability. The individual has stable housing for the foreseeable future.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, some concern regarding residential instability if living independently, characterized by the potential loss of housing due to the individual's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

The individual has moved multiple times in the past year. Residential instability may benefit from support if the individual is living independently, characterized by recent and temporary lack of permanent housing.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

The individual has experienced periods of homelessness in the past six months. Residential instability requires support if the individual is living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

LEGAL

This item rates only the individual's involvement with the legal system.

Questions to Consider

- Does the individual have any legal issues?
- Has the individual ever been arrested?
- Is the individual on probation?
- Has the individual ever been incarcerated?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Individual has no known legal difficulties.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Individual has a history of legal problems but currently is not involved with the legal system.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

Individual has some legal problems and is currently involved in the legal system.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Individual has serious current or pending legal difficulties that place them at risk for incarceration.

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SLEEP

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

Questions to Consider

- Does the individual get a full night's sleep?
- Does the individual get enough sleep to function properly the next day?
- Does the individual have any problems when they sleep such as awakening early or nightmares?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence of problems with sleep. Individual gets a full night's sleep each night and feels rested.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

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.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

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.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Individual is generally sleep deprived. Sleeping is almost always difficult 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.

BASIC ACTIVITIES OF DAILY LIVING

This item aims to describe the individual's ability and motivation to engage in developmentally appropriate self-tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.

Questions to Consider

- Is the individual able to care for themselves?
- Does the individual groom on a regular basis?
- Does the individual bathe appropriately?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Individual's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the individual has any problems performing the basic activities of daily living.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Individual requires verbal prompting on self-care tasks or daily living skills, or individual is able to use adaptations and supports to complete self-care.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

Individual requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., eating bathing, dressing, toileting).

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Individual requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, and toileting).

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

Questions to Consider
- Is the individual prescribed any medications?
- Does the individual take the medications as prescribed?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
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.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
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 rated here.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
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 periods of time (1-2 weeks) but generally do not sustain taking medication in prescribed dose or protocol.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
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).

TRANSPORTATION
This item is used to rate the level of transportation required to ensure that the individual could effectively participate in their own treatment.

Questions to Consider
- Does the individual have any transportation needs?
- How often?
- Does the individual need a special vehicle?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
The individual has no transportation needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

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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. (If individual is living with the family, ratings for Family Functioning and Living Situation would be the same.)

Questions to Consider

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

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 dealing with issues that come up in day-to-day life.

1 *Identified need 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 is addressed; need is interfering with functioning.*
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 *Need is dangerous or disabling; requires immediate and/or intensive action.*
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.

SCHOOL

This item rates the individual's overall functioning at school and may include attendance, behavior and achievement.

Questions to Consider

- Is the individual in school?
- How does the individual behave in school?
- Does the individual attend classes?
- How are the individual's grades?

Ratings and Descriptions

NA Individual is not in school

0 *No evidence of any needs; no need for action.*
Individual is performing well in school.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Individual is performing adequately in school although some problems may exist.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual is experiencing problems with school attendance, behavior, and/or achievement.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual's problems in school with attendance, behavior and/or achievement place individual's educational involvement in jeopardy.

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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

- Does the individual make decisions that are harmful to their well-being?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems with judgment or poor decision-making that result in harm to development and/or well-being.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is some history or suspicion of problems with judgment in which the individual makes decisions that are in some way harmful to their development and/or well-being.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Problems with judgment in which the individual makes decisions that are in some way harmful to their development and/or well-being. As a result, more supervision is required.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
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.

INVOLVEMENT IN RECOVERY

This item focuses on the level of the individual's active participation in treatment and self-management of behavioral health needs.

Questions to Consider

- Does the individual participate in their treatment?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Individual is fully involved in their recovery. They have identified treatment choices and fully participate.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Individual is generally involved in their recovery. They participate in treatment but do not actively exercise choice.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual is marginally involved in their recovery. They are minimally involved in treatment.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual is uninvolved in their recovery. They are currently not making efforts to address needs.

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PARENTAL/CAREGIVING ROLE *
This item focuses on an individual in any parental/caregiving role.

Questions to Consider
- Is the individual in any roles where they care for someone else – parent, grandparent, younger sibling or their own child?
- How well can they fill that role?
- Does parenting responsibility impact their life functioning?
- Do they want to be more involved in parenting?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Individual has a parenting or caregiving role, and they are functioning appropriately in that role. An individual that does not have a parental or caregiving role would be rated here.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Individual has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual has responsibilities as a parent/caregiver, and they currently struggle to meet these responsibilities; these responsibilities are currently interfering with the individual's functioning in other life domains.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual has responsibilities as a parent/caregiver and is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the individual to function in other life domains. The individual has the potential of abuse or neglect in their parenting/caregiving role.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [D] Parenting/Caregiving Module.**

[D] PARENTING/CAREGIVING MODULE

This module is to be completed when the Parental/Caregiving Role item is rated '1,' '2' or '3.'

PC1. KNOWLEDGE OF NEEDS
This item is based on the individual's knowledge of the specific strengths of the child or adult in their care and any needs experienced by the child or adult, and the individual's ability to understand the rationale for the treatment or management of these problems.

Questions to Consider
- How does the individual understand the needs of the child or adult in their care?
- Does the individual have the necessary information to meet the needs of the child or the adult they are caring for?

Ratings and Descriptions

0 Individual is fully knowledgeable about the psychological strengths and needs and limitations of the child or adult being cared for.

1 Individual, while being generally knowledgeable about the child or adult being cared for, has some mild deficits in knowledge or understanding of the psychological condition or skills and assets of the child or adult being cared for.

2 Individual does not know or understand the child or adult being cared for well. Significant deficits exist in the caregiver's ability to relate to the problems or strengths of the child or adult being cared for.

3 Individual has little or no understanding of the condition of the child or adult being cared for. The individual is unable to cope with the child or adult being cared for given their status at the time, not because of the needs of the dependent child/adult but because the individual does not understand or accept the situation.

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PC2. SUPERVISION
This item rates the capacity of the individual to provide the level of monitoring needed by the child or adult in their care.

Questions to Consider	Ratings and Descriptions	
• Does the individual set appropriate limits on the child? • Does the individual provide appropriate support to the child/adult being cared for? • Does the individual think they need some help with these issues?	0	Individual's supervision and monitoring of child or adult in their care is appropriate and functioning well.
	1	Individual's supervision is generally adequate but inconsistent.
	2	Individual's supervision and monitoring are very inconsistent. They are frequently absent.
	3	Individual's supervision and monitoring are nearly always absent or inappropriate.

PC3. INVOLVEMENT WITH CARE
This item rates the level of involvement and follow-through the individual has in the planning and provision of behavioral health, child welfare, educational and medical services on behalf of the child or adult in their care.

Questions to Consider	Ratings and Descriptions	
• Is the individual actively involved in helping to get services for the child/adult in their care? • Is the individual willing to follow up on recommendations for the child/adult? • Is the individual uninterested in or unwilling to become involved in child's/adult's care?	0	Individual is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adult in their care.
	1	Individual is consistently involved in the planning and/or implementation of services for the child/adult but is not an active advocate on behalf of the child or adult in their care.
	2	Individual is minimally involved in the care of the child or adult in their care. Individual may take the child/adult to services but not participate themselves, or be minimally involved in service planning and implementation.
	3	Individual is uninvolved with the care of the child or adult. Individual may want child/adult out of the home or fails to visit the child/adult when in out-of-home placement.

PC4. ORGANIZATION
This item should be based on the ability of the individual to participate in or direct the organization of the household, services, and related activities.

Questions to Consider	Ratings and Descriptions	
• Does the individual need or want help with managing their home? • Do they have difficulty getting to appointments or managing a schedule?	0	Individual is well organized and efficient.
	1	History or evidence of individual's difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
	2	Individual has moderate difficulties in organizing and maintaining household to support needed services.
	3	Individual is unable to organize household to support needed services. Help is needed.

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PC5. MARITAL/PARTNER VIOLENCE IN THE HOME

This item describes the degree of difficulty or conflict in the individual's relationship and the impact on parenting and childcare.

Questions to Consider

- How does the individual and their spouse/partner manage conflict between them?
- How is power and control handled in the individual and their spouse/partner's relationship with each other?
- Does the individual and their spouse/partner's conflict escalate to verbal aggression, physical attacks, or destruction of property?

Ratings and Descriptions

0	Individual and their spouse/partner appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
1	Individual's marital difficulties and partner arguments are generally able to be kept to a minimum when dependent individual or adult being cared for is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
2	Individual's marital difficulties and/or partner conflicts, including frequent arguments, often escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which dependent child/adult being cared for often witnesses.
3	Individual's partner or marital difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate the difficulties experienced by the dependent child or adult being cared for, placing the child/adult at greater risk.

End of Parenting/Caregiving Module

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STRENGTHS DOMAIN

This domain describes the assets of the individual that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing an individual's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the individual's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the individual are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

Question to Consider for this Domain: What individual strengths can be used to support a need?

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

0	Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.
1	Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
2	Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
3	An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members.

Questions to Consider

- Who does the individual consider as family?
- Does the family support each other emotionally?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*

Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the individual and is able to provide significant emotional or concrete support. Individual is fully included in family activities.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the individual and is able to provide limited emotional or concrete support.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Family needs significant assistance in developing relationships and communications, or individual has no identified family. Individual is not included in normal family activities.

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FAMILY STRENGTHS continued

Supplemental Information: Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Relationships, the definition of family comes from the individual's perspective (i.e., who the individual describes as their family). If you do not know this information, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the individual is still in contact.

INTERPERSONAL/SOCIAL CONNECTEDNESS

This item is used to identify an individual's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because an individual can have social skills but still struggle in their relationships at a particular point in time.

Questions to Consider

- Does the individual have friends?
- Are the individual's friendships healthy?
- Is the individual able to develop friendships?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*

Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Individual has good interpersonal skills and has shown the ability to develop healthy friendships.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Individual requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Individual has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence of observable interpersonal skills or healthy friendships at this time and/or individual requires significant help to learn to develop interpersonal skills and healthy friendships.

Supplemental Information: This strength indicates an ability to make and maintain long-standing relationships.

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OPTIMISM

This item refers to the individual's orientation toward the future.

Questions to Consider

- Does the individual have a generally optimistic outlook?
- Is the individual optimistic at one moment and then pessimistic the next?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Individual has a strong and stable optimistic outlook for their future.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Individual is generally optimistic about their future.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Individual has difficulty maintaining a positive view of themselves and their life. Individual's outlook may vary from overly optimistic to overly pessimistic.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
There is no evidence of optimism at this time and/or individual has difficulties seeing positive aspects about themselves or their future.

JOB HISTORY

This item describes the individual's experience with paid employment.

Questions to Consider

- Does the individual have any job history?
- Is the job history positive?
- Is the job history relevant?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Individual has significant job history with positive outcomes. Individual is currently employed as a valued employee.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Individual has held jobs for a reasonable period of time and has former employers willing to recommend them for future employment.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Individual has some work history.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Individual has no work history.

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TALENTS AND INTERESTS

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

	Ratings and Descriptions
Questions to Consider • Does the individual have any talents or interests? • Is the individual able to use their talents or interests in a positive way?	0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.* Individual has a talent that provides pleasure and/or self-esteem. Individual with significant creative/artistic/athletic strengths would be rated here.
	1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Individual has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates an individual with a notable talent. For example, an individual who is involved in athletics or plays a musical instrument would be rated here.
	2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Individual has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide the individual with any benefit.
	3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* There is no evidence of identified talents, interests or hobbies at this time and/or individual requires significant assistance to identify and develop talents and interests.

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SPIRITUAL/RELIGIOUS

This item refers to the individual's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the individual; however, an absence of spiritual/religious beliefs does not represent a need for the individual.

Questions to Consider

- Does the individual have any spiritual/religious beliefs?
- Does the individual use their beliefs in a positive manner?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*

Individual is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Individual may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the individual in difficult times.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Individual is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Individual has expressed some interest in spiritual or religious belief and practices.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence of identified spiritual or religious beliefs, nor does the individual show any interest in these pursuits at this time.

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COMMUNITY CONNECTION

This item reflects the individual's connection to people, places or institutions in their community.

Questions to Consider

- Is the individual connected to their community?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*

Individual is well integrated into their community. The individual is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout leader) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Individual is somewhat involved with their community. This level can also indicate an individual with significant community ties although they may be relatively short term.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Individual has an identified community but has only limited, or unhealthy, ties to that community.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence of an identified community of which individual is a member at this time.

NATURAL SUPPORTS

This item refers to unpaid helpers in the individual's natural environment. All family members and paid caregivers are excluded.

Questions to Consider

- Does the individual have any one in their life that supports them (other than family and paid supports)?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*

Individual has significant natural supports that contribute to helping support the individual's healthy development.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Individual has identified natural supports that provide some assistance in supporting the individual's healthy development.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Individual has some identified natural supports; however, those supports are not actively contributing to the individual's healthy development.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Individual has no known natural supports (outside of family and paid caregivers).

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RESILIENCE

This item refers to the individual's ability to recognize their internal strengths and use them in managing daily life.

Questions to Consider

- Is the individual able to recognize their internal strengths and use them manage life's challenges?
- Does the individual recognize their strengths as skills?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Individual is able to both identify and use strengths to better themselves and successfully manage difficult challenges.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Individual is able to identify most of their strengths and is able to partially utilize them.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Individual is able to identify strengths but is not able to utilize them effectively.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Individual is not yet able to identify personal strengths.

RESOURCEFULNESS

This item refers to the individual's ability to identify and use external/environmental strengths in managing daily life.

Questions to Consider

- Does the individual know what resources are available to help them meet their needs?
- Do they feel confident in their ability to find resources?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Individual is quite skilled at finding the necessary resources required to aid them in managing challenges.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Individual has some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
Individual has limited skills at finding necessary resources required to aid them in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Individual has no skills at finding the necessary resources to aid them in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

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VOLUNTEERING
This item describes the degree to which an individual is involved in volunteer activities that give back to the community.

	Ratings and Descriptions
Questions to Consider • Does the individual volunteer? • Do they find value or purpose in giving back to the community?	0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.* Individual understands the importance of giving back to others and actively seeks out and engages in volunteer activities on a regular basis (e.g., at least once a month).
	1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Individual understands the importance of giving back to others, but does not actively seek out volunteer activities. The individual may engage in volunteer activities sporadically (e.g., once or twice per year).
	2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Individual is starting to understand the importance of giving back to others. The individual has never engaged in any volunteer activities.
	3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* There is no evidence of individual's involvement in volunteer activities, or individual is not interested in pursuing volunteer activities at this time.

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EDUCATIONAL/VOCATIONAL

This item is used to evaluate the nature of the school/vocational training program's relationship with the individual and family, as well as the level of support the individual receives from the school or vocational training program. Rate according to how much the school or vocational training program is an effective partner in promoting the individual's functioning and addressing the individual's needs in school.

Questions to Consider

- Is the training program or educational setting an active partner in the individual's education?
- Is the individual's training program or educational setting an active partner in figuring out how to best meet the individual's needs?
- Does individual like the training program or educational setting?
- When has the individual been at their best in the training program or educational setting?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*

The school or training program works closely with the individual and family to identify and successfully address the individual's educational needs; OR the individual excels in school or training program.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

School or training program works with the individual and family to address the individual's educational needs; OR the individual likes school/training program.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

The school or training program is currently unable to adequately address the individual's needs. This level indicates an individual who is in school/training program but has a plan that does not appear to be effective.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

The school or training program is unable and/or unwilling to work to identify and address individual's needs. This level indicates an individual who is either not in school or a training program or is in a setting that does not further their education. Or the individual has dropped out of school or training program. Completing school or vocational program is required to meet the individual's career aspirations.

Supplemental Information: This item refers to the strengths of the educational or vocational setting that could include: vocational training program, school system, GED program, or college and may or may not reflect any specific educational skills possessed by the individual. A rating of '0' would be given if the vocational training program, school is an active participant with the individual. A rating of '2' would be given if the vocational training program or educational setting is not able to address the individual's needs despite a plan, etc.

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CULTURAL IDENTITY

Cultural identify refers to the individual's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).

	Ratings and Descriptions
Questions to Consider • What culture does the individual identify with? • Is the individual's culture a source of stress?	0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.* The individual has defined a cultural identity and is connected to others who support the individual's cultural identity.
	1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* The individual is developing a cultural identity and is seeking others to support the individual's cultural identity.
	2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* The individual is searching for a cultural identity and has not connected with others.
	3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* The individual does not express a cultural identity.

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CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding a therapist who speaks the individual/family's primary language, and/or ensure that an individual in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that individuals may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization and outcomes between groups. Culture in this domain is described broadly to include cultural groups that are racial, ethnic or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparities states that race and/or ethnic group membership may be a primary influence on health outcomes.

It is it important to remember when using the ANSA that the family should be defined from the individual's perspective (i.e., who the individual describes as part of their family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

Question to Consider for this Domain: How does the individual's membership in a particular cultural group impact their stress and wellbeing?

For the **Cultural Factors Domain,** use the following categories and action levels:	
0	No evidence of any needs; no need for action.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
2	Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3	Need is dangerous or disabling; requires immediate and/or intensive action.

LANGUAGE

This item looks at whether the individual and family (if relevant) need help with communication to obtain the necessary resources, supports and accommodations (e.g., translator). This item includes spoken, written, and sign language, as well as issues of literacy.

Questions to Consider	Ratings and Descriptions
• What language does the individual speak? • Is the individual able to speak/ communicate with the primary language in their area?	0 *No evidence of any needs; no need for action.* No evidence that there is a need or preference for an interpreter and/or the individual and family speak and read the primary language where the individual or family lives.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Individual and/or family speak or read the primary language where the individual or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language. [continues]

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LANGUAGE continued	
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

TRADITIONS AND RITUALS

This item rates the individual and family's (if relevant) access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Día de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

	Ratings and Descriptions
Questions to Consider • Does the individual participate in any traditions or rituals?	0 *No evidence of any needs; no need for action.* Individual and/or family are consistently able to practice their chosen traditions and rituals consistent with their cultural identity.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Individual and/or family are generally able to practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Individual and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Individual and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

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CULTURAL STRESS

This item identifies circumstances in which the individual and family's cultural identity is met with hostility or other problems within their environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the individual and their family). Racism, negativity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

	Ratings and Descriptions
Questions to Consider • Does the individual experience any cultural stress?	0 *No evidence of any needs; no need for action.* No evidence of stress between the individual's cultural identity and current environment or living situation.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Some mild or occasional stress resulting from friction between the individual's cultural identity and current environment or living situation.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. Individual needs support to learn how to manage culture stress.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Individual needs immediate plan to reduce culture stress.

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BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

The ratings in this section identify the behavioral health needs of the individual. While the ANSA is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below.

Please Note: Information on DSM-5 diagnoses is provided for informational and descriptive purposes only. The ANSA is not intended to be used for diagnostic purposes, and an individual does not to have to have a specific diagnosis or meet diagnostic criteria in order to be rated actionable (a '2' or '3' on an item).

Question to Consider for this Domain: What are the presenting social, emotional, and behavioral needs of the individual?

For the **Behavioral/Emotional Needs domain,** use the following categories and action levels:

0	No evidence of any needs; no need for action.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
2	Action is required to ensure that the identified need is addressed; need is interfering with functioning.
3	Need is dangerous or disabling; requires immediate and/or intensive action.

PSYCHOSIS (THOUGHT DISORDER)
This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders.

Questions to Consider
- Does the individual display any signs of psychosis?
- Does the individual have any hallucinations?
- Is the individual diagnosed with a psychotic disorder?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of psychotic symptoms. Both thought processes and content are within normal range.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
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 an individual with a history of hallucinations but none currently. Use this category for an individual who is below the threshold for one of the DSM diagnoses listed above.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Evidence of disturbance in thought process or content that may be impairing the 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. [continues]

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PSYCHOSIS (THOUGHT DISORDER) continued

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the individual or others at risk of physical harm.

Supplemental Information: 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.

IMPULSE CONTROL

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here.

Questions to Consider

- Does the individual act impulsively?
- Does the individual display hyperactive behaviors?
- Does the individual have a diagnosis of ADHD?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of symptoms of loss of control of behavior.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history or evidence of mild levels of impulsivity evident in action or thought that place the individual at risk of future functioning difficulties. The individual may exhibit limited impulse control, e.g., individual may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual's functioning in at least one life domain. An individual who often intrudes on others and often exhibits aggressive impulses would be rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the individual at risk of physical harm. This indicates an individual with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The individual may be impulsive on a nearly continuous basis. The individual endangers self or others without thinking.

Supplemental Information: This item includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders and mania as indicated in the DSM-5. 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), and sexual behavior, fire-starting or stealing. Manic behavior is also rated here.

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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.

Questions to Consider

- Does the individual display any symptoms of depression?
- Does the individual have a diagnosis of depression?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of problems with depression.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

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 depression, irritability, or impairment of peer, family, or academic or work functioning that does not lead to pervasive avoidance behavior.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

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 *Need is dangerous or disabling; requires immediate and/or intensive action.*

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.

Supplemental Information: This dimension can be used to rate symptoms of the depressive disorders as specified in DSM-5.

MOOD DISTURBANCE

This item captures problems related to mood, including symptoms of depressed mood, hypomania, or mania.

Questions to Consider

- Does the individual experience mood swings?
- Is the individual's functioning impaired by emotional/mood problems?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Individual with no prolonged emotional/mood problems. No evidence of depression, hypomania, or mania.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Individual with prolonged emotional/mood problems. Evidence of depression, irritability, or other issues of mood, including mood swings with some evidence of hypomania. These problems are not yet impacting the individual's functioning.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

Individual with mood disturbance problems that interfere with their functioning. This would include episodes of mania, depression, social withdrawal, school avoidance, or inability to experience happiness.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Individual with mood disturbance problems that are dangerous or disabling. This would include an individual whose emotional symptoms prevent appropriate participation in school, friendship groups, or family life.

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ANXIETY

This item rates 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

- Does the individual worry?
- Does the individual have excessive fear?
- Does the individual avoid situations?
- Is the individual diagnosed with an anxiety disorder?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of anxiety symptoms.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history, suspicion, or evidence of mild 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 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
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 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of debilitating level of anxiety that makes it virtually impossible for the individual to function in any life domain.

INTERPERSONAL PROBLEMS

This item identifies problems with relating to other people including significant manipulative behavior, social isolation, or significant conflictual relationships. The presence of any DSM personality disorder may be rated here.

Questions to Consider

- Does the individual have any manipulative behaviors?
- Does the individual socially isolate themselves?
- Is the individual diagnosed with personality disorders?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of notable interpersonal problems identified.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or evidence of some interpersonal problems; behavior is probably sub-threshold for the diagnosis of personality disorder. Mild but consistent antisocial or narcissistic behavior is rated here.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual's relationship problems are beginning to interfere with their life functioning and may warrant a DSM personality disorder diagnosis.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual's interpersonal problems have a significant impact on the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently.

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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.

	Ratings and Descriptions
Questions to Consider • Does the individual vandalize? • Does the individual steal? • Is the individual violent? • Is the individual diagnosed with Antisocial Personality Disorder?	0 *No evidence of any needs; no need for action.* Individual shows no evidence of antisocial behavior.
	1 *Identified need 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 including 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 in school, work and/or home behavior.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* 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 *Need is dangerous or disabling; requires immediate and/or intensive action.* 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 aggressive or other antisocial behavior.

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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

- Has the individual experienced any trauma?
- How is the individual adjusting to the trauma?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence that individual has experienced a traumatic life event, OR individual has adjusted well to traumatic/adverse experiences.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
The individual has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. 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.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
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 in relationships with others. Adjustment is interfering with individual's functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
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).

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [E] Trauma Module.**

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.

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[E] TRAUMA MODULE

The items in this module focus on identifying trauma experiences as well as traumatic stress symptoms. This module is to be completed when the Adjustment to Trauma item is rated '1,' '2' or '3.'

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

All of the potentially traumatic/adverse childhood experiences items are static indicators. In other words, these items indicate whether or not an individual has experienced a particular trauma. If the individual has ever had one of these experiences it would always be rated in this section, even if the experience was not currently causing problems or distress in the individual's life. Thus, these items are not expected to change except in the case that the individual has a new trauma experience or a historical trauma is identified that was not previously known.

Question to Consider for this Module: Has the individual experienced adverse life events?

Rate these items within the individual's lifetime.

For the **Potentially Traumatic/Adverse Childhood Experiences**, the following categories and descriptions are used:

No	No evidence of any trauma of this type.
Yes	Individual has had experience or there is suspicion that the individual has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

ACE1. SEXUAL ABUSE

This item describes whether or not the individual has experienced sexual abuse.

Questions to Consider	Ratings and Descriptions	
• Has the individual disclosed sexual abuse? • Is there suspicion or evidence that the individual has been sexually abused?	No	There is no evidence that the individual has experienced sexual abuse.
	Yes	Individual has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – including single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Individual with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

ACE2. PHYSICAL ABUSE

This item describes whether or not the individual has experienced physical abuse.

Questions to Consider	Ratings and Descriptions	
• Is physical discipline used in the home? What forms? • Has the individual ever received bruises, marks, or injury from discipline?	No	There is no evidence that the individual has experienced physical abuse.
	Yes	Individual has experienced or there is a suspicion that they experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

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ACE3. NEGLECT
This item describes whether or not the individual has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

Questions to Consider
- Is the individual receiving adequate supervision?
- Has the individual been denied their needs for food and shelter?
- Is the individual allowed access to necessary medical care? Education?

Ratings and Descriptions

No — There is no evidence that the individual has experienced neglect.

Yes — Individual has experienced neglect, or there is a suspicion that they experienced neglect. This includes occasional neglect (e.g., individual left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision of the individual); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

ACE4. EMOTIONAL ABUSE
This item describes whether or not the individual has experienced verbal and/or nonverbal emotional abuse, including belittling, shaming, and humiliating an individual, calling names, making negative comparisons to others, or telling an individual that they are "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation, and "emotional neglect," described as the denial of emotional attention and/or support from others.

Questions to Consider
- Is the individual subject to name calling or shaming in their home?

Ratings and Descriptions

No — There is no evidence that individual has experienced emotional abuse.

Yes — Individual has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner, being denied emotional attention or completely ignored, or threatened/terrorized by others.

ACE5. MEDICAL TRAUMA
This item describes whether or not the individual has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider
- Has the individual had any broken bones, stitches or other medical procedures?
- Has the individual had to go to the emergency room, or stay overnight in the hospital?

Ratings and Descriptions

No — There is no evidence that the individual has experienced any medical trauma.

Yes — Individual has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short-term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the individual's physical functioning. A suspicion that an individual has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

Supplemental Information: This item takes into account the impact of the event on the individual. It describes experiences in which the individual is subjected to medical procedures that are experienced as upsetting and overwhelming. An individual born with physical deformities who is subjected to multiple surgeries could be included. An individual who must experience chemotherapy or radiation could also be included. Individuals who experience an accident and require immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for individuals (e.g., shots, pills) would generally not be rated here.

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ACE6. NATURAL OR MANMADE DISASTER
This item describes the individual's exposure to either natural or manmade disasters.

Questions to Consider
- Has the individual been present during a natural or manmade disaster?
- Does the individual watch television shows containing these themes?

Ratings and Descriptions

No — There is no evidence that the individual has experienced, been exposed to or witnessed natural or manmade disasters.

Yes — Individual has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; 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. caregiver loses job). A suspicion that the individual has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.

ACE7. WITNESS TO FAMILY VIOLENCE
This item describes exposure to violence within the individual's home or family.

Questions to Consider
- Is there frequent fighting in the individual's family?
- Does the fighting ever become physical?

Ratings and Descriptions

No — There is no evidence the individual has witnessed family violence.

Yes — Individual has witnessed, or there is a suspicion that they witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

ACE 8. WITNESS TO COMMUNITY/SCHOOL VIOLENCE
This item describes the exposure to incidents of violence the individual has witnessed or experienced in their community. This includes witnessing violence at the individual's school, educational or work setting.

Questions to Consider
- Does the individual live in a neighborhood with frequent violence?
- Has the individual witnessed or directly experienced violence at their school or work?

Ratings and Descriptions

No — There is no evidence that the individual has witnessed violence in their community or school or work setting.

Yes — Individual has witnessed or experienced violence in their community, school or work setting, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school/work as a result of violence; is the direct victim of violence/criminal activity in the community/school/work that was life threatening; or has experienced chronic/ongoing impact as a result of community/school/work violence (e.g., family member injured and no longer able to work). A suspicion that the individual has witnessed or experienced violence in the community would be rated here.

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ACE 9. WAR/TERRORISM AFFECTED
This item describes the individual's exposure to war, political violence, torture or terrorism.

Questions to Consider
- Has the individual or their family lived in a war-torn region?
- How close were they to war or political violence, torture or terrorism?
- Was the individual displaced?

Ratings and Descriptions

No — No evidence that the individual has been exposed to war, political violence, torture or terrorism.

Yes — Individual has experienced, or there is suspicion that they have experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the individual may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the individual; individual may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; individual may have been directly injured, tortured, or kidnapped in a terrorist attack; individual may have served as a soldier, guerrilla, or other combatant in their home country. Also included is an individual who did not live in war or terrorism-affected region or refugee camp, but whose family was affected by war.

Supplemental Information: 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).

ACE10. WITNESS/VICTIM TO CRIMINAL ACTIVITY
This item describes the individual's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.

Questions to Consider
- Has the individual or someone in their family ever been the victim of a crime?
- Has the individual seen criminal activity in the community or home?

Ratings and Descriptions

No — There is no evidence that the individual has been victim of or a witness to criminal activity.

Yes — Individual has been victimized, or there is suspicion that they have been victimized or have witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or individual has witnessed the death of a family friend or loved one.

Supplemental Information: Any behavior that could result in incarceration is considered criminal activity. An individual who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. An individual who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

ACE11. PARENTAL CRIMINAL BEHAVIOR
This item describes the criminal behavior of both biological and step-parents, and other legal guardians, but not foster parents.

Questions to Consider
- Has the individual's parent/guardian or family been involved in criminal activities or ever been in jail?

Ratings and Descriptions

No — There is no evidence that individual's parents have ever engaged in criminal behavior.

Yes — One or both of the individual's parents/guardians have a history of criminal behavior that resulted in a conviction or incarceration. A suspicion that one or both of the individual's parents/guardians have a history of criminal behavior that resulted in conviction or incarceration would be rated here.

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ACE12. DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES
This item documents the extent to which an individual has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

Questions to Consider

- Has the individual ever lived apart from their caregivers?
- What happened that resulted in the individual living apart from their caregivers?

Ratings and Descriptions

No	There is no evidence that the individual has experienced disruptions in caregiving and/or attachment losses.
Yes	Individual has been exposed to, or there is suspicion that they were exposed to, at least one disruption in caregiving with familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Individual may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.

Supplemental Information: Individuals who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Individuals who have had placement changes, including stays in foster care, residential treatment facilities or criminal justice settings, can be rated here. Short-term hospital stays or brief detention stays, during which the individual's caregiver remains the same, would not be rated on this item.

TRAUMATIC STRESS SYMPTOMS

Rate the following items within the last 30 days.

TSS1. EMOTIONAL AND/OR PHYSICAL DYSREGULATION
This item describes the individual's difficulties with arousal regulation or expressing emotions and energy states.

Questions to Consider

- Does the individual have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?
- Does the individual have extreme or unchecked emotional reactions to situations?

Ratings and Descriptions

0	Individual has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	History or evidence of difficulties with affect/physiological regulation. The individual could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). The individual may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
2	Individual has problems with affect/physiological regulation that are impacting their functioning in some life domains, but is able to control affect at times. The individual may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The individual may exhibit marked shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The individual may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or under arousal (e.g. lack of movement and facial expressions, slowed walking and talking). [continues]

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EMOTIONAL AND/OR PHYSICAL DYSREGULATION continued

	3 Individual is unable to regulate affect and/or physiological responses. The individual may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states).

Supplemental Information: This item is a core symptom of trauma and is particularly notable among individuals who have experienced complex trauma (or chronic, interpersonal traumatic experiences). This item refers to an individual's difficulty in identifying and describing internal emotional states, problems labeling or expressing feelings, difficulty or inability in controlling or modulating their emotions, and difficulty communicating wishes and needs. **Physical dysregulation** includes difficulties with regulation of body functions, including disturbances in sleeping, eating and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The individual's behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities. **Emotional dysregulation** is triggered by exposure to trauma cues or reminders where the individual has difficulty modulating arousal symptoms and returning to baseline emotional functioning or restoring equilibrium. This symptom is related to trauma, but may also be a symptom of bipolar disorder and some forms of head injury and stroke. An elevation in emotional dysregulation will also likely accompany elevations in Anger Control.

TSS2. INTRUSIONS/RE-EXPERIENCING

This item describes intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and dreams or preoccupations with themes of specific traumatic experiences.

	Ratings and Descriptions
	0 There is no evidence that the individual experiences intrusive thoughts of trauma.
Questions to Consider • Does the individual think about the traumatic event when they do not want to? • Do reminders of the traumatic event bother the individual?	1 History or evidence of some intrusive thoughts of trauma but it does not affect the individual's functioning. An individual with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.
	2 Individual has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere with their ability to function in some life domains. For example, the individual may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The individual may exhibit trauma-specific re-enactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.
	3 Individual has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This individual may exhibit trauma-specific re-enactments that include sexually or physically traumatizing others. This individual may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the individual to function.

Supplemental Information: Intrusion and re-experiencing symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

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TSS3. NUMBING

This item describes the individual's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Questions to Consider

- Does the individual experience a normal range of emotions?
- Does the individual tend to have flat emotional responses?

Ratings and Descriptions

0	Individual has no evidence of numbing responses.
1	Individual exhibits some problems with numbing. The individual may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).
2	Individual's difficulties with numbing responses impact their functioning. The individual 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	Individual's difficulties with numbing are dangerous and place them at risk. Individual may have significant numbing responses or multiple symptoms of numbing. The individual may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

TSS4. DISSOCIATION

This item describes the individual's identified dissociated states. Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, 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).

Questions to Consider

- Does the individual seem to lose track of the present moment or have memory difficulties?
- Is the individual frequently forgetful or caught daydreaming?

Ratings and Descriptions

0	Individual shows no evidence of dissociation.
1	Individual has history or evidence of problems related to dissociation. They may have some difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	Individual exhibits dissociation experiences that may 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 Disorders or another diagnosis that is specified "with dissociative features."
3	Individual exhibits dangerous or disabling dissociative responses/symptoms. They may frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Individual shows rapid changes in personality or evidence of distinct personalities. An individual who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

Supplemental Information: This item may be used to rate Dissociative Disorders (e.g., Dissociative Identity Disorder, Dissociative Amnesia, Other Specified Dissociative Disorder, Unspecified Dissociative Disorder) but can also exist when other diagnoses are primary (e.g. PTSD with Dissociative Symptoms, Acute Stress Disorder, Depressive Disorders).

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TSS5. AVOIDANCE
This item describes efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

Questions to Consider

- Does the individual make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?

Ratings and Descriptions

0	Individual has no evidence of avoidance symptoms.
1	Individual exhibits some problems with avoidance. The individual may exhibit one primary avoidant symptom, including efforts to try and avoid thoughts, feelings or conversations associated with the trauma.
2	Individual with symptoms of avoidance that impact their functioning. In addition to avoiding thoughts or feelings associated with the trauma, the individual may also avoid activities, places, or people that arouse recollections of the trauma.
3	Individual exhibits significant or multiple avoidant symptoms that place them at risk. The individual 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.

TSS6. HYPERVIGILANCE
This item describes a state of heightened alertness accompanied by behavior that aims to prevent danger. Behaviors may include: being easily startled and jumpy at things they hear or see suddenly; overreacting to things happening around them in a way that may seem hostile; finding crowded or noisy environments overwhelming; overanalyzing situations and believing them to be worse than they are; being overly sensitive to people's tone or expressions, taking them personally; and/or having trouble getting to sleep or staying asleep.

Questions to Consider:

- Does the individual feel jumpy or on alert more than is usual?
- Does the individual have difficulty relaxing?
- Are the individual's sensitivities around staying safe impacting their relationships at home or at work?

Ratings and Descriptions

0	Individual has no evidence of hypervigilance.
1	Relevant history or evidence of hypervigilance that does not interfere with daily functioning. Individual may occasionally manifest distress-related behaviors.
2	Individual's hypervigilant behaviors impact their functioning including: obsessive behavior patterns, physical and mental exhaustion, difficulty in relationships, problems in the workplace, and/or avoidance of social situations.
3	Individual's hypervigilant behaviors impact their functioning in ways that are dangerous or debilitating to them, such as: being at risk of losing their relationships or their job.

Supplemental Information: People who are experiencing hypervigilance can seem similar to paranoia. There are, however, some important differences between these two mental states:

- People experiencing hypervigilance do not have any fixed beliefs about a specific thing happening, but are just on alert. People with paranoia hold specific, untrue beliefs that certain people or things are out to get them.
- In hypervigilance, people are on guard in anticipation of something bad happening in the future. In paranoia, people have a delusional belief that someone or something is trying to harm them.
- In paranoia, people will not be aware that they are suffering from an illness and may believe that their delusions are true. In hypervigilance, people often have an awareness that there is no objective reason to be on edge, but find it hard to relax, nonetheless.

From: Medical News Today. https://www.medicalnewstoday.com/articles/319289#what-is-hypervigilance

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TSS7. ATTACHMENT DIFFICULTIES

This item rates the individual's ability to form and/or maintain an emotional bond in order to establish a sense of security and safety. This item should be rated within the context of the individual's significant interpersonal relationships.

Conversation Starters:

- Does the individual have difficulty making and maintaining relationships?

Ratings and Descriptions

0	No evidence of attachment problems. Interpersonal relationships are characterized by satisfaction of needs, and the individual's development of a sense of security and trust.
1	Some history or evidence of insecurity in relationships. Individual may have some problems with separation (e.g., anxious behaviors in the absence of obvious cues of danger) or individual may have minor difficulties with appropriate physical/emotional boundaries with others. This could involve either problems with separation or problems with detachment.
2	Problems with attachment that interfere with the individual's functioning in at least one life domain and require intervention. Individual may have ongoing difficulties with separation, may consistently avoid contact with others.
3	Individual is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in relationships) OR individual presents with diffuse emotional/ physical boundaries leading to indiscriminate attachment with others. Individual is considered at ongoing risk due to the nature of their attachment behaviors.

TSS8. TRAUMATIC GRIEF & SEPARATION

This item describes the level of traumatic grief the individual is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

Questions to Consider

- Is the trauma reaction of the individual based on a grief/loss experience?
- How much does the individual's reaction to the loss impact functioning?

Ratings and Descriptions

0	There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant caregivers. Either the individual has not experienced a traumatic loss (e.g., death of a loved one) or the individual has adjusted well to separation.
1	Individual is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.
2	Individual is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3	Individual is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

End of Trauma Module

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ANGER CONTROL

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

Questions to Consider

- How does the individual deal with anger?
- Does the individual get violent when angry?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of any anger control problems.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History, suspicion of, 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.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual's difficulties with controlling anger are impacting functioning in at least one life domain. Individual's temper has resulted in significant trouble with peers, family and/or work. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual's temper or anger control problem is dangerous. Individual frequently gets into fights that are often physical. Others likely fear the individual.

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.

Questions to Consider

- Does the individual misuse any substances?
- Does the individual take medications as prescribed?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Individual has no notable substance use difficulties at the present time.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Individual has substance use problems that occasionally interfere with 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.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
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.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
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.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [F] Substance Use Disorder Module.**

Supplemental Information: This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.

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[F] SUBSTANCE USE DISORDER MODULE

The items in this module focus on different elements/issues related to using substances. This module is to be completed when the Substance Use item is rated '1,' '2' or '3.'

Rate the following items within the last 30 days unless specified by anchor descriptions.

SUD1. SEVERITY OF USE
This item rates the frequency and severity of the individual's current substance use.

Questions to Consider	Ratings and Descriptions	
• Is the individual currently using substances? If so, how frequently? • Is there evidence of physical dependence on substances?	0	Individual is currently abstinent and has maintained abstinence for at least six months.
	1	Individual is currently abstinent but only in the past 30 days or individual has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
	2	Individual actively uses alcohol or drugs but not daily.
	3	Individual uses alcohol and/or drugs on a daily basis.

SUD2. DURATION OF USE
This item identifies the length of time that the individual has been using drugs or alcohol.

Questions to Consider	Ratings and Descriptions	
• How long has the individual been using drugs and/or alcohol?	0	Individual has begun use in the past year.
	1	Individual has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the individual did not have any use.
	2	Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.
	3	Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

SUD3. STAGE OF RECOVERY
This item identifies where the individual is in their recovery process.

Questions to Consider	Ratings and Descriptions	
• In relation to stopping substance use, at what stage of change is the individual?	0	Individual is in maintenance stage of recovery. Individual is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
	1	Individual is actively trying to use treatment to remain abstinent.
	2	Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
	3	Individual is in denial regarding the existence of any substance use problem.

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SUD4. ENVIRONMENTAL INFLUENCES

This item rates the impact of the individual's community environment on their alcohol and drug use.

Questions to Consider

- Are there factors in the individual's community that impact their alcohol and drug use?

Ratings and Descriptions

0	No evidence that the individual's environment stimulates or exposes them to any alcohol or drug use.
1	Suspicion that individual's environment might expose them to alcohol or drug use.
2	Individual's environment clearly exposes them to alcohol or drug use.
3	Individual's environment encourages or enables them to engage in alcohol or drug use.

SUD5. RECOVERY SUPPORT IN COMMUNITY

This describes the individual's participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community-based.

Questions to Consider

- Does the individual participate in community-based recovery programs?
- Are there factors that prevent the individual from participation in recovery programs?

Ratings and Descriptions

0	No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups and meetings regularly.
1	Problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.
2	Individual struggles with maintaining social connectivity through recovery support groups or activities. Individual has attended recovery support groups in the past but is no longer attending meetings.
3	Individual is unable to maintain social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.

SUD6. ACUTE INTOXICATION

This item describes reversible, substance-related, maladaptive psychological or behavioral changes causing physiological effects of the central nervous system by recent ingestion of or exposure to a substance: alcohol, illicit drug, medication, or toxin (Medical Dictionary.com).

Questions to Consider

- Is there evidence of acute intoxication (e.g., withdrawal symptoms)?
- Are substance intoxication difficulties interfering with functioning?

Ratings and Descriptions

0	Individual has no identified substance intoxication difficulties at the present time.
1	Individual has occasional intoxication which requires preventive activities. History of occasional intoxication and/or withdrawal symptoms without evidence of current problems would be rated here.
2	Evidence of acute intoxication interferes with individual's ability to function with moderate risks, requiring preventive or withdrawal management services.
3	Individual has a substance use problem with complications that may result in danger to self or detoxification (e.g., managing acute alcohol poisoning after binge drinking, overdose, or significant risk of withdrawal symptoms, seizures, or medical complications based on withdrawal history and substance use: amount, frequency, duration, and recent discontinuation).

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SUD7. WITHDRAWAL HISTORY

Withdrawal refers to a psychological and/or physical syndrome caused by abruptly stopping or reducing substance use in a habituated person. Specific symptoms and risks differ based on the substance. Withdrawal history, important in assessing current risk and planning care, considers past substance use and withdrawal experience.

Questions to Consider

- Is there evidence of withdrawal symptoms related to substance use?
- Do they impact functioning or affect the individual's health?

Ratings and Descriptions

0	No evidence of prior withdrawal symptoms related to substance use, medications, or toxins.
1	History of occasional acute withdrawal symptoms following substance use (e.g., mild nausea, mild tactile disturbances or sensitivity to light, slight headache, cannot do serial additions or uncertain about date, mild anxiety or irritability, chills or flushing, restless).
2	History of withdrawal symptoms after decreasing or discontinuing substance use or medications (e.g., anxiety, nausea, fever, tremor) that impact the individual's functioning. OR, chronic physical health problems could be worsened by withdrawal symptoms.
3	History of significant withdrawal symptoms after decreasing or discontinuing substance use or medications (e.g., seizures, delirium tremens, rapid heartbeat). Individual may have medical condition which could be worsened due to withdrawal.

SUD8. AWARENESS OF RELAPSE TRIGGERS

Relapse refers to resuming substance use after a period of recovery. This item refers to the individual's awareness of potential triggers (emotional stresses or circumstances: exposure to rewarding substances and behaviors, environmental cues for use) that increase the likelihood of using substances.

Questions to Consider

- Is individual aware of what triggers their return to using substances?
- If so, does individual use strategies to manage challenges?

Ratings and Descriptions

0	Individual is aware of potential relapse triggers and actively uses recovery strategies (e.g., developed resilience and support to cope with stressors and manage challenges: craving, behavioral control, problems in relationships).
1	Individual is aware of relapse triggers and usually engages recovery strategies to address recovery challenges, but requires some effort to maximize and sustain efforts. Awareness might be used and built upon in treatment.
2	Individual is aware of some, but not all, relapse triggers or seldom uses recovery strategies to address challenges.
3	Individual is unaware of relapse triggers and does not use recovery strategies to address challenges.

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SUD9. WITHDRAWAL RISKS

This item describes the current risk of withdrawal from alcohol and/or other substance use and need for withdrawal management services. Severity of withdrawal risk varies by type of substance(s) used, duration and frequency of use, withdrawal history, concurrent mental and/or physical health conditions, involvement in recovery, and family/natural and environmental supports. Higher risks occur with withdrawal from alcohol and benzodiazepines or the use of multiple substances.

Questions to Consider

- How does individual manage withdrawal symptoms?
- Is individual's health or safety at risk from the withdrawal symptoms?

Ratings and Descriptions

0 The individual is fully functioning. Individual is able to tolerate and deal with mild withdrawal discomfort.

1 Individual has minimal risk of severe withdrawal. Sustained withdrawal management services without evidence of current problems could be rated here. Examples include an individual using alcohol or benzodiazepines with mild withdrawal symptoms (anxiety, sweating, and insomnia, but no tremors); not withdrawing from another substance; previously stopped using in the past year without severe withdrawal symptoms; no more than mild, stable physical health conditions; motivated to complete the withdrawal process; understands and willing to engage in treatment, and has a positive support system with safe housing.

2 Evidence of moderate level of withdrawal risks includes symptoms (sweating, anxiety, nausea, fever, and tremor), current physical symptoms (nausea or vomiting at no more than moderate intensity); no withdrawal from other substances; no more than mild, stable mental or physical health conditions; understanding, commitment, and cooperation in withdrawal management process; and at least minimally supportive family/friends and access to safe housing OR withdrawal symptoms with no tremor, but barrier to effective withdrawal management related to history of severe withdrawal symptoms, moderate or unstable mental or physical health condition(s), limited commitment, high relapse risk, or unsupportive friends/family.

3 Individual has significant or severe risk of withdrawal symptoms, seizures, or medical complications. Significant withdrawal risk is characterized by significant anxiety with moderate to severe tremor; possible concurrent withdrawal from other substances; OR moderate symptoms and not withdrawing from another substance, but with other problems that complicate withdrawal management (history of severe withdrawal symptoms, moderate to severe physical or mental health conditions, high relapse risk, questionable cooperation, significant others not supportive of the process or inadequate housing). Severe risk of withdrawal is characterized by confusion; new onset of hallucinations; seizure; or inability to understand OR severe anxiety; moderate to severe tremor; concurrent withdrawal from another substance; and either history of seizure or delirium tremens; severe, unstable physical health condition(s); uncooperative; or requiring more than hourly medical monitoring.

End of the Substance Use Disorder Module

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EATING DISTURBANCES

This item includes problems with eating including disturbances in body image, refusal to maintain normal body weight and recurrent episodes of binge eating. These ratings are consistent with DSM Eating Disorders.

	Ratings and Descriptions
Questions to Consider • Does the individual have any issues with eating? • Is the individual overly picky? • Does the individual have any eating rituals?	0 *No evidence of any needs; no need for action.* This rating is for an individual with no evidence of eating disturbances.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* This rating is for an individual with some eating disturbance that is not interfering with their functioning. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* This rating is for an individual with eating disturbance that interferes with their functioning. This could include preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* This rating is for an individual with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

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RISK BEHAVIORS DOMAIN

This section focuses on factors that can increase an individual's likelihood of mental health and other difficulties developing as well as current behaviors that place the individual at risk. Time frames in this section can change (particularly for ratings 1 and 3) away from the standard 30-day rating window.

Question to Consider for this Domain: Does the individual have any behaviors that pose a risk to themselves or to others?

For **Risk Behaviors domain,** use the following categories and action levels:	
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.

SUICIDE RISK*

This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating 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.

Questions to Consider

- Has the individual ever talked about suicide?
- Does the individual have a history of suicide attempts?
- Has the individual ever attempted suicide?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of suicidal ideation.

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 recent past.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Recent, but not acute, suicidal ideation or gesture.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Current suicidal ideation and intent OR command hallucinations that involve self-harm.

*** A rating of '1,' '2,' or '3' on this item triggers the completion of the [G] Suicide Risk Module.**

Supplemental Information: A rating of 2 or 3 would indicate the need for a safety plan. Notice the specific time frames for each rating.

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[G] SUICIDE RISK MODULE

This module is completed when the Suicide Risk item is rated '1,' '2' or '3'.

SR1. IDEATION
This item rates whether the individual has recently thought about hurting themselves.

Questions to Consider	Ratings and Descriptions	
• Does the individual ever think about hurting themselves? • When did these thoughts happen and what is the content?	0	No evidence.
	1	History, but no recent ideation.
	2	Recent ideation, but not in past 24 hours.
	3	Current ideation OR command hallucinations that involve self-harm.

SR2. INTENT
This item rates the level of intent the individual has of harming themselves.

Questions to Consider	Ratings and Descriptions	
• Does the individual have any intent for harming/killing themselves? • If so, how recent was it?	0	No evidence.
	1	History, but no recent intent to commit suicide.
	2	Recent intent to commit suicide.
	3	Current intention.

SR3. PLANNING
This item rates whether the individual has recently had a plan to commit suicide.

Questions to Consider	Ratings and Descriptions	
• Does the individual have a plan on how they will commit suicide? • If so, how realistic or lethal is that plan?	0	No evidence of a concrete plan.
	1	A vague notion of a plan, but the plan is not realistic.
	2	Individual has a plan to commit suicide that is feasible.
	3	Individual has a plan that is immediately accessible and feasible.

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SR4. HISTORY

This item refers to suicidal ideation or/and behaviors that an individual engages in. Please rate the highest level experienced.

Questions to Consider	Ratings and Descriptions	
• Does individual have a history of suicide attempts?	0	No lifetime history of suicidal ideation or attempt.
	1	Lifetime history of significant suicidal ideation but no potentially lethal attempts.
	2	Lifetime history of potentially lethal suicide attempt.
	3	Lifetime history of multiple potentially lethal suicide attempts.

SR5. AWARENESS OF OTHERS' SUICIDE

This item refers to the impact of the individual's awareness of another's suicide.

Questions to Consider	Ratings & Definitions	
• Is the individual aware of another person's suicide?	0	No evidence that individual is impacted by recent suicide of another.
	1	Someone known to individual recently committed suicide. This person could be known to the individual personally or a public figure that they have a sense of connection with.

End of Suicide Risk Module

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

This item rates 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	Ratings and Descriptions	
• Has the individual ever performed self-harming behavior? • Does the individual have any physical injuries from self-harming behavior?	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 or suspicion of self-injurious behavior.
	2	*Action is required to ensure that the identified need or risk behavior is addressed.* Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
	3	*Intensive and/or immediate action is required to address the need or risk behavior.* Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the individual's health at risk.

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OTHER SELF HARM (RECKLESSNESS)

This item rates reckless and dangerous behaviors that, while not intended to harm self or others, place the individual or others in some jeopardy.

Questions to Consider

- Has the individual ever put themselves into a dangerous situation?
- Has injury ever resulted from the individual's recklessness?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of behaviors (other than suicide or self-mutilation) that place the individual at risk of physical harm.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
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.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual in danger of physical harm.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual at immediate risk of death.

Supplemental Information: Suicidal or self-injurious behaviors are not rated here.

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?
- Is the individual currently being exploited?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
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.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
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.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
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.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
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.

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DANGER TO OTHERS*
This item rates the individual's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.

Questions to Consider
- Has the individual ever been aggressive towards others?
- Does the individual have homicidal ideation?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence or history of aggressive behaviors or significant verbal threats of 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 threats of aggression towards others. History of fire setting 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. Individual has made verbal threats of violence towards others.

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.

*** A rating of '1,' '2,' or '3' on this item triggers the completion of the [H] Dangerousness/Violence Module.**

Supplemental Information: A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.

[H] DANGEROUSNESS/VIOLENCE MODULE

This module includes items that focus on different elements/issues that are salient when working with individuals who have committed acts of violence against others. This module is to be completed when the Danger to Others item in the Risk Behaviors Domain is rated '1,' '2' or '3.'

HISTORICAL RISK FACTORS

Rate the following items within the individual's lifetime.

DV1. HISTORY OF VIOLENCE
This item rates the individual's history of violence.

Questions to Consider
- Has the individual ever been violent with a sibling, peer, or other adult?

Ratings and Descriptions

0 No evidence of any history of violent behavior by the individual.

1 Individual has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).

2 Individual has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.

3 Individual has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

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EMOTIONAL/BEHAVIORAL RISKS

DV2. FRUSTRATION MANAGEMENT
This item describes the individual's ability to manage their own anger and frustration tolerance.

Questions to Consider	Ratings and Descriptions	
• How does the individual control their temper? • Does the individual get upset or frustrated easily? • Does the individual become physically aggressive when angry? • Does the individual have a hard time managing anger if someone criticizes or rejects them?	0	Individual appears to be able to manage frustration well. No evidence of problems of frustration management.
	1	Individual has some mild problems with frustration. The individual may anger easily when frustrated; however, the individual is able to calm self down following an angry outburst.
	2	Individual has problems managing frustration. The individual's anger when frustrated is causing functioning problems in school/work, at home, or with peers.
	3	Individual becomes explosive and dangerous to others when frustrated. The individual demonstrates little self-control in these situations and others must intervene to restore control.

DV3. HOSTILITY
This item rates the perception of others regarding the individual's level of anger and hostility.

Questions to Consider	Ratings and Descriptions	
• Does the individual seem hostile frequently or in inappropriate environments/ situations?	0	Individual appears to not experience or express hostility except in situations where most people would become hostile.
	1	Individual appears hostile but does not express it. Others experience individual as being angry.
	2	Individual expresses hostility regularly.
	3	Individual is almost always hostile either in expression or appearance. Others may experience individual as 'full of rage' or 'seething.'

DV4. PARANOID THINKING
This item rates the existence/level of paranoid thinking experienced by the individual.

Questions to Consider	Ratings and Descriptions	
• Does the individual seem suspicious? • Is there any evidence of paranoid thinking/beliefs? • Is the individual very guarded?	0	Individual does not appear to engage in any paranoid thinking.
	1	Individual is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
	2	Individual believes that others are 'out to get' them. Individual has trouble accepting that these beliefs may not be accurate. Individual at times is suspicious and guarded but at other times can be open and friendly.
	3	Individual believes that others plan to cause them harm. Individual is nearly always suspicious and guarded.

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DV5. SECONDARY GAINS FROM ANGER
This item is used to rate the presence of anger to obtain additional benefits.

Questions to Consider

- What happens after the individual gets angry?
- Does the individual get anything in return?
- Does the individual typically get what the individual wants from expressing anger?

Ratings and Descriptions

0 Individual either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.

1 Individual unintentionally has benefited from angry behavior; however, there is no evidence that individual intentionally uses angry behavior to achieve desired outcomes.

2 Individual sometimes uses angry behavior to achieve desired outcomes with peers, co-workers, colleagues, family or caregivers (if relevant).

3 Individual routinely uses angry behavior to achieve desired outcomes with peers, co-workers, colleagues, family or caregivers (if relevant). Others in individual's life appear intimidated.

DV6. VIOLENT THINKING
This item rates the level of violence and aggression in the individual's thinking.

Questions to Consider

- Does the individual report having violent thoughts?
- Does the individual verbalize their violent thoughts either specifically or by using violent themes?

Ratings and Descriptions

0 There is no evidence that individual engages in violent thinking.

1 Individual has some occasional or minor thoughts about violence.

2 Individual has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.

3 Individual has specific homicidal ideation or appears obsessed with thoughts about violence. For example, an individual who spontaneously and frequently draws only violent images may be rated here.

RESILIENCY FACTORS

DV7. AWARENESS OF VIOLENCE POTENTIAL
This item rates the individual's insight into their risk of violence.

Questions to Consider

- Is the individual aware of the risks of their potential to be violent? Is the individual concerned about these risks?
- Can the individual predict when/ where/for what reason they will get angry and/or possibly become violent?

Ratings and Descriptions

0 Individual is completely aware of their level of risk of violence. Individual knows and understands risk factors. Individual accepts responsibility for past and future behaviors. Individual is able to anticipate future challenging circumstances. An individual with no violence potential would be rated here.

1 Individual is generally aware of their potential for violence. Individual is knowledgeable about the individual's risk factors and is generally able to take responsibility. Individual may be unable to anticipate future circumstances that may challenge the individual.

2 Individual has some awareness of their potential for violence. Individual may have tendency to blame others but is able to accept some responsibility for the individual's actions.

3 Individual has no awareness of their potential for violence. Individual may deny past violent acts or explain them in terms of justice or as deserved by the victim.

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DV8. RESPONSE TO CONSEQUENCES
This item rates the individual's reaction when they receive consequences for violence or aggression.

Questions to Consider	Ratings and Descriptions	
• How does the individual react to consequences given for violent or aggressive behavior?	0	Individual is clearly and predictably responsive to identified consequences. Individual is regularly able to anticipate consequences and adjust behavior.
	1	Individual is generally responsive to identified consequences; however, not all appropriate consequences have been identified or the individual may sometimes fail to anticipate consequences.
	2	Individual responds to consequences on some occasions but sometimes does not appear to care about consequences for their violent behavior.
	3	Individual is unresponsive to consequences for their violent behavior.

DV9. COMMITMENT TO SELF-CONTROL
This item rates the individual's willingness and commitment to controlling aggressive and/or violent behaviors.

Questions to Consider	Ratings and Descriptions	
• Does the individual want to change their behaviors? Is the individual committed to such change?	0	Individual is fully committed to controlling their violent behavior.
	1	Individual is generally committed to control their violent behavior; however, individual may continue to struggle with control in some challenging circumstances.
	2	Individual is ambivalent about controlling their violent behavior.
	3	Individual is not interested in controlling their violent behavior at this time.

DV10. TREATMENT INVOLVEMENT
This item rates the individual and/or family's involvement in their treatment.

Questions to Consider	Ratings and Descriptions	
• Is the individual on medication or have a treatment plan? • Does the individual and family know what the plan is?	0	Individual is fully involved in their own treatment. Family supports treatment as well (if applicable).
	1	Individual or family (if applicable) is involved in treatment but not both. Individual may be somewhat involved in treatment, while family members are active or individual may be very involved in treatment while family members are unsupportive.
	2	Individual and family (if applicable) are ambivalent about treatment involvement. Individual and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
	3	Individual and family (if applicable) are uninterested in treatment involvement. An individual with treatment needs who is not currently in treatment would be rated here.

End of Dangerousness/Violence Module

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ADDICTIVE BEHAVIORS

This item describes behavior, or a stimulus related to a behavior, that is both rewarding and reinforcing to an individual and leads to an addition. The presence of an addictive behavior requires evidence of loss of control over the behavior, craving to engage in the behavior, withdrawal symptoms when the behavior is unavailable, and a need for an increasing frequency or intensity in the behavior. Addictive behaviors rated here include (but are not limited to) sex, gambling, gaming, social media, food, etc. Addictions related to drugs or alcohol are rated in the Substance Use item.

Questions to Consider

- Does the individual have a problem with gambling, gaming, sex, social media, food, etc.?
- Does the individual know when to stop engaging in this behavior?
- Has the individual ever lost a significant amount of money due to gambling?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence that the individual experiences any behaviors that might be considered addictive.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Individual has a history of engaging in specific behaviors that were addictive for that individual, OR there is suspicion that the individual is experiencing an addiction to a specific behavior.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Individual is engaging in addictive behaviors that are interfering with their functioning.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual is engaging in addictive behaviors that are either very dangerous or that prevent functioning in at least one life domain.

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.

Questions to Consider

- Is the individual sexually aggressive towards others?
- Is the individual sexually aggressive towards those younger or less powerful than them?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of sexually aggressive behavior.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
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 excessive masturbation.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Individual engages in sexually aggressive behavior that impairs their 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.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

*** A rating of '1,' '2,' or '3' on this item triggers the completion of the [I] Sexually Aggressive Behavior Module.**

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[I] SEXUALLY AGGRESSIVE BEHAVIOR MODULE

This module is to be completed when the Sexual Aggression item in the Risk Behaviors Domain is rated '1', '2' or '3'.

SAB1. RELATIONSHIP
This item rates the nature of the relationship between the individual and the victim of their aggression. Please rate the most recent episode of sexual behavior.

Questions to Consider	Ratings and Descriptions	
• How does the individual know the other individual involved? • Did the sexual aggression include physical harm to another person?	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 individual being in the position of authority.
	2	Individual is clearly victimizing at least one other person through sexually abusive behavior.
	3	Individual is severely victimizing at least one other individual through sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

SAB2. PHYSICAL FORCE/THREAT
Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

Questions to Consider	Ratings and Descriptions	
• Does the individual use or threaten to use physical force towards others in commission of the sex act?	0	No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.
	1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act. History of problem may be rated here.
	2	Evidence of the 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 the commission of the sex act. Victim harmed or at risk for physical harm from the use of force (e.g., gun or knife).

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SAB3. PLANNING SEXUALLY AGGRESSIVE BEHAVIOR
This item rates the premeditation or spontaneity of the sexual behavior. Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the individual as the perpetrator.

Questions to Consider

- Does the individual plan their sexual activities, or do they happen spontaneously?

Ratings and Descriptions

0	No evidence of any planning.
1	Some evidence of efforts to get into situations where likelihood of opportunities for inappropriate sexual activity is enhanced. History of problem is rated here.
2	Evidence of some planning of inappropriate sexual activity. For example, an individual who looks for opportunities such as the absence of adults or others, or particular situations in which they could carry out an act of sexual aggression or inappropriate behavior.
3	Considerable evidence of inappropriate or predatory sexual behavior in which victim and/or scenario is identified prior to the act, and the act is premeditated. An individual who has considered and weighed multiple factors relating to grooming, environment, absence or presence of others and timing, indicating a high degree of planning, would be rated here.

SAB4. AGE DIFFERENTIAL
This item identifies any relevant age difference between the individual and the victim. Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the individual as the perpetrator.

Questions to Consider

- What are the ages of the individuals that the individual has had sex with?

Ratings and Descriptions

0	Ages of the perpetrator and victim and/or participants is essentially equivalent.
1	Age differential between perpetrator and victim and/or participants is substantial, but the victim(s) are older than 17 years.
2	Age differential between perpetrator and victim at least 5 years, but the victim is 13 to 17 years old.
3	The victim is 13 years old or younger.

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SAB5. POWER DIFFERENTIAL
This item identifies whether use of authority or power may impact the occurrence of the sexual activity. Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the individual as the perpetrator.

Questions to Consider	Ratings and Descriptions	
• Does the individual use their power to victimize others?	0	No evidence of victimizing others. The sexual activity appears to be mutual and consenting. No power differential.
	1	Although the sexual activity appears to be mutual, there is a significant power differential between parties with this individual being in the position of authority or power, or history of a significant power differential.
	2	Individual is clearly using authority or power to victimize another person through sexually abusive behavior. For example: an individual sexually abusing a younger child while babysitting. This would not include physical violence, but may include coercion and threats of physical harm to the victim or loved ones.
	3	Individual is clearly using authority or power to severely victimize another individual with both physical violence and sexually abusive behavior. For example: an individual beating and sexually exploiting a developmentally delayed individual.

SAB6. TYPE OF SEX ACT
This item rates the kind of the sex act involved in the aggression. Rate the most serious type of aggression present.

Questions to Consider	Ratings and Descriptions	
• What was the most serious act involved in the individual's sexual aggression?	0	Sex act involves touching or fondling only.
	1	Sex act involves fondling plus possible penetration with fingers or oral sex.
	2	Sex act involves penetration into genitalia or anus with body part.
	3	Sex act involves physically dangerous penetration due to differential size or use of an object.

SAB7. RESPONSE TO ACCUSATION
This item rates how the individual responded to the accusation, and the remorse felt by the individual.

Questions to Consider	Ratings and Descriptions	
• Is the individual sorry for their behavior? • Does the individual admit to the sex acts?	0	Individual admits to behavior and expresses remorse and desire to not repeat.
	1	Individual partially admits to behaviors and expresses some remorse.
	2	Individual admits to behavior but does not express remorse.
	3	Individual neither admits to behavior nor expresses remorse. Individual is in complete denial.

End of the Sexually Aggressive Behavior Module

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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.

Questions to Consider

- Has the individual ever been arrested?
- Is the individual on probation?
- Has the individual ever been incarcerated?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence or history of criminal behavior.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
A history of criminal behavior but none in the past year.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
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 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual has been engaged in violent criminal activity during the past year which represents a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [J] Crime Module.**

Supplemental Information: A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.

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[J] CRIME MODULE

This module is to be completed when the Criminal Behavior item is rated '1', '2' or '3'.

C1. SERIOUSNESS

This item rates the seriousness of the individual's criminal offenses. Please rate the highest level from the past 30 days.

Questions to Consider	Ratings and Descriptions	
• What are the behaviors/actions that have gotten the individual involved in the criminal justice system?	0	Individual has had no criminal offenses.
	1	Individual has engaged in misdemeanor criminal behavior.
	2	Individual has engaged in felony behavior.
	3	Individual has engaged in criminal behavior that places others at risk of significant physical harm.

C2. CRIME HISTORY

This item rates the individual's history of criminal behavior/delinquency.

Questions to Consider	Ratings and Descriptions	
• How recently or for how long has the individual been engaged in criminal behaviors?	0	Current criminal behavior is the first known occurrence.
	1	Individual has engaged in multiple criminal acts in the past year.
	2	Individual has engaged in multiple criminal acts for more than 1 year, but has had periods of at least 3 months in which individual did not engage in criminal behavior.
	3	Individual has engaged in multiple criminal acts for more than 1 year without any period of at least 3 months where they did not engage in criminal behavior.

C3. ARRESTS

This item rates the individual's history of arrests in the criminal justice sector. Please rate the highest level from the past 30 days.

Questions to Consider	Ratings and Descriptions	
• Has the individual ever been arrested? • How many times and when?	0	Individual has no known arrests.
	1	Individual has history of arrests, but none in the last 30 days.
	2	Individual has had 1 arrest in the last 30 days.
	3	Individual has more than 1 arrest in the last 30 days.

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C4. CRIME PLANNING
This item rates the premeditation or spontaneity of the criminal acts. Please rate the highest level from the past 30 days.

Questions to Consider	Ratings and Descriptions	
• Does the individual engage in preplanned or spontaneous or impulsive criminal acts?	0	No evidence of any planning. Criminal behavior appears opportunistic or impulsive.
	1	Evidence suggests that individual places themselves into situations where the likelihood of criminal behavior is enhanced.
	2	Evidence indicates some planning of criminal behavior.
	3	Considerable evidence indicates significant planning of criminal behavior. Behavior is clearly premeditated.

C5. COMMUNITY SAFETY
This item rates the level to which the criminal behavior of the individual puts the community's safety at risk. Please rate the highest level from the past 30 days.

Questions to Consider	Ratings and Descriptions	
• Is the criminal behavior violent in nature? • Does the individual commit violent crimes against people or property?	0	Individual presents no risk to the community. Individual may function unsupervised in the community.
	1	Individual engages in behavior that represents a risk to community property.
	2	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	Individual engages in behavior that directly places community members in danger of significant physical harm.

C6. LEGAL COMPLIANCE
This item rates the individual's compliance with the rules of the court and probation. Please rate the highest level from the past 30 days.

Questions to Consider	Ratings and Descriptions	
• Is the individual involved in the legal system? • Does the individual comply with mandates?	0	Individual is fully compliant with all responsibilities imposed by the court (e.g. work attendance, treatment, restraining orders), or no court orders are currently in place.
	1	Individual is in general compliance with responsibilities imposed by the court (e.g. occasionally does not follow court order).
	2	Individual is in partial noncompliance with court orders (e.g. individual is not attending court-ordered treatment).
	3	Individual is in serious noncompliance with court orders (e.g. parole violations).

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C7. CRIME PEER INFLUENCES
This item rates the level to which the individual's peers engage in criminal behavior.

	Ratings and Descriptions	
Questions to Consider • What role do the individual's peers play in their criminal behavior?	0	Individual's primary peer social network does not engage in criminal behavior.
	1	Individual has peers in their primary peer network who do not engage in criminal behavior, but has secondary peers and/or acquaintances who do.
	2	Individual predominantly has peers who engage in criminal behavior.
	3	Individual predominantly has peers who are members of a group, organization or system that encourages illegal behavior and/or requires such behavior as an aspect of membership.

C8. CRIME ENVIRONMENTAL INFLUENCES
This item rates the influence of community criminal behavior on the individual. Please rate the environment around the individual's living situation.

	Ratings and Descriptions	
Questions to Consider • Are there factors in the individual's community that impact their criminal behavior?	0	No evidence that the individual's environment stimulates or exposes the individual to any criminal behavior.
	1	Suspicion that individual's environment might expose the individual to criminal behavior.
	2	Individual's environment clearly exposes the individual to criminal behavior.
	3	Individual's environment encourages or enables the individual to engage in criminal behavior.

End of the Crime Module

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CAREGIVER RESOURCES & NEEDS DOMAIN (OPTIONAL)

Caregiver refers to a parent(s) or other adult with primary care-taking responsibilities for the individual. This includes caregivers who manage the physical, medical and/or financial oversight of individuals with developmental needs, physical or cognitive limitations, for example.

The items in this section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for the individual.

Questions to Consider for this Domain: What are the resources and needs of the individual's caregiver(s)?

For the **Caregiver Resources & Needs Domain,** use the following categories and action levels:	
0	No current need; no need for action. This may be a resource for the individual.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
2	Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
3	Need prevents the provision of care; requires immediate and/or intensive action.

INVOLVEMENT WITH CARE
This item is used to rate the level of involvement the caregiver(s) has in the planning and provision of mental health related services for the individual in their care.

	Ratings and Descriptions
Questions to Consider • Is the caregiver involved with the individual's care? • Is the caregiver participating in the individual's treatment?	0 *No current need; no need for action. This may be a resource for the individual.* No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for the individual.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Caregiver is consistently involved in the planning and/or implementation of services for the individual but is not an active advocate on behalf of the individual. Caregiver is open to receiving support, education, and information.
	2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver is not actively involved in the individual's services and/or interventions intended to assist the individual.
	3 *Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver is not willing to be involved in the services or interventions intended for the individual in their care; caregiver wishes for individual to be removed from their care.

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KNOWLEDGE

This item identifies the caregiver's knowledge of the individual's strengths and needs, and the caregiver's ability to understand the rationale for the treatment or management of the individual's needs.

	Ratings and Descriptions
Questions to Consider • Is the caregiver knowledgeable about the individual's needs?	0 *No current need; no need for action. This may be a resource for the individual.* No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the individual's psychological strengths and weaknesses, talents and limitations.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Caregiver, while being generally knowledgeable about the individual, has some mild deficits in knowledge or understanding of the individual's psychological condition, talents, skills and assets.
	2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver does not know or understand the individual well and significant deficits exist in the caregiver's ability to relate to the individual's problems and strengths.
	3 *Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has little or no understanding of the individual's current condition. Caregiver's lack of knowledge about the individual's strengths and needs place the individual at risk of significant negative outcomes.

SOCIAL RESOURCES

This item refers to 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.

	Ratings and Descriptions
Questions to Consider • Does the individual have any social resources that can help with the care of the individual?	0 *No current need; no need for action. This may be a resource for the individual.* Caregiver has significant social and family networks that actively help with the provision of support or attendant care to the individual.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Caregiver has some family or friends or social network that actively helps with the provision of support or attendant care to the individual.
	2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Work needs to be done to engage family, friends or social network in helping with the provision of support or attendant care to the individual.
	3 *Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has no family or social network to help with the provision of support or attendant care to the individual.

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RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and does not include the likelihood that the individual will be removed from the household.

Questions to Consider
- Does the caregiver have a stable living situation?
- Where is the caregiver living?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver has stable housing with no known risks of instability.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
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.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has moved multiple times in the past year. Housing is unstable.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Family is not securely housed, or has experienced homelessness in the recent past.

MEDICAL/PHYSICAL

This item refers to medical problems and/or physical limitations that the caregiver(s) may be experiencing that prevent or limit their ability to provide support or attendant care to the individual. This item does not rate depression or other mental health issues.

Questions to Consider
- Do the caregiver's physical health issues interfere with their caregiving abilities?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
No evidence of medical or physical health problems that impact caregiver's ability to provide support or attendant care to the individual. Caregiver is generally healthy.

1 *Identified need that requires monitoring, watchful waiting, or preventative action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems, but this does not interfere with the caregiver's ability to provide support or attendant care to the individual.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has medical/physical problems that interfere with their ability to provide support or attendant care to the individual.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has medical/physical problems that make it impossible to provide support or attendant care to the individual at this time.

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BEHAVIORAL HEALTH

This item describes developmental, mental health and substance use challenges faced by the caregiver(s) that impact the caregiver's ability to provide support or attendant care to the individual.

Questions to Consider

- Does the caregiver have any behavioral health issues?
- Does the caregiver have any substance use issues?
- Do the caregiver's behavioral health issues interfere with their caregiving ability?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the caregiver.*
The caregiver(s) has no behavioral health limitations and no evidence of substance use issues that impact their ability to provide support or attendant care to the individual.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
The caregiver(s) has some behavioral health limitations, suspicion or mild use of substances, and/or is in recovery from substance use difficulties that do not interfere with their ability to provide support or attendant care to the individual.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The caregiver(s) has significant behavioral health limitations and/or substance abuse difficulties that interfere with their ability to provide support to the individual or that make attendant care difficult.

3 *Need prevents provision of care; requires immediate and/or intensive action.*
The caregiver(s) has behavioral health limitations and/or substance use difficulties that prevent them from being able to provide any support or attendant care to the individual.

DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that impact the caregiver's ability to provide support or attendant care to the individual.

Questions to Consider

- Does the caregiver have any developmental disabilities that interfere with their ability to provide care to the individual?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
No evidence of caregiver developmental disabilities or challenges that impact their ability to provide support or attendant care to the individual. Caregiver has no developmental needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver has developmental challenges. The developmental challenges do not currently interfere with their ability to provide support or attendant care to the individual.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has developmental challenges that interfere with their ability to provide support or attendant care to the individual.

3 *Need prevents provision of care; requires immediate and/or intensive action.*
Caregiver has severe developmental challenges that make it impossible to provide support or attendant care to the individual at this time.

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SAFETY

This item is used to refer to the safety of the assessed individual. It does not refer to the safety of other family or household members. The presence of an individual (family or stranger) that presents a safety risk to the individual should be rated. This item does not refer to the safety of the physical environment in which the individual lives (e.g., a broken or loose staircase).

Questions to Consider

- Does the caregiver provide a safe space for the individual?
- Are there other people in the home that could pose a safety risk to the individual?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
No evidence of safety issues. Household is safe and secure. Individual is not at risk from others.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Household is safe but concerns exist about the safety of the individual due to history or others who might be abusive.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Individual is in some danger from one or more individuals with access to the home.

3 *Need prevents provision of care; requires immediate and/or intensive action.*
Individual is in immediate danger from one or more individuals with unsupervised access.

FAMILY STRESS

This item reflects the degree of stress or burden experienced by the family as a result of the individual's needs as described elsewhere in the assessment.

Questions to Consider

- Do the individual's needs cause stress on the family?
- Is the family able to cope with the stress?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver is able to manage the stress of the individual's needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver has some problems managing the stress of the individual's needs but it does not impact their ability to provide support or attendant care to the individual.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has notable problems managing the stress of the individual's needs. This stress interferes with their ability to provide support or attendant care to the individual.

3 *Need prevents provision of care; requires immediate and/or intensive action.*
Caregiver is unable to manage the stress associated with the individual's needs. This stress prevents caregiver from providing support or attendant care to the individual.

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ORGANIZATION

This item rates the caregiver's ability to manage appointments, tasks and other responsibilities related to services being received by the individual (or other members of the household) or commitments by household members (e.g., going to school or work, a PTA meeting, regular group membership activities like a book group or Girl Scout meeting). Evidence of disorganization such as a messy home, disheveled appearance due to rushing or lack of planning, or forgetting to bring items could also be rated here.

Questions to Consider	Ratings and Descriptions
• Is the caregiver able to get to appointments on time? • Does the caregiver use a phone calendar, paper calendar, or another system for keeping track of appointments? • Does caregiver forget about appointments or commitments? • Is caregiver prepared for meetings or commitments, remembering to bring anything they needed or promised?	0 *No current need; no need for action. This may be a resource for the individual.* Caregiver is well organized and efficient.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Caregiver has occasional difficulties with organizing and maintaining responsibilities to support needed services. For example, may be forgetful about appointments or occasionally fails to return calls from service providers.
	2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has difficulty organizing and maintaining responsibilities to support needed services. Individual sometimes does not receive services or misses appointments due to disorganization.
	3 *Need prevents provision of care; requires immediate and/or intensive action*. Caregiver is unable to organize responsibilities to support needed services, placing the individual at risk of negative health and/or well-being outcomes.

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