ILLINOIS MEDICAID
Comprehensive Assessment of Needs & Strengths
IM+CANS 2024
Birth through Adulthood

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2024
REFERENCE
GUIDE

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The Illinois Medicaid Comprehensive Assessment of Needs and Strengths is an integrated version of the Child and Adolescent Needs and Strengths (CANS), the Adult Needs and Strengths-Transition to Adulthood (ANSA-T), and the Adult Needs and Strengths Assessment (ANSA). Many individuals have collaborated in the development of the CANS and ANSA. Along with the CANS and ANSA, and versions for developmental disabilities, juvenile justice, child welfare, and older adults, this information integration tool is designed to support individual case planning and the planning and evaluation of systems. The CANS is an open-domain tool for use in multiple child- and adult-serving systems that address the needs and strengths of children, youth, adults, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification are required 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 place of “he/him/himself” and “she/her/herself.”

Additionally, “individual” is being utilized in reference to “child,” “youth,” “adolescent,” “young adult,” or “adult.” This is due to the broad range of ages to which this reference guide applies.

The Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) is the result of a collaboration between the Department of Healthcare and Family Services (HFS), the Department of Human Services-Division of Mental Health (DHS-DMH), and the Department of Children and Family Services (DCFS).

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INTRODUCTION

THE ILLINOIS MEDICAID COMPREHENSIVE ASSESSMENT OF NEEDS AND STRENGTHS

The **Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)** serves as the foundation of Illinois' efforts to transform its publicly funded behavioral health service delivery system. The original version was developed as the result of a collaborative effort between the Illinois Departments of Healthcare and Family Services (HFS), Human Services-Division of Mental Health (DHS-DMH), and Children and Family Services (DCFS). The comprehensive IM+CANS assessment provides a standardized, modular framework for assessing the global needs and strengths of individuals who require mental health treatment in Illinois. Today, the IM+CANS incorporates:

- A complete set of core and modular CANS indicators, addressing domains such as Risk Behaviors, Trauma Exposure, Behavioral/Emotional Needs, Life Functioning, Substance Use, Developmental Disabilities, and Cultural Needs;
- A fully integrated mental health assessment (MHA) and plan of care;
- A physical Health Risk Assessment (HRA); and,
- A population-specific addendum for youth involved with the child welfare system.

At the core of the IM+CANS is the Child and Adolescent Needs and Strengths (CANS), the Adult Needs and Strengths Assessment—Transition to Adulthood (ANSA-T), and the Adult Needs and Strengths Assessment (ANSA), communimetric tools that contain a set of core and modular indicators that identify an individual's strengths and needs using a '0' to '3' scale. The indicators support care planning and level of care decision-making, facilitate quality improvement initiatives, and monitor the outcomes of services. Additional data fields were added to the IM+CANS indicators to support a fully integrated MHA, placing mental health treatment in Illinois on a new pathway built around a person-centered, data-driven approach.

The IM+CANS also includes an HRA, developed to support a holistic, wellness approach to assessment and treatment planning by integrating physical health and behavioral health in the assessment process. The HRA is a series of physical health questions for the individual that is designed to: 1) assess general health, 2) identify any modifiable health risks that can be addressed with a primary health care provider, 3) facilitate appropriate health care referrals as needed, and 4) ensure the incorporation of both physical and behavioral health needs directly into care planning.

The IM+CANS is designed to meet the unique needs of multiple public payer systems to break down barriers to accessing behavioral health treatment by reducing the duplicate collection of administrative and clinical data points needed to appropriately assess a person's needs and refer or link them with the appropriate public service system. It is

anticipated that future versions of the IM+CANS will incorporate additional addenda to capture the unique needs of persons involved with additional public systems.

The IM+CANS 2024 Reference Guide was developed to accompany the IM+CANS, Individualized Assessment Module Addendum, Caregiver Addendum, and DCFS Addendum forms. As such, specific sections of these forms are referenced in this document, and guidance is provided.

HISTORY AND BACKGROUND OF THE TCOM TOOLS

The TCOM Tools – the CANS, ANSA-T, and ANSA – are multi-purpose tools developed to support care planning and level of care decision-making, facilitate quality improvement initiatives, and allow for the monitoring of outcomes of care. These tools were developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized care plans including the application of evidence-based practices.

The IM+CANS, the integration of the CANS, ANSA-T, and ANSA that results in a lifespan tool, gathers information on the individual and their parents/caregivers' (if relevant) needs and strengths. Strengths are the individual's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where the individual requires help or intervention. Care providers use an assessment process to get to know the individual and the families with whom they work and to understand their strengths and needs. The IM+CANS helps care providers decide which of the individual's needs are the most important to address in planning. The IM+CANS also helps identify strengths, which can be the basis of a plan. By working with the individual and family during the assessment process and talking together about the needs and strengths captured in the IM+CANS, care providers can develop a plan that addresses an individual's needs and develop identified strengths while building strong engagement.

The IM+CANS is made up of domains that focus on various areas in an individual's life, and each domain is made up of a group of specific indicators. Some domains address how the individual functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, and on strengths and skills needed to grow and develop. There is also a domain that asks about the family's beliefs, and preferences, and about general family concerns. The care provider, along with the individual and family as well as other supports and partners, provide information that facilitates the rating for each of the indicators. 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 accessed as part of the plan.

The IM+CANS ratings, however, do not tell the whole story of an individual's strengths and needs. Each section in the IM+CANS is merely the output of a comprehensive assessment process, supporting the organization of information for easy use. This information is documented alongside narratives where a care provider can give more information about the circumstances and context of the individual.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess the appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. 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 CANS and later the IM+CANS build upon the methodological approach of the CSPI and expand the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the individual and the caregiver (if relevant), looking primarily at the 30 days before completion of the IM+CANS. It is a tool developed with the primary objective of supporting decision-making at all levels of care: individuals and families, programs and agencies, and child- and adult-serving systems. It provides for structured communication and critical thinking about individuals and their context. The IM+CANS is designed for use either as a prospective assessment tool for decision support and care 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 care-providing entities to discuss the individual's needs and strengths. A review of the case record in light of the IM+CANS assessment tool will provide information as to the appropriateness of the care plan and whether individual goals and outcomes are achieved.

Annual training and certification are required for providers who administer the CANS and their supervisors. Additional training is available for IM+CANS trainers and coaches as experts in IM+CANS administration, scoring, and use in the development of care plans.

MEASUREMENT PROPERTIES OF THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with individuals and families. Many individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the indicator level (Anderson et al., 2002). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on

the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children/youth's and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children/youth in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et. al., 2015; Lardner, 2015).

MEASUREMENT PROPERTIES OF THE ADULT NEEDS AND STRENGTHS ASSESSMENT

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 indicators 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 lifespan. 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 indicator 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 IM+CANS is easy to learn and is well-liked by children, youth, adults, families, providers, and other partners in the service system because it is easy to understand and does not necessarily require scoring to be meaningful to the individual and family.

- Basic core indicators – 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 IM+CANS rating suggests different pathways for service planning. There are four levels of rating for each indicator with specific anchored definitions. These indicator level definitions, however, are designed to translate into the following action levels:

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 ‘NA’ for ‘not applicable’ is available for a few indicators under specified circumstances (see reference guide descriptions). For those indicators where the ‘NA’ rating is available, it should be used only in the rare instances where an indicator does not apply to that particular individual. For some indicators (i.e., Potentially Traumatic/Adverse Childhood Experiences), rating options are ‘No/Yes.’ There is a rating guide provided that describes ‘No’ and ‘Yes’ ratings, and each indicator also has more detailed anchor descriptions for ‘No’ and ‘Yes’ ratings.

To complete the IM+CANS, an IM+CANS trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each indicator and then record the appropriate rating on the IM+CANS form (or electronic record). This process should be done collaboratively with the child/youth, individual adult, family and other supports and partners.

Remember that the indicator anchor descriptions are examples of circumstances which fit each rating (‘0’, ‘1’, ‘2’, or ‘3’). These descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see above). The rater must consider the basic meaning of each level to determine the appropriate rating on an indicator for an individual.

Ratings of ‘1’, ‘2’, or ‘3’ on key core indicators trigger additional questions in the individualized assessment modules:

Module Title	Age Group
Traumatic Stress Symptoms	All Ages
Developmental Needs	All Ages
School/Preschool/Daycare	Ages 0 - 21
Runaway	Ages 3-21
Suicide Risk	Ages 3+
Dangerousness	Ages 6+
Fire Setting	Ages 6+
Justice/Crime	Ages 6+
Sexually Aggressive Behavior	Ages 6+
Vocational/Career	Ages 16+
Parenting/Caregiving	Ages 16+
Independent Activities of Daily Living	Ages 16+

The IM+CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth, individual adult, family, referral source, care providers, school/employer, and observation of the rater). As a strength-based approach, the IM+CANS 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 individuals and their families to discover their level of 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 the individual's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the individual and, when appropriate, their families in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the IM+CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth, adults and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at planning based on the TCOM Tools. A rating of '2' or '3' on an IM+CANS need suggests that this area must be addressed in the care plan. A rating of a '0' or '1' identifies a strength that can be used for planning and a '2' or '3' is a strength that should be the focus of strength-building activities, when appropriate. It is important to remember that when developing plans for an individual's healthy 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 an individual's capabilities are a promising means for development and play a role in reducing risky behaviors.

Finally, the IM+CANS can be used to monitor outcomes. This can be accomplished in two ways. First, IM+CANS indicators 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 indicators within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. IM+CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The IM+CANS is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the TCOM Tools and share experiences, additional indicators, and supplementary tools.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

There are six key principles that are important to remember when rating the indicators:

1. **Indicators were selected because they are each relevant to service/treatment planning.** An indicator exists because it might lead you down a different pathway in terms of planning actions.
2. **Each indicator 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 responsivity 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 indicator. In other words, anger control is not relevant for a very young child but would be for a young adult regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the individual's developmental age.
5. **The ratings are generally "agnostic as to etiology."** In other words, this is a descriptive tool; it is about the "what" not the "why." While most indicators are purely descriptive, there are a few indicators that consider cause and effect; see individual indicator descriptions for details on when the "why" is considered in rating these indicators.
6. **A 30-day window is used to make sure assessments stay relevant to the individual's present circumstances.** The IM+CANS is a communication tool and a measure of an individual's story. The 30-day time frame should be considered in terms of whether an indicator is a need within the time frame within which the specific behavior may or may not have occurred. The action levels assist in understanding whether a need is currently relevant even when no specific behavior has occurred during the time frame.

HOW IS THE IM+CANS USED?

The IM+CANS 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 IM+CANS as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting individuals and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most indicators include "Questions to Consider" which may be useful in understanding the needs and strengths indicators. These are not questions that are intended to be asked but are available as suggestions. Many clinicians have found this useful 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 care planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an indicator on the CANS is rated a '2' or '3' ('action needed' or 'immediate or intensive action needed') we are indicating not only that it is a serious need for the individual but one that we are going to attempt to work on during the course of treatment. As such, when you write your 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 IM+CANS is often completed at regular intervals 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 the clinical support provided. One way we

determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting plans, and tracking change.

IT IS A COMMUNICATION TOOL

The IM+CANS allows for a shared language to talk with and about the individual and their families, creating opportunities for collaboration. Additionally, when an individual leaves a treatment program, a closing IM+CANS helps to describe progress, measure ongoing needs and help us make continuity of care decisions. It is our hope that this guide will help you to make the most out of the CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

IM+CANS: A STRATEGY FOR CHANGE

The IM+CANS is an excellent strategy in addressing an individual's 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 become very familiar with the IM+CANS and use the domains and indicators to help with your assessment process and information gathering sessions/clinical interviews with the individual and family. This will not only help the organization of your interviews but will make the interview more conversational. A conversation is more likely to give you good information, so have a general idea of the indicators. The IM+CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Functioning or Behavioral/Emotional Needs, Risk Behaviors or Strengths, or Caregiver Resources & Needs—this is your call. Sometimes people need to talk about needs before they can acknowledge strengths. Sometimes after talking about strengths, people 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 IM+CANS indicators can help in having more natural conversations. So, if the individual is talking about situations around their anger control and then shifts into something like---"you know, I only get angry when my co-worker is in the room," you can follow that and ask some questions about situational anger, and then explore other work-related issues.

MAKING THE BEST USE OF THE IM+CANS

Children, youth and even adults have families involved in their lives, and their family can be a great asset to their care. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the IM+CANS and how it will be used. The description of the IM+CANS should include teaching the individual and family about the needs and strengths rating scales, identifying the domains and indicators, as well as how the actionable indicators will be used in planning. When possible, share with the individual and family the IM+CANS domains and indicators (see the IM+CANS Core Indicator

list beginning on page 23) and encourage the family to look over the indicators prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed IM+CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE IM+CANS

Listening is the most important skill that you bring to working with the IM+CANS. 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, and 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 CANS 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 THE PARENT'S/CAREGIVER'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?" The IM+CANS is a tool to organize all points of observation, but for some the parent or caregiver's perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

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, 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.

So 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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IM+CANS 2024 STRUCTURE

The IM+CANS expands depending upon the needs of the individual and family. Basic core indicators are rated for all individuals. Indicators for specific age groups are identified with the age specification following the indicator (e.g., 6+ indicates the indicator should be completed for youth ages 6 and older). Individualized Assessment Modules are triggered by key core indicators (see italics below).

CORE INDICATORS

Trauma Exposure
Potentially Traumatic Exposures
Sexual Abuse/Assault
Physical Abuse/Assault
Neglect
Emotional Abuse
Medical Trauma
Natural or Manmade Disaster
Family Violence
Community/School Violence
Criminal Activity
War/Terrorism Affected
Disruptions in Caregiving/Attachment Losses
Parental Criminal Behavior

Behavioral/Emotional Needs Domain
Depression
Anxiety
Eating Disturbance
Adjustment to Trauma [A]
Atypical/Repetitive Behaviors [B]
Regulatory (0-5)
Failure to Thrive (0-5)
Oppositional Behavior (3-18)
Impulsivity/Hyperactivity (3+)
Anger Control/Frustration Tolerance (3+)
Substance Use (6+)
Addictive Behaviors (6+)
Psychosis (Thought Disorder) (6+)
Conduct/Antisocial Behavior (6+)
Mania (6+)

Behavioral/Emotional Needs continued
Interpersonal Problems (16+)
Somatization (21+)

Life Functioning Domain
Family Functioning
Living Situation
Residential Stability
Social Functioning
Recreation/Play
Developmental/Intellectual [B]
Communication
Medical/Physical
Medication Compliance
Transportation
Motor (0-5)
Sensory (0-5)
Persistence/Curiosity/Adaptability (0-5)
Elimination (0-5)
School/Preschool/Daycare [C] (0-21)
Sleep (1+)
Legal (6+)
Sexual Development (6+)
Intimate Relationships (12+)
Job Functioning/Employment [D] (16+)
Parental/Caregiving Role [E] (16+)
Independent Living Skills [F] (16+)
Basic Activities of Daily Living (21+)
Routines (21+)
Functional Communication (21+)
Hoarding (21+)
Loneliness (21+)

Risk Behaviors Domain
Victimization/Exploitation
Self-Harm (0-5)
Prenatal Care (0-5)
Birth Weight (0-5)
Flight Risk/Runaway [G] (3-21)
Suicide Risk [H] (3+)
Intentional Misbehavior (3+)
Sexually Problematic Behavior (6+)
Sexual Aggression [I] (6+)
Bullying Others (6+)
Non-Suicidal Self-Injurious Behavior (6+)
Other Self-Harm (6+)
Danger to Others [J] (6+)
Fire Setting [K] (6+)
Delinquent/Criminal Behavior [L] (6+)

Strengths Domain
Family Strengths/Support
Interpersonal/Social Connectedness
Natural Supports
Spiritual/Religious
Educational Setting
Relationship Permanence (0-21)
Resiliency (2+)
Optimism (6+)
Talents and Interests (6+)
Cultural Identity (6+)
Community Connection (6+)
Involvement with Care (6+)
Vocational (16+)
Job History/Volunteering (16+)
Self-Care (21+)

Cultural Needs Domain
Language
Traditions and Cultural Rituals
Cultural Stress

MODULES

[A] Traumatic Stress Symptoms (All Ages)
Emotional and/or Physical Dysregulation
Intrusions/Re-Experiencing
Hyperarousal
Attachment Difficulties
Traumatic Grief & Separation
Numbing
Dissociation
Avoidance

[B] Developmental Needs (All Ages)
Cognitive
Developmental
Self-Care/Daily Living Skills
Autism Spectrum
Sensory (6+)
Motor (6+)
Regulatory (6+)

[C] School/Preschool/Daycare (Ages 0-21)
School/Preschool/Daycare Behavior
School/Preschool/Daycare Achievement
School/Preschool/Daycare Attendance
Relationships with Teachers

[D] Vocational/Career (Ages 16+)
Career Aspirations
Job Time
Job Attendance
Job Performance
Job Relations
Job Skills

[E] Parenting/Caregiving (Ages 16+)
Knowledge of Needs
Supervision
Involvement with Care
Organization
Marital/Partner Violence in the Home

[F] Independent Activities of Daily Living (Ages 16+)
Meal Preparation
Shopping
Housework
Money Management
Communication Device Use
Housing Safety

[G] Runaway (Ages 3-21)
Frequency of Running
Consistency of Destination
Safety of Destination
Involvement in Illegal Acts
Likelihood of Return on Own
Involvement of Others
Realistic Expectations
Planning

[H] Suicide Risk (Ages 3+)
Ideation
Intent
Planning
History of Attempts
Awareness of Others' Suicide

[I] Sexually Aggressive Behavior (Ages 6+)
Relationship
Physical Force/Threat/Coercion
Planning
Age Differential
Power Differential
Type of Sex Act
Response to Accusation

[J] Dangerousness (Ages 6+)
Emotional/Behavioral Risks
Hostility
Paranoid Thinking
Secondary Gains from Anger
Violent Thinking
Planning
Intent
Violence History
Resiliency Factors
Aware of Violence Potential
Response to Consequences
Commitment to Self-Control

[K] Fire Setting (Ages 6+)
History
Seriousness
Planning
Use of Accelerants
Intention to Harm
Community Safety
Response to Accusation
Remorse
Likelihood of Future Fire Setting

[L] Justice/Crime (Ages 6+)
Seriousness
History
Arrests
Planning
Community Safety
Legal Compliance
Peer Influences
Environmental Influences

ADDENDUM: CAREGIVER

Additional indicators to be completed for individuals who have a legal guardian.

Supervision
Involvement with Care
Knowledge
Social Resources
Financial Resources
Residential Stability
Medical/Physical
Mental Health
Substance Use
Developmental
Organization
Safety
Family Stress
Marital/Partner Violence in the Home
Military Transitions
Self-Care/Daily Living Skills
Employment/Educational Functioning
Legal Involvement
Family Relationship to the System (0-21)
Access to Childcare (0-21)
Empathy with Children (0-21)

ADDENDUM: DCFS

Additional indicators to be completed for DCFS-involved children and youth.

Parent/Guardian Safety Concerns
Discipline
Condition of the Home
Frustration Tolerance
History of Maltreatment of Children

Parent/Guardian Well-being Concerns
Parent/Guardian Traumatic Reactions
Parent/Guardian Understanding of Impact of Own Behavior on Children

Parent/Guardian Well-being Concerns continued
Effective Parenting Approaches
Independent Living Skills
Relationship/Contact with Caseworker
Responsibility in Maltreatment
Relationship with Abuser(s)

Parent/Guardian Permanence Concerns
Social and Family Connections
Involvement in Personal Treatment
Parent/Guardian Participation in Visitation
Commitment to Reunification

Substitute Caregiver Commitment to Permanence
Collaboration with Other Parents/Caregivers
Substitute Caregiver Support for Permanency Plan Goal
Inclusion of the Child/Youth in the Foster Family

Intact Family Services Module
Parental/Secondary Caregiver Collaboration
Family Conflict
Family Communication
Family Role Appropriateness
Home Maintenance

Intensive Placement Stabilization Services (IPS) Module
Child/Youth: Years in Care
Child/Youth: Placement History
Substitute Caregiver: Knowledge of Youth's Development and Needs
Substitute Caregiver: Discipline
Substitute Caregiver: Caregiver Management of Emotions

1. GENERAL INFORMATION

Please complete all fields included in the Illinois Medicaid + Comprehensive Assessment Needs and Strengths—2024 as completely as possible.

As you complete this form, keep in mind the following:

- If an element is not known at the time that the IM+CANS-2024 is completed, please include as much information as you currently have, or write “unknown” in the field provided.
- If an indicator does not apply to the individual due to age or other circumstances as noted in the NA description please write “none” in response to the indicator rather than leaving it blank.
- If there is no evidence of a need/strength, the core domain indicators and the indicators in any modules that have been triggered for the individual must be rated a ‘0’ for needs and a ‘3’ for strengths rather than left blank. The use of ‘NA’ on indicators is reserved for instances when the indicator is not age appropriate for the individual.
- For text boxes that ask for narratives of descriptions, it is strongly recommended that you use the individual and family’s language and represent their voice as much as possible.
- The IM+CANS-2024 is for infants, children, adolescents, and adults across the lifespan who are receiving care and support. For ease of use, the term “individual” will be used throughout the IM+CANS Reference Guide to refer to individuals throughout the age range. The term “child” is used for indicators specific to children under 6 years old, the term “child/youth” is used for ages 6-18 years old, and the term individual refers to individuals aged 19 and older. Indicators for transition age youth, specific to ages 16-21, are also identified when appropriate.

2. ESTABLISHED SUPPORTS

Established supports identifies people who act as a support system for the individual being assessed, including caregivers, family members, friends, and professional supports.

As you complete this section, please keep in mind:

- If an element is not known at the time that the IM+CANS 2024 is completed, please include as much information as you currently have, or write ‘unknown’ in the field provided.
- Within this section, it is appropriate to leave lines and fields blank if not all lines provided are needed for the individual.

3. TRAUMA EXPOSURE

POTENTIALLY TRAUMATIC EXPOSURES

All of the trauma experiences are static indicators. In other words, these indicators indicate whether an individual has experienced a particular trauma across the lifespan. If the individual has ever had one of these experiences, it would always be rated in this section, even if the experience is not currently causing problems or distress in the individual's life. Thus, these indicators 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 Domain: Has the individual experienced adverse life events?

For the **Potentially Traumatic Exposures,** use the following categories and action levels:

No	Unknown, not currently disclosed, or no evidence of any trauma of this type.
Yes	Individual has had experience, either in the past or currently, or there is suspicion that they have experienced this type of trauma—one incident, multiple incidents, or chronic, ongoing experiences.

[Return to Table of Contents] [Return to Core Indicator List]

Note: Traumatic events all involve actual or threatened death, serious injury, or sexual violence in some way but differ in how the individual is exposed to them, which can be through directly experiencing the traumatic event, witnessing in person the event as it occurred to others, learning that the event occurred to a family member or a close friend, or indirect exposure in the course of occupational duties, through being exposed to grotesque details of an event. (DSM 5-TR, pg. 305)

When understanding the individual's trauma experiences, consider the following:

- Has the trauma been reported? If so, what was the outcome? If not, is this something that the care provider needs to report?
- What supports did the individual receive at the time of the trauma experience?
- Does the individual currently need supports due to the impact of the trauma?
- Has the individual experienced a sense of justice regarding the trauma?

Rate the following indicators within the individual's lifetime.

SEXUAL ABUSE/ASSAULT
This indicator describes whether or not the individual has experienced sexual abuse/assault.

Questions to Consider:

- Has the individual (or their caregiver, if available and/or relevant) disclosed sexual abuse or sexual assault?
- Did the abuse or assault result in physical injury?

Ratings and Descriptions

NO There is no evidence that the individual has experienced sexual abuse or sexual assault.

YES The individual has experienced, in the past or currently, sexual abuse or sexual assault, or there is a suspicion that they have experienced sexual abuse or sexual assault – single or multiple episodes, or chronic over an extended period of time. The abuse or assault may have involved penetration, multiple perpetrators, and/or associated physical injury. This includes sexual abuse or assault that occurs in a relationship. Individuals with exposure to secondary sexual abuse or assault (e.g., witnessing sexual abuse or assault, having a family member sexually abused or assaulted) should be rated here.

Supplemental Information: Sexual trauma includes, but is not limited to, actual or threatened sexual violence or coercion (e.g., forced sexual penetration; alcohol/drug-facilitated nonconsensual sexual penetration; other unwanted sexual contact; and other unwanted sexual experiences not involving contact, such as being forced to watch pornography, exposure to the display of genitals by an exhibitionist, or being the victim of unwanted photography or videotaping of a sexual nature or the unwanted dissemination of these photographs of videos). (DSM 5-TR, pg. 305)

[Return to Table of Contents] [Return to Core Indicator List]

PHYSICAL ABUSE/ASSAULT

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

Questions to Consider:

- Was physical discipline used in the home? Currently? What forms?
- Is there interpersonal or partner violence or physical violence occurring in a romantic relationship?
- Has the individual ever received bruises, marks, or injury from another person?

Ratings and Descriptions

NO There is no evidence that the individual has experienced physical abuse or physical assault.

YES The individual has experienced, either in the past or currently, or there is a suspicion that they have experienced physical abuse or physical assault – mild to severe or repeated physical abuse or physical assault with sufficient physical harm requiring medical treatment.

[Return to Table of Contents] [Return to Core Indicator List]

NEGLECT

This indicator 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?
- Are the individual's basic needs for food and shelter being met?
- 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 have 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 who requires such supervision); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing), or to provide medical care or ensure academic instruction, on a regular basis.

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EMOTIONAL ABUSE

This indicator describes whether or not the individual has experienced verbal and/or nonverbal emotional abuse, including belittling, shaming, and humiliating the individual, calling names, making negative comparisons to others, or telling the individual that they are "no good." This indicator includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards the individual, and "emotional neglect," described as the denial of emotional attention and/or support from a romantic partner, spouse, caregiver, teacher, coach, employer, or supervisor, etc. Threats of abandonment of children are also rated here.

Questions to Consider:

- How do others talk to/interact with the individual?
- Is there name calling or shaming in the home?
- Has anyone's use of coercive control in the home impacted the individual's functioning in the past or currently?

Ratings and Descriptions

Rating	Description
NO	There is no evidence that the 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) either in the past or currently including: insults or occasionally being referred to in a derogatory manner, being denied emotional attention or completely ignored, or threatened/terrorized by others.

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MEDICAL TRAUMA

This indicator describes whether or not the individual has experienced medically related trauma, either in the past or currently, 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, urgent care, or stay overnight in the hospital?
- Did the individual find this medical experience to be upsetting or overwhelming?

Ratings and Descriptions

NO	There is no evidence that the individual has experienced any medical trauma.
YES	Individual has had a medical experience, either in the past or currently, 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 indicator considers 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. A life-threatening illness or debilitating medical condition is not necessarily considered a traumatic event. Traumatic events of this type include life-threatening medical emergencies (e.g., an acute myocardial infarction, anaphylactic shock) or a particular event in treatment that evokes catastrophic feelings of terror, pain, helplessness, or imminent death (e.g., waking during surgery). (DSM 5-TR, pg. 305) 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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NATURAL OR MANMADE DISASTER

This indicator describes the individual's exposure, in the past or currently, 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 or overhear others talking about these kinds of disasters?
- Has the individual been negatively impacted or are they currently being impacted by a natural or manmade disaster?

Ratings and Descriptions

NO There is no evidence that the individual has experienced, been exposed to or witnessed natural or manmade disasters either in the past or currently.

YES Individual has experienced, been exposed to or witnessed, either in the past or currently, natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire, earthquake, hurricanes, tornados, flash floods, or manmade disasters such as car accidents, plane crashes, or bombings; observing a family member who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster such as COVID-19 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., displacement, loss of employment, loss of a pet). A suspicion that the individual has experienced, been exposed to or witnessed, either in the past or currently, natural or manmade disasters either directly or second-hand would be rated here.

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FAMILY VIOLENCE

This indicator describes exposure to threats of violence and/or physical 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?
- Does coercive control from others impact the individual?

Ratings and Descriptions

NO There is no evidence the individual has experienced family violence.

YES Individual has experienced, or there is a suspicion that they have experienced family violence – single, repeated, or severe episodes, either in the past or currently. 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.

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COMMUNITY/SCHOOL VIOLENCE

This indicator describes the exposure to incidents of violence, verbal threats or property destruction that the individual has witnessed or experienced in their community. This includes witnessing violence at the individual's place of work, school or educational 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 place of work?

Ratings and Descriptions

NO There is no evidence that the individual has witnessed violence in the community, place of work or their school, either in the past or currently.

YES Individual has witnessed or experienced violence in their community, place of work or school, either in the past or currently, 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 or workplace as a result of violence; is the direct victim of violence/criminal activity in the community/school or workplace that was life threatening; or has experienced chronic/ongoing impact as a result of community/school or workplace 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, school or workplace would be rated here.

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CRIMINAL ACTIVITY

This indicator describes the individual's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including human trafficking, being exploited or victimized, drug dealing, 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 a victim of, or there is suspicion that they have been a victim of or have witnessed criminal activity either in the past or currently. 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 others, including a family member, 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 witnessed others being sexually abused/ assaulted or physically abused/assaulted to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific indicators. An individual who has witnessed drug dealing, assault or battery would also be rated on this indicator.

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WAR/TERRORISM AFFECTED

This indicator 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 family displaced?

Ratings and Descriptions

NO There is 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 as a combatant or civilian either in the past or currently. Examples include: Individual or 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 or detention 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 volunteered for the armed forces; 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 a war- or terrorism-affected region or refugee/detention camp, but whose family was affected by war/terrorism.

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).

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DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This indicator documents the extent to which an individual has had one or more major changes in caregivers or caregiving, potentially resulting in disruptions in attachment.

Questions to Consider:

- Has the individual ever lived apart from their parents/caregivers?
- Has the individual lost a parent/caregiver to death?

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 have been exposed to, either in the past or currently, 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. Children/youth who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the individual's caregiver remains the same, would not be rated on this indicator.

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PARENTAL CRIMINAL BEHAVIOR

This indicator describes the criminal behavior, currently or in the past, for both biological and stepparents, 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/guardians have ever engaged in criminal behavior.
YES	One or both of the individual's parents/guardians have a history of criminal behavior that was reported and/or resulted in a conviction or incarceration either in the past or currently. 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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SUPPORTING INFORMATION

Provide additional information on the type of trauma experienced by the individual (indicators rated 'YES') and the age of occurrence. The narrative should highlight the individual's needs as rated in the Trauma Exposures.

4. PRESENTING PROBLEM AND IMPACT ON FUNCTIONING

4A. PRESENTING SITUATION AND PRESENTING SYMPTOMS

Use the IM+CANS Behavioral/Emotional Needs, Trauma Stress Symptoms and Regulatory Functioning Module (for children under age 6) to identify the individual's presenting situation and presenting symptoms. Instructions for ratings as well as indicator descriptions are noted in each section.

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the individual. While the CANS 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.

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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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DEPRESSION

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

Questions to Consider:

- Is individual concerned about possible depression or chronic low mood and irritability?
- Has the individual withdrawn from normal activities?
- Does the individual seem lonely or not interested in others?

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 functioning that does not lead to pervasive avoidance behavior.

Ages 0-5: Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.

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

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.

Ages 0-5: Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions.

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 or work, recreational activities, friends or relationships with others, or family life. Disabling forms of depressive diagnoses would be rated here.

Supplemental Information: Depression is a disorder that is thought to affect about 7% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among children, particularly young children. [continues]

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DEPRESSION continued

The main difference between depression in children and youth and depression in adults is that among children and youth, hypersomnia (oversleeping) and hyperphagia (overeating) are more likely, and melancholic symptoms, particularly psychomotor disturbances, are more common in older individuals. (DSM 5-TR, pg. 189). Both youth and adults may use illicit drugs or overuse prescription drugs to self-medicate.

Common behaviors that may be observed or reported include depressed mood or the loss of interest or pleasure in all or nearly all activities for most of the day, changes in appetite or weight, sleep (inability to sleep or maintain sleep, or sleeping too much) and psychomotor activity; decreased energy; feelings of worthlessness or guilt; difficulty thinking, concentrating or making decisions; or thoughts of death, suicidal ideation, a suicide attempt, or a specific plan for suicidal behavior. (DSM 5-TR, pg. 185)

Although there is substantial cross-cultural variation in the prevalence, course and symptomatology of depression, a syndrome similar to major depressive disorder can be identified across diverse cultural contexts. Symptoms commonly associated with depression across cultural contexts include social isolation or loneliness, anger, crying, and diffuse pain. A wide range of other somatic complaints are common and vary by cultural context. Understanding the significance of these symptoms requires exploring their meaning in local social contexts. (DSM 5-TR, pg. 189-190)

Understanding depression in young children: An infant or young child that is attempting to cope with feelings of sadness or depression is compromised in their ability to attend to the tasks of development. Many clinicians and caregivers do not believe that an infant can experience depression, despite the fact that researchers and clinicians began documenting this condition in the early 1940s, when Anna Freud and Dorothy Burlingham recorded the reactions of young children removed from their parents during World War II. The two researchers documented a distinct grief reaction that started with protest, continued to despair, and finally, the children appeared disconnected, withdrawn, developmentally delayed, and almost resolved to their fate. A child that is traumatized in any way may first develop a traumatic response that can develop into depression and meet criteria for a depressive disorder. There are children in which it is difficult to identify a specific trauma, although they appear depressed. A child may experience depression that is not reactive in nature. At times it is a challenge for the caregiver to identify or even believe a specific environmental condition may contribute to depression in young children. These factors may include a chaotic home environment, poor or limited interaction from caregivers, or preoccupation of caregiver with their own stressors.

Potential presenting symptoms of depression in early childhood (ZTT, 2016)

- Depressed mood or irritability: sadness, crying, flat affect, and/or tantrums.
- Anhedonia: diminished interest in activities, such as play, and interactions with caregivers. In young children, anhedonia may present as decreased engagement, responsivity, and reciprocity.
- Significant change in appetite or failure to grow along the expected growth curve.
- Insomnia/sleep disturbances (trouble falling or staying asleep) or hyposomnia.
- Psychomotor agitation or sluggishness. [continues]

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DEPRESSION continued

- Fatigue or loss of energy.
- Feelings of worthlessness, excessive guilt, or self-blame in play or speech.
- Diminished ability to concentrate, persist, and make choices across activities.
- Preoccupation with themes of death or suicide or attempts at self-harm demonstrated in speech, play, and/or behavior.

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ANXIETY

This indicator describes evidence of symptoms associated with DSM 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 have any problems with anxiety or fearfulness?
- Is the individual avoiding normal activities out of fear?
- Does the individual act frightened or afraid?

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.*

History, suspicion, or evidence of some anxiety. 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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.

Supplemental information: As noted in the DSM, Anxiety Disorders share features of excessive fear (i.e., emotional response to real or perceived imminent threat) and anxiety (i.e., anticipation of future threat) and related behavioral disturbances (e.g., panic attacks, avoidance behaviors, restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, etc.) which cause significant impairment of functioning or distress. Anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation.

Common behaviors that may be observed or reported include excessive anxiety and worry (apprehensive expectation) where the intensity, duration or frequency of the worry is out of proportion to the actual likelihood or impact of the anticipated event. Children tend to worry excessively about their competence or quality of performance, and the focus of their worry may shift from one concern to another. Many individuals experience restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, and disturbed sleep. (DSM 5-TR, pg. 251) [continues]

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ANXIETY continued

Understanding anxiety in young children: Until recently, distressing anxiety in infants and young children was regarded either as a normative phase of development or a temperament style imparting risk for anxiety disorders, depression, and other mental health disorders later in life. It is now clear that early childhood anxiety and associated symptoms can reach clinical significance, cause significant impairment in young children and their families, and increase risk for anxiety and depression later in childhood and adulthood.

Potential presenting symptoms of anxiety in early childhood (ZTT, 2016)

- Worry about certain events
- Agitation
- Fatigability
- Inattention
- Irritability (e.g., easily frustrated)
- Muscle tension and difficulty relaxing
- Sleep disturbances
- Avoidance: Fear, reluctance, or refusal to engage in certain activities
- Withdrawing: freezing, shrinking, or clinging/hiding
- Failing to speak
- Crying and/or tantruming
- Negative affect
- Difficulty separating from familiar caregivers
- Difficulty with daily transitions
- Physical symptoms such as stomachaches, headaches, excessive sweating, increased heart rate, increased blinking, or dizziness

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE:

Axis I:

- Following a stressful event, traumatic experience, and/or permanent loss of a primary caregiver, a rating of '2' or '3' may be consistent with symptoms of **Adjustment Disorder**, **PTSD**, and **Complicated Grief Disorder of Early Childhood**, respectively *(see Adjustment to Trauma indicator).*
- When anxiety is related to interference with a child's compulsions (repetitive behaviors that children are driven to perform according to rigid rules), a rating of '2' or '3' may be consistent with symptoms of **Obsessive-Compulsive Disorder.**
- When anxiety is related to separation from the primary caregiver, a rating of '2' or '3' may be consistent with a diagnosis of **Separation Anxiety Disorder** *(see Attachment).*
- When anxiety is related to social or performance situations that involve exposure to unfamiliar people or possible scrutiny by others, a rating of '2' or '3' may be consistent with a diagnosis of **Social Anxiety Disorder (Social Phobia).** [continues]

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ANXIETY continued

- When anxiety manifests as a failure to speak in specific social situations (despite being able to speak in other situations), a rating of ‘2’ or ‘3’ may be consistent with a diagnosis of **Selective Mutism.**
- When anxiety is related to the presence of novel/unfamiliar objects, people, and situations, a rating of ‘2’ or ‘3’ may be consistent with **Inhibition to Novelty Disorder.**
- When anxiety and worry occur during two or more activities or settings and within two or more relationships, a rating of ‘2’ or ‘3’ may be consistent with a diagnosis of **Generalized Anxiety Disorder (GAD).**

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EATING DISTURBANCE

This indicator describes problems with eating, including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating, eating non-nutritive substances, and hoarding food.

Questions to Consider:

- How does the individual feel about their body?
- Do they seem to be overly concerned about their weight?
- Do they ever refuse to eat, binge eat, or hoard food?
- Has the individual ever been hospitalized for eating related issues?

Ratings and Descriptions

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

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 to maintain below normal weight. This level could also include more notable binge eating episodes with compensatory behaviors to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising) as well as binge eating without compensatory behaviors. This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).

Ages 0-5: Infant/young child has problems with eating that impair their functioning. Infants may be finicky eaters, spit food or overeat. Infants may have problems with oral motor control. Young children may overeat, have few food preferences and not have a clear pattern of when they eat.

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 and/or emaciated appearance where hospitalization is required or excessive binge-purge behaviors (at least once per day).

Ages 0-5: Infant/young child has problems with eating that put them at-risk developmentally. The young child and family are very distressed and unable to overcome problems in this area.

[continues]

EATING DISTURBANCE continued

Supplemental Information: Eating disorders are characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or functioning. (DSM 5-TR, pg. 371)

Common behaviors that may be observed or reported:

- Avoidant/Restrictive Food Intake Disorder includes avoidance or restriction of food intake based on sensory characteristics of food resulting in significant weight loss, significant nutritional deficiency (or related health impact), dependence on enteral feeding or oral nutritional supplements, or interference with functioning. (DSM 5-TR, pg. 376)
- Anorexia Nervosa includes persistent energy intake restriction, intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain (e.g., purging, excessive exercise, self-induced vomiting, misuse of laxatives, diuretics, enemas), disturbance of self-perceived weight or shape; when seriously underweight – depressed mood, social withdrawal, irritability, insomnia, and diminished interest in sex. (DSM 5-TR, pgs. 382-383)
- Bulimia Nervosa includes recurrent episodes of binge eating, recurrent inappropriate compensatory behaviors to prevent weight gain, and self-evaluation that is unduly influenced by body shape and weight. (DSM 5-TR, pg. 388)

Understanding eating behaviors in early childhood: Like sleep, eating behaviors are among the most common reasons caregivers of young children seek intervention. Some 25-40% of infants and young children are reported by their caregivers to have eating problems – mainly slow feeding, refusal to eat, picky eating, or vomiting. It can be helpful to make note of the caregiver's interaction style during feeding, which can be defined as: responsive, controlling, indulgent, or neglectful. In addition, it can also be helpful to note the child's interaction style, which may be defined as cooperative, resistant (e.g., turning the head away from food), or conflicted (e.g., throwing food) (ZTT, 2016).

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ADJUSTMENT TO TRAUMA*

This indicator is used to describe the individual who is having difficulties adjusting to a traumatic experience, as defined by the individual. This is an indicator where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

Questions to Consider:

- Has the individual experienced a traumatic event?
- Does the individual experience frequent nightmares? Are they troubled by flashbacks?
- How is the individual adjusting to the trauma? What are their current coping skills?

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

Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment or relationships. Adjustment is interfering with individual's functioning in at least one life domain.

Ages 0-5: Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavior symptoms, tantrums, and withdrawn behavior.

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).

[continues]

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [A] Traumatic Stress Symptoms Module.**

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ADJUSTMENT TO TRAUMA continued

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

- An individual who meets diagnostic criteria for a Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders from DSM 5-TR as a result of their exposure to traumatic/adverse childhood experiences would be rated a '2' or '3' on this indicator.
- This indicator should be rated '1,' '2' or '3' for individuals who have any type of symptoms/needs that are related to their exposure to a traumatic/adverse event. These symptoms should also be rated in the Traumatic Stress Symptoms Module.

For Adolescent Adoptees: Most adolescents are focused on developing their sense of identity and exploring who they are and what they want to become. For adopted teens this process can be more complex as they must integrate the influences of their adoptive and birth families without always knowing fully what those influences are. Thus, for some adolescents, adjustment to trauma behaviors may be related to their adoption and should be considered when rating this indicator.

Understanding adjustment to trauma in early childhood: Young children are at a particularly high risk for exposure to potentially traumatic events due to their dependence on parents and caregivers, with an estimate that more than half of young children experience a severe stressor. Young children are especially vulnerable to adverse effects of trauma due to rapid developmental growth during this stage. Historically, a widely held misconception has been that infants and young children lack the perception, cognition, and social maturity to remember or understand traumatic events.

Today, it is widely accepted that children have the capacity to perceive and remember traumatic events; young children may experience symptoms of mental illness immediately after a trauma, but in some cases, symptoms do not emerge until years later. PTSD, anxiety disorders, behavior disorders, substance abuse, and other physical health conditions have all been linked to traumatic events experienced during early childhood.

Children younger than 6 years of age are experiencing rapid developmental changes, which can make the process of identifying symptoms of trauma more challenging. In addition, trauma reactions can manifest in many ways in young children with variance from child to child. A number of factors that influence how experience of trauma may affect young children include:

- economic resources & residential stability
- parental stress and mental health
- parenting practices
- family functioning
- safety and stability of family environment
- temperament and emotional regulation skills
- age and developmental stage
- type and duration of traumatic experiences [continues]

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ADJUSTMENT TO TRAUMA continued

Potential presenting symptoms of Traumatic Stress in young children (ZTT, 2016)

- **Re-experiencing** the traumatic event
  - Play or behavior that reenacts aspects of the trauma
  - Repeated statements or questions about the trauma
  - Repeated nightmares, content may or may not be linked to traumatic event
  - Distress at reminders of traumatic event
  - Physiological reaction (sweating, agitated breathing, change in color) at reminders of the event
- **Dissociative episodes**: child freezes, stills, or stares and is unresponsive to environmental stimuli
- **Avoiding** people, places, activities, conversations, or interpersonal situations that are reminders of the event
- **Dampening of positive emotional affect**
  - Increased social withdrawal
  - Reduced expression of positive emotions
  - Reduced interest in activities such as play and social interaction
  - Increased fearfulness or sadness
- **Hyperarousal**
  - Sleep refusal and/or other sleep disturbances (including trouble falling asleep, night waking, etc.)
  - Difficulty concentrating
  - Hypervigilance
  - Exaggerated startle response
  - Irritability, anger, extreme fussiness, and/or temper tantrums

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE:

Axis I

- Following a traumatic event, a rating of ‘2’ or ‘3’ may be consistent with a diagnosis of **Posttraumatic Stress Disorder (PTSD).**
- Following the permanent loss of a primary attachment figure/caregiver, a rating of ‘2’ or ‘3’ may be consistent with symptoms of **Complicated Grief Disorder of Early Childhood.**
- For infants or young children who do not meet the diagnostic criteria for PTSD or Complicated Grief, a rating of ‘2’ may be consistent with a diagnosis of **Adjustment Disorder.**

Axis IV

- Information gathered as part of assessing traumatic events the child may have experienced can be used as part of documenting concerns within Axis IV: Psychosocial Stressors.

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[A] TRAUMATIC STRESS SYMPTOMS MODULE (ALL AGES)

These indicators describe dysregulated reactions or symptoms that children, youth and adults may exhibit to any of the variety of traumatic experiences.

Question to Consider for this Module: How is the individual responding to traumatic events?

For the **Traumatic Stress Symptoms Module,** 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This indicator describes the individual's ability to respond to the demands of experience with a range of emotions in a way that is socially appropriate, flexible enough to allow for spontaneous reaction and able to delay reaction as necessary. Consider both facial affect, physical movement and physiological processes.

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 problems with emotional or physical regulation. 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).

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). Alternately the individual may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally 'shut down'). The individual may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems. [continues]

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EMOTIONAL AND/OR PHYSICAL DYSREGULATION continued

Supplemental Information: This indicator is a core symptom of trauma and is particularly notable among individuals who have experienced complex trauma (or chronic, interpersonal traumatic experiences). This 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.

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INTRUSIONS/RE-EXPERIENCING

This indicator describes intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.

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?

Ratings and Descriptions

0 There is no evidence that the individual experiences intrusive thoughts of trauma.

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 reenactments 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 reenactments 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. According to the DSM 5-TR, intrusion symptoms include: (1) recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). In children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed. (2) Recurrent distressing dreams in which the content and/or affect of the dream are related to the event(s). In children, there may be frightening dreams without recognizable content. (3) Intense or prolonged psychological distress marked by physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic events (pg. 303).

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HYPERAROUSAL

This indicator includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Individual may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Questions to Consider:

- Does the individual feel more jumpy or irritable than is usual?
- Does the individual have difficulty relaxing and/or have an exaggerated startle response?
- Does the individual have stress-related physical symptoms: stomachaches or headaches?
- Do these stress-related symptoms interfere with the individual's ability to function?

Ratings and Descriptions

0 Individual has no evidence of hyperarousal symptoms.

1 History or evidence of hyperarousal that does not interfere with daily functioning. Individual may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.

2 Individual exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Individuals who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the individual (and/or caregiver when applicable) and negatively impacts day-to-day functioning.

3 Individual exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the individual (and/or caregiver when applicable) and impede day-to-day functioning in many life areas.

Supplemental Information: Individuals may be very reactive to unexpected stimuli, displaying a heightened startle response, or jumpiness, to loud noises or unexpected movements (e.g., jumping markedly in response to a telephone ringing). Startle responses are involuntary and reflexive (automatic, instantaneous), and stimuli that evoke exaggerated startle responses need not be related at all to the traumatic event. Concentration difficulties, including difficulty remembering daily events (e.g., forgetting one's telephone number) or attending to focused tasks (e.g., following a conversation for a sustained period of time), are commonly reported. Problems with sleep onset and maintenance are common and may be associated with nightmares and safety concerns or with generalized elevated arousal that interferes with adequate sleep. (DSM 5-TR, pg. 307)

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ATTACHMENT DIFFICULTIES

This indicator should be rated within the context of the individual's significant relationships. For a child or youth, this indicator includes parental or caregiver relationships.

Questions to Consider:

- Does the individual struggle with separating from significant others?
- Does the individual approach or attach to strangers in indiscriminate ways?
- Does the individual have the ability to make healthy attachments to others or are their relationships marked by intense fear or avoidance? Do they have age- or developmentally inappropriate overdependence?
- Does the child have separation anxiety issues that interfere with ability to engage in childcare or preschool?

Ratings and Descriptions

0 No evidence of attachment problems. Interpersonal relationships with significant others are characterized by mutual satisfaction of needs and development of a sense of security and trust. Individual seeks age-appropriate contact with caregiver for both nurturing and safety needs.

1 Some history or evidence of insecurity within the individual's relationships with significant others. 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. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.

2 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. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others, putting them at risk.

3 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. Infant/child may be unable to separate or be calmed following a separation from caregiver. Older children may have a disabling separation anxiety or exhibit extremely controlling behaviors with caregiver. Children whose indiscriminate boundaries put them in danger would be rated here. Children diagnosed with Reactive Attachment Disorder would be rated here. [continues]

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ATTACHMENT DIFFICULTIES continued

Supplemental Information: Understanding attachment in early childhood: Attachment refers to the special relationship between a child and their primary caregiver(s) that is established within the first year of life. As the infant experiences getting their needs met throughout the first months of life, they begin to associate gratification and security within the care-giving relationship. This ultimately leads to feelings of affection, and, by 8 months of age, an infant will typically exhibit preference for the primary caregiver(s). An infant that does not experience their needs being met or responded to in a consistent and predictable pattern will typically develop an insecure pattern of attachment. The benefits of a secure attachment have been researched significantly and are far reaching. Levy (1998) summarizes these benefits as promoting positive development in self-esteem, independence and autonomy, impulse control, conscience development, long-term friendships, prosocial coping skills, relationships with caregivers and adults, trust, intimacy and affection, empathy, compassion, behavioral and academic performance and the ability to form secure attachment with their own children when they become adults. However, it is important to note that most studies on attachment and its impacts have been done with Western, middle-class families (Keller, 2018).

Potential presenting symptoms of attachment issues in early childhood:

- Lack of preference for primary caregiver
- Indiscriminate affection with unfamiliar adults
- Lack of expectation for getting needs met
- Lack of comfort seeking when hurt or upset
- Comfort seeking in an odd manner
- Excessive clinginess
- Poor ability to tolerate separation
- Strange or mixed reactions to reunion with caregiver
- Low level of compliance with caregivers
- Controlling behavior
- Lack of exploratory behavior
- Low level of affection or physical contact within the caregiver-child relationship

It is important to remember that individual children, and children from different cultures and family backgrounds, may show secure or insecure attachment differently. Adults should observe children to see how they express whether they feel secure or not, but recognize that in some cultures and families, feelings may not be expressed as openly as in other cultures. In addition, some cultures encourage their children to be independent, so for these children, playing independently may not mean that they are withdrawing from relationships (Wittmer, 2011). [continues]

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ATTACHMENT DIFFICULTIES continued

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE:

Axis I

- When following the permanent loss of a primary caregiver/attachment figure, a rating of 2 or 3 related to poor ability to tolerate separation may be a symptom of **Complicated Grief Disorder of Early Childhood.**
- A rating of 2 or 3 related to poor ability to tolerate separation may be consistent with a diagnosis of **Separation Anxiety Disorder.**
- A rating of 2 or 3 related to indiscriminate affection with unfamiliar adults may be consistent with a diagnosis of **Disinhibited Social Engagement Disorder.**
- A rating of 2 or 3 specific to one caregiver may be consistent with a diagnosis of **Relationship Specific Disorder.**
- When following severe social neglect, a rating of 3 may be consistent with symptoms of **Reactive Attachment Disorder.**

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TRAUMATIC GRIEF & SEPARATION

This indicator 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 their functioning?

Ratings and Descriptions

0 There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant others. 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 other 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 or work) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

Supplemental Information: When the traumatic event involves the violent death of someone with whom the individual had a close relationship, symptoms of both prolonged grief disorder and PTSD may be present. (DSM5-TR, pg. 308)

Children and youth involved in child welfare can also experience traumatic grief. They may experience difficult feelings related to separation from their parents or other important people in their life; not all, however, experience traumatic grief. Those who experience traumatic grief may be preoccupied with the separation from their parents such that it inhibits their ability to function appropriately in one or more areas. The symptoms may be behavioral, emotional or cognitive and if it is observed that these symptoms are not diminishing or going away with normal passage of time, score this indicator as a '2' or '3.' There must be some evidence of a problematic reaction in order to rate a '1' on this indicator.

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NUMBING

This indicator 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.

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DISSOCIATION

This indicator includes symptoms such as daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid personality changes often associated with traumatic experiences.

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 dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.

2 Individual exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization.

3 Individual exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Individual is 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.

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AVOIDANCE

This indicator describes efforts to avoid stimuli associated with traumatic experiences.

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

Rating	Description
0	Individual exhibits no avoidance symptoms.
1	Individual may have history of or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
2	Individual exhibits avoidance symptoms that interfere with their functioning in at least one life domain. 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's avoidance symptoms are debilitating. Individual may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

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End of the Traumatic Stress Symptoms Module

ATYPICAL/REPETITIVE BEHAVIORS*

This indicator describes ritualized or stereotyped behaviors (where the individual repeats certain actions over and over again) or demonstrates behaviors that are unusual or difficult to understand.

Questions to Consider:

- Does the individual exhibit behaviors that are unusual or difficult to understand?
- Does the individual engage in certain repetitive actions?
- Are the unusual behaviors or repeated actions interfering with the individual's functioning?

Ratings and Descriptions

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

No evidence of atypical behaviors (repetitive or stereotyped behaviors) by the individual.

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

Atypical behaviors (repetitive or stereotyped behaviors) are reported by others including caregivers or familiar individuals that may have mild or occasional interference in the individual's functioning.

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

Atypical behaviors (repetitive or stereotyped behaviors) are generally noticed by unfamiliar people and have notable interference in the individual's functioning.

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

Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency and are disabling or dangerous.

Supplemental Information: Stereotyped or repetitive behaviors include simple motor stereotypies (e.g., hand flapping, finger flicking), repetitive use of objects (e.g., spinning coins, lining up toys), and repetitive speech (e.g., echolalia, the delayed or immediate parroting of heard words; use of "you" when referring to oneself; stereotyped use of words or phrases or prosodic patterns). Excessive adherence to routines and restricted patterns of behavior may be manifest in resistance to change (e.g., distress at apparent small changes, such as taking an alternative route to school or work; insistence on adherence to rules; rigidity of thinking) or ritualized patterns of verbal or nonverbal behavior (e.g., repetitive questioning, pacing a perimeter). DSM 5-TR, pg. 61 [continued]

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ATYPICAL/REPETITIVE BEHAVIORS continued

Understanding atypical or restricted and repetitive behaviors (RRB) in early childhood – Restricted and repetitive behaviors (RRBs) have long been considered one of the core characteristics of autism. In the past, RRBs were thought to be rare in preschoolers or toddlers with autism. This assumption has been challenged in recent studies that reported the presence of RRBs in preschoolers, toddlers, and even infants as young as 8 months later diagnosed with autism. However, at young ages, RRBs are not unique to children with autism spectrum disorders (ASD) but are also present in children with other disorders, such as intellectual disabilities and language disorders, and are present in children with typical development as well (Kim & Lord, 2010).

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE:

Axis I

- A rating of '2' or '3' may be consistent with symptoms of **Autism Spectrum Disorder (ASD)** or **Early Atypical Autism Spectrum Disorder (EAASD)**.
- When children are engaging in atypical behaviors in order to reduce distress or anxiety, a rating of '2' or '3' may be consistent with symptoms of **Obsessive-Compulsive Disorder (OCD)**. Some of the most common atypical behaviors associated with OCD, called compulsions, are washing, checking, repeating, ordering/arranging, counting, tapping, and rubbing.
- A rating of '2' or '3' related to hair pulling or skin picking may be consistent with diagnoses of **Trichotillomania** and/or **Skin Picking Disorder of Early Childhood**, respectively.
- When atypical behaviors are nonrhythmic (tics), a rating of '2' or '3' may be consistent with a diagnosis of **Tourette's Disorder** or **Motor or Vocal Tic Disorder.**

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

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[B] DEVELOPMENTAL NEEDS MODULE (All AGES)

These indicators describe the individual's level of functioning and helps to identify developmental needs.

Question to Consider for this Module: At what developmental level is the individual's current functioning?

For the **Developmental Needs Module,** 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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COGNITIVE

This indicator describes cognitive impairment characterized by deficits in general mental abilities such as: reasoning, problem solving, planning, processing information, and abstract thinking.

Questions to Consider:

- Are there concerns that the difficulties in the individual's functioning are due to cognitive delays?
- 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.

Age 0-5: Infant/child has some indicators that cognitive skills are not appropriate for age or are at the lower end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time

1 Individual has mild intellectual disability. IQ is between 55 and 69.

Age 0-5: Infant/child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.

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

Age 0-5: Infant/child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/child is completely reliant on caregiver to function.

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DEVELOPMENTAL

This indicator describes the level of developmental delay/disorders that are present.

Questions to Consider:

- Is the individual progressing developmentally in a way similar to peers of the same age?
- Has the individual been diagnosed with a developmental disorder?

Ratings and Descriptions

Rating	Description
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 Syndrome, Down Syndrome, or other significant developmental delay.
3	Severe developmental disorder. Individual's development is at risk without intervention.

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SELF-CARE DAILY LIVING SKILLS

This indicator aims to describe the individual's ability and motivation to engage in developmentally-appropriate self-care tasks such as 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 themselves?

Ratings and Descriptions

Rating	Description
0	Individual's self-care skills appear age appropriate. There is no reason to believe that the individual has any problems performing the basic activities of daily living.
1	Individual requires some assistance on self-care tasks. Development in this area may be slow. **Age 0-5:** Infants may require greater than expected level of assistance in eating and may demonstrate a lack of progression in skills.
2	Individual requires assistance (e.g., physical prompting) on self-care tasks or attendant care on one self-care task (e.g., bathing, dressing, toileting) and/or does not appear to be developing the needed skills in this area.
3	Individual is not able to function independently in this area. Individual requires attendant care on more than one of the self-care tasks (e.g., bathing, dressing, and toileting).

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AUTISM SPECTRUM

This indicator describes the presence of autism spectrum disorder.

Questions to Consider:

- Does the child have any symptoms of autism spectrum disorder?
- Does the child have a previous diagnosis of autism spectrum disorder?

Ratings and Descriptions

0 There is no history of autism spectrum disorder symptoms.

1 Evidence of a low-end autism spectrum disorder. The individual may have had symptoms of autism spectrum disorder, but those symptoms were below the threshold for an autism diagnosis and did not have significant effect on development.

2 Individual meets criteria for a diagnosis of autism spectrum disorder. Symptoms are impairing individual's functioning in one or more areas and requires intervention.

3 Individual meets criteria for a diagnosis of autism spectrum disorder and has high end needs to treat or manage, and/or severe or disabling symptoms.

Supplemental Information: The essential features of autism spectrum disorder are persistent impairment in reciprocal social communication and social interaction, and restricted, repetitive patterns of behavior, interest, or activities. (DSM 5-TR, pg. 60)

First symptoms of autism spectrum disorder [in children] frequently involve delayed language development, often accompanied by a lack of social interest or unusual social interaction (e.g., pulling individuals by the hand without any attempt to look at them), odd play patterns (e.g., carrying toys around but never playing with them), and unusual communication patterns (e.g., knowing the alphabet but not responding to own name). During the second year [of life], odd and repetitive behaviors and the absence of typical play become more apparent. (DSM 5-TR, pg. 63)

Many adults [with autism spectrum disorder] report using compensation strategies and coping mechanisms to mask their difficulties in public but suffer from the stress and effort of maintaining a socially acceptable façade. Relatively little is known about old age in autism spectrum disorder, but higher rates of co-occurring medical conditions have been documented in the literature. (DSM5-TR, pg. 64)

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SENSORY (AGES 6+)

This indicator describes the individual's sensory functioning and development. Sensory functioning includes the ability to use all senses including vision, hearing, smell, touch, and kinesthetic.

Questions to Consider:

- Does the individual have hearing or visual impairment?
- Does the individual become easily overwhelmed by sensory stimuli?

Ratings and Descriptions

0 The individual's sensory functioning appears normal. There is no reason to believe that the individual has any problems with sensory functioning.

1 Individual may have a mild impairment on a single sense (e.g., mild hearing deficits, correctable vision problems).

2 Individual may have a moderate impairment on a single sense or mild impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).

3 Individual has a significant impairment on one or more senses (e.g., profound hearing or vision loss).

NA Do not rate for 0 to 5 years old. For ages 0-5 rate the Sensory indicator in the Life Functioning Domain.

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MOTOR (AGES 6+)

This indicator describes the individual's fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, and walking) motor functioning.

Questions to Consider:

- Does the individual meet motor-related developmental milestones?
- Does the individual show any fine or gross motor skill difficulties?

Ratings and Descriptions

Rating	Description
0	The individual’s development of fine and gross motor functioning appears normal. There is no reason to believe that the individual has any problems with gross motor functioning.
1	Individual may have some fine (e.g., using scissors) or gross motor skill deficits. Individual has exhibited delayed sitting, standing, or walking, but has since reached those milestones.
2	Individual has motor deficits that impact their functioning. A non-ambulatory individual with fine motor skills (e.g., reaching, grasping) or an ambulatory individual with severe fine motor deficits would be rated here.
3	Individual has motor deficits that place them at risk. A non-ambulatory individual with additional movement deficits would be rated here.
NA	Do not rate for 0 to 5 years old. For ages 0-5 rate the Motor indicator in the Life Functioning Needs Domain.

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REGULATORY (AGES 6+)

This indicator refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, the ability to moderate intense emotions without the use of aggression, and the ability to be consoled.

Questions to Consider:

- Does the individual have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities?
- Does the individual have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school/work or play/recreation?
- For children: Does the child require more adult supports to cope with frustration than other children in similar settings? Does the child have more distressing tantrums or yelling fits than other children? Does the child respond with aggression when they are upset?

Ratings and Descriptions

0	Strong evidence the individual is developing strong self-regulation capacities, or the individual does not have problems with self-regulation.
1	Individual has mild problems with self-regulation (e.g., unusually intense activity level, mild or transient irritability).
2	Individual has profound problems with self-regulation that places their safety, well-being, and/or development at risk (e.g., individual cannot be soothed at all when distressed; child cannot feed properly).
3	Individual has problems with self-regulation that places their safety, well-being, and or development at risk.
NA	Do not rate for 0 to 5 years old. For ages 0-5 rate the Regulatory indicator in the Life Functioning Needs Domain.

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End of Developmental Needs Module

REGULATORY (AGES 0-5)

This indicator refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, the ability to moderate intense emotions without the use of aggression, and the ability to be consoled.

Questions to Consider:

- Does the child have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities?
- Does the child have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play/recreation?
- Does the child require more adult supports to cope with frustration than other children in similar settings? Does the child have more distressing tantrums or yelling fits than other children? Does the child respond with aggression when they are upset?

Ratings and Descriptions

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

Strong evidence the child is developing strong self-regulation capacities, or the child does not have problems with self-regulation. This is indicated by the capacity to fall asleep, and regular patterns of feeding and sleeping. Infants can regulate breathing and body temperature, can move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/pacifier to be soothed, and move toward regulating themselves (e.g., the infant can begin to calm to caregiver's voice before being picked up). Toddlers can make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.

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

Child has mild problems with self-regulation (e.g., unusually intense activity level, mild or transient irritability). At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but the caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed.

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

Child has profound problems with self-regulation that places their safety, well-being, and/or development at risk (e.g., individual cannot be soothed at all when distressed; child cannot feed properly). Concern in one or more areas of regulation: sleep, crying, feeding, tantrums/ aggression, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed. [continues]

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REGULATORY continued

3 *Need is dangerous or disabling; requires immediate and/or intensive action*.
Child has problems with self-regulation that places their safety, well-being, and or development at risk. Concern in two or more areas of regulation, including but not limited to difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self-soothe, sensitivity, and/or aggressive responses to environmental or emotional stressors.

NA Individual is 6 years old or older.

Supplemental Information – Understanding self-regulation in young children: Early childhood is a period of rapid brain development that paves the way for the growth of self-regulation skills. Supporting self-regulation development in early childhood is an investment in later success because stronger self-regulation predicts better performance in school, better relationships with others, and fewer behavioral difficulties. Moreover, the ability to regulate thoughts, feelings, and actions helps children successfully negotiate many of the challenges they face, promoting resilience in the face of adversity.

During the first years of life, caregivers are particularly central to development. Young children are dependent upon their caregivers to create a safe, nurturing, and appropriately stimulating environment so they can learn about the world around them. There are three broad categories of support that caregivers can provide to young children to help them develop the foundational self-regulatory skills that they will need to get the best start in life. Together, these describe the supportive process of "co-regulation" between adults and children:

- Provide a warm, responsive relationship
- Structure the environment to make self-regulation manageable
- Teach and coach self-regulation skills through modeling, instruction, and opportunities for practice (Rosanbalm & Murray, 2017).

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FAILURE TO THRIVE (Ages 0-5)

This indicator describes the presence of problems with weight gain or growth.

Questions to Consider:

- Does the child have any problems with weight gain or growth either now or in the past?
- Are there any concerns about the child's eating habits?
- Does the child's doctor have any concerns about the child's growth or weight gain?

Ratings and Descriptions

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

No evidence of failure to thrive.

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

The child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The child may presently be experiencing slow development in this area.

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

The child is experiencing problems in their ability to maintain weight or growth. The child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th).

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

The child has one or more of all of the above and is currently at serious medical risk.

NA Individual is 6 years old or older.

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OPPOSITIONAL BEHAVIOR/NON-COMPLIANCE WITH AUTHORITY (AGES 3 thru 18)
This indicator describes the child/youth's relationship with authority figures. Generally oppositional behavior – argumentative/defiant behavior or vindictiveness – is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth.

Questions to Consider:

- Does the child/youth follow their caregivers' rules?
- Have teachers or other adults reported that the child/youth does not follow rules or directions?
- Does the child/youth argue with adults when they try to get the child/youth to do something?
- Does the child/youth do things that they have been explicitly told not to do?

Ratings and Descriptions

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

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM 5-TR would be rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

NA Individual is younger than 3 years old or 19 years old or older.

Supplemental Information: Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance with authority rather than inflicting damage and hurting others.

- A '0' is used to indicate that a child or youth is generally compliant, recognizing that all children and youth fight authority sometimes.
- A '1' is used to indicate a problem that has started recently (in the past 6 months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention. [continues]

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OPPOSITIONAL BEHAVIOR/NON-COMPLIANCE WITH AUTHORITY continued

- A ‘2’is used to indicate oppositional behavior that is impacting the child/youth’s functioning and is causing emotional harm to others.
- A ‘3’ should be used only for children and youth whose oppositional behavior puts them at some physical peril.

Symptoms associated with **Oppositional Defiant Disorder** as described in the DSM 5-TR: A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months and including 4 symptoms from any of the following categories:

- Angry/Irritable Mood: (1) often loses temper; (2) often touchy or easily annoyed; (3) often angry and resentful.
- Argumentative/Defiant Behavior: (4) often argues with authority figures/adults; (5) often actively defies or refuses to comply with adult’s requests or rules; (6) often deliberately annoys others; (7) often blames others for their mistakes or misbehavior.
- Vindictiveness: (8) has been spiteful or vindictive at least twice in the last 6 months.

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IMPULSIVITY/HYPERACTIVITY (AGES 3+)

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention Deficit/Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM 5-TR.

Questions to Consider:

- Does the individual's impulsivity put them at risk?
- How has the individual's impulsivity impacted their life?
- Is the individual able to control themselves?
- Does the individual report feeling compelled to do something despite negative consequences?

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.*

This is a history or evidence of some impulsivity evident in action or thought that places 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual's functioning in at least one life domain. This indicates an individual with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, employers, etc.). 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 themselves or others without thinking.

NA Individual is younger than 3 years old.

Supplemental Information: This indicator is designed to allow for the description of the individual's ability to control their own behavior, including impulsiveness, hyperactivity and/or distractibility. If an individual has been diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) and disorders of impulse control, this may be rated here. Individuals with impulse problems tend to engage in behavior without thinking, regardless of the consequences. [continues]

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IMPULSIVITY/HYPERACTIVITY continued

A '3' on this indicator is reserved for those whose lack of control of behavior has placed them in physical danger during the period of the rating. Consider the individual's environment when rating (e.g., bored kids tend to be impulsive kids).

ADHD is characterized by either frequently displayed symptoms of inattention (e.g., difficulty sustaining attention, not seeming to listen when spoken to directly, losing items, forgetful in daily activities, etc.), or hyperactivity or impulsivity (e.g., fidgety, difficulty playing quietly, talking excessively, difficulty waiting their turn, etc.) to a degree that it causes functioning problems.

Understanding attention, hyperactivity, and impulsivity in young children: Symptoms of ADHD are among the most common reasons for referral to mental health professionals in early childhood. Although young children have higher levels of inattention, hyperactivity, and impulsivity than older children, some young children present with extremes of these patterns even at early ages.

Potential presenting symptoms of inattention in early childhood (ZTT, 2016)

- Being inattentive to details in play, activities of daily living or structured activities (e.g., makes developmentally unexpected accidents or mistakes)
- Having a hard time maintaining focus on activities or play
- Failing to attend to verbal requests/demands, especially when engaged in a preferred activity (e.g., caregiver needs to call the young child's name multiple times before the child notices)
- Getting derailed when attempting to follow multistep instructions and does not complete the activity
- Having a hard time executing age-appropriate sequential activities (e.g., getting dressed, following routines in childcare or home)
- Avoiding or objecting to activities that require prolonged attention (e.g., reading a book with a parent, or working on a puzzle)
- Losing track of things that are used regularly (e.g., favorite stuffed animal, shoes)
- Getting distracted by sounds and sights (e.g., sounds from another room or objects or activities outside the window)
- Seeming to forget what they are doing in common routine activities

Potential presenting symptoms of hyperactivity/impulsivity in early childhood (ZTT, 2016)

- Squirming or fidgeting when expected to be still, even for short periods of time
- Getting up from seat during activities when sitting is expected (e.g., circle time, mealtime, worship)
- Climbing on furniture or other inappropriate objects
- Making more noise than other young children, and having difficulty playing quietly
- Showing excessive motor activity and non-directed energy (as if "driven by a motor")
- Talking too much
- Having a hard time taking turns in conversation or interrupts others in conversation (e.g., talks over others)
- Having difficulty taking turns in activities or waiting for needs to be met
- Being intrusive in play or other activities (e.g., takes over toys or activities from other young children, interrupts an established game) [continues]

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IMPULSIVITY/HYPERACTIVITY continued

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE:

Axis I

- Following a traumatic event, a rating of ‘2’ or ‘3’ related to Inattention and/or Hyperactivity may be consistent with symptoms of **Post-Traumatic Stress Disorder (PTSD)** *(see Adjustment to Trauma indicator).*
- A rating of ‘2’ or ‘3’ related to both Inattention and Hyperactivity may be consistent with a diagnosis of **Attention Deficit Hyperactivity Disorder (ADHD) or Overactivity Disorder of Toddlerhood (OADT).**
- A rating of ‘2’ or ‘3’ related to Inattention may be consistent with symptoms of **Depressive Disorder of Early Childhood** *(see Depression indicator).*

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ANGER CONTROL/FRUSTRATION TOLERANCE (AGES 3+)

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

Questions to Consider:

- How does the individual control their emotions?
- Do they get upset or frustrated easily?
- Do they overreact if someone criticizes or rejects them?
- Does the individual seem to have dramatic mood swings?

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, or evidence of some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers, co-workers and family are aware of and may attempt to avoid stimulating angry outbursts.

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

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, co-workers and/or school. 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.

NA Individual is younger than 3 years old.

Supplemental Information -- Understanding aggression in young children: In the early childhood period, infants and young children are learning important skills about asserting themselves, communicating their likes and dislikes, and acting independently (as much as they can!). At the same time, they still have limited self-control. As a result, aggressive behaviors in early childhood are not uncommon and are often the reason parents seek assistance for their children.

Like most aspects of development, there is a wide variation among children when it comes to acting out aggressively. Children who are intense and "big reactors" tend to have a more difficult time managing their emotions than children who are by nature more easygoing. Big reactors rely more heavily on using their actions to communicate their strong feelings. In addition, patterns of aggressive behaviors can change throughout development; aggression (hitting, kicking, biting, etc.) usually peaks around age two, a time when toddlers have very strong feelings but are not yet able to use language effectively to express themselves. [continues]

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ANGER CONTROL/FRUSTRATION TOLERANCE continued

In some cases, aggressive behaviors may emerge when a child is experiencing emotional distress, such as after an experience of trauma or within the context of relational challenges with caregivers.

Aggressive moments can be extremely challenging for parents, as parents may expect that their child is capable of more self-control than they really are. This stage of development can be very confusing for parents because while a young child may be able to tell you what the rule is, they still do not always have the impulse control to stop themselves from doing something they desire. In these moments, it is important for caregivers to try to recognize the child's feeling or goal that may be prompting the aggressive behavior and use the moment as an opportunity for modeling or teaching emotional regulation skills. (Lerner & Parlakian, 2016).

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE

Axis I

- Following a stressful or traumatic event, a rating of '2' or '3' may be consistent with symptoms of **PTSD** or **Adjustment Disorder** *(see Adjustment to Trauma indicator).*
- A rating of '2' or '3' may be consistent with symptoms of **Disorder of Dysregulated Anger and Aggression of Early Childhood (DDAA).**
- A rating of '2' or '3' related to tantruming may be consistent with symptoms of:
    - **Depressive Disorder of Early Childhood** *(see Depression indicator)*
    - **Generalized Anxiety Disorder** *(see Anxiety indicator)*
    - **Social Anxiety Disorder**, when tantrums occur following exposure to a feared social situation *(see Anxiety indicator)*

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SUBSTANCE USE (AGES 6+)

This indicator describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by an individual. This rating is consistent with DSM 5-TR Substance-Related and Addictive Disorders. This indicator does not apply to the use of tobacco or caffeine.

Questions to Consider:

- Has the individual used alcohol or drugs on more than an experimental basis?
- Do you suspect that the individual may have an alcohol or drug use problem?
- Has the individual been in a recovery program for the use of alcohol or illegal drugs?

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

NA Individual is younger than 6 years old.

Supplemental Information: As noted in the DSM 5-TR, the essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.

The DSM 5-TR identifies the diagnosis of **Substance Disorder** based on a pathological pattern of behaviors related to the use of the substance:

- Impaired Control: substance taken in larger amounts or over a longer period of time; persistent desire or unsuccessful efforts to control substance use; great deal of time spent in activities to obtain substance; cravings to use the substance.
- Social Impairment: failure to fulfill major role obligations at work/school/home; persistent or recurrent social or interpersonal problems caused or exacerbated by substance use; social/occupational/recreational activities given up or reduced due to substance use. (cont'd)

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SUBSTANCE USE continued

- Risky Use**:** recurrent use in physically hazardous situations; use continued despite knowledge of having persistent or recurrent physical or psychological problem caused by substance use.
- Pharmacological Criteria: tolerance (e.g., need for increase in amount of substance to achieve desired effect; diminished effect with continued use of the same amount of substance); withdrawal (e.g., physiological symptoms that occur with the decreased use of a substance; individual is likely to use the substance to relieve the symptoms).

Specific descriptions of particular substance use disorders can be found in DSM 5-TR.

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ADDICTIVE BEHAVIORS (AGES 6+)

This indicator describes behavior, or a stimulus related to a behavior, that is both rewarding and reinforcing to an individual and leads to an addiction. 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, gaming, gambling, social media, food, etc. Addictions related to drugs or alcohol are rated in the Substance Use indicator.

Questions to Consider:

- Does the individual have a problem with gaming, sex, social media, food, etc.?
- Does the individual know when to stop engaging in this behavior?

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 *Identified need 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual is engaging in addictive behaviors that are interfering with their functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual is engaging in addictive behaviors that are either very dangerous or that prevent functioning in more than one life domain.

NA Individual is younger than 6 years old.

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PSYCHOSIS (THOUGHT DISORDER) (AGES 6+)
This indicator describes the symptoms of psychiatric disorders, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e., experiencing things others do not experience), delusions (i.e., a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.

Questions to Consider:
- Does the individual exhibit behaviors that are unusual or difficult to understand?
- Has the individual ever talked about hearing, seeing or feeling something that was not actually there?
- Does the individual engage in certain actions repeatedly?
- Are the unusual behaviors or repeated actions interfering with the individual's functioning?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of psychotic symptoms. 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 individuals who are below the threshold for one of the DSM diagnoses listed above.

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

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.

NA Individual is younger than 6 years old.

Supplemental Information: The common behaviors of psychosis that may be observed or reported include delusions (i.e., fixed beliefs that are not amenable to change in light of conflicting evidence), hallucinations (i.e., perception-like experiences that occur without an external stimulus and are not under an individual's control), disorganized thinking, disorganized speech (i.e., frequent derailment or incoherence of speech) and bizarre/idiosyncratic behavior (i.e., problems in goal-directed behavior). (DSM 5-TR, pgs. 101-109)

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CONDUCT/ANTISOCIAL BEHAVIOR (AGES 6+)

This indicator describes the degree to which an individual engages in behaviors that show a disregard for and violation of the rights of others such as aggression to people and animals, destruction of property, deceitfulness or theft, or serious violation of rules. (DSM 5-TR, pg. 749)

Questions to Consider:

- How does the individual handle telling the truth/lies? Is the individual seen as dishonest?
- Has the individual ever tortured animals?
- Has the individual ever shown violent or threatening behavior towards others that resulted in an arrest?
- Does the individual disregard or is unconcerned about the feelings of others (lack of empathy)?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of serious violations of others or laws.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
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 or work and home behavior. Problems are recognizable but not notable for age, sex, and community.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. An individual rated at this level will likely meet criteria for a diagnosis of Conduct 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.

NA Individual is younger than 6 years old.

Supplemental Information: This indicator describes the degree to which an individual engages in behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. Adults fail to conform to social norms with respect to lawful behavior and disregard the wishes, rights or feelings of others. They may repeatedly perform acts that are grounds for arrest (whether they are arrested or not), such as destroying property, harassing others, stealing, or pursuing illegal occupations. (DSM 5-TR, pg. 749)

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MANIA (AGES 6+)

This indicator identifies elevated/expansive mood, increase in energy, decrease in sleep, pressured speech, racing thoughts, and grandiosity that are consistent with the symptoms of mania. (DSM 5-TR, pg. 143)

Questions to Consider:

- Does the individual have periods of feeling extremely happy/excited for hours or days at a time? Have periods of feeling very angry/cranky for hours or days at a time?
- Does the individual have periods of time where they feel they don't need to sleep or eat? Have extreme behavior changes?
- Is the individual's functioning impaired by emotional/mood problems?

Ratings and Descriptions

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

No evidence of hypomania, mania or manic behavior.

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

Individual has a history of manic behavior, or individual with some evidence of hypomania or irritability that does not impact the individual's functioning. Individual may be showing signs of beginning to cycle up.

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

Individual with manic behavior that is interfering with their functioning or those around them.

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

Individual with a level of mania that is dangerous or disabling. For example, the individual may be wildly over-spending, rarely sleeping, engaging in dangerous or extremely inappropriate behavior, or pursuing a special 'mission' that only they can accomplish. The manic episode rated here could include psychotic symptoms.

NA Individual is younger than 6 years old.

Supplemental Information: Mood in a manic episode is often described as euphoric, excessively cheerful, high or "feeling on top of the world." In some cases, the mood is of such a high infectious quality that it is easily recognized as excessive and may be characterized by unlimited and haphazard enthusiasm for interpersonal, sexual or occupational interactions. For example, the individual may spontaneously start extensive conversations with strangers in public. Often the predominant mood is irritable rather than elevated, particularly when the individual's wishes are denied or if the individual has been using substances. Rapid shifts in mood over a brief period of time may occur and are referred to as lability (i.e., the alteration among euphoria, dysphoria, and irritability). In children, happiness, silliness, and "goofiness" are normal in many social contexts; however, if these symptoms are recurrent, inappropriate to the context, and beyond what is expected for the developmental level of the child, they may meet the criteria of abnormally elevated mood. (DSM 5-TR, pgs. 143-144)

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INTERPERSONAL PROBLEMS (AGES 16+)

This indicator identifies problems with functioning and behaving due to a rigid and consistent pattern of perceiving and relating to situations and people which negatively impacts the individual's relationships, social activities, and their behavior at work, school and other settings. These behaviors are consistent with personality disorders.

Questions to Consider:

- Does the individual exhibit inflexible and maladaptive emotional and/or behavioral day-to-day traits?
- Does the individual have difficulties relating to other people?
- Is the individual socially isolated?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of symptoms of a personality disorder.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Evidence of some interpersonal challenges. For example, mild but consistent dependency in relationships might be rated here, or some evidence of antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Evidence of sufficient degree of interpersonal problems. Individual's relationship problems may warrant a related DSM 5-TR diagnosis.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Evidence of a severe interpersonal problem that has significant implications for the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently.

NA Child is younger than 16 years old. [continues]

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INTERPERSONAL PROBLEMS continued

Supplemental Information: This indicator describes an enduring pattern of inner experience and behavior that deviates markedly from norms and expectations of the individual's culture and is manifested in at least two of the following areas: cognition, affectivity, interpersonal functioning or impulse control. Common inflexible and maladaptive behaviors that may be observed and reported include disruptive patterns of thinking (e.g., ways of perceiving and interpreting self, other people, and events), affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response), interpersonal functioning, and impulse control. Only when personality traits are inflexible and maladaptive and cause significant functional impairment or subjective distress do they constitute an interpersonal problem. (DSM 5-TR, pg. 734-735) For example, some individuals may display patterns of behavior which consistently disregard and violate the rights of others around them. Individuals may behave violently, recklessly or impulsively, often with little regard for the wants and needs of others.

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SOMATIZATION (AGES 21+)

This indicator identifies the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

Questions to Consider:

- Does the individual have any physical complaints? Do these physical complaints have a physical or medical cause?
- Does the individual's physical symptoms recur and cause disturbance in their functioning? Are they dangerous or disabling to the individual?

Ratings and Descriptions

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

No evidence of somatic symptoms.

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

There is a history of or suspicion of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause that do not interfere with the individual's functioning.

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

Somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches) that interfere with the individual's functioning. This individual may meet criteria for a somatoform disorder. Additionally, they could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).

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

Somatic symptoms cause significant disturbance in work, social or another area of functioning and could be dangerous or disabling to the individual. This could include significant and varied symptomatic disturbance without medical cause.

NA Individual is younger than 21 years old. [continues]

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SOMATIZATION continued

Supplemental Information: A number of factors may contribute to somatic symptom and related disorders. These include genetic and biological vulnerability (e.g., increased sensitivity to pain), early traumatic experiences (e.g., violence, abuse, deprivation), medical iatrogenesis (e.g., reinforcement of the sick role, excessive referrals and diagnostic testing), and learning (e.g., lack of reinforcement of non-somatic expressions of distress), as well as sociocultural norms that minimize or stigmatize psychological suffering as compared with physical suffering. Differences in medical care across cultural context affect the presentation, recognition, and management of these somatic presentations. Variations in symptom presentation are likely the result of the interaction of multiple factors within cultural context that affect how individuals identify and classify bodily sensations, perceive illness, and seek medication attention for them. (DSM 5-TR, pg. 350)

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4B. IMPACT OF PROBLEMS ON THE INDIVIDUAL'S FUNCTIONING

Use the IM+CANS Life Functioning Domain, School/Preschool/Daycare Module and Developmental Needs Module to identify the impact of the individual's needs on their areas of functioning. Instructions for ratings as well as indicator descriptions are noted in each section.

LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of individuals and their families. This domain describes 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	Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
3	Need is dangerous or disabling; requires immediate and/or intensive action.

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FAMILY FUNCTIONING

This indicator evaluates and describes the individual's relationships with those who are in their family. It is recommended that the description of family should come from the individual's perspective (i.e., who the individual describes as family). In the absence of this information, consider biological and adoptive relatives and significant others with whom the individual is still in contact. When rating this indicator, consider the relationship the individual has with their family as well as the relationship and functioning level of the family as a whole.

Questions to Consider:

- How does the individual get along with the family?
- Are there problems/conflicts between family members?
- Has there ever been any violence between family members in the home?
- What is the relationship like between the individual and their family?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems in relationships with family members, and/or individual is doing well in relationships with family members.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History or suspicion of problems, and/or individual is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the individual. Arguing may be common but does not result in major problems.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual is having problems with parents, siblings and/or other family members that are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

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: For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. Foster families should only be considered if they have made a significant commitment to the individual. Family Functioning should be rated independently of the problems the individual is experiencing or that may be stimulated by the individual that is currently being assessed. [continues]

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FAMILY FUNCTIONING continued

Understanding family functioning in early childhood: The stability, predictability, and emotional quality of relationships among family members are important predictors of the child's functioning. Children develop important relationships not only with their primary caregivers, but also with other family members who may either participate in a co-parenting relationship or may impact the primary caregivers' quality of functioning. Infants/young children are keen observers of how adults who are central in their lives relate to one another and to other people, including other children in the family or people outside the family. They often learn by imitation, adopting the behaviors they observe. The affective tone and adult interactions they witness in turn influence the infant/young child's emotional regulation, trust in relationships, and freedom to explore (ZTT, 2016).

Assessing family & caregiving functioning in early childhood: Key dimensions of family and caregiving functioning may include (ZTT, 2016):

- Problem solving
- Conflict resolution
- Role allocation
- Communication
- Emotional investment
- Behavioral regulation & coordination
- Sibling harmony

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE

Axis II: The Axis II – Caregiving Environment level can be cross walked with the CANS Action Levels for the Family indicator, at the clinician's discretion (see crosswalk below).

DC 0-5 Axis II - Caregiving Environment	CANS Category/Action Level
Level 1: Well-Adapted to Good-Enough	0 - No evidence of any needs; no need for action.
Level 2: Strained to Concerning	1 - Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
Level 3: Compromised to Disturbed	2 - Action is required to ensure that the identified need is addressed; need is interfering with functioning.
Level 4: Disordered to Dangerous	3 - Need is dangerous or disabling; requires immediate and/or intensive action.

Axis IV: Specific aspects of the Family indicator construct may be included as part of Axis IV – Psychosocial Risk Factors, including but not limited to domestic violence, abuse or neglect, parent or caregiver discord or conflict, severe discord or violence by sibling, unpredictable home environment, and/or unstable family constellation.

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LIVING SITUATION

This indicator refers to how the individual is functioning in their current living arrangement, which could be with a relative, friend, shared housing situation, assisted living or nursing home, or children/youth living in a foster home, etc. This indicator should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider:

- How has the individual been behaving and getting along with others in the current living situation?
- Does the individual's behavior contribute to stress and tension in the home?
- How are issues that arise between members of the household addressed?

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 caregivers or others living with the residence 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 some problems in current living situation. Other residents, roommates, or caregivers express some concern about the individual's behavior in living situation, and/or individual and others living in the residence including caregivers have some difficulty dealing with issues that arise in daily life.

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

Individual has problems in current living situation that impact their functioning. Individual's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Individual, others in the residence including caregivers, have difficulty interacting effectively with each other much of the time.

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

Individual is at immediate risk of being unable to remain in present living situation due to problematic behaviors. Individual has difficulty interacting with others at home to the extent that risk of physical or psychological harm to others is likely. [continues]

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LIVING SITUATION continued

Supplemental Information: Understanding the living situation in early childhood: Because young children are in the beginning stages of developing self-control, challenging behaviors are common and expected in the years from birth through five. This process can lead to some difficult moments for both adults and children (ZTT, 2021). A child who engages in challenging behavior can influence family life at home and has a substantial impact on parents, siblings, and other members of the family. Studies focusing on the results of parenting a child with challenging behavior have found that families may feel increased levels of stress and isolation, as well as decreased levels of confidence. Supports that help to reduce challenging behaviors in young children are based in collaborative relationship with parents and family members (Doubet & Ostrosky, 2014).

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RESIDENTIAL STABILITY

This indicator is used to describe 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

The individual has moved multiple times in the past year. Residential instability for an individual living independently may be characterized by recent and temporary lack of permanent housing; individual may benefit from support in this area.

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.

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SOCIAL FUNCTIONING

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

Questions to Consider:

- Currently, how well does the individual get along with others?
- Has there been an increase in conflicts with others? Does individual avoid social interactions with others?
- Do they have unhealthy relationships?
- Does the individual tend to change friends frequently?

Ratings and Descriptions

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

No evidence of problems and/or individual has age-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.

Ages 0-5: Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.

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

Individual is having some problems with their social relationships that interfere with functioning in other life domains.

Ages 0-5: Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.

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.

Age 0-5: Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk

Supplemental Information: A child/youth who socializes with primarily younger or much older individuals would be identified as having needs on this indicator. An individual who has conflictual relationships with peers also would be described as having needs. An isolated child/youth with no same age friends would be rated '3.' [continues]

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SOCIAL FUNCTIONING continued

Understanding social development in early childhood: This indicator is important to assess due to how significantly it relates to all other areas of development. A child that is struggling in their capacity to relate to their parents, caregivers, and peers will also struggle in their ability to find support for the other areas of development. The importance of the parent/child relationship and the child's capacity to socialize and regulate their emotions give a child the tools to move forward in all other areas.

Assessment of social functioning in early childhood: The following table presents a list of developmental milestones for social functioning (ZTT, 2016). It is important to remember that the following table lists just some examples of general developmental milestones.

While milestones can provide a general range of time when certain aspects of development may occur, every child develops at their own unique pace.
In addition, the range of "normal development" is highly influenced by family and community culture. Some items in the table below may not be appropriate markers of normal development in every family or community, and it may be helpful to create cultural adaptations of specific milestones, depending on the cultural context. For example, an item that addresses the child's ability to feed themselves with a fork may not be relevant in cultures in which chopsticks are the primary eating utensil. An obvious substitution for some families may be chopsticks; however, children may not master this skill until later than eating with a spoon because families may not encourage children to feed themselves until they are older and eating with chopsticks may require more advanced fine motor and cognitive skills than eating with a spoon (ASQ, 2014).

Social Functioning Developmental Milestones

Age	Milestones
By 3 Months	• Smiles responsively (i.e., social smile) • Imitates simple facial expressions (e.g., smiling, sticking tongue out) • Looks at caregiver's face • Coos responsively • Localizes to familiar voices and sounds • Shows interest in facial expressions • Is comforted by proximity of caregiver
By 6 Months	• Imitates some movements and facial expressions (e.g., smiling, frowning) • Engages in socially reciprocal interactions (e.g., playing simple back-and-forth games) • Seeks social engagement with vocalizations, emotional expressions, or physical contact • Watches face closely • Responds to affection with smiling, cooing, or settling • Recovers from distress when comforted by caregiver [continues]

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By 9 months	• Distinguishes between familiar and unfamiliar voices • Shows some stranger wariness • Demonstrates preference for caregivers • Protests separation from caregiver • Enjoys extended play with others • Engages in back-and-forth, two-way communication using vocalizations and eye movement • Mimics other's simple gestures • Follows other's gaze and pointing
By 12 months	• Looks to caregiver for information about new situations and environments • Looks to caregiver to share emotional experiences • Responds to other people's emotions (e.g., displays somber, serious face in response to sadness in parent, smiles when parent laughs) • Offers object to initiate interaction (e.g., hands caregiver a book to hear a story) • Plays interactive games (e.g., peek-a-boo, patty-cake) • Looks at familiar people when they are named • Gives object to seek help (e.g., hands shoe to parent) • Extends arm or leg to assist with dressing
By 15 months	• Seeks and enjoys attention from others, especially caregivers • Shows affection with kisses (without pursed lips) • Demonstrates cautious or fearful behavior such as clinging to or hiding behind caregiver • Engages in parallel play with peers • Presents a book or toy when they want to hear a story or play • Repeats sounds or actions to get attention • Enjoys looking at picture books with caregiver • Initiates joint attention (e.g., points to show something interesting or to get others' attention)
By 18 months	• Shares humor with peers or adults (e.g., laughs at and makes funny faces or nonsense rhymes) • Likes to hand things to others during play • Engages in reciprocal displays of affection (e.g., hugs or kisses with a pucker) • Asserts autonomy (e.g., "Me do") • Reacts with concern when someone appears hurt • Leaves caregiver's side to explore nearby objects or settings • Engages in teasing behavior such as looking at caregiver and doing something "forbidden" • When pointing, looks back at caregiver to confirm joint attention [continues]

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SOCIAL AND EMOTIONAL FUNCTIONING continued

By 24 months	• Exhibits empathy (e.g., offers comfort when someone is hurt) • Attempts to exert independence frequently • Imitates others' complex actions, especially adults and older children (e.g., putting plates on a table, posture, gesture) • Enjoys being with other young children • Takes pride and pleasure in accomplishments • Primarily plays in proximity to young children; notices and imitates other young children's play • Responds to being corrected or praised
By 36 months	• Expresses affection openly and verbally • Shows affection to peers without prompting • Shares without prompts • Can wait turn in playing games • Shows concern for crying peers by taking action • Engages in associate play with peers (e.g., participate in similar activities without formal organization but with some interaction) • Shares accomplishments with others • Helps with simple household chores
By 48 months	• Pretends to play "Mom" or "Dad" or other relevant caregivers • Asks about or talks about caregiver when separated • Engages in cooperative play with other young children • Has a preferred friend • Expresses interests, likes, and dislikes
By 60 months	• Shows increased confidence associated with greater independence and autonomy • Wants to please friends • Emulates role models, real and imaginary • Values rules in social interactions • Participates in group activities that require assuming roles (e.g., Follow the Leader) • Modulates or modifies voice correctly depending on situation or listener (adult, another child, younger child) [continues]

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Axis I

Following a traumatic experience, a rating of ‘2’ or ‘3’ that represents a negative change in typical social functioning (e.g., decreased interest in social interactions) may be consistent with symptoms of **PTSD** *(see Adjustment to Trauma indicator).*

A rating of ‘’2 or ‘3’ may be consistent with social-communication symptoms of **Autism Spectrum Disorder** (ASD) and **Early Atypical Autism Spectrum Disorder** (EAASD). DC 0-5 specifies three social-communication symptoms, including:

- Limited or atypical social-emotional responsivity, sustained social attention, or social reciprocity
- Deficits in nonverbal social-communication behaviors
- Peer interaction difficulties

A rating of ‘2’ or ‘3’ related to demonstration of fear/anxiety-based social functioning issues (freezing, withdrawing, hiding, avoiding, refusing to speak) in situations with unfamiliar people may be consistent with symptom of various anxiety disorders, including **Social Anxiety Disorder**, **Selective Mutism**, and **Inhibition to Novelty Disorder** *(see Anxiety indicator)*.

For children who have experienced severe social neglect and/or institutionalized care, a rating of ‘3’ related to withdrawn, inhibited behavior with adult caregivers (e.g., absent or significantly reduced interest in interacting, reduced response to comfort) may be consistent with symptoms of **Reactive Attachment Disorder** (RAD). This disorder is extremely rare and is usually not reported in community settings *(see Attachment indicator).*

Axis V: The DC 0-5 Axis V – Social-Relational competency domain rating can be cross walked with the CANS Action Levels for the Social Functioning indicator rating (see crosswalk below).

DC 0-5 Competency Domain Rating	CANS Category Action Level
Exceeds developmental expectations Functions at age-appropriate level	0 – No evidence of any needs; no need for action.
Competencies are inconsistently present or emerging	1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement
Not meeting developmental expectations (delay or deviance)	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.

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RECREATION/PLAY

This indicator describes the degree to which the individual is given opportunities for and participates in age- appropriate play or leisure activities.

Questions to Consider:

- What recreation or leisure activities is the individual involved in? How does the individual spend their free time?
- Are there barriers to participation in extracurricular activities for children/youth?
- Is the child easily engaged in play? Does the child initiate play? Can the child sustain play?
- Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?

Ratings and Descriptions

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

No evidence of any problems with recreational functioning or play. Individual has access to sufficient activities that they enjoy and makes full use of leisure time to pursue recreational activities that support their healthy development and enjoyment.

For Ages 0-5: The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.

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

Individual is engaging adequately with recreational activities although at times has difficulty using leisure time to pursue recreational activities (e.g., financial, time or transportation constraints)

Ages 0-5: Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.

---

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

Individual may experience some problems with recreational activities and effective use of leisure time that is impacting their functioning in at least one life domain.

Ages 0-5: Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.

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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 use of leisure time.

Ages 0-5: The child does not demonstrate the ability to play in a developmentally appropriate or quality manner. [continues]

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Supplemental Information – **Understanding recreation and play in early childhood**: Playtime is an important part of childhood development. During play, children are uniquely engaged and motivated, often exploring the edges of their knowledge and abilities. This makes play a unique and powerful learning tool. The first year of life typically involves sensory play. At this stage, children also develop an understanding of cause and effect and begin to grow their social skills through imitation. Play in the second year of life often involves pretend play with a toy and parallel—but not collaborative—play with other children. In the third year of life, play expands their social and motor skills. Play now often includes turn-taking and cooperative play. From three to five years of life, play becomes more complex: children coordinate many physical actions, imagination, and rules in coordinated social play with others (NCECDLT, 2017).

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE

Axis I

- Following a traumatic event or the permanent loss of a caregiver, a rating of '2' or '3' that represents a negative change in typical play behaviors (e.g., diminished interest in play) may be consistent with symptoms of **PTSD** or **Complicated Grief Disorder of Early Childhood** *(see Adjustment to Trauma).*
- A rating of '2' or '3' that represents a negative change in typical play behaviors (e.g., diminished interest in play) may be consistent with symptoms of **Depressive Disorder of Early Childhood** *(see Depression).*

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DEVELOPMENTAL/INTELLECTUAL*

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of developmental delay and/or individual has no developmental problems or intellectual disability.

1 *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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior) causing functional problems in one or more settings and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

3 *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.

NA Intellectual disability is suspected but not confirmed. A referral to psychological testing should occur prior to rating this indicator. [continues]

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

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DEVELOPMENTAL/INTELLECTUAL continued

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

Understanding cognitive development in early childhood: This area of development is important to assess due to its impact on all other areas of development. A child that is impaired in their cognitive functioning will demonstrate limitations in other areas of development, especially their language development and self-help skills. This is an area in which early intervention is critical.

Assessment of cognitive functioning in early childhood: The following table presents a list of developmental milestones for functioning (ZTT, 2016). It is important to remember that the following table lists just some examples of general developmental milestones. While milestones can provide a general range of time when certain aspects of development may occur, every child develops at their own unique pace.

In addition, the range of "normal development" is highly influenced by family and community culture. Some items in the table below may not be appropriate markers of normal development in every family or community, and it may be helpful to create cultural adaptations of specific milestones, depending on the cultural context. For example, an item that addresses the child's ability to feed themselves with a fork may not be relevant in cultures in which chopsticks are the primary eating utensil. An obvious substitution for some families may be chopsticks; however, children may not master this skill until later than eating with a spoon because families may not encourage children to feed themselves until they are older and eating with chopsticks may require more advanced fine motor and cognitive skills than eating with a spoon (ASQ, 2014).

By 3 Months	• Follows people and objects with eyes • Loses interest or protests if activity does not change
By 6 Months	• Tracks moving objects with eyes from side to side • Experiments with cause and effect (e.g., bangs spoon on table) • Smiles and vocalizes in response to own face in mirror image • Recognizes familiar people and things at a distance • Demonstrates anticipation of certain routine activities (e.g., shows excitement in anticipation of being fed)
By 9 Months	• Mouths or bangs objects • Tries to get objects that are out of reach • Looks for things they see others hide (e.g., toy under a blanket)
By 12 Months	• Watches the path of something as it falls • Has favorite objects (e.g., toys, blanket) • Explores objects and how they work in multiple ways (e.g., mouthing, touching, dropping) • Fills and dumps containers • Plays with two objects at the same time [continues]

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DEVELOPMENTAL/INTELLECTUAL continued

By 15 Months	• Imitates complex gestures (e.g., signing) • Finds hidden objects easily • Uses objects for their intended purpose (e.g., drinks from a cup, smooths hair with a brush)
By 18 months	• Enacts play sequences with objects according to their use (e.g., pushing a dump truck and emptying its cargo) • Shows interest in a doll or stuffed animal • Points to at least one body part • Points to self when asked • Plays simple pretend games (e.g., feeding a doll) • Scribbles with crayon, marker, and so forth • Turns pages of book • Recognizes self in mirror
By 2 Years	• Finds things even when hidden under two or three covers or when hidden in one place and moved to another • Begins to sort shapes and colors • Completes sentences and rhymes from familiar books, stories, and songs • Plays simple make-believe games (e.g., pretend meal) • Builds towers of four or more blocks • Follows two-step instructions (e.g., “Pick up your shoes and put them in the closet”)
By 3 Years	• Labels some colors correctly • Plays thematic make-believe with objects, animals, and people • Answers simple “Why” questions (e.g., “Why do we need a coat when it’s cold outside?”) • Shows awareness of skill limitations • Understands “bigger” and “smaller” • Understands concept of “two” • Enacts complex behavioral routines observed in daily life of caregivers, siblings, and peers • Solves simple problems (e.g., obtains a desired object by opening a container) • Attends to a story for 5 minutes • Plays independently for 5 minutes [continues]

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DEVELOPMENTAL/INTELLECTUAL continued

By 4 Years	• Names several colors and some numbers • Counts to five • Has rudimentary understanding of time • Shares past experiences • Remembers part of a story • Engages in make-believe play with capacity to build and elaborate on play themes • Connects actions and emotions • Responds to questions that require understanding of "same" and "different" • Draws a person with two to four body parts • Understands that actions can influence others' emotions (e.g., tries to make others laugh by telling a joke) • Waits for turn in simple game • Plays board or card games with simple rules • Describes what is going to happen next in a book • Talks about right and wrong
By 5 Years	• Counts to 10 or more things • Tells stories with beginning, middle, and end • Draws a person with at least six body parts • Acknowledges own mistakes or misbehaviors and can apologize • Distinguishes fantasy from reality most of the time • Names four colors correctly • Follows rules in simple games • Knows functions of every day household objects (e.g., money, cooking utensils) • Attends to group activity for 15 minutes (e.g., circle time, storytelling)

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE

Axis I

A rating of '2' or '3' may be consistent with symptoms of **Global Developmental Delay (GDD)**, if similar levels of functioning are present across developmental domains, including motor, language/communication, social-relational, and adaptive functioning/self-care. [continues]

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Axis V

The CANS Action Levels for the Developmental/Intellectual indicator rating can be cross walked with the DC 0-5 Axis V – Cognitive competency domain (see crosswalk below).

DC 0-5 Competency Domain Rating	CANS Category Action Level
Exceeds developmental expectations Functions at age-appropriate level	0 – No evidence of any needs; no need for action.
Competencies are inconsistently present or emerging	1 – Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement
Not meeting developmental expectations (delay or deviance)	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.

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COMMUNICATION

This indicator describes the individual's ability to communicate through any medium including all spontaneous vocalizations and articulations. In this indicator, it is important to look at each piece individually and rate as such. An individual may have communication problems but may comprehend well, while another individual is able to comprehend well but has communication and expression issues. Rate the highest level of need.

Questions to Consider:

- Do others understand the individual when they are trying to communicate? Do they understand others who are trying to communicate with them?
- Has the individual ever been diagnosed with a communication disorder?

Ratings and Descriptions

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

Individual's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the individual has any problems communicating.

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

There is a history of communication, comprehension or expression problems and/or there are concerns of possible problems.

Ages 0-5: An infant may rarely vocalize; a toddler may have very few words and become frustrated with expressing needs; a preschooler may be difficult for others to understand.

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

The individual has either receptive or expressive language problems, comprehension or expression problems that interfere with functioning.

Ages 0-5: Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.

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

Individual has serious communication, comprehension or expression difficulties and is unable to communicate including through pointing and grunting.

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MEDICAL/PHYSICAL

This indicator includes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider:

- Does the individual have anything that limits their physical activities?
- How much does this interfere with the individual's life?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence that the individual has any medical or physical problems, and/or they are 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
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.

Supplemental Information: Most transient, treatable conditions would be rated as a '1.' Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2.' The rating '3' is reserved for life-threatening medical conditions.

Understanding medical health status in early childhood: If a child is experiencing any medical conditions, obtaining information regarding the impact to the child and the impact to the caregiver in monitoring and treating this condition are both needed to make the assessment of how to rate this indicator. A child may have a medical condition that is considered a chronic condition, but this is managed well by the child and family and therefore not causing problems in their functioning. A child's nutritional and physical condition should be considered in this rating as well. A child may not have a medical condition but appears tired, reports feeling badly or misses school frequently.
[continues]

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MEDICAL/PHYSICAL

Assessment of physical abilities in early childhood: If a child is experiencing any physical health limitations, obtaining information regarding the impact to the child and the family are both needed to make the assessment of how to rate this indicator. A child may have a physical health limitation that is considered “disabling,” but it may be managed well by the family and therefore not causing problems in their functioning. A more detailed assessment of a child’s physical and motor development is available in the Motor indicator.

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE

Axis III: Information gathered as part of assessing the Medical indicator may be included as part of Axis III: Physical Health Conditions & Considerations.

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MEDICATION COMPLIANCE

This indicator focuses on the level of the individual's willingness and participation in taking prescribed medications. For children/youth this includes providing reminders to them or their caregivers to maintain medication compliance.

Questions to Consider:

- Is the individual prescribed medication?
- Has the individual ever had trouble remembering to take medication?
- Has the individual ever refused to take prescribed medication?
- Has the individual ever overused medication to get "high" or as an attempt to harm themselves?

Ratings and Descriptions

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

This level indicates an individual who takes any prescribed medications as prescribed and without reminders, or an individual who is not currently on any medication.

Age 16+: Individual takes medications as prescribed without assistance or reminders, or individual is not currently on any prescribed 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 prescribed medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.

Age 16+: Individual usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); they may benefit from reminders and checks to consistently take medications

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

This level indicates an individual who is somewhat non-compliant. This individual may be resistant to taking prescribed 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.

Age 16+: Individual takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; they may benefit from direct supervision of medication

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

This level indicates an individual who has refused to take prescribed medications during the past 30-day period or an individual who has abused their medications to a significant degree (e.g., overdosing or over-using medications to a dangerous degree).

Age 16+: Individual does not take medication(s) prescribed for management of underlying medical conditions and their underlying medical conditions are not well controlled. An individual abusing their prescribed medications to a significant degree (e.g., overdosing or overusing medications to a dangerous degree) would also be rated here.

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TRANSPORTATION

This indicator is used to describe the level of transportation required to ensure that the individual could effectively participate in their own treatment and in other life activities. Only unmet transportation needs should be rated here.

Questions to Consider:

- Does the individual have daily transportation needs?
- Does the individual have a personal vehicle?
- Can the individual independently navigate a public transit system?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Individual has no unmet transportation needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Individual has occasional unmet transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support, for example, assistance with bus routes or provision of a bus card.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily) that do not require a special vehicle but access to transportation is difficult.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual requires frequent (e.g., daily) transportation in a special vehicle or is completely reliant on others for transportation.

Supplemental Information: For children, youth and/or dependent adults, this indicator should be rated based on the caregiver's transportation needs.

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MOTOR (AGES 0-5)

This indicator describes the child's fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, and walking) motor functioning

Questions to Consider:

- Does the child meet motor-related developmental milestones?
- Does the child show any fine or gross motor skill difficulties?

Ratings and Descriptions

0 The child's development of fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.

1 The child may have some fine (e.g., using scissors) or gross motor skill deficits. The child has exhibited delayed sitting, standing, or walking, but has since reached those milestones.

2 The child has motor deficits that impact their functioning. A non-ambulatory individual with fine motor skills (e.g., reaching, grasping) or an ambulatory individual with severe fine motor deficits would be rated here.

3 The child has motor deficits that place them at risk. A non-ambulatory individual with additional movement deficits would be rated here.

NA Do not rate for ages 6+ years old. This indicator is rated for age 6+ in the Developmental Needs Module, Motor indicator.

Supplemental Information – Understanding motor development in early childhood: This aspect of development is critical to assess because it supports the child's ability to move about and explore their world which is a critical need for children. A child that is challenged in this area may be experiencing a medical or neurological problem that needs to be addressed.

Assessing motor development in early childhood: The following table presents a list of developmental milestones for motor development (ZTT, 2016). It is important to remember that the following table lists just some examples of general developmental milestones. While milestones can provide a general range of time when certain aspects of development may occur, every child develops at their own unique pace. [continues]

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MOTOR continued

In addition, the range of "normal development" is highly influenced by family and community culture. Some items in the table below may not be appropriate markers of normal development in every family or community, and it may be helpful to create cultural adaptations of specific milestones, depending on the cultural context. For example, an item that addresses the child's ability to feed themselves with a fork may not be relevant in cultures in which chopsticks are the primary eating utensil. An obvious substitution for some families may be chopsticks; however, children may not master this skill until later than eating with a spoon because families may not encourage children to feed themselves until they are older and eating with chopsticks may require more advanced fine motor and cognitive skills than eating with a spoon (ASQ, 2014).

Developmental Milestones for Motor Development

By 3 Months	• Pushes up trunk when lying on stomach • Holds head up without support • Hands are often open (e.g., not in fists)
By 6 Months	• Swats at dangling objects • Pushes down on legs when feet are on hard surfaces • Sits without support • Rolls from tummy to back • Holds and shakes an object • Bangs two objects together • Brings hands to midline • Reaches for object with one hand
By 9 Months	• Rolls over in both directions (front to back, back to front) • Brings self to sitting position independently • Stands with support • Moves independently from one place to another (e.g., crawling, scooting) • Turns pages of a book • Reaches for and grasps objects • Passes objects from one hand to another
By 12 Months	• Takes a few steps without holding on • Walks holding onto furniture (e.g., cruises) • Moves from sitting to standing position • Stands alone • Picks up things between thumb and index finger (e.g., cereal) • Crawls forward on belly, pulling with arms, pushing with legs • Turns around while crawling • Crawls while holding an object
By 15 Months	• Explores physical environment • Pushes objects (e.g., boxes, toy cars, push toys) • Walks independently [continues]

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MOTOR continued

By 18 Months	• Stacks two blocks • Walks up steps without helping • Pulls toys while walking • Helps undress themselves (e.g., pulls off hat, socks, mittens) • Eats with a spoon • Drinks from an open cup
By 2 Years	• Participates in dressing (e.g., putting arms into sleeves, pulling pants up/down, putting on hat) • Stands on tiptoes • Kicks a ball • Runs • Climbs onto and down from furniture without help • Walks up and down stairs holding on • Draws lines • Drinks using a straw • Opens cabinets, drawers, and boxes
By 3 Years	• Manipulates some buttons, levers, and moving parts • Climbs onto high and low structures • Runs fluidly • Copies a circle • Builds towers of more than six blocks • Pedals a tricycle (three wheeled bicycle) • Catches and kicks a big ball • Walks up and down steps, alternating feet
By 4 Years	• Skips, hops, and stands on one foot for up to 2 seconds • Catches a large, bounced ball most of the time • Can copy simple symbols (e.g., the “plus” sign) • Uses toilet during the day with few accidents • Pours from one container to another, cuts with supervision, and mashes own food
By 5 Years	• Stands on one foot for 10 seconds or longer • Copies a triangle and other geometric shapes • Copies some letters or numbers • Hops on one foot • Uses utensils to eat • Uses toilet independently (wipes, flushes, and washes hands) • Swings independently on a swing [continues]

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MOTOR continues

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE

DC 0-5 Competency Domain Rating	CANS Category Action Level
Exceeds developmental expectations Functions at age-appropriate level	0 - No evidence of any needs; no need for action.
Competencies are inconsistently present or emerging	1 - Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement
Not meeting developmental expectations (delay or deviance)	2 - Need is interfering with functioning. Action is required to ensure that the identified need is addressed. 3 - Need is dangerous or disabling; requires immediate and/or intensive action.

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SENSORY (AGES 0-5)

This indicator describes the child's sensory functioning and development. Sensory functioning includes the ability to use all senses including vision, hearing, smell, touch, and kinesthetic.

Questions to Consider:

- Does the child have hearing or visual impairment?
- Does the child become easily overwhelmed by sensory stimuli?

Ratings and Descriptions

Rating	Description
0	The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
1	The child may have a mild impairment on a single sense (e.g., mild hearing deficits, correctable vision problems).
2	The child may have a moderate impairment on a single sense or mild impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).
3	The child has a significant impairment on one or more senses (e.g., profound hearing or vision loss).
NA	Do not rate for ages 6+ years old. This indicator is rated for age 6+ in the Developmental Needs Module, Sensory indicator.

Supplemental Information: Understanding sensory reactivity in early childhood: Sensory processing refers to taking in information through the senses. All children have neurological processes that help them organize the information coming in from their environment along with sensations from their bodies. A child's ability to use this information to respond appropriately to the environment—including sounds, lights, textures, motion, and gravity—is known as sensory integration. Children differ in their ability to process and respond to information from the environment while engaging in activities. For example, one child may have difficulty sitting still during group time; another may move little during free play outside. They react in different ways because they integrate the information obtained through their senses from the environment differently. Most children process their daily experiences and regulate their responses with ease. But when a child is consistently having difficulty maintaining a level emotional state or engaging appropriately in activities, the child may be having difficulties with sensory processing or integration (Thompson & Raisor, 2013). [continues]

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SENSORY continued

Assessing sensory responses in early childhood (ZTT, 2016):

- ***Over-Responsivity***: intense emotional or behavioral responses when exposed to stimuli that evoke sensation (disproportionate to intensity of stimulus) and/or avoidance of contact with routine sensory stimuli
- ***Under-Responsivity***: muted behavioral or emotional response to intense stimuli and/or unresponsiveness to routine sensory stimuli expected to provoke a strong response (e.g., lack of response even when injured)
- ***Atypical Responsivity*****:** atypical response to stimuli that may be characterized by extended sensory exploration of stimuli that is not typically observed (e.g., licking walls or doorknobs)

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PERSISTENCE/CURIOSITY/ADAPTABILITY (AGES 0-5)

This indicator describes the child's self-initiated efforts to discover the world.

Questions to Consider:

- Does the child show grit/ability to hang in there even when frustrated by a challenging task?
- Does the child routinely require adult support in trying a new skill/activity?
- Can the child easily and willingly transition between activities?
- What type of support does the child require to adapt to changes in schedules?

Ratings and Descriptions

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

Child with exceptional curiosity and ability to continue an activity when meeting an obstacle. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.

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

Child with good curiosity and some ability to continue an activity that is challenging. An ambulatory young child who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here.

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

Child with limited curiosity and ability to continue an activity that is challenging. This is impacting their functioning in at least one life domain. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.

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

Child with very limited or no observable curiosity and they have difficulties most of the time coping with challenging tasks that places their development at risk. Child may seem frightened of new information or environments.

NA Individual is 6 years of age or older

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ELIMINATION (AGES 0-5)

This indicator refers to all dimensions of elimination.

Questions to Consider:

- Does the child have any unusual difficulties with urination or defecation (e.g., constipation)?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
There is no evidence of elimination problems.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child demonstrates problems with elimination on a consistent basis that are interfering with their functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Child may experience the same issues as infants along with encopresis and enuresis.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child demonstrates significant difficulty with elimination to the extent that they and/or the parent is in significant distress or interventions have failed.

NA Individual is 6 years of age or older.

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SCHOOL/PRESCHOOL/DAYCARE* (AGES 0-21)

This indicator describes the child/youth's experiences in school/preschool/daycare settings and the child/ youth's ability to get their needs met in these settings. This indicator also considers the presence of problems within these environments in terms of attendance, academic achievement, support from the school staff to meet the child/youth's needs, and the child/youth's behavioral response to these environments.

Questions to Consider:

- What is the child/youth's experience in school?
- Does the child/youth have difficulties with academics, social relationships, behavior, or attendance at school?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems with functioning in current school/preschool/daycare environment.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History or evidence of problems with functioning in current school/preschool/daycare environment that is not interfering with functioning. Child/youth may be enrolled in a special program.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth is experiencing difficulties maintaining their behavior, attendance, and/or achievement in this setting.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth's problems with functioning in school/preschool/daycare environment place them at immediate risk of being removed from program due to their attendance, behaviors, achievement, or unmet needs.

NA Individual is not in school/preschool/daycare due to age, obtaining their GED, or graduation.

***For ages 0-21: A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [C] School/Preschool/Daycare Module.**

Supplemental Information -- Understanding the importance of early education and care in early childhood: Infants, toddlers and preschoolers often spend most of their day with alternate caregivers. It is critical that these environments meet the needs of these individuals. There has been a great deal of momentum in the field of infant mental health to promote positive care-giving practices within these environments. The same parenting practices and care-giving techniques that are taught to parents need to be promoted within early care/education settings. These experiences are often critical in supporting growth and development and allowing the child to feel positive about [continues]

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relationships with others outside of the home. Early care and education settings have the potential to impact a child's development, school success and overall life success.

The quality of the day care environment is important to consider, as well as the day care's ability to meet the needs of the individual within a larger care-giving context. It is important for infants and children to be supported in ways that appreciate their individual needs and strengths.

Indicators of a high-quality early care/educational setting:

- Infant or child seems comfortable with caregivers and environment
- Environment has sufficient space and materials for child it serves
- Environment offers a variety of experiences and opportunities
- Allowances for individual differences, preferences and needs are tolerated
- Caregivers can offer insight into child's experiences and feelings
- Caregivers provide appropriate structure to the child's day
- Scheduled times for eating, play and rest
- Caregivers provide appropriate level of supervision and limit setting
- Child's peer interactions are observed, supported, and monitored
- Correction is handled in a calm and supportive manner
- Child is encouraged to learn and explore at their own pace
- A variety of teaching modalities are utilized
- All areas of development are valued and supported simultaneously
- Small group sizes
- Low child-adult ratios
- Safe and clean environment
- Early care/education setting provides frequent and open communication with parents

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[C] SCHOOL/PRESCHOOL/DAYCARE MODULE (AGES 0-21)

Note: For the school indicators, if the child/youth is receiving special education services, the child/youth's performance and behavior should be rated relative to their peer group. If it is planned for the child/youth to be mainstreamed, then their school functioning should be rated relative to that peer group.

Questions to Consider for this Module: How well is the individual functioning at school? What are their areas of need?

For the **School/Preschool/Daycare Module,** 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	Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
3	Need is dangerous or disabling; requires immediate and/or intensive action.

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SCHOOL/PRESCHOOL/DAYCARE BEHAVIOR

This indicator describes the behavior of the individual in school or school-like settings.

Questions to Consider:

- How is the individual behaving in school?
- Has the individual had any detentions or suspensions?
- Has the individual needed to go to an alternative placement?

Ratings and Descriptions

0	No evidence of behavioral problems at school, OR individual is behaving well in school.
1	Individual is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.
2	Individual's behavior problems are interfering with functioning at school. The individual is disruptive and may have received sanctions including suspensions.
3	Individual is having severe problems with behavior in school. The individual is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

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SCHOOL/PRESCHOOL/DAYCARE ACHIEVEMENT

This indicator describes the individual's grades or level of academic achievement.

Questions to Consider:

- How are the individual's grades?
- Is the individual having difficulty with any subjects?
- Is the individual at risk for failing any classes or repeating a grade?

Ratings and Descriptions

0 No evidence of issues in school achievement and/or individual is doing well in school.

Ages 0-5: Child is doing well acquiring new skills.

1 Individual is doing adequately in school although some problems with achievement exist.

Ages 0-5: Child is doing adequately acquiring new skills with some challenges. They may be able to compensate with extra adult support.

2 Individual is having problems with school achievement. The individual may be failing some subjects.

Ages 0-5: Child is having problems with acquiring new skills. They may not be able to retain concepts or meet expectations even with adult support in some areas.

3 Individual is having severe achievement problems. The individual may be failing most subjects or has been retained (held back) a grade level. Individual might be more than one year behind same-age peers in school achievement.

Ages 0-5: Child is having severe achievement problems. They may be completely unable to understand or participate in skills development in most or all areas.

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SCHOOL/PRESCHOOL /DAYCARE ATTENDANCE

This indicator describes issues of attendance. If school is not in session, rate the last 30 days when school was in session.

Questions to Consider:

- Does the individual have any difficulty attending school?
- Is the individual on time to school?
- How many times a week is the individual absent?
- Once the individual arrives at school, does the individual stay for the rest of the day?

Ratings and Descriptions

0 Individual attends school regularly.

1 Individual has a history of attendance problems, OR individual has some attendance problems but generally goes to school.

2 Individual's problems with school attendance are interfering with academic progress.

3 Individual is generally absent from school.

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RELATIONSHIPS WITH TEACHERS

This indicator describes the individual's relationships with teachers.

Questions to Consider:

- How does the individual relate to teachers?
- Does the individual have a strong connection with one or more teachers?
- Does the individual have regular conflict with teachers?

Ratings and Descriptions

0 Individual has good relations with teachers.

1 Individual has occasional difficulties relating with at least one teacher. Individual may have difficulties during one class period (e.g., math, gym).

2 Individual has difficult relations with teachers that notably interfere with their educational progress.

3 Individual has very difficult relations with all teachers (or all the time if they have one teacher). Relations with teachers currently prevents child from learning.

NA Individual is younger than 3 years old.

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End of School/Preschool/Daycare Module

SLEEP (AGES 1+)

This indicator describes the individual's sleep patterns. This indicator is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Questions to Consider:

- Does the individual appear rested?
- Are they often sleepy during the day?
- Do they have frequent nightmares or difficulty sleeping?
- How many hours does the individual sleep each night?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
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 awakening or bedwetting or having nightmares. 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 doesn't feel rested. Difficulties in sleep are interfering with their functioning in at least one area of their life.

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.

NA Individual is younger than 1 year of age.

Supplemental Information – Understanding sleep behaviors in early childhood: Sleep is one of the primary reasons that families seek intervention. This is often due to the impact that this has on parents/caregivers and siblings. The bedtime routine and actual amount of time spent asleep may be of concern to caregivers. Sleep habits can be influenced by several different factors, including family and community culture, individual temperament, environmental factors, and developmental stage (Grow by WebMD, 2020). Changes in sleep habits are common when young children are growing physically or developmentally, such as when they are learning a new skill, like walking or talking (ZTT, ND). [continues]

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SLEEP continued

Age	Typical Sleep Patterns
1-4 Weeks	Newborns typically sleep about 15 to 18 hours a day, but only in short periods of two to four hours. Premature babies may sleep longer, while colicky babies may sleep less. Since newborns do not yet have an internal biological clock, or circadian rhythm, their sleep patterns are not related to the daylight and nighttime cycles. In fact, they tend not to have much of a pattern at all.
1-4 Months	By 6 weeks of age, babies are beginning to settle down a bit, and more regular sleep patterns may emerge. The longest periods of sleep run four to six hours and now tend to occur more regularly in the evening.
4-12 Months	While up to 15 hours is ideal, most infants up to 11 months old get only about 12 hours of sleep. Babies typically have three naps and drop to two at around 6 months old, at which time (or earlier) they are physically capable of sleeping through the night. Establishing regular naps generally happens at the latter part of this time frame, as the biological rhythms mature.
1-3 Years	As children move past the first year toward 18-21 months of age, they will likely lose their morning and early evening nap and nap only once a day. While toddlers need up to 14 hours a day of sleep, they typically get only about 10. Most children from about 21 to 36 months of age still need one nap a day, which may range from one to three and a half hours long.
3-6 Years	Children at this age typically get 10-12 hours of sleep a day. At age 3, most children are still napping, while at age 5, most are not. Naps gradually become shorter, as well.

Assessing sleep in early childhood: Sleep problems that may present in young children include (ZTT, 2016):

- **Hyposomnia**: sleeping too little.
- **Sleep refusal**
- **Sleep disturbances**, including:
  - Difficulty falling asleep: child requires more than 30 minutes to fall asleep.
  - Night waking: multiple or prolonged awakenings, accompanied by signaling.
  - Nightmares: bad dreams or sudden awakenings with distress that occur most often in the second half of the sleep period. The child may or may not recall or report content.
  - Sleep terrors: recurrent episodes of sudden arousals from sleep, although not to a fully awakened state. Episodes are associated with screaming and signs of distress, and usually occur within the first few hours of sleep. Children do not readily respond to efforts to arouse them.
  - Sleepwalking: episodes of arising from bed and walking around home.

Source: Zero to Three. (2016). DC:0-5: Diagnostic classification of mental health and developmental disorders of infancy and early childhood.

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DECISION MAKING (AGES 3+)

This indicator describes the individual's age-appropriate decision-making process 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:

- How is the individual's decision-making process and ability to make good decisions?
- Does the individual struggle to make decisions?
- Does the individual typically make good choices for themselves? Does their decision making repeatedly lead to undesirable consequences?
- Does the individual struggle with following through on decisions they have made?

Ratings and Descriptions

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

No evidence of problems with judgment or 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 a 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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 than expected for their age.

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

Individual makes decisions that would likely result in significant physical harm to self or others. Therefore, individual requires intense and constant supervision, over and above that expected for individual's age.

NA Individual is younger than 3 years old.

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LEGAL (AGES 6+)

This indicator describes the individual's level of involvement with the justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating.

Questions to Consider:

- Has the individual ever admitted that they have broken the law?
- Has the individual ever been arrested?
- Has the individual on probation? On parole?
- Are there charges pending or incarceration, or a child support order against the individual?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Individual has no known legal difficulties or involvement with the legal system.

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, or there is risk of involvement with the legal system.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual has some legal problems and is currently involved in the legal system due to moderate delinquent or criminal behaviors.

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 a court-ordered out-of-home placement, or incarceration, such as serious offenses against persons or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st, or 2nd degree offenses).

NA Individual is younger than 6 years old.

Supplemental Information: This indicator describes the individual's level of involvement with the justice system, not involvement in the courts due to custody issues. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating. This issue uses the justice definition of delinquent/criminal behavior—where there are findings of guilt. Actual delinquent/criminal acts are described and rated elsewhere.

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SEXUAL DEVELOPMENT (AGES 6+)

This indicator looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The individual's sexual orientation, gender identity and expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Questions to Consider:

- Are there concerns about the individual's sexual development?
- Is the individual sexually active?
- Does the individual have less/more interest in sex than others their age?
- Is the individual struggling with issues related to sexual orientation or gender identity?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of issues with sexual development or struggles with SOGIE.

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Moderate to serious problems with sexual development or struggles with SOGIE that interfere with the individual's life functioning in other life domains.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation. Individual's struggling with their SOGIE t places them at risk or is dangerous or disabling to them would be rated here.

NA Individual is younger than 6 years old.

Supplemental Information: An individual's gaps in sexual knowledge (such as access to contraceptives) can impact one's sexual development, preventing the individual from engaging in safe and consensual sexual activities.

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INTIMATE RELATIONSHIPS (AGES 12+)

This indicator is used to describe the individual's current status in terms of romantic/intimate relationships.

Questions to Consider:

- Does this individual enjoy a rewarding interpersonal relationship with an age-appropriate and developmentally appropriate peer?
- If in a relationship, is it developing appropriately over time?
- What is the quality of this relationship?
- Does the individual see the relationship as a source of comfort/strength or source of distress/ conflict?

Ratings and Descriptions

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

Individual has a strong, positive, partner relationship with another individual, or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.

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

The individual has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where they were overly dependent on their partner; or individual's current partner relationship may, at times, impede the individual's healthy development.

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

Individual's partner relationship interferes with their functioning.

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

Individual is currently involved in a negative or domestically violent relationship or a relationship where they are totally dependent on their partner.

NA Individual is younger than 12 years old.

Supplemental Information: This indicator can be rated for individual not currently in a partner relationship but who experiences problems when in intimate relationships. This indicator can also be rated for past relationships that currently impact the individual.

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JOB FUNCTIONING/EMPLOYMENT* (AGES 16+)
If the individual is working, this indicator describes their functioning in a job setting.

Questions to Consider:
- Is the individual able to meet expectations at work?
- Do they have regular conflict at work?
- Are they timely and able to complete responsibilities?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of any problems in work environment. Individual is excelling in a job environment.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Individual has a history of problems with work functioning, or individual may have some problems in the work environment that are not interfering with work functioning or other functional areas. The individual is functioning adequately in a job environment. An individual that is not currently working, but is motivated and is actively seeking work, could be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Some problems at work including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with their work performance. OR although not working, the individual seems interested in doing so, but may have problems with developing vocational or prevocational skills.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual has problems at work in terms of attendance, performance, or relationships. Individual may have recently lost a job. Work problems are placing the individual or others in danger including aggressive behavior toward peers or superiors or severe attendance problems are 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 Individual is not currently working or may not have plans to work; an individual who is younger than 16 years old is also rated here.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [D] Vocational/Career Module.**

Supplemental Information: If the individual is receiving special vocational services, rate the individual's performance and behavior relative to their peer group. If it is planned for the individual to work in the regular economy, rate the individual's functioning compared to that peer group. Some individual's lives may be impacted by their lack of desire not to work which should be considered in rating this indicator.

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[D] VOCATIONAL AND CAREER MODULE (AGES 16+)

Please rate the highest level from the past 30 days. If the individual is unemployed, rate indicators for the last employment experience.

Question to Consider for this Module: How is the individual functioning at work?

For the **Vocational and Career Module,** 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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CAREER ASPIRATIONS

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

Questions to Consider:

- 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?

Ratings and Descriptions

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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JOB TIME

This indicator describes how many hours the individual currently works.

Questions to Consider:

- How many hours does the individual work? What is their work schedule?

Ratings and Descriptions

0 Individual works at least full-time.

1 Individual works more than 20 hours per week but not full-time.

2 Individual works less than 20 hours per week.

3 Individual is not working.

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JOB ATTENDANCE

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

Questions to Consider:

- Has the individual experienced communication or disciplinary action for work attendance issues?
- Is the individual meeting expectations for attendance?

Ratings and Descriptions

0 Individual goes to work consistently as scheduled.

1 Individual has occasional problems going to work. They may, for example, 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.

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JOB PERFORMANCE

This indicator is used to describe the individual's performance based on their job history.

Questions to Consider:

- What feedback has the individual received regarding their job performance?

Ratings and Descriptions

0 The 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 job performance problems that threaten termination or have resulted in recent firing.

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JOB RELATIONS

This indicator is used to describe the individual's history of relationships in work environments.

Questions to Consider:

- Are individual's relationships at the job setting a source of distress or source of strength for them?

Ratings and Descriptions

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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JOB SKILLS

This indicator describes whether the individual has the skills needed for their career aspirations.

Questions to Consider:

- Does the individual require additional job skills to maintain current employment?

Ratings and Descriptions

0	Individual has significant job skills consistent with career aspirations.
1	Individual has basic job skills, but they may not match career aspirations.
2	Individual has limited job skills.
3	Individual has no job skills.

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End of Vocational and Career Module

PARENTAL/CAREGIVING ROLE* (AGES 16+)

This indicator is intended to describe the individual in any parenting or caregiver roles.

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 the individual fill that role?
- Does parenting responsibility impact the individual's life functioning?
- Does the individual want to be more involved in parenting?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
The individual has a parenting/caregiving role, and they are functioning appropriately in that role.

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

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
The individual has responsibilities as a parent/caregiver and either the individual is struggling with these responsibilities, or these issues are currently interfering with the individual's functioning in other life domains.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
The individual has responsibilities as a parent/caregiver and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function in other life domains.

NA Individual is not a caregiver/parent.

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

Supplemental Information: An individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role. A parentified child/youth is rated in the Victimization/Exploitation indicator.

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[E] PARENTING/CAREGIVING MODULE (AGES 16+)

Question to Consider for this Module: What are the individual's current needs in their current parenting/caregiving role?

For the **Parenting/Caregiving Module,** 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	Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
3	Need is dangerous or disabling; requires immediate and/or intensive action.

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KNOWLEDGE OF NEEDS

This indicator 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 No evidence of knowledge issues. Individual is fully knowledgeable about the strengths and weaknesses, talents, 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, talents, 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 The individual has little to no understanding of the condition of the child or adult in their care. Individual's lack of knowledge about the strengths and needs of the child or adult in their care place them at risk of significant negative outcomes.

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SUPERVISION

This indicator describes the capacity of the individual to provide the level of monitoring needed by the child or adult in their care.

Questions to Consider:

- 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?

Ratings and Descriptions

0 The supervision and monitoring that the individual provides to the child or adult in their care is appropriate and functioning well.

1 Supervision and monitoring that the individual provides to the child or adult in their care is generally adequate but inconsistent.

2 Supervision and monitoring that the individual provides to the child or adult in their care is very inconsistent. They are frequently absent.

3 Supervision and monitoring that the individual provides to the child or adult in their care is nearly always absent or inappropriate.

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INVOLVEMENT WITH CARE

This indicator describes 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:

- 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/adult's care?

Ratings and Descriptions

Rating	Description
0	Individual is actively involved in the planning and/or implementation of services and can 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 visit the child/adult when in a temporary out-of-home care but does not become 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.

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ORGANIZATION

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

Questions to Consider:

- Does the individual need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?
- Is the individual prepared for meetings or commitments, remembering to bring anything they needed or promised?

Ratings and Descriptions

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 calls from service providers.
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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MARITAL/PARTNER VIOLENCE IN THE HOME

This indicator 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 child 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.

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End of the Parenting/Caregiver Module

INDEPENDENT LIVING SKILLS* (AGES 16+)

This indicator is used to describe the individual's ability to take responsibility for and also self-manage in an age-appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include cooking, housekeeping, etc. Ratings for this indicator focus on the presence or absence of short- or long-term risks associated with impairments in independent living abilities.

Questions to Consider:

- Has individual ever lived independently?
- Does individual have challenges managing money? If so, what are the challenges?
- Does individual have problems with hygiene or diet?
- Can individual cook, clean and manage themselves without help from anyone?
- Can individual perform day-to-day tasks without help from anyone?

Ratings and Descriptions

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

Individual is fully capable of independent living. No evidence of any deficits or barriers that could impede the development of skills to maintain one's 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 mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems are generally addressable with training or supervision.

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

This level indicates an individual with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing self when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.

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

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

NA Individual is younger than 16 years old.

***A rating of '1', '2' or '3' on this indicator triggers the completion of the [F] Independent Activities of Daily Living Module.**

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[F] INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE (AGES 16+)

Question to Consider for this Module: What are the individual's current needs regarding independent activities of daily living?

For the **Independent Activities of Daily Living Module,** 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	Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
3	Need is dangerous or disabling; requires immediate and/or intensive action.

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MEAL PREPARATION

This indicator describes individual's ability to prepare healthy meals for themselves.

Questions to Consider:

- Is the individual able to prepare their own meals?
- Are they able to use kitchen appliances appropriately to prepare their meals?
- Is the individual able to prepare meals safely and make good food choices?

Ratings and Descriptions

0	Individual is fully independent in preparing meals. Individual can select and safely prepare food that is reasonably healthy.
1	Individual generally prepares meals independently but makes somewhat poor choices for eating or relies on prepared meals or fast food.
2	Individual struggles with safe meal preparation. Individual has difficulty selecting and preparing meals in appropriate portions, or using utensils, appliances, or stove properly. Individual can prepare basic foods like cereal and sandwiches but does not cook.
3	Individual is not currently able to safely prepare meals or select appropriate portion size (too little or too much) which results in harm or danger.

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SHOPPING

This indicator describes individual’s ability to budget, select indicators, or plan for multiple shopping needs at one time (e.g., food, clothing, toiletries, etc.).

Questions to Consider:

- Does the individual shop independently for themselves? This can include online or in-person shopping.
- Are they able to plan, budget and make good choices regarding their shopping priorities?

Ratings and Descriptions

Rating	Description
0	Individual can shop independently to meet all needs.
1	Individual can shop independently for self but may struggle with spending or indicator selection or have some other shopping problem.
2	Individual struggles with shopping for self. Individual may be able to do some shopping, but challenges occur with shopping choices, habits, or expenditures, that interfere with functioning.
3	Individual is unable to shop to meet basic needs, or choices, habits or expenditures pose significant risk to well-being, health, or safety.

Supplemental Information: Shopping includes preparing shopping lists (grocery and other), selecting, purchasing and transportation of indicators, selecting method of payment and completing money transactions. Also included is internet shopping and related use of electronic devices such as computers, cell phones, and tablets.

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HOUSEWORK

This indicator describes individual's ability to keep a functioning and clean living space independently or seek out the necessary resources to do so.

Questions to Consider:

- Is the individual able to keep their living space clean and functional?
- Are there additional skills that would be helpful for the individual to acquire to keep their living space clean and/or functional?

Ratings and Descriptions

0 Individual does housework independently. Individual maintains a functioning and clean living space and takes care of challenges that happen as a routine aspect of living (e.g., clogged toilet, broken refrigerator).

1 Individual can maintain a reasonably clean living space but may struggle with common challenges that happen with housing.

2 Individual has challenges with housework. Individual currently does not maintain a clean living environment or needs prompts, cues, or reminders about housework.

3 Individual is currently not able to do housework or living environment potentially poses a health risk.

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MONEY MANAGEMENT

This indicator describes individual's ability to manage finances by keeping a budget or adjusting expenses to meet all or as many needs as possible.

Questions to Consider:

- Does the individual manage their money? How do they do this?
- Can the individual manage their money and meet their monthly expenses?

Ratings and Descriptions

0 Individual manages money independently. Individual appears to understand the relationship between income and expenditures and can keep expenditures within budget.

1 Individual may have some challenges with aspects of money management (e.g., overspending, losing small amount of money) but these challenges do not have a notable impact on functioning.

2 Individual has challenges with money management that notably interfere with functioning.

3 Individual is currently not able to manage money.

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COMMUNICATION DEVICE USE

This indicator refers to individual's ability to appropriately use a phone and other electronic devices such as smartphones or tablets to communicate with others including the use of email and social media; properly monitor device use and service plan; and adequately care for communication devices.

Questions to Consider:

- What communication devices does the individual have access to?
- Does the individual take appropriate steps to protect their personal information on their communication devices?
- Does the individual engage in dangerous behavior on their communication device?

Ratings and Descriptions

0 Individual uses and manages communication devices appropriately and independently.

1 Individual has some challenges with aspects of communication devices (e.g., boundary issues with sharing contact information, photos or personal information, losing or damaging devices multiple times); however, these challenges do not notably impact functioning.

2 Individual has challenges with communication device use. This may include technical problems using the devices or limited access to devices because of financial reasons or it may include challenges with judgment regarding appropriate device use.

3 Individual is currently unable to use electronic communication devices or engages in dangerous or highly inappropriate activity with such devices and means of communication.

Supplemental Information: Communication management includes sending, receiving and interpreting information using a variety of systems and equipment including writing tools, telephones, cell phones, smart phones, keyboards, audiovisual recorders, computers or tablets, communication bio boards, and call lights.

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HOUSING SAFETY

This indicator describes whether the individual's current housing circumstances are safe and accessible. Consider the individual's specific medical or physical challenges when rating this indicator.

Questions to Consider:

- What are the individual's current housing circumstances?
- Is the individual's current housing circumstance safe?

Ratings and Descriptions

0 Current housing has no challenges regarding fully supporting the individual's health, safety, and accessibility.

1 Current housing has minor challenges regarding fully supporting the individual's health, safety, and accessibility but these challenges do not currently interfere with functioning or present any notable risk to the individual or others.

2 Current housing has notable limitations regarding supporting the individual's health, safety, and accessibility. These challenges interfere with or limit the individual's functioning.

3 Current housing is unable to meet the individual's health, safety, and accessibility needs. Housing presents a significant risk to the individual's health and well-being.

Supplemental Information: Housing safety includes emergency maintenance; knowing and performing preventative procedures to maintain a safe environment; recognizing sudden, unexpected hazardous situations and initiating emergency action to reduce the threat to health and safety (e.g., ensuring safety when entering and exiting the home, identifying emergency contact numbers, and replacing items such as batteries in smoke alarms and light bulbs).

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End of the Independent Activities of Daily Living Module

BASIC ACTIVITIES OF DAILY LIVING (Age 21+)

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

Questions to Consider:

- Does the individual show age-appropriate self-care skills?
- Is the individual able to complete all domains of self-care as is developmentally appropriate: eating, bathing, grooming, dressing, toileting, etc.?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Individual's self-care 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 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., 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., bathing, dressing, and toileting).

NA Individual is younger than 21 years old.

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ROUTINES (Age 21+)

This indicator describes the individual's ability to establish a schedule and keep to it on a daily basis.

Questions to Consider:

- Does the individual have a daily schedule that helps supports mental and physical health and wellness?

Ratings and Descriptions

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

Individual is able to make and maintain routines that support a healthy lifestyle.

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

Individual is generally able to make and maintain routines that support a healthy lifestyle, however, there are occasional problems, or a current life event has disrupted these routines temporarily.

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

Individual struggles to make and/or maintain routines to support a healthy lifestyle. The lack of routines is currently interfering with the individual's functioning in at least one life domain.

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

Individual is unable to make or maintain routines.   The individual's lifestyle is chaotic, and the absence of routines is preventing functioning in at least one life domain.

NA Individual is younger than 21 years old.

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FUNCTIONAL COMMUNICATION (AGES 21+)

This indicator refers to using communication and interaction with others to achieve needs, goals, and desires on a daily basis (e.g., self-advocacy, asking for directions, asking appropriate questions at the doctor's office).

Questions to Consider:

- Is the individual able to ask for directions, communicate their needs?
- Does the individual have difficulty in achieving their goals due to communication difficulties?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Individual is fully able to functionally communicate.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Individual has occasional challenges fully communicating functionally although these challenges do not interfere with the person's functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual has challenges with functional communication that interfere with functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual has notable problems with functional communication that are either dangerous or prevent them from functioning in at least one life domain.

NA Individual is younger than 21 years old.

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HOARDING (Age 21+)

This indicator describes the degree to which an individual collects material with limited to no actual value within their living environment. Ratings of ‘2’ or higher require evidence that the hoarding behavior is limiting or preventing functioning in at least one life domain.

Questions to Consider:

- Does the individual collect material that has limited or no value?
- To what degree is the individual’s collection of materials interfering with their functioning?
- Is the individual’s collection of materials impacting their living space? To what degree?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Individual has no evidence of any problems with hoarding behavior.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Some hoarding of items that have limited or no value, but this behavior does not directly interfere with functioning beyond others in their life commenting or complaining about the behavior.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual keeps a significant amount of material that has limited or no value. This hoarding behavior limits functioning in at least one life domain. Individual is actively resistant to any effort to remove hoarded materials.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
The hoarding behavior results in the collection of an amount of material that has limited or no value to the degree that there is nearly no available living space. The hoarding behavior is disabling (e.g., lost relationships, unable to leave home) or dangerous.

NA Individual is younger than 21 years old.

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LONELINESS (Age 21+)

This indicator describes the individual's feelings or perception of loneliness. This is not exclusively a social isolation indicator as some individuals are comfortable with or seek out some level of social isolation that others might find uncomfortable.

Questions to Consider:

- Does the individual express any feelings of loneliness?
- Is the individual's loneliness causing difficulties in their functioning?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
There is no evidence that the individual is experiencing any loneliness.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Individual experiences some loneliness but it does not interfere with their life, or the individual might be socially isolated but not reporting any feeling of loneliness.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual has expressed a level of loneliness that is interfering with functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual is expressing severe loneliness. This may be either a symptom of or a cause of depression or other mental health challenges. The individual's experience of loneliness is either disabling or so severe as to create worries about the individual's personal safety.

NA Individual is younger than 21 years old.

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5. SAFETY

This section captures information on the individual's engagement in risk behaviors and the safety of their environment.

5A. RISK BEHAVIORS

RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get individuals in trouble or put them in danger of harming themselves or others. 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's behaviors put them at risk for serious harm?

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

0 No evidence of any needs or risk behaviors; no need for action.

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

2 Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

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

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VICTIMIZATION/EXPLOITATION

This indicator describes an individual who has been victimized by others. This indicator is used to examine a history and pattern of being the object of abuse and/or whether the individual is at current risk for re-victimization. This indicator includes children or youth who are currently being bullied at school or in their community. It would also include individuals who are victimized in other ways (e.g., sexual abuse, sexual exploitation, inappropriate expectations based on a child's level of development, an individual who is forced to take on a parental level of responsibility, etc.).

Questions to Consider:

- Has the individual ever been bullied or the victim of a crime?
- Has the individual traded sexual activity for goods, money, affection, or protection?
- Has the individual been a victim of human trafficking?
- Is the individual parentified or has taken on parental responsibilities and has this impacted their functioning?

Ratings and Descriptions

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

No evidence that the individual has experienced 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.*

Suspicion or history 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 *Need or risk behavior is interfering with functioning. 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 *Need or risk behavior is dangerous or disabling. 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, or sexual activity) or living in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members.

Supplemental Information: Sexual exploitation includes any situation, context, or relationship where the individual receives something (e.g., food, accommodations, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing sexual activities, and/or others performing sexual activities on them. This includes commercial sexual exploitation in which a third party receives payment for the sexual exploitation of the individual.

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SELF-HARM (AGES 0-5)

This indicator includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child or others in some jeopardy. This may include behavior that is repetitive and self-soothing (i.e., non-suicidal self-injury), including head banging, hair pulling, etc.

Questions to Consider:

- Has the child head banged or done other self-harming behaviors?
- If so, does the caregiver's support help stop the behavior?

Ratings and Descriptions

0 *No evidence of any needs or risk behaviors; no need for action.*
There is no evidence of self-harm behaviors.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*
Child's self-harm behaviors such as head banging cannot be impacted by supervising adult and interferes with their functioning.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*
Child's self-harm behavior puts their safety and well-being at risk.

NA Individual is 6 years of age or older. For individuals 6 years or older, rate the Non-Suicidal Self-Injurious Behavior and Other Self-Harm indicators.

Supplemental Information: This indicator combines two CANS indicators: Non-Suicidal Self-Injurious Behavior and Other Self-Harm. Reckless and risk-taking behavior should be rated in this indicator.

Understanding self-harm in young children: Self-harm, oftentimes referred to as Self-Injurious Behavior (or SIB), is known to occur in young children; in fact, studies from the 1980s and 1990s found that about 15% of young children demonstrated some instances of SIB during the first five years of life. While early-onset SIB generally resolves before age 5, it is more likely to persist in children with developmental delays (Kurtz et al., 2012). The most common SIBs for young children are head banging, hand-to-head hitting, skin picking/scratching, hair pulling, throwing self to floor, self-biting, and eye poking. [continues]

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SELF-HARM (AGES 0-5) continued

In most cases, SIB in young children is a way to self-stimulate, self-comfort, or release frustration. In some cases, SIB may emerge when a child is experiencing emotional distress, such as after an experience of trauma or within the context of relational challenges with caregivers. Like other “aggressive” behaviors in early childhood, it is important for caregivers to try to recognize the child’s feeling or goal that may be prompting the SIB and help children learn emotional regulation skills that they can use in these situations. (Lerner & Parlakian, 2016).

Several factors have been associated with SIB in early childhood, including (Kurtz et al., 2012):

- Intellectual or developmental disability (such as Austin Spectrum Disorder)
- Certain genetic disorders (such as Fragile X Syndrome)
- Experience of pain-related events during early childhood
- Sensory processing difficulties, including low vestibular stimulation (the vestibular system is located within the inner ear and responds to movement and gravity)
- Communication difficulties
- Isolated caregiving environments

FOR REFERENCE TO DC 0-5 (ZTT, 2016) IF APPLICABLE:

Axis I

- A rating of ‘2’ or ‘3’ may be consistent with symptoms of **Depressive Disorder of Early Childhood** or **Disorder of Dysregulated Anger and Aggression of Early Childhood (DDAA**).
- A rating of ‘2’ or ‘3’ specific to interactions with one caregiver may be a consistent with symptoms of **Relationship Specific Disorder**.

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PRENATAL CARE (AGES 0-5)

This indicator refers to the health care and pregnancy-related illness of the mother that impacted the child in utero.

Questions to Consider:

- What kind of prenatal care did the biological mother receive?
- Did the mother have any unusual illnesses or risks during pregnancy?

Ratings and Descriptions

0	Child's biological mother had adequate prenatal care (e.g., 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
1	Child's biological mother had some shortcomings in prenatal care or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here; her care must have begun in the first or early second trimester. A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
3	Child's biological mother had no prenatal care or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.
NA	Individual is 6 years of age or older.

Supplemental Information: There is well-documented prenatal risk for black women and other women of color because of:

- Socio-economic factors: Women of color are more likely to experience socio-economic disparities, including lower income, limited access to healthcare, and inadequate insurance coverage. These barriers can hind their ability to access timely and quality prenatal care. [continues]

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PRENATAL CARE continued

- Structural racism: Systemic racism and discrimination within health care systems can result in disparities in the quality of care received by women of color, leading to disparities in the provision of healthcare. This can result in lower quality care, delayed diagnoses, and inadequate support for women of color during pregnancy.
- Health disparities: Women of color are more likely to experience underlying health conditions such as hypertension, diabetes, and obesity, which can increase the risk of complications during pregnancy. Limited access to preventive care and chronic disease management exacerbates these disparities.
- Economic factors: Women of color are more likely to live in neighborhoods with environmental hazards such as pollution, inadequate housing, and limited access to healthy food options.   These environmental factors can contribute to poor maternal health outcomes and increase the risk of pregnancy complications.
- Implicit bias: Healthcare providers may hold implicit biases that influence their interactions with patients of color, leading to disparities in the provision of prenatal care. This can result in lower quality care, delayed diagnoses, and inadequate support for women of color during pregnancy.

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BIRTH WEIGHT (AGES 0-5)

This indicator describes the child's birth weight as compared to normal development.

Questions to Consider:

- How did the child's birth weight compare to typical averages?

Ratings and Descriptions

0	Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
1	Child born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.
2	Child considerably underweight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
3	Child extremely underweight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.
NA	Individual is 6 years of age or older.

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FLIGHT RISK/RUNAWAY* (AGES 3-21)

This indicator describes the risk of leaving or running away from a living situation. This indicator can also refer to any planned or impulsive running or 'bolting' behavior that presents a risk to the safety of the child or youth. Factors to consider in determining level of risk include age of the young person, frequency and duration of escape episodes, timing and context, and other risky activities while running.

Questions to Consider:

- Has the child/youth ever left or run away from their placement? Has child/youth bolted or run away from home, school, or any other place?
- If so, where did they go? How long did they stay away? How were they found?
- Does the child/youth ever threaten to leave or run away?

Ratings and Descriptions

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

Child/youth has no history of bolting, leaving, running away or ideation of escaping from current living situation.

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

Child/youth has no recent history of bolting, leaving or running away but has expressed ideation about escaping current living situation. Child/youth may have threatened leave or run away on one or more occasions or has a history of leaving/running away but not in the recent past.

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

Child/youth has left, bolted, or run from home or one treatment setting one time. Also rated here is a child/youth who has run home (parental or relative).

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

Child/youth has left, bolted, or run from home and/or treatment settings in the recent past and presents an imminent flight risk. A child/youth who is currently absent without leave or noted as a runaway is rated here.

NA Individual is younger than 3 years old or older than 22 years old.

Supplemental Information: An independent adult who can leave on their own is not rated on this indicator.

Understanding flight risk in young children: Exploring the inside and outside world — with supervision, of course — is important for young children's emotional, social, and physical development. They're learning to talk, to walk and run, and to assert their independence. During this stage, caregivers will be balancing the need for safety and supervision, [continues]

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FLIGHT RISK/RUNAWAY continued

with the child's need to explore, learn, and gain independence, which may result in times when toddlers or young children wander off or run away from their caregivers (Gavin, 2015). For some children, however, wandering off or running away (sometimes called bolting or elopement) may become more serious and may place the child at risk for harm.

Some common reasons for bolting/elopement include (CDC, 2019):

- Enjoyment of running or exploring
- To get to a place he or she enjoys (like a pond)
- To get out of a situation that causes stress (for example, being asked to do something at school or getting away from a loud noise)
- Engaging in risk-taking or impulsive behaviors as a response to stress or stimulation
- To test the boundaries of caregiver-relationships and/or to trigger a response from a caregiver

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

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[G] RUNAWAY MODULE (AGES 3-21)

For the **Runaway Module,** use the following categories and action levels:

0 No evidence of any needs or risk behaviors; no need for action.

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

2 Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

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

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FREQUENCY OF RUNNING

This indicator describes how often the child/youth runs away.

Questions to Consider:

- How often does the child/youth run away?

Ratings and Descriptions

0 Child/youth has only run once in past year.

1 Child/youth has run on multiple occasions in past year.

2 Child/youth runs often but not always.

3 Child/youth runs at every opportunity.

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CONSISTENCY OF DESTINATION

This indicator describes whether the child/youth runs away to the same place, area, or neighborhood.

Questions to Consider:

- Does the child/youth always run to the same spot?

Ratings and Descriptions

0 Child/youth always runs to the same location.

1 Child/youth generally runs to the same location or neighborhood.

2 Child/youth runs to the same community, but the specific locations change.

3 Child/youth runs to no planned destination.

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SAFETY OF DESTINATION

This indicator describes how safe the area is where the child/youth runs to.

Questions to Consider:

- Does the child/youth run to safe locations?

Ratings and Descriptions

0 Child/youth runs to a safe environment that meets their basic needs (e.g., food, shelter).

1 Child/youth runs to generally safe environments; however, they might be somewhat unstable or variable.

2 Child/youth runs to generally unsafe environments that cannot meet their basic needs.

3 Child/youth runs to very unsafe environments where the likelihood that the child/youth will be victimized is high.

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INVOLVEMENT IN ILLEGAL ACTIVITIES

This indicator describes what type of activities the child/youth is involved in while on the run and whether they are legal activities.

Questions to Consider:

- When the child/youth runs away, are they involved in illegal activities?

Ratings and Descriptions

0 Child/youth does not engage in illegal activities while on run beyond those involved with the running itself.

1 Child/youth engages in status offenses beyond those involved with the running itself while on run (e.g., curfew violations, underage drinking).

2 Child/youth engages in delinquent activities while on run.

3 Child/youth engages in dangerous delinquent activities while on run (e.g., armed robbery).

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LIKELIHOOD OF RETURN ON OWN

This indicator describes whether the child/youth returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (e.g., police).

Questions to Consider:

- Does the child/youth usually return home on their own?
- Is adult/external intervention needed?

Ratings and Descriptions

0 Child/youth will return from run on their own without prompting.

1 Child/youth will return from run when found but not without being found.

2 Child/youth will make themselves difficult to find and/or might passively resist return once found.

3 Child/youth makes repeated and concerted efforts to hide to not be found and/or resists return.

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INVOLVEMENT OF OTHERS

This indicator describes whether others help the child/youth to run away.

Questions to Consider:

- Are others involved in the running activities?

Ratings and Descriptions

0 Child/youth runs by themselves with no involvement of others. Others may discourage behavior or encourage child/youth to return from run.

1 Others enable child/youth running by not discouraging child/youth's behavior.

2 Others involved in running by providing help, hiding child/youth.

3 Child/youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

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REALISTIC EXPECTATIONS

This indicator describes what the child/youth's expectations are for when they run away.

Questions to Consider:

- What are the child/youth's expectations when they run away?

Ratings and Descriptions

0 Child/youth has realistic expectations about the implications of their running behavior.

1 Child/youth has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat 'optimistic' outcome.

2 Child/youth has unrealistic expectations about the implications of their running behavior.

3 Child/youth has obviously false or delusional expectations about the implications of their running behavior.

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PLANNING

This indicator describes how much planning the child/youth puts into running away or if the child/youth runs away spontaneously.

Questions to Consider:

- Does the child/youth plan when they run away?

Ratings and Descriptions

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

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End of Runaway Module

SUICIDE RISK* (AGES 3+)

This indicator 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 indicator rates overt and covert thoughts and efforts on the part of an individual to end their life. A rating of '2' or '3' would indicate the need for a safety plan.

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs or risk behaviors; 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 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Recent, but not acute, suicidal ideation or gesture.

3 *Need or risk behavior is dangerous or disabling. 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.

NA Child is younger than 3 years old.

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

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[H] SUICIDE RISK MODULE (AGES 3+)

For the **Suicide Risk Module,** use the following categories and action levels:

0 No evidence of any needs or risk behaviors; no need for action.

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

2 Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

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

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IDEATION

This indicator describes whether the individual has recently thought about hurting themselves.

Questions to Consider:

- Does the individual ever think about hurting themselves?
- When did these thoughts happen and what is the content?

Ratings and Descriptions

0 No evidence of suicidal ideation.

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.

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INTENT

This indicator describes the level of intent the individual has of harming themselves.

Questions to Consider:

- Does the individual have any intent for harming/killing themselves?
- If so, how recent was it?

Ratings and Descriptions

0	No evidence of intent to harm themselves.
1	History, but no recent intent to commit suicide.
2	Recent intent to commit suicide.
3	Current intention.

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PLANNING

This indicator describes whether the individual has recently had a plan to commit suicide.

Questions to Consider:

- Does the individual have a plan on how they will commit suicide?
- If so, how realistic or lethal is that plan?

Ratings and Descriptions

0	No evidence of a concrete plan to harm themselves.
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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HISTORY OF ATTEMPTS

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

Questions to Consider:

- Does individual have a history of suicide attempts?

Ratings and Descriptions

Rating	Description
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.

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AWARENESS OF OTHERS' SUICIDE

Sometimes knowledge of someone else's suicide has an effect on an individual. If the individual is aware of another's suicide, this indicator refers to the impact of the suicide on the individual.

Questions to Consider:

- Is the individual aware of another person's suicide (either someone personally known such as a family member or friend, or a public figure)?
- Did learning about the suicide have an effect on the individual?

Ratings and Descriptions

Rating	Description
0	No evidence that the individual is impacted by the recent suicide of another. Either the individual does not know about another's suicide, or that knowledge did not negatively impact the individual.
1	Someone known to the individual recently committed suicide. The person could be known to the individual personally or a public figure they have a sense of connection with. Knowledge of the suicide has impacted the individual is some negative way.

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End of Suicide Risk Module

INTENTIONAL MISBEHAVIOR (AGES 3+)

This indicator describes intentional behaviors that an individual engages in to force others to administer consequences. This indicator should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the individual lives) that put the individual at some risk of consequences. It is not necessary that the individual be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this indicator. There is always, however, a benefit to the individual resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., individual feels more protected, more in control, less anxious because of the sanctions). This indicator should not be rated for individuals who engage in such behavior solely due to their developmental needs.

Questions to Consider:

- Does the individual intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents or teachers)?
- Has the individual engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the individual such as suspension, job dismissal, etc.?

Ratings and Descriptions

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

Individual shows no evidence of problematic social behaviors that cause adults to administer consequences.

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

Some problematic social behaviors that force adults to administer consequences to the individual. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.

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

Individual may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the individual's life.

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

Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the individual. The inappropriate social behaviors may cause harm to others and/or place the individual at risk of significant consequences (e.g., expulsion from school, removal from the community).

NA Individual is younger than 3 years old.

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SEXUALLY PROBLEMATIC BEHAVIOR (AGES 6+)

This indicator describes issues around sexual behavior including developmentally inappropriate or age-inappropriate sexual behavior.

Questions to Consider:

- Has the individual ever been involved in sexual activities or done anything sexually inappropriate?
- Has the individual ever had concerns regarding sexualized behavior or with physical/sexual boundaries?

Ratings and Descriptions

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

No evidence of challenges with sexual behavior.

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

History or evidence of challenges with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here.

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

Individual’s sexual behaviors are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age-inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here.

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

Severe sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.

NA Individual is younger than 6 years old.

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SEXUAL AGGRESSION* (AGES 6+)
This indicator describes sexual behavior that could result in charges being made against the individual. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. The severity and recency of the behavior provide the information needed to rate this indicator.

Questions to Consider:

- Has the individual ever been accused of being sexually aggressive or being a sexual predator?
- Has the individual ever been accused of sexually harassing others or using sexual language?
- Has the individual had sexual contact with minors?

Ratings and Descriptions

0 *No evidence of any needs or risk behaviors; 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 of sexually aggressive behavior (but not in past year) OR sexually inappropriate non-physical behavior in the past year that troubles others such as harassing talk or language. For example, occasional inappropriate sexually aggressive/harassing language or behavior.

2 *Need or risk behavior is interfering with functioning. 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).

3 *Need or risk behavior is dangerous or disabling. 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.

NA Individual is younger than 6 years old.

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

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[I] SEXUALLY AGGRESSIVE BEHAVIOR MODULE (AGES 6+)

For the **Sexually Aggressive Behavior Module,** use the following categories and action levels:

0 No evidence of any needs or risk behaviors; no need for action.

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

2 Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

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

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RELATIONSHIP

This indicator describes 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:

- How does the individual know the other person involved?

Ratings and Descriptions

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 person through sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

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PHYSICAL FORCE/THREAT/COERCION

This indicator describes the level of physical force involved in the sexual aggression. Please rate the highest level from the most recent episode of sexual behavior. This indicator should be rated only for the perpetrator.

Questions to Consider:

- Does the individual use or threaten to use physical force towards others in commission of the sex act?

Ratings and Descriptions

Rating	Description
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 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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PLANNING

This indicator describes whether there is evidence of planning of the sexual activity. Please rate the highest level from the most recent episode of sexual behavior. This indicator should be rated only for 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 others and/or adults, 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.

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AGE DIFFERENTIAL

This indicator describes the age difference between the individual and their victim. Please rate the highest level from the most recent episode of sexual behavior. This indicator should be rated only for the perpetrator.

Questions to Consider:

- What is the age of the person the individual has had sexual activity with?

Ratings and Descriptions

0 Ages of the perpetrator and victim and/or participants is essentially equivalent.

1 **Ages 6-17:** Age differential between perpetrator and victim is 3 to 4 years. A history of significant age differential would be rated here.

Ages 18+: Age differential between perpetrator and victim and/or participants is substantial, but the victim is older than 17 years

2 **Ages 6-17:** Age differential between perpetrator and victim at least 5 years, but perpetrator is less than 13 years old.

Ages 18: Age differential between perpetrator and victim is less than 5 years, but the victim is 13 to 17 years old.

3 **Ages 6-17:** Age differential between perpetrator and victim at least 5 years and perpetrator is 13 years old or older.

Ages 18: The victim is under the age of 13.

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POWER DIFFERNTIAL

This indicator describes the highest level from the most recent episode of sexual behavior. This indicator should be rated only for the perpetrator.

Questions to Consider:

- Does the individual use their power to victimize others?

Ratings and Descriptions

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: a youth 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.

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TYPE OF SEX ACT

This indicator describes the kind of the sex act involved in the aggression. Rate the most serious type of aggression present.

Questions to Consider:

- What was the most serious exact act involved in the individual's sexual aggression?

Ratings and Descriptions

0 Sex act involved touching or fondling only.

1 Sex act involved fondling plus possible penetration with fingers or oral sex.

2 Sex act involved penetration into genitalia or anus with body part.

3 Sex act involved physically dangerous penetration due to differential size or use of an object.

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RESPONSE TO ACCUSATION

This indicator describes how the individual responded to the accusation, and the remorse felt by the individual.

Questions to Consider:

- What is the individual's level of remorse for their sexually aggressive behavior?
- Do they admit to the sex acts?

Ratings and Descriptions

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.

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End of Sexually Aggressive Behavior Module

BULLYING OTHERS (AGES 6+)

This indicator describes behavior that involves intimidation (verbal or physical) of others; threatening others with harm if they do not comply with the individual's demands is rated here. Cyberbullying or any bullying online or via social media is rated on this indicator. A victim of bullying is not rated here.

Questions to Consider:

- Are there concerns that the individual might bully others? Engaging in cyberbullying?
- Have there been any reports that the individual has picked on, made fun of, harassed or intimidated another person?
- Does the individual associate with other people who bully?

Ratings and Descriptions

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

No evidence that the individual has ever engaged in bullying at school/work , online or in the community.

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

History or suspicion of bullying, or individual has engaged in bullying behavior or associated with groups that have bullied others.

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

Individual has bullied others at school/work, online, or in the community. They have either bullied others or led a group that bullied others.

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

Individual has repeatedly utilized threats or actual violence when bullying others in school, online, and/or in the community.

NA Individual is younger than 6 years old.

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NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (AGES 6+)

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

Questions to Consider:

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

Ratings and Descriptions

0 *No evidence of any needs or risk behaviors; 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 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.

3 *Need or risk behavior is dangerous or disabling. 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.

NA Individual is younger than 6 years old.

Supplemental Information: Suicidal behavior is not self-mutilation. Carving and cutting on the body are common examples of self-mutilation behavior. Generally, body piercings and tattoos are not considered a form of self-injury. Repeatedly piercing or scratching one's skin would be included. Self-mutilation in this fashion is thought to have addictive properties since generally the self-harm behavior results in the release of endorphins that provide a calming feeling.

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OTHER SELF-HARM (RECKLESSNESS) (AGES 6+)

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

Questions to Consider:

- Does the individual ever put themselves in dangerous situations?
- Has the individual ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?

Ratings and Descriptions

0 *No evidence of any needs or risk behaviors; 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 some reckless or risk-taking behavior (other than suicide or self-mutilation) that placed the individual at risk of physical harm.

2 *Need or risk behavior is interfering with functioning. 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 *Need or risk behavior is dangerous or disabling. 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.

NA Individual is younger than 6 years old. For young children rate the Self-Harm (ages 0-5) indicator.

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

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DANGER TO OTHERS* (AGES 6+)

This indicator describes 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 injured another person on purpose?
- Does the individual get into physical fights?
- Has the individual ever threatened to kill or seriously injure others?

Ratings and Descriptions

0 *No evidence of any needs or risk behaviors; 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 *Need or risk behavior is interfering with functioning. 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 *Need or risk behavior is dangerous or disabling. 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.

NA Individual is younger than 6 years old.

Supplemental Information: Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others, or an individual setting a fire that placed others at significant risk of harm would be rated a '3.' Reckless behavior that may cause physical harm to others is <u>not</u> rated on this indicator.

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

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[J] DANGEROUSNESS MODULE (AGES 6+)

For the **Dangerousness Module,** use the following categories and action levels:

0 No evidence of any needs or risk behaviors; no need for action.

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

2 Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

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

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EMOTIONAL/BEHAVIORAL RISKS

HOSTILITY

This indicator describes the perception of others regarding the individual's level of anger and hostility.

Questions to Consider:

- In what situations does the individual become hostile?

Ratings and Descriptions

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 them 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.'

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PARANOID THINKING

This indicator describes the existence/level of paranoid thinking experienced by the individual.

Questions to Consider:

- Is the individual acting overly suspiciously or are they suspicious of others?
- Is there any evidence of overly suspicious thinking/beliefs?
- Does the individual avoid answering questions about their thoughts, feelings and/or relationships?

Ratings and Descriptions

0 Individual does not appear to engage in any paranoid thinking.

1 Individual is suspicious of others but can 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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SECONDARY GAINS FROM ANGER

This indicator is used to describe the presence of anger to obtain additional benefits.

Questions to Consider:

- What happens after the individual gets angry?
- Does the individual typically get what they want 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 parents, caregivers, teachers, or peers.

3 Individual routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers. Others in individual's life appear intimidated.

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VIOLENT THINKING

This indicator describes 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, draw or write about 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.

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PLANNING

This indicator describes whether the individual recently had a plan to harm others.

Questions to Consider:

- Does the individual express any intent to harm others?
- Does the individual have a plan?

Ratings and Descriptions

0 There is no evidence that the individual has a plan to harm others.

1 Individual has a vague notion of a plan, but that plan is unrealistic.

2 Individual has a plan to harm others that is feasible.

3 Individual has a plan that is immediately accessible and feasible.

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INTENT

This indicator describes the level of intent the individual has to harm others.

Questions to Consider:

- Does the individual currently express any intention to harm others? In the past?

Ratings and Descriptions

0	There is no evidence that the individual intends to harm others.
1	There is history of the individual intending to harm others, but no recent intent.
2	Individual has recently expressed intent to harm others.
3	Individual has expressed current intention to harm others.

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VIOLENCE HISTORY

This indicator describes the individual’s history of violence.

Questions to Consider:

- Has the individual ever been violent with a sibling, peer, and/or adult?
- Has the individual ever been cruel to animals or destroyed property?

Ratings and Descriptions

0	No evidence of any history of violent behavior by the individual.
1	Individual has engaged in some forms of violent behavior including vandalism, minor destruction of property, or physical fights in which no one was injured (e.g., shoving, wrestling).
2	Individual has engaged in some 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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RESILIENCY FACTORS

AWARENESS OF VIOLENCE POTENTIAL

This indicator describes 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 identify 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 their risk factors. Individual accepts responsibility for past and future behaviors. Individual can 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 their risk factors and is generally able to take responsibility. Individual may be unable to anticipate future circumstances that may challenge them.

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 their 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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RESPONSE TO CONSEQUENCES

This indicator describes the individual’s reaction when they get consequences for violence or aggression.

Questions to Consider:

- How does the individual react to consequences given for violent or aggressive behavior?

Ratings and Descriptions

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 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.

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COMMITMENT TO SELF-CONTROL

This indicator describes the individual’s willingness and commitment to controlling aggressive and/or violent behaviors.

Questions to Consider:

- Does the individual want to change their behaviors?
- Is the individual committed to such change?

Ratings and Descriptions

0 Individual is fully committed to controlling their violent behavior.

1 Individual is generally committed to controlling 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.

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End of the Dangerousness Module

FIRE SETTING* (AGES 6+)

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

Questions to Consider:

- Has the individual ever started a fire?
- Has the incident of fire setting put anyone at harm or at risk of harm?

Ratings and Descriptions

0 *No evidence of any needs or risk behaviors; no need for action*.
No evidence of fire setting by the individual.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History of fire setting but not in the recent past.

2 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*
Recent fire-setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*
Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).

NA Individual is younger than 6 years old.

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [K] Fire Setting Module.**

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[K] FIRE SETTING MODULE (AGES 6+)

For the **Fire Setting Module,** use the following categories and action levels:

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

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HISTORY

This indicator describes the individual's history of fire setting including the number of fire-setting events and the time elapsed between fire-setting events.

Questions to Consider:

- How many times has individual started fires?
- When did that happen?

Ratings and Descriptions

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

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Rate the most recent episode of fire setting for the following indicators.

SERIOUSNESS

This indicator describes the extent of damage or harm caused by the individual's fire-setting behavior.

Questions to Consider:

- What happened after individual started fires?
- What was the extent of the damage?
- Was any property damaged or were there any injuries?

Ratings and Descriptions

0 Individual has engaged in fire setting that resulted in only minor damage (e.g., campfire in the back yard which scorched some lawn).

1 Individual has engaged in fire setting that resulted only in some property damage that required repair.

2 Individual has engaged in fire setting which caused significant damage to property (e.g., burned down house).

3 Individual has engaged in fire setting that injured self or others.

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PLANNING

This indicator describes the individual's forethought when engaging in fire-setting behavior.

Questions to Consider:

- Does individual plan to set fires or does it spontaneously because the opportunity suddenly presents itself?

Ratings and Descriptions

0 No evidence of any planning. Fire-setting behavior appears opportunistic or impulsive.

1 Evidence suggests that individual places themselves into situations where the likelihood of fire-setting behavior is enhanced.

2 Evidence of some planning of fire-setting behavior.

3 Considerable evidence of significant planning of fire-setting behavior. Behavior is clearly premeditated.

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USE OF ACCELERANTS

This indicator describes the individual's use of chemicals and other flammable materials (accelerants) to aid the spread of fire or to make the fire more intense.

Questions to Consider:

- Has individual used accelerants to start a fire, such as gasoline or anything that will help start a fire rapidly?

Ratings and Descriptions

0 No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.

1 Evidence suggests that the fire setting involved some use of mild accelerants (e.g., sticks, paper) but no use of liquid accelerants.

2 Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.

3 Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

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INTENTION TO HARM

This indicator describes the extent to which the individual intended to injure others when fire setting.

Questions to Consider:

- When individual started the fire, did they intend to harm/injure or kill someone?
- Was individual seeking revenge?

Ratings and Descriptions

0 Individual did not intend to harm others with fire. They took efforts to maintain some safety.

1 Individual did not intend to harm others but took no efforts to maintain safety.

2 Individual intended to seek revenge or scare others but did not intend physical harm, only intimidation.

3 Individual intended to injure or kill others.

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Rate the following within the last 30 days.

COMMUNITY SAFETY

This indicator describes the level of risk the individual poses to the community due to their fire-setting behavior.

Questions to Consider:

- When individual started the fires, did they place other people in the community at risk?
- Do other people think that individual puts them at risk when they start fires?
- Does individual intentionally try to hurt others when they start a fire?

Ratings and Descriptions

0 Individual presents no risk to the community. They could be unsupervised in the community.

1 Individual engages in fire-setting behavior that represents a risk to community property.

2 Individual engages in fire-setting 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 fire-setting behavior that intentionally places community members in danger of significant physical harm. Individual attempts to use fires to hurt others.

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RESPONSE TO ACCUSATION

This indicator describes the reaction of the individual as the individual is confronted about their behavior.

Questions to Consider:

- How did individual react when accused of setting fires?
- Does individual feel remorse for their fire setting?

Ratings and Descriptions

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.

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REMORSE

This indicator describes the degree to which the individual expresses regret for the fire-setting behavior.

Questions to Consider:

- Does the individual feel responsible for starting that fire?
- How did the individual apologize for what they did?

Ratings and Descriptions

0 Individual accepts responsibility for behavior and is truly sorry for any damage/risk caused. Individual is able to apologize directly to affected people.

1 Individual accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, individual is unable or unwilling to apologize to affected people.

2 Individual accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.

3 Individual accepts no responsibility and does not appear to experience any remorse.

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LIKELIHOOD OF FUTURE FIRE SETTING

This indicator describes the potential for reoccurrence of fire-setting behavior in the future.

Questions to Consider:

- How is the individual willing to control self to prevent setting fires in the future?

Ratings and Descriptions

0 Individual is unlikely to set fires in the future. Individual is able and willing to exert self-control over fire setting.

1 Individual presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.

2 Individual remains at risk of fire setting if left unsupervised. Individual struggles with self-control.

3 Individual presents a real and present danger of fire setting in the immediate future. Individual is unable or unwilling to exert self-control over fire-setting behavior.

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End of Fire Setting Module

DELINQUENT/CRIMINAL BEHAVIOR* (AGES 6+)

This indicator includes both criminal behavior and status offenses that may result from the individual failing to follow required behavioral standards (e.g., truancy, curfew violations, vandalism, underage drinking/drug use, driving without a license). Sexual offenses should be included as delinquent/criminal behavior. If caught, the individual could be arrested for this behavior.

Questions to Consider:

- Do you know of laws that the individual has broken (even if they have not been charged or caught)?
- 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 or risk behaviors; no need for action*.
No evidence or history of delinquent or criminal behavior.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History or suspicion of delinquent or criminal behavior, but none in the recent past. Status offenses would generally be rated here.

2 *Need or risk behavior is interfering with functioning. 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. Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the individual at risk.

3 *Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.*
Serious recent acts of delinquent or criminal activity that place others at risk of significant loss or injury. Examples include car theft, residential burglary, rape, armed robbery, and assault.

NA Individual is younger than 6 years old.

Supplemental Information: When rating children or youth: This indicator uses the mental health rather than the juvenile justice definition of delinquency, reflecting behaviors that we know about. Since the primary goal of the intervention is to prevent the individual from future harm, it is necessary to assess behaviors of which we are aware. The general vagueness of this indicator prevents placing the individual in any legal jeopardy from the assessment (i.e., no specific crimes are identified, just a level of risk).

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the [L] Justice/Crime Module.**

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[L] JUSTICE/CRIME MODULE (AGES 6+)

For the **Justice/Crime Module,** use the following categories and action levels:

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

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SERIOUSNESS

This indicator describes the seriousness of the individual's delinquent/criminal behaviors.

Questions to Consider:

- What are the behaviors/actions that caused the individual to be involved in the justice system?

Ratings and Descriptions

0	Individual has had no criminal offenses.
1	Individual has engaged in misdemeanor criminal behavior.
2	Individual has engaged in significant delinquent or felony behavior (e.g., extensive theft, significant property destruction) or felony.
3	Individual has engaged in delinquent or criminal behavior that places others at risk of significant physical harm.

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HISTORY

This indicator describes the individual’s history of delinquency/criminal behavior.

Questions to Consider:

- How many delinquent/criminal behaviors has the individual engaged in?
- Are there periods of time in which the individual did not engage in delinquent/criminal behaviors?

Ratings and Descriptions

0 Current delinquent/criminal behavior is the first known occurrence.

1 Individual has engaged in multiple delinquent/criminal acts in the past one year.

2 Individual has engaged in multiple delinquent/criminal acts for more than one year but has had periods of at least 3 months where they did not engage in delinquent or criminal behavior.

3 Individual has engaged in multiple delinquent/criminal acts for more than one year without any period of at least 3 months where they did not engage in delinquent or criminal behavior.

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ARRESTS

This indicator describes the individual’s history of arrests.

Questions to Consider:

- How many times has the individual been arrested or detained in the past 30 days?

Ratings and Descriptions

0 Individual has no known arrests/detentions.

1 Individual has history of delinquency or criminal behavior, but no arrests in the past 30 days.

2 Individual has 1 to 2 arrests/detention in the last 30 days.

3 Individual has more than 2 arrests/detentions in last 30 days.

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PLANNING

This indicator describes the premeditation or spontaneity of the delinquent/criminal acts.

Questions to Consider:

- Does the individual engage in pre-planned, spontaneous or impulsive delinquent behavior or criminal acts?

Ratings and Descriptions

Rating	Description
0	No evidence of any planning. Delinquent/criminal behavior appears opportunistic or impulsive.
1	Evidence suggests that the individual places themselves into situations where the likelihood of delinquent/criminal behavior is enhanced.
2	Evidence of some planning of delinquent/criminal behavior.
3	Considerable evidence of significant planning of delinquent/criminal behavior. Behavior is clearly premeditated.

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COMMUNITY SAFETY

This indicator describes the level to which the delinquent/criminal behavior of the individual puts the community's safety at risk.

Questions to Consider:

- Is the delinquent/criminal behavior violent in nature?
- Does the individual commit violent acts against people or property?

Ratings and Descriptions

Rating	Description
0	Individual presents no risk to the community. The individual could be 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.

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LEGAL COMPLIANCE

This indicator refers to the individual's compliance with any current court orders and probation.

Questions to Consider:

- Does the individual follow the orders of a court or meet the expectations of their probation (e.g., paying fines, completing community service, or reporting to probation officer)?
- Have they missed any appointments or violated probation or court orders?

Ratings and Descriptions

0 Individual is in full compliance with court orders and sanctions and does not miss any appointments.

1 Individual is in general compliance with court orders and sanctions (e.g., occasionally misses appointments).

2 Individual is in partial compliance with standing court orders and sanctions (e.g., individual is going to school, but not completing community service).

3 Individual is in noncompliance with standing court orders and sanctions (e.g., probation violations).

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PEER INFLUENCES

This indicator describes the level to which the individual's peers engage in delinquent or criminal behavior.

Questions to Consider:

- Do the individual's friends also engage in criminal behavior?
- Are the members of the individual's peer group involved in the criminal justice system or on parole/probation?

Ratings and Descriptions

0 Individual's primary peer social network does not engage in delinquent/criminal behavior.

1 Individual has peers in their primary peer social network who do not engage in delinquent/ criminal behavior but has some peers who do.

2 Individual predominantly has peers who engage in delinquent/criminal behaviors, but individual is not a member of a gang.

3 Individual is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership, or individual is not part of a gang, but their primary peer social network encourages or participates in illegal behavior.

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ENVIRONMENTAL INFLUENCES

This indicator describes the influence of community criminal behavior on the individual's delinquent or criminal behavior.

Questions to Consider:

- Does the individual live in a neighborhood/community with high levels of crime?
- Is the individual a frequent witness or victim of such crime?

Ratings and Descriptions

0 No evidence that the individual's environment stimulates or exposes the individual to any criminal behavior.

1 Suspicion that the 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.

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End of Justice/Crime Module

SUPPORTING INFORMATION

Provide additional information regarding the individual's current and previous legal involvement, including indicators rated '2' and '3' in the Justice/Crime Module. Include information on any findings of UST or NGRI, including whether the charges were for a misdemeanor or a felony.

5B. FACTORS IN CURRENT ENVIRONMENT

Identify the factors in the individual's current environment that may create threats to personal safety (e.g., gang involvement, domestic violence, active abuse, etc.). If no factors in the current environment are assessed to have the capacity to create threats to the individual's personal safety, please write "none."

6. PLACEMENT HISTORY

Please describe out-of-home placements for the individual (e.g., shelters, foster care, group home, nursing home, detention/incarceration). The description should minimally describe the type of out-of-home placement, the reason for the placement, and the timeframe during which the out-of-home placement occurred. Hospitalizations for medical or psychiatric reasons are not considered out-of-home placements and should not be documented in this section (please see Section 7, Psychiatric Information, and Section 19, Medical History).

7. PSYCHIATRIC INFORMATION

7A. GENERAL MENTAL HEALTH HISTORY

Prior Mental Health Treatment should describe any mental health services that the individual has previously received. Complete this section collaboratively with the individual based on knowledge of their treatment history, including services received, dates of services, service providers, and the reason for treatment.

7B. MENTAL STATUS

The mental status provides an objective report of the individual's current psychological state as observed by the individual conducting the mental health assessment.

APPEARANCE AND BEHAVIOR

Please use this narrative field to describe the individual's appearance and behavior, as observed by the clinician completing the IM+CANS. This field may also be used to provide additional details concerning any items identified as problematic or outside normal limits in the sections below.

THREATENING / SUICIDAL / HOMICIDAL / IMPULSE CONTROL / HALLUCINATORY / DELUSIONAL / JUDGMENT / MEMORY / MOOD / AFFECT INSIGHT / ORIENTATION / COGNITION

Please respond to every item included in the box above. Use the options provided to indicate whether the individual demonstrates functioning within normal limits for each item, or whether functional deficits are observed.

8. INDIVIDUAL STRENGTHS

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 their needs. Identifying areas where strengths can be built is a significant element of service planning. In these indicators the 'best' assets and resources available to the individual are rated based on how accessible and useful those strengths are. These are the only indicators that use the Strength Rating Scale with action levels.

NOTE: When you have no information/evidence about a strength in this area, use a rating of '3.'

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

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

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.

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FAMILY STRENGTHS/SUPPORT

This indicator refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the individual's perspective (i.e., who the individual describes as their family). If this information is not known, then we recommend a definition of family that includes biological/ adoptive relatives and their significant others with whom the individual is still in contact.

Questions to Consider:

- Does the individual have good relationships with any family member?
- Is there potential to develop positive family relationships?
- Is there a family member that the individual can go to in time of need for support? That can advocate for the individual?

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 can 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 can enjoy each other's company. There is at least one family member who has a strong, loving relationship with the individual and can 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 can 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.

[continues]

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FAMILY STRENGTHS/SUPPORT 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. The definition of family comes from the individual's perspective, or who the individual describes as their family. If you do not know this information, a definition of family that includes biological/adoptive relatives and their significant others with whom the individual is still in contact is recommended. Do not rate residential placement as "family."

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INTERPERSONAL/SOCIAL CONNECTEDNESS

This indicator 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. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider:

- Does the individual have the trait ability to make friends?
- Do you feel that the individual is pleasant and likable?
- Do adults or same age peers like the individual?

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.

Ages 0-5: Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.

1 *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.

Ages 0-5: Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults but may not initiate such interactions by themselves.

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.

Ages 0-5: Child may be shy or uninterested in forming relationships with others, or – if still an infant - child may have a temperament that makes attachment to others a challenge.

3 *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.

Ages 0-5: Child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g., social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

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NATURAL SUPPORTS

This indicator refers to unpaid helpers in the individual's natural environment. These include individuals who provide social support to the target individual and family. Natural support refers to an unrelated individual who receives no compensation for the support provided. All family members and paid caregivers are excluded.

Questions to Consider:

- Who does the individual consider to be a support?
- Does the individual have non-family members in their life that are positive influences?

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 their 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 their 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, these supports are not actively contributing to their 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).

Supplemental Information: Natural supports are the relationships that occur in everyday life: friends, co-workers, neighbors and acquaintances, and are of a reciprocal (give-and-take) nature. Such supports help an individual to develop a sense of social belonging, dignity and self-esteem.

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SPIRITUAL/RELIGIOUS

This indicator refers to the individual's experience of receiving comfort and support from religious or spiritual involvement. This indicator describes the presence of beliefs that could be useful to the individual; however an absence of spiritual and/or religious beliefs does not represent a need for the family. **Please note:** For ages 0-5, this indicator should be rated for the family.

Questions to Consider:

- Does the individual have spiritual beliefs that provide them comfort?
- Is the individual involved in any religious community? Is their family?
- Is the individual engaged in any pro-social activities?
- Is the individual interested in exploring any spirituality or religious practice?

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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EDUCATIONAL SETTING

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

Questions to Consider:

- Is the training program or school an active partner in the individual's education?
- Does the individual like the school or training program?
- Has there been at least one year in which the individual did well in school or in the program?
- When has the individual been at their best in the training program or school?

Ratings and Descriptions

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

The educational/vocational setting works closely with the individual and family to identify and successfully address the individual's educational needs OR the individual excels in school/ vocational 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.*

Educational/vocational setting works with the individual and family to address the individual's educational needs OR the individual likes school/vocational 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 educational/vocational setting is currently unable to adequately address the individual's academic or behavioral needs.

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 the educational/vocational setting working to identify or successfully address the individual's needs at this time and/or it is unable and/or unwilling to work to identify and address the individual's needs and/or there is no educational/vocational setting to partner with at this time.

Supplemental Information: This indicator refers to the strengths of the educational setting that could include vocational training program, school system, GED program, college, graduate program, post professional schooling, or the young child's preschool setting, and may or may not reflect any specific educational skills possessed by the individual. Issues related to school or preschool attendance, behavior, and achievement are rated in the School/Preschool/Daycare Module.

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RELATIONSHIP PERMANENCE (AGES 0-21)

This indicator refers to the stability and consistency of significant relationships in the child/youth's life. This likely includes family members but may also include other adults and/or peers.

Questions to Consider:

- Has anyone consistently been in the child/youth's life since birth?
- Are there other significant adults in the child/youth's life?
- Has the child/youth been in multiple home placements?

Ratings and Descriptions

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

Child/youth has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Child/youth is involved with their parents.

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.*

Child/youth has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.

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

Child/youth has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

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

Child/youth does not have any stability in relationships. Independent living or adoption must be considered.

NA Individual 22 years of age or older. [continues]

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RELATIONSHIP PERMANENCE continued

Supplemental Information – Understanding relationship permanence in early childhood: Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioral, and moral. The quality and stability of a child's human relationships in the early years lay the foundation for a wide range of later developmental outcomes that really matter. Stated simply, relationships are the "active ingredients" of the environment's influence on healthy human development. They incorporate the qualities that best promote competence and well-being – individualized responsiveness, mutual action-and-interaction, and an emotional connection to another human being, be it a parent, peer, grandparent, aunt, uncle, neighbor, teacher, coach, or any other person who has an important impact on the child's early development. Although young children certainly can establish healthy relationships with more than one or two adults, prolonged separations from familiar caregivers and repeated "detaching" and "re-attaching" to people who matter are emotionally distressing and can lead to enduring problems (National Scientific Council on the Developing Child, 2004).

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RESILIENCY (AGES 2+)

This indicator refers to the individual's ability to recognize their internal strengths and use them in managing daily life. For younger children it is appropriate to rely on information observed and reported by parents, caregivers, and/or teachers.

Questions to Consider:

- What does the individual do well?
- Is the individual able to recognize their skills as strengths?
- Is the individual able to use their strengths to problem solve and address difficulties or challenges?

Ratings and Descriptions

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

NA Individual is younger than 2 years old.

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OPTIMISM (AGES 6+)

This indicator should be rated based on the individual's sense of self in their own future. This describes the individual's future orientation. For younger children it is appropriate to rely on information observed and reported by parents, caregivers, and/or teachers.

Questions to Consider:

- Does the individual have a generally positive outlook on things; have things to look forward to?
- How does the individual see themselves in the future?
- Is the individual forward looking/sees themselves as likely to be successful?

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.

NA Individual is younger than 6 years old.

Supplemental Information: There is a strong literature indicating that individuals with a solid sense of themselves and their future have better outcomes than individuals who do not. A rating of '1' would be an individual who is generally optimistic. A rating of '3' would be an individual who has difficulty seeing any positives about themselves or their future.

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TALENTS AND INTERESTS (AGES 6+)

This indicator 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.

Questions to Consider:

- What does the individual do with free time?
- What does the individual enjoy doing?
- Is the individual engaged in any pro-social activities?
- What are the things that the individual does particularly well?

Ratings and Descriptions

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. An 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 them 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.

NA Individual is younger than 6 years old.

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CULTURAL IDENTITY (AGES 6+)

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, or sexual orientation, gender identity and expression (SOGIE).

Questions to Consider:

- Does the individual identify with any racial/ethnic/cultural group?
- Does the individual find this group a source of support?

Ratings and Descriptions

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 their 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 their 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.

NA Individual is younger than 6 years old.

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COMMUNITY CONNECTION (AGES 6+)

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

Questions to Consider:

- Does the individual feel like they are part of a community?
- Are there activities that the individual does in the 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 Scouts) 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 currently a member.

NA Individual is younger than 6 years old.

Supplemental Information: Community connections are different from how the individual functions in the community. An individual's connection to the community is assessed by the degree to which they are involved with the institutions of that community which may include community centers, little league teams, jobs, after school activities, volunteer activities, neighborhood groups, religious groups, etc. Connections to a community through specific people (e.g., friends and family) could be considered an important community connection if many people who are important to the individual live in the same neighborhood. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and could be rated a '3.'

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INVOLVEMENT WITH CARE (AGES 6+)

This indicator refers to the individual's participation in planning and implementing efforts to address their identified needs.

Questions to Consider:

- How does the individual understand their needs and challenges?
- Does the individual attend sessions willingly and participate fully?

Ratings and Descriptions

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

Individual is knowledgeable of their needs and helps direct planning to address them.

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 knowledgeable of their needs and participates in planning to address 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 at least somewhat knowledgeable of their needs but is not willing to participate in plans to address them.

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

Individual is neither knowledgeable about their needs nor willing to participate in any process to address them.

NA Individual is younger than 6 years old.

Supplemental Information: This indicator identifies whether the individual is an active partner in planning and implementing any treatment plan or service package. This can include cooperative involvement and also sharing of preferences, expressing differing opinions and, at times, refusing to participate. Like all ratings, this should be done in a developmentally informed way.

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VOCATIONAL (AGES 16+)

This indicator is used to refer to practical skills that help an individual become proficient in a trade or profession and may or may not reflect any specific work skills possessed by the individual.

Questions to Consider:

- Does the individual have any skills or aptitudes that prepare them for a trade/career?

Ratings and Descriptions

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

Individual has vocational skills and work experience.

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 vocational skills or work experience.

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 pre-vocational skills.

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 vocational skills.

NA Individual is younger than 16 years old.

Supplemental Information: Vocational strengths are rated independently of functioning (i.e., an individual can have considerable strengths but not be doing well at the moment). Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life.

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JOB HISTORY/VOLUNTEERING (16+)

This indicator describes the individual's experience with paid employment or volunteering.

Questions to Consider:

- Does the individual have any volunteer work or job history?
- Is the volunteer work or job history positive? Relevant?
- Are there former bosses that would rehire the individual or recommend the individual for employment?

Ratings and Descriptions

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

Individual finds meaning and takes pleasure in their work or volunteering. 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 a history of meaningful work or volunteering but is currently not working/ volunteering. Or, individual is currently taking pleasure in working or volunteering but to a lesser degree than in the past.

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 experiences little pleasure or meaning from their work or volunteering. Work or volunteering feels more like an obligation than a passion.

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

Individual takes no pleasure or meaning from work or volunteering. May have very negative feelings associated with work based on past experiences. Individual may have no work or volunteer experience.

NA Individual is younger than 16 years old.

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SELF-CARE (AGES 21+)
This indicator describes the individual's ability to take care of themselves emotionally.

Questions to Consider:

- Does the individual understand the importance of taking care of themselves emotionally?
- Does the individual engage in self-care activities?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
The individual understands the importance of taking care of oneself emotionally and is skilled in doing so. The individual consistently and routinely engages in self-care 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.*
The individual knows the importance of caring for oneself.

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 recognizes the importance of taking care of oneself emotionally and may have some skills in doing so but has never engaged in these activities.

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 understand the importance of self-care and has never engaged in these activities; OR the individual does not value self-care and is not interested in engaging in these activities.

NA Individual is younger than 21 years old.

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SUPPORTING INFORMATION

Provide additional information on the individual's strengths (indicators rated '0' and '1') – the aspects of the community and people in the individual's network that provide support, and the traits of the individual that they have used to achieve their goals. The narrative should highlight the individual's strengths as rated in the Strengths Domain.

9. FAMILY INFORMATION

9A. RELEVANT HISTORY

Provide a description of the precipitating events and other significant life events leading to individual's current situation (e.g., divorce, immigration, level of acculturation/assimilation, losses, moves, school changes, financial difficulties, etc.). Please include: 1) family history of mental illness, 2) current court involvement (individual and family). You may highlight information collected from the IM+CANS (e.g., Potentially Traumatic/Adverse Childhood Experiences) as is applicable.

9B. CULTURAL CONSIDERATIONS

CULTURAL NEEDS DOMAIN

These indicators identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, find therapist who speaks family's primary language, and/or ensure that an individual in an out-of-home setting can participate in cultural rituals associated with their cultural identity). Indicators in the Cultural Needs Domain describe difficulties that individuals may experience or encounter because 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 such as racial, ethnic, or religious; age; sexual orientation, gender identity and expression (SOGIE); socio-economic status and/or geography. Literature exploring issues of health care disparity 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 IM+CANS 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 indicators and creating a treatment or service plan.

Note: For children birth through five years old, these indicators should be rated for the family.

Question to Consider for this Domain: How does the individual and/or their family's membership in a particular cultural group impact their stress and well-being?

For the **Cultural 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

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LANGUAGE

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

Questions to Consider:

- Does the individual or family have difficulties accessing resources/supports due to language or literacy barriers?
- Is there an individual interpreting for the family in situations that may compromise the individual or family's care?
- Does the individual or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?

Ratings and Descriptions

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

No evidence that there is a need or preference for a translator 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 they live, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

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

Individual and/or significant family members do not speak the primary language where they live. 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.*

Translator or family's native language speaker is needed for successful intervention and/or to access services or supports; no such individual is available from among natural supports.

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TRADITIONS AND CULTURAL RITUALS

This indicator describes the individual's access to and participation in cultural traditions, rituals and practices.

Questions to Consider:

- What holidays does the individual or family celebrate? What traditions are important to them?
- Are there any barriers to the individual or family practicing their traditions or cultural rituals?
- Does the individual fear discrimination for practicing their traditions and rituals?

Ratings and Descriptions

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

The individual or family is consistently able to practice 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.*

The individual or family is generally able to practice traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

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

The individual or family experiences significant barriers and is sometimes prevented from practicing traditions and rituals consistent with their cultural identity.

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

The individual or family is unable to practice traditions and rituals consistent with their cultural identity.

Supplemental Information: For Indigenous families, traditions and cultural rituals could include connection to the land (e.g., hunting, fishing, and gathering), participation in ceremonies (e.g., sweat lodges, naming ceremonies), feasts, traditional art making/music (e.g., beading and drumming) memorial practices, acknowledgement of seasons, or engagement in traditional healing and prayer. This may include daily activities that are culturally specific (e.g., engaging in ceremony; smudging/ prayer, wearing traditional clothing, and access to media), and traditions and activities to include cultural identity. This may also include traditions and rituals for individuals or families of other ethnicities and cultures, and the unique and meaningful practices that they may engage in or desire to engage in (e.g., celebrating Pride, observing specific cultural holidays and engaging in specific cultural activities, wearing a hijab, praying to Mecca at specific times, eating a specific diet, etc.).

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CULTURAL STRESS

This indicator identifies circumstances in which the individual's cultural identity is met with hostility or other problems within their environment (including school, work, community) 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 SOGIE and other forms of discrimination would be rated here.

Questions to Consider:

- Has the individual experienced any problems with the reaction of others to their cultural identity?
- Has the individual experienced any problems, including barriers to accessing services and resources, due to their SOGIE?
- Has the individual experienced any barriers to accessing resources/support due to their cultural identity?
- Has the individual experienced discrimination, including violence?

Ratings and Descriptions

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 occasional stress resulting from friction between the individual's cultural identify and their current environment or living situation.

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

The individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. The individual needs support to learn how to manage culture stress.

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

The individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. The individual needs immediate plan to reduce culture stress.

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SUPPORTING INFORMATION

Provide additional information regarding individual's cultural factors (indicators rated '2' and '3') that may influence presenting problems as viewed by the individual, parent/caregiver and clinician. This may include ethnicity, race, religion, spiritual practice, sexual orientation, transgender, socioeconomic status, and living environment. The narrative should also highlight the individual's actionable needs as rated in the Cultural Needs Domain.

10. DIAGNOSIS (ICD-10)

ICD-10 DIAGNOSIS -- CODE & NAME

Please use the fields in the Diagnosis section to document the code number and name for any ICD-10 diagnoses that have been identified as a primary focus of treatment. Provisional or Rule-Out diagnoses should also be reflected here

Please Note: For children/youth under the age of 21, medical necessity or medically necessary treatment may be demonstrated by the child/youth having met more than one criterion of a mental illness or serious emotional disorder as listed in the ICD-10 that is likely to impact the child/youth's level of functioning across critical life areas. In the event that services are provided to a child/youth who qualifies in this manner, please list the appropriate ICD-10 diagnosis for which the child/youth demonstrates more than one criterion. You may check the Preventive Diagnosis box as is appropriate.

11. MENTAL HEALTH ASSESSMENT SUMMARY

Provide a summary of the IM+CANS findings, along with a description of presenting issues that support the conclusion that Medicaid Community Mental Health Services are medically necessary for this individual.

12. SUMMARY OF PRIORITIZED IM+CANS NEEDS & STRENGTHS

IM+CANS ACTIONABLE INDICATORS FOR TREATMENT PLANNING

Working with the family and individual, prioritize actionable needs indicators and centerpiece/ useful strengths. List the Background, Treatment Target, and Functional Outcome actionable indicators (rated ‘2’ and ‘3’), as well as the Centerpiece/Useful Strengths (rated ‘0’ and ‘1’) and Strengths to Build (rated ‘2’ and ‘3’). Caregiver Resources (rated ‘0’ and ‘1’) and Needs (rated ‘2’ and ‘3’) should also be identified. These indicators will be used to develop the service or treatment plan. Please note: Centerpiece/useful strengths or assets can be used to support the plan by identifying potential protective factors that can be built upon.

13. INDIVIDUAL PLAN OF CARE

13A. CUSTOMER AND FAMILY VISION STATEMENT FOR TREATMENT

Using the individual and family’s own words when possible, document the individual and family’s vision statement regarding treatment. If the individual and family are not able to provide a self-report, please include a statement here to that effect, and document the reason why.

13B. CUSTOMER AND FAMILY SERVICE PREFERENCE

Using the individual and family's own words when possible, document the individual and family's preferences regarding service preferences. Explore with the individual and family what their preferences are for services. If the individual and family are not able to provide a self-report, please include a statement here to that effect, and document the reason why.

13C. CUSTOMER AND FAMILY CENTERED GOALS

Using the individual and family's own words when possible, document the individual and family goals for treatment. Goals should relate back to the prioritized CANS actionable indicators. Goals should be specific and observable outcomes that are related to the individual's functioning to target specific behaviors and symptoms and are reasonable and realistic for the individual to achieve in the course of treatment.

If an individual is working with multiple service providers, this section should include all goals across all treatment providers and services.

14. TREATMENT OBJECTIVES

Using the individual and family's own words when possible, document the treatment objectives of the individual and family. Objectives must directly correspond to a goal from Section 13. Objectives should be steps the individual can take to achieve the corresponding goal. Progress towards the treatment objectives should be noted in the text box. Additional information that can inform the treatment objectives and ongoing plan of care can also be documented here.

If an individual is working with multiple service providers, Section 14 may be completed separately by each treatment provider working with the individual and family, but it is not required. Any updates made to Section 14 by service providers working with the individual who are not the lead IM+CANS provider must be shared with the lead IM+CANS provider minimally as part of each IM+CANS reassessment.

15. RECOMMENDED BEHAVIORAL HEALTH SERVICES / INTERVENTIONS

Recommended Behavioral Health Services and Interventions must include all services the signing LPHA is authorizing within their scope of practice. This includes all behavioral health services recommended for the individual, regardless of funding source, and is not specifically limited to services funded by the Illinois Medical Assistance Program or included within the Community-Based Behavioral Services Handbook. Additionally, this should include all services recommended for the individual regardless of whether the agency completing the IM+CANS will be the agency delivering the service.

Each part of Section 15 must be completed, including the specific goals from Section 13 that the service will target; the service name; the amount, frequency and duration of the service; and who the rendering provider will be. The rendering provider should be the agency delivering the service or the name of the specific practitioner delivering the service.

16. OTHER HEALTH & HEALTH RELATED SOCIAL NEEDS

Other Health & Health Related Social Needs identified and recommended by the LPHA should be documented in this section. Items checked within this box should correspond to a recommendation to resources/providers and documented in Section 18.

17. ADDITIONAL ASSESSMENTS / FUNCTIONING EVALUATIONS RECOMMENDED BY LPHA

This section documents additional testing the LPHA recommends. This is not specifically limited to the check boxes included within the section and can include other testing recommended such as a depression screening or cognitive assessments.

18. REFERRALS TO OTHER RESOURCES/PROVIDERS

This section includes any referrals provided to the individual or family to service providers or resources to address the health and health related social needs identified in Section 16. This may include referrals to utility assistance, food banks, other behavioral health service providers, or other professionals to address an individual's medical needs. Additionally, follow-ups on any referrals previously provided to the individual may be documented here.

19. IM+CANS SIGNATURES

The IM+CANS may be signed manually, or via electronic signature.

CUSTOMER

As appropriate, please collect the printed name and dated signature of the individual being assessed.

PARENT/LEGAL GUARDIAN

Please collect the printed name and dated signature of the parent or legal guardian, if applicable.

STAFF COMPLETING

The name, credentials and signature of the provider who conducted the clinical interview with the individual and who completed the ratings on the IM+CANS indicators should be documented in this section.

LICENSED PRACTITIONER OF THE HEALING ARTS (LPHA) CLINICAL APPROVAL

The IM+CANS is considered complete when it has been signed and dated by the LPHA, as defined by the Illinois Medicaid program providing clinical approval.

ADDENDUM 3: CAREGIVER ADDENDUM

This addendum is to be completed for individuals who have a legal guardian.

GENERAL INFORMATION

CUSTOMER FIRST AND LAST NAME

Please include the individual's first and last name.

RIN

RIN stands for *Recipient Identification Number*. This is also known as the 9-digit Medicaid ID Number.

STAFF COMPLETING FORM

Please include the staff member's name who is completing the form.

DATE COMPLETED

Please document the date that the Caregiver Resources and Needs Addendum was completed.

CAREGIVER RESOURCES & NEEDS

CAREGIVER NAME

Please include the caregiver's first and last name.

CAREGIVER RELATIONSHIP TO THE CUSTOMER

Please identify the caregiver's relationship to the individual.

ADDITIONAL PRIMARY CAREGIVERS

Please identify any additional primary caregivers for the individual.

CAREGIVER RESOURCES & NEEDS DOMAIN

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. For individuals in foster care or out-of-home placement, 'caregiver' refers to parent(s), foster parent(s), or other adults currently providing primary caregiving responsibilities. The indicators in this domain should be rated for the identified parent(s), other relative(s), and caregivers(s) who are currently providing primary caretaking responsibilities. Caregiver indicators should also be rated for individual(s) planning to assume primary caregiving responsibilities for the individual upon reunification.

For dependent adults (i.e., adults with developmental or physical needs or cognitive limitations), 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 the dependent adult.

The indicators 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.

Question 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.

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SUPERVISION

This indicator describes the caregiver's capacity to provide the level of monitoring and discipline needed by the individual. Discipline is defined in the broadest sense and includes all of the things that parents/caregivers can do to promote positive behavior with the individual in their care.

Questions to Consider:

- Does the caregiver set appropriate limits on the individual?
- Does the caregiver provide appropriate support to the individual to meet the caregiver's expectations?
- Does the caregiver need some help with these issues?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
No evidence caregiver needs help or assistance in monitoring or disciplining the individual, and/or caregiver has good monitoring and discipline skills.

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 generally provides adequate supervision but is inconsistent. Caregiver may need occasional help or assistance.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver is unable to monitor or discipline the individual. Caregiver requires immediate and continuing assistance. Individual is at risk of harm due to absence of supervision or monitoring.

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INVOLVEMENT WITH CARE

This indicator describes the caregiver's participation in the individual's care and ability to advocate for the individual.

Questions to Consider:

- How involved is the caregiver in services for the individual?
- Is the caregiver an advocate for the individual?
- Would the caregiver like any help to become more involved?

Ratings and Descriptions

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 can 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 their behalf. 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 wishes for individual to be removed from their care.

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

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KNOWLEDGE

This indicator 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 these problems.

Questions to Consider:

- Does the caregiver have the necessary information to meet the individual's needs?
- Do the caregiver's expectations of the individual reflect an understanding of the individual's mental or physical challenges?

Ratings and Descriptions

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 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 them at risk of significant negative outcomes.

Supplemental Information: This indicator is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that a knowledge program may exist if a caregiver doesn't know what you know. In order to minimize the cultural issues, it is recommended to think of this indicator in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with the children, youth or adult in their care. Additionally, the caregiver's understanding of the individual's diagnosis and how it manifests in the individual's behavior should be considered in rating this indicator.

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SOCIAL RESOURCES

This indicator describes the social assets (e.g., extended family, friends, religious or interest groups) and resources that the caregiver can bring to bear in addressing the multiple needs of the individual and family.

Questions to Consider:

- Does the family have extended family or friends who provide emotional support?
- Can they call on social supports to watch the individual occasionally?

Ratings and Descriptions

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 caregiving.

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, friends or social network that actively helps with caregiving.

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 caregiving.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has no family or social network to help with caregiving.

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FINANCIAL RESOURCES

This indicator describes the financial resources that the caregiver(s) can bring to bear in addressing the multiple needs of the individual and family.

Questions to Consider:

- Does the family have sufficient funds to raise or care for the individual?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver has sufficient financial resources to raise or care 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 has some financial resources to raise or care for the individual. History of struggles with sufficient financial resources would be rated here.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has limited financial resources to raise or care for the individual.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has no financial resources to raise or care for the individual. Caregiver needs financial resources.

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RESIDENTIAL STABILITY

This indicator describes 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:

- Is the family's current housing situation stable?
- Are there concerns that they might have to move in the near future?
- Has the caregiver lost their housing?

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.*
Caregiver is homeless or has experienced homelessness in the recent past.

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MEDICAL/PHYSICAL

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

Questions to Consider:

- How is the caregiver's health?
- Does the caregiver have any health problems that limit their ability to care for the family?

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. Caregiver is generally healthy.

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.*
There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.

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 the capacity to provide care for the individual.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has medical/physical problems that make providing care for the individual currently impossible.

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MENTAL HEALTH

This indicator refers to any serious mental health issues (not including substance abuse) for the caregiver that might limit their capacity to provide care to the individual.

Questions to Consider:

- Does caregiver have any mental health needs that make parenting difficult?
- Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
No evidence of caregiver mental health difficulties.

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.*
There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver's mental health difficulties interfere with their capacity to provide care.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has mental health difficulties that make it currently impossible to provide care for the individual.

Supplemental Information: Serious mental illness would be rated '2' or '3' unless the individual is in recovery.

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SUBSTANCE USE

This indicator describes the impact of any notable substance use by the caregiver that might limit their capacity to provide care for the individual.

Questions to Consider:

- Do caregivers have any substance use needs that make providing care difficult?
- Is the caregiver receiving any services for the substance use problems?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
No evidence of caregiver substance use issues.

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.*
There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to provide care.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has some substance abuse difficulties that interfere with their capacity to provide care.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has substance abuse difficulties that make it currently impossible to provide care for the individual.

Supplemental Information: Substance-related disorders would be rated ‘2’ or ‘3’ unless the individual is in recovery.

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DEVELOPMENTAL

This indicator describes the presence of limited cognitive capacity or developmental disabilities that challenge the caregiver's ability to provide care to the individual.

Questions to Consider:

- Does the caregiver have developmental challenges that make providing care to the individual difficult?

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. 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 providing care.

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 the capacity to provide care to the individual.

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

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ORGANIZATION

This indicator is used to describe the caregiver's ability to organize and manage their household within the context of intensive community services.

Questions to Consider:

- Does the caregiver need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?
- Do they have difficulty getting the individual to appointments or school?

Ratings and Descriptions

Rating	Description
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 minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver is unable to organize household to support needed services.

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SAFETY

This indicator describes the caregiver's ability to maintain the individual's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed individual.

Questions to Consider:

- Is the caregiver able to protect the individual from harm in the home?
- Are there individuals living in the home or visiting the home that may be abusive 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 the provision of care; requires immediate and/or intensive action.*
Individual is in immediate danger from one or more persons with unsupervised access.

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FAMILY STRESS

This indicator describes the impact of managing the individual's behavioral and emotional needs on the family's stress level.

Questions to Consider:

- Does the caregiver find it stressful at times to manage the challenges in dealing with the individual's needs?
- Does the stress ever interfere with ability to care for 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 having difficulty managing the stress of the individual's needs and/or caregiver can manage the stress of 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.*
There is a history or suspicion of problems and/or caregiver has some problems managing the stress of individual's needs.

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 individual's needs. This stress interferes with their capacity to provide care.

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

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MARITAL/PARTNER VIOLENCE IN THE HOME

This indicator describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and providing care.

Questions to Consider:

- How are power and control handled in the caregivers' relationship?
- How frequently does the individual witness caregiver conflict?
- Does the caregivers' relationship conflicts escalate to verbal aggression, physical attacks or destruction of property?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver's relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

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.*
History of marital difficulties and partner arguments. Caregivers is generally able to keep arguments to a minimum when individual is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which the individual often witnesses.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Marital or partner difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate individual's difficulties or put the individual at greater risk.

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

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MILITARY TRANSITIONS

This indicator describes the impact of transitions related to the caregiver's military service on their caregiving.

Questions to Consider:

- Is the caregiver involved in a transition experience related to military service?
- How does it affect their role as caregiver?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver is not experiencing any transitions related to military service. Caregivers not involved in military services would be rated here.

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 anticipating a transition related to military service in the near future, or a caregiver experienced a transition in the past that was challenging.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver is experiencing a transition related to military service.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver is experiencing a transition related to military service that has a major impact on their caregiving roles.

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SELF-CARE/DAILY LIVING SKILLS

This indicator describes the caregiver's ability to participate in self-care activities or basic activities of daily living (including eating, bathing, dressing and toileting) and the impact on the caregiver's ability to provide care for the individual.

Questions to Consider:

- Does the caregiver have the basic activities of daily living skills needed to provide care for the individual?
- What level of support with daily living skills does the caregiver need 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.*
The caregiver is able to perform the basic activities of daily living.

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 has had difficulties with the basic activities of daily living in the past or needs verbal prompting to complete the basic activities of daily living.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The caregiver needs assistance (physical prompting) to complete the basic activities of daily living. The caregiver's challenges with the basic activities of daily living interfere with their ability to care for the individual.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The caregiver is unable to complete the basic activities of daily living which makes it impossible to care for the individual. The caregiver needs immediate intervention.

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EMPLOYMENT/EDUCATIONAL FUNCTIONING

This indicator describes the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.

Questions to Consider:

- Does the caregiver have any problems at school or work?
- What level of support does the caregiver need to address their problems at work or school?
- Does the caregiver need support in finding employment or attending school?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver is gainfully employed and/or in school.

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.*
Some problems with school or work that are not interfering with academic or job performance. Caregiver may have some problems in their work environment. Caregiver needs to be monitored and assessed further.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Problems with school or work functioning, or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. They need an intervention to address employment and/or learning difficulties.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
A level of school or work problems that places caregiver's academic progress or work status at risk. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

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LEGAL INVOLVEMENT

This indicator describes the caregiver's level of involvement in the legal system which impacts their ability to provide care. This includes divorce, civil disputes, custody, eviction, property issues, worker's comp, immigration, etc.

Questions to Consider:

- Has the caregiver ever been arrested?
- Is one or more of the caregivers incarcerated or on probation?
- Is one or more of the caregivers struggling with immigration or legal documentation issues?
- Is the caregiver involved in civil disputes, custody, family court?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver has no known legal difficulties.

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has some legal problems and is currently involved in the legal system.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.

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FAMILY RELATIONSHIP TO THE SYSTEM (AGES 0-21)

This indicator describes the degree to which the family's apprehension to engage with the formal helping system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children/youth, a clinician must consider this belief and understand its impacts on the family's choices. These complicated factors may translate into generalized discomforts with the formal health care system and may require that the care provider reconsider their approach.

Questions to Consider:

- Does the caregiver express any hesitancy in engaging in formal services?
- How does the caregiver's hesitancy impact their engagement in care for the individual?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
The caregiver expresses no concerns about engaging with the formal helping system.

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 expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions, or past issues engaging with the formal helping system.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

NA Individual 22 years of age or older.

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ACCESS TO CHILDCARE (AGES 0-21)

This indicator describes the caregiver's access to appropriate, affordable, and sufficient childcare and/or respite for young children or older children with developmental delays in their care.

Questions to Consider:

- Does the caregiver have access to childcare services?
- Are there friends or family members who are able to watch the child/youth?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Caregiver has access to sufficient childcare services.

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 access to childcare services. Needs are minimally met by available services.

2 *Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.*

Caregiver has limited access to childcare services. Current services do not meet the caregiver's needs.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has no access to needed childcare services.

NA Individual 22 years of age or older.

Supplemental Information:

- If a family requires state-sponsored assistance this indicator should be rated '2' or '3.'
- Professionals and caregivers should share their understanding of the words 'affordable' and 'sufficient.'
- If transportation is the issue, the Transportation indicator should also be rated.
- If finances are the issue, the Financial Resources indicator should also be rated.

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EMPATHY WITH CHILDREN (AGES 0-21)

This indicator refers to the caregiver's ability to understand and respond to the joys, sorrows and other feelings of the individual with similar or helpful feelings.

Questions to Consider:

- Is the caregiver able to empathize with the individual?
- Is the caregiver able to respond to the individual's needs in an emotionally appropriate manner?
- Is the caregiver's level of empathy impacting the individual's development?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver is emotionally empathetic and attends to the individual's emotional 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.*
The caregiver can be emotionally empathetic and typically attends to the individual's emotional needs. There are times, however, when the caregiver is not able to attend to the individual's emotional needs.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The caregiver is often not empathetic and frequently is unable to attend to the individual's emotional needs.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The caregiver has significant difficulties with emotional responsiveness. They are not empathetic and rarely attend to the individual's emotional needs.

NA Individual 22 years of age or older.

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ADDENDUM 4: DCFS INVOLVED YOUTH

This addendum is to be completed for all children and youth who are currently involved with the Illinois Department of Children and Family Services.

GENERAL INFORMATION (DCFS)

YOUTH'S NAME

Please include the child/youth's first and last name.

RIN

RIN stands for *Recipient Identification Number*. This is also known as the 9-digit Medicaid ID Number.

STAFF COMPLETING FORM

Please include the first and last name of the staff person responsible for completing the IM+CANS DCFS Addendum form.

DATE COMPLETED

Please document the date that the IM+CANS DCFS Addendum was completed.

Please check appropriate use: initial, re-assessment, discharge

Please indicate whether this is the child/youth's first IM+CANS DCFS Addendum in this episode, a subsequent IM+CANS DCFS Addendum completed at any time during the course of treatment in this episode, or an IM+CANS DCFS Addendum completed at the time of the child/youth's discharge from the program (and at the close of this episode). The DCFS Addendum should be completed every time the IM+CANS is completed for a DCFS-involved youth.

DCFS INVOLVEMENT

Please indicate whether the child/youth is involved with the DCFS specific programs by checking "Youth in Care,' 'Intact Family Services,' or 'Intensive Placement Stabilization Services (IPS).'

PARENT/GUARDIAN SAFETY CONCERNS

For the **Parent/Guardian Safety Concerns Domain,** use the following categories and action levels:

0 No current need; no need for action. This may be a resource for the child/youth.

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.

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DISCIPLINE

This indicator describes the parent/guardian's ability to provide discipline to the child/youth. Discipline is defined as all parenting behaviors and strategies that support positive behavior in children.

Questions to Consider:

- How does the parent/guardian discipline the child/youth?
- Is the parent/guardian's discipline consistent and appropriate to the situation and the child/youth's developmental needs?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Parent/guardian generally demonstrates an ability to discipline their children in a consistent and respectful manner. Parent/caregiver's expectations are age appropriate, and they usually are able to set age-appropriate limits and to enforce them.

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.*

Parent/guardian is often able to set age-appropriate limits and to enforce them. On occasion their interventions may be too harsh, too lenient, or inconsistent. At times, their expectations of their children may be too high or too low.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Parent/guardian demonstrates limited ability to discipline their children in a consistent and age-appropriate manner and is rarely able to set age appropriate limits and to enforce them. Their interventions may be erratic and overly harsh but not physically harmful. Parent/guardian expectations of their children are frequently unrealistic.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful (such as shaking the child, whipping, etc.).

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CONDITION OF THE HOME

This indicator refers to the physical condition of the house or apartment in which the parent/guardian is currently living. Shelters would be rated 'Not applicable.'

Questions to Consider:

- Is the home where the child/youth lives safe?
- Does the parent/ guardian have any difficulties with maintaining their home?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
No health or safety concerns on property.

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.*
Some health or safety concerns on property that pose no threat and are easily correctable.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Serious substantiated health or safety hazards (e.g., overcrowding, inoperative or unsafe water and utility hazards, vermin, or other health and sanitation concerns including home where drugs are produced/sold or where there is current drug activity).

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Substantiated life-threatening health or safety hazards, e.g., living in condemned and/or structurally unsound residence, exposed wiring, potential fire/safety hazards, or vermin infestation.

NA Parent/guardian is living in a shelter or a correctional facility, or information is unknown.

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FRUSTRATION TOLERANCE

This indicator refers to the parent/guardian's ability to manage frustration associated with parenting.

Questions to Consider:

- How does the parent/guardian control their frustration?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
No evidence of problems with frustration management. Parent/guardian has good coping mechanisms they rely on when tense or stressed.

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.*
Parent/guardian has some mild problems with frustration. They may anger easily when frustrated; however, they are able to calm down following an angry outburst. Family is aware of anger potential.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian has problems managing frustration. Their anger when frustrated is causing functioning problems in the home and may also impact the parent/guardian in the community or at work. Family feels they are walking on eggshells around the individual.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian becomes explosive and dangerous to others when frustrated. They demonstrate little self-control in these situations and others must intervene to restore control. Family is fearful of the individual and tries to avoid any interaction.

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HISTORY OF MALTREATMENT OF CHILDREN

This indicator describes whether the parent/guardian has any prior history of maltreating a child/youth in their care.

Questions to Consider:

- Has the parent/guardian been involved with DCFS?
- Has the child/youth been abused or neglected?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
No evidence of any history of maltreatment.

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.*
Parent/guardian's maltreatment of children is limited to the most recent findings. They have only the current episode of DCFS involvement.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian has two indicated incidents of DCFS involvement.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian has three or more indicated incidents of DCFS involvement or any episode ending in the termination of parental rights.

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SUPPORTING INFORMATION

Provide additional information regarding parent/guardian safety (indicators rated '2' and '3'). The narrative should highlight the actionable needs as rated in the Parent/Guardian Safety Concerns Domain. Relevant information from the Family Information section (pg. 227) can be included as applicable.

PARENT/GUARDIAN WELL-BEING CONCERNS

For the **Parent/Guardian Well-being Concerns Domain,** use the following categories and action levels:

0 No current need; no need for action. This may be a resource for the child/youth.

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.

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PARENT/GUARDIAN TRAUMATIC REACTIONS

This indicator describes posttraumatic reactions faced by the parent/guardian, including emotional numbing and avoidance, nightmares, and flashbacks, that are related to their child/youth's or their own traumatic experiences.

Questions to Consider:

- Has the parent/guardian experienced any traumas?
- Have they experienced any flashbacks, intense emotions and/or unexplainable fears/phobias?
- Do these experiences impact their ability to parent?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Parent/guardian has adjusted to traumatic experiences without notable posttraumatic stress reactions.

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.*
Parent/guardian has some mild adjustment problems related to child/youth's or their own traumatic experiences. Parent/guardian may exhibit some guilt about child/youth's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide care.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide care. Parent/guardian may have nightmares or flashbacks of the trauma.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact their ability to provide care. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

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PARENT/GURDIAN'S UNDERSTANDING OF IMPACT OF OWN BEHAVIOR ON CHILDREN

This indicator is intended to describe the degree to which a parent/guardian has self-awareness regarding how their actions and behavior affect their children.

Questions to Consider:

- Does the parent's/guardian's understanding of the impact of their behavior on children shift their behavior?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Parent/guardian has a clear understanding of the impact of their behavior on children and is able to adjust behavior to limit negative impact.

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.*
Parent/guardian has some understanding of impact of their behavior but may struggle at times to change behavior to limit negative impact.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian has limited understanding of the impact of their behavior on children.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian has no understanding or denies any impact of their behavior on children.

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EFFECTIVE PARENTING APPROACHES

This indicator refers to the parent's/guardian's knowledge of parenting skills and strategies and their ability to actually use these skills and strategies with their child(ren).

Questions to Consider:

- What are the parenting skills and strategies that work best for the parent/guardian?
- Are the parenting practices used by the parent/guardian effective?
- Are the parenting practices used by the parent/guardian in line with the child/youth's development and needs?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Parent/guardian applies flexibility in parenting role; parent has knowledge of multiple parenting practices and is able to implement them effectively with their children in a manner that is consistent with the child/youth's development and 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.*
Parent/guardian has knowledge of parenting practices that are consistent with child/youth's needs and development but may struggle at times to effectively implement them.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian has limited flexibility and/or knowledge of parenting practices; parenting practices are seldom effective and/or consistent with child/youth's development and needs.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian is extremely limited in their understanding of parenting practices. May be very concrete or rigid in their approach to child rearing.

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INDEPENDENT LIVING SKILLS

This indicator focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities like money management, transportation, job readiness, housekeeping, and cooking.

Questions to Consider:

- Is the parent/guardian able to maintain the basic needs for the family? For their own care?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
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 may be an opportunity for resource building.*
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 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
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 prevents the provision of care; requires immediate and/or intensive action.*
This individual is unable to live independently given their current status. Problems require a structured living environment.

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RELATIONSHIP/CONTACT WITH CASEWORKER

This indicator describes the parent/guardian's relationship and level of responsiveness/cooperation with their child(ren)'s caseworker.

Questions to Consider:

- Does the parent/guardian maintain contact with and is responsive to the caseworker?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Parent/guardian actively stays in contact with the caseworker and consistently responds to the caseworker's input and requests.

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.*
Parent/guardian does not always stay in contact with the caseworker, but is generally responsive to the worker's requests and input. They are generally good about following through on appointments, returning caseworker phone calls, etc.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian is inconsistent in their response to the caseworker's requests and input.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian is unresponsive and uncooperative with the caseworker. They may be actively hostile or seek to avoid the worker.

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RESONSIBILITY IN MALTREATMENT

This indicator describes the degree to which the parent/guardian is aware of their role (even if only present and not directly involved) in the maltreatment of their child(ren).

Questions to Consider:

- Does the parent/guardian understand their role in the child/youth's maltreatment?
- What have they done to prevent any further maltreatment of the child/youth?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Parent/guardian accepts responsibility for their role in prior child maltreatment and demonstrates behavior changes that reduce risk of future maltreatment.

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.*

Parent/guardian understands their role in prior child maltreatment, but there may be some concern about their ability to translate that awareness into the prevention of future maltreatment.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Parent/guardian does not accept primary responsibility. They blame others.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Parent/guardian denies any role in prior child maltreatment. They may deny that maltreatment took place or may deny any responsibility for the maltreatment.

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RELATIONSHIP WITH ABUSER(S)

If the parent/guardian is not the actual abuser, this indicator describes the parent/guardian's current level of contact and involvement with the perpetrator of the abuse or with anyone who may have abused the child/youth in the past. If the parent is the sole abuser rate a '0.'

Questions to Consider:

- Does the parent/ guardian have contact and/or a relationship with the individuals who were involved in any prior abuse of the child/youth?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Parent/guardian has no contact/relationships with individuals who were involved in earlier maltreatment of children. Anyone who had engaged in prior child maltreatment (e.g., paramour) is now out of their life.

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.*
Parent/guardian has limited contact with individuals who were involved in earlier maltreatment of child, but they are aware of the importance of protecting children from this individual(s).

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian remains in relationship with individuals who were involved in earlier maltreatment.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian remains in relationship with individuals who were involved in earlier maltreatment and denies any risk with these individuals, and/or parent continues to associate with individuals who could be harmful to children.

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SUPPORTING INFORMATION

Provide additional information regarding parent/guardian well-being (indicators rated '2' and '3'). The narrative should highlight the actionable needs as rated in the Parent/Guardian Well-Being Concerns Domain. It can also include relevant information from the Family Information section (p. 227) as applicable.

PARENT/GUARDIAN PERMANENCE CONCERNS

For the **Parent/Guardian Permanence Concerns Domain,** use the following categories and action levels:

0 No current need; no need for action. This may be a resource for the child/youth.

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.

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SOCIAL AND FAMILY CONNECTIONS

This indicator refers to help that one does not have to pay for. This could include extended family, social supports, and community institutions such as churches, libraries, YMCAs, park district and other services that help the family in times of need.

Questions to Consider:

- Does the parent/ guardian have social and familial supports that are helpful to the family in times of need?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Parent/guardian has sufficient social and familial supports so that there are few limitations on what can be provided for the child/youth.

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.*
Parent/guardian can access the necessary supports to help address the child/youth's major and basic needs but some limitations exist whereby these supports are insufficient to address some family and child/youth needs.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian has limited supports (e.g., a grandmother living in same town who is sometimes available to watch the child/youth) that may not be sufficient to meet the needs of the child/youth.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian has severely limited supports or no social/family connections available to assist in the care and treatment of the child/youth.

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INVOLVEMENT IN PERSONAL TREATMENT

This indicator describes the degree to which the parent/guardian participates in any suggested or mandated treatment programs.

Questions to Consider:

- Does the parent/guardian participate in their personal treatment?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Parent/guardian consistently participates in personal treatment and shows progress on targeted treatment issues as evidenced by documentation from treatment provider.

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.*
Parent/guardian generally participates in personal treatment, but may sometimes miss scheduled treatment visits, or parent has been attending treatment but provider's documentation suggests minimal progress on targeted treatment issues.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian sporadically participates in personal treatment.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian refuses to participate in personal treatment.

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PARENT/GUARDIAN PARTICIPATION IN VISITATION

This indicator describes both the parent's/guardian's attendance at visitation and their involvement in activities with their child(ren) during these visits.

Questions to Consider:

- Does the parent/guardian consistently attend planned visitations and actively participate?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Parent/guardian consistently adheres to all planned visitations and actively participates.

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.*
Parent/guardian generally adheres to planned visitations but may sometimes miss or engage in unplanned visitation or always attends but does not actively participate with the child(ren).

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian sporadically adheres to planned visitation.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian does not participate in planned visitation.

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COMMITMENT TO REUNIFICATION

This indicator is a global rating of the degree to which the parent/guardian appears to be committed to doing the things necessary to allow for reunification with their child(ren).

Questions to Consider:

- What is the parent/guardian doing that will allow for reunification with the child/youth?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Parent/guardian is doing whatever they need to accomplish in order to be reunified.

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.*
Parent/guardian is generally committed to doing the required tasks in order to achieve reunification and has once or twice in the last month failed to follow through consistently (e.g., misses visits, therapy sessions, or court appearances).

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Parent/guardian appears or reports being ambivalent or uncommitted to reunification at this time.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Parent/guardian is uninterested in achieving reunification at this time.

NA For Intact Families.

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SUPPORTING INFORMATION

Provide additional information regarding positive family, community, and social connections, and commitment to permanency plan goals. The narrative should highlight the actionable needs as rated in the Parent/Guardian Permanence Concerns Domain (indicators rated ‘2’ and ‘3’).

SUBSTITUTE CAREGIVER COMMITMENT TO PERMANENCE

For the **Substitute Caregiver Commitment to Permanence Domain,** use the following categories and action levels:

0 No current need; no need for action. This may be a resource for the child/youth.

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.

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COLLABORATION WITH OTHER PARENTS/CAREGIVERS

This indicator refers to the substitute caregiver's relationship with the biological parent or other caregivers with regard to working together in child rearing activities.

Questions to Consider:

- Does the caregiver work with the parent/guardian in shared parenting?
- What is the nature of the communication between the caregiver and the parents/guardians?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Substitute caregiver works with the parent(s)/guardian(s) regarding issues of the development and well-being of the children. Substitute caregiver supports continual family membership, visitation, and shared parenting. Demonstrates good communication and partnership.

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.*
Generally good substitute caregiver-parental collaboration with occasional difficulties but are willing to work towards better communication and partnership regarding the development and well-being of the children.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Limited adaptive collaboration. Substitute caregiver has moderate problems of communication and collaboration with parent(s) and/or caregivers with regard to issues of the development and well-being of the children.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Significant difficulties with collaboration. Substitute caregiver has minimal collaboration and destructive or sabotaging communication among any parents and caregivers regarding issues related to the development and well-being of the children.

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SUBSTITUTE CAREGIVER SUPPORT FOR PERMANENCY PLAN GOAL

This indicator is a global rating of the degree to which the substitute caregiver is committed to facilitating progress toward permanency plan goals, including supporting the parent in doing the things necessary to allow for reunification with their child(ren).

Questions to Consider:

- Is the substitute caregiver committed to working towards the permanency goals for the child/youth?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Substitute caregiver is completely committed to doing whatever they need to do in order to support permanency plan goals, including reunification.

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.*
Substitute caregiver is generally committed to doing the required tasks in order to support permanency plan goals, including reunification.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Substitute caregiver is ambivalent or uncommitted to supporting permanency plan goals, including reunification, at this time.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Substitute caregiver is uninterested in supporting the current permanency plan goals.

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INCLUSION OF THE CHILD/YOUTH IN THE FOSTER FAMILY

This indicator describes the degree to which foster family members accept and welcome the foster child/youth as an equal member of the family.

Questions to Consider:

- Does the foster family include the child/youth in the family's activities?
- Does the foster family treat the child/youth as an equal family member?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

All members of the foster family view the child/youth as an equal member. Child/youth is included in all foster family celebrations and events, and their accomplishments and milestones are given attention equal to that of other children in the family.

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.*

Most foster family members accept the child/youth in a welcoming manner, celebrate their accomplishments, and include them in family events. There may be one foster family member who treats the child/youth differently, but this has little impact on their well-being; or the child/youth is occasionally left out.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

At least one parent treats the child/youth as an unequal member of the foster family. They are sometimes left out of foster family celebrations, trips, and events. Their milestones are not acknowledged in a manner equal to that of other children in the foster family.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The child/youth's status in the foster family is beneath that of other children in the family. They may be left behind when the foster family takes trips, and their milestones are ignored when those of other foster family members are celebrated. Some or all of the foster family members ignore or resent the child/youth's presence in the family.

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SUPPORTING INFORMATION

Provide additional information regarding the substitute caregiver's commitment to the permanency plan goal (indicators rated '2' and '3'). The narrative should highlight the actionable needs as rated in the Substitute Caregiver Commitment to Permanence Domain.

INTACT FAMILY SERVICES MODULE

This module should only be completed for those children/youth involved in the DCFS Intact Family Services program. This section focuses on the family system. The first step is to define who makes up the family. Generally it is a household but sometimes two households in which the children spend considerable amounts of time could be considered (e.g., divorced parents with 50:50 visitations). Consider these indicators as they pertain to the **ENTIRE FAMILY.**

For the **Intact Family Services Module,** use the following categories and action levels:

0 No current need; no need for action. This may be a resource for the child/youth.

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.

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PARENTAL/SECONDARY CAREGIVER COLLABORATION

This indicator refers to the relationship between parents (or other primary caregivers) with regard to working together in child rearing activities.

Questions to Consider:

- Does the parent work with the secondary caregivers in shared parenting?
- What is the nature of the communication between the parents and the secondary caregivers?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Adaptive collaboration. Parents/secondary caregivers usually work together regarding issues of the development and well-being of the children. They are able to negotiate disagreements related to their children.

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.*

Mostly adaptive collaboration. Generally good parental/secondary caregiver collaboration with occasional difficulties negotiating miscommunications or misunderstanding regarding issues of the development and well-being of the children.

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

Limited adaptive collaboration. Moderate problems of communication and collaboration between two or more adult caregivers with regard to issues of the development and well-being of the child/youth.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Significant difficulties with collaboration. Minimal collaboration and destructive or sabotaging communication among any parents/secondary caregivers regarding issues related to the development and well-being of the child/youth.

NA No secondary caregiver to collaborate with.

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FAMILY CONFLICT

This indicator refers to how much fighting occurs between family members. Domestic violence refers to physical fighting in which family members might get hurt (also refers to violence that occurs between family members outside the household).

Questions to Consider:

- How does the family get along?
- How does the family work through conflict?
- Has there ever been any violence in the family?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Minimal conflict. Family gets along well and negotiates disagreements appropriately.

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.*
Some conflict. Family generally gets along fairly well but when conflicts arise resolution is difficult.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Significant conflict. Family is generally argumentative and conflict is a fairly constant theme in family communications.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Domestic violence. Threat or occurrence of physical, verbal or emotional altercations. Family with a current restraining order against one member would be rated here.

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FAMILY COMMUNICATION

This indicator refers to the ability of all family members to talk to each other about their thoughts and feelings. It should only be about communication within the family (communication does not have to be in the same home).

Questions to Consider:

- How does the family communicate and talk to each other?
- What challenges does the family have in communicating with each other?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Adaptive communication. Family members generally are able to directly communicate important information among each other. Family members are able to understand each other's feelings and 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.*

Mostly adaptive communication. Family members can communicate important information among each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Limited adaptive communication. Family members generally are unable to directly communicate important information among each other. Family members have difficulties understanding each other's feelings and needs.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Significant difficulties with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs.

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FAMILY ROLE APPROPRIATENESS

Boundaries refer to the ability of family members to separate themselves as individuals and appropriately separate communication with various family members. Hierarchies refer to the organization of decision-making authority in the family.

Questions to Consider:

- What are the boundaries like within the family?
- What is the nature of the family hierarchy?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Adaptive boundaries. Family has strong appropriate boundaries among members. Clear inter-generational hierarchies are maintained.

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.*
Mostly adaptive boundaries. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Significant difficulties with boundaries. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist.

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HOME MAINTENANCE

This indicator refers to housekeeping both in terms of cleanliness and organization, and safety from dangerous materials and/or objects (e.g., child proofing). Families living in a supported housing arrangement (e.g., shelter) would be rated “Not applicable.”

Questions to Consider:

- Is the home safe and functional, organized and clean, free of hazards?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Home is clean, maintained well; poisons and medications are locked up/stored away properly and out of reach. Home is child proofed; kitchen and bathroom are functional; all utilities are operational; everyone has a bed and outlets are plugged. No concerns.

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.*
Most precautions have been taken; no danger to the children; poisons and medication are out of reach but not locked up; home is mostly child proof; utilities are operational; minor cleaning is required, some odor present.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Some precautions have been taken, but potential hazards are obvious, e.g., poisons and medication out of sight but within reach of child(ren), overloaded outlets, matches and knives accessible but out of sight. Gas, heating, electricity, or plumbing sometimes don’t work because bills have not been paid or the family has not attended to repairs. Home is somewhat cluttered. House needs general cleaning, e.g., bathroom, bedrooms, kitchen, and basement. Beds are needed.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Home is not safe. Poisons and medications are visible and accessible, no screens on second floor windows for toddlers, outlets not plugged, few precautions taken; utilities off due to neglect of bills or needed repair. No beds for children, parent(s). No refrigerator. Home is dirty, kitchen presents odor due to spoiled food.

NA Family is in a supported living situation.

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SUPPORTING INFORMATION

Provide additional information regarding the family system. The narrative should highlight the actionable needs (indicators rated ‘2’ and ‘3’) as rated in the Intact Family Services Module.

INTENSIVE PLACEMENT STABILIZATION SERVICES (IPS) MODULE

This module is to be included whenever an IM+CANS assessment is completed by an IPS agency when the child/youth is involved with the DCFS system of care.

For the **Intensive Placement Stabilization Services (IPS) Module – Child/Youth indicators,** 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

For the **Intensive Placement Stabilization Services (IPS) Module – Substitute Caregiver indicators,** use the following categories and action levels:

0 No current need; no need for action. This may be a resource for the child/youth.

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.

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YEARS IN CARE (Child/Youth Indicator)

This indicator captures the amount of time the child/youth has been in the custody of the child welfare system.

Questions to Consider:

- How long has DCFS been involved with the youth and their family?

Ratings and Descriptions

0 Child/youth was only recently taken into custody and has been in care for less than six months.

1 Child/youth has been in care for over six months but less than one year.

2 Child/youth has been in care for at least a year but less than two years.

3 Child/youth has been in care for over two years or has been in care at least once before the current episode.

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PLACEMENT HISTORY (Child/Youth Indicator)

This indicator captures the number of placements that this child/youth has experienced since being in the custody of the child welfare system.

Questions to Consider:

- How frequently has the child/youth moved since entering foster care?

Ratings and Descriptions

0 Child/youth has been in the same placement since entry to care.

1 Child/youth has moved one time since entry to care or had multiple positive moves (e.g., child/youth moved from a foster home to a relative home).

2 Child/youth has moved two times but less than four times.

3 Child/youth has moved four or more times since coming into care.

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KNOWLEDGE OF YOUTH'S DEVELOPMENT AND NEEDS (Substitute Caregiver Indicator)

This indicator is based on substitute caregiver's knowledge of the specific strengths of the child/youth and any needs experienced by the child/youth and their ability to understand the rationale for the treatment.

Questions to Consider:

- Does the caregiver know the child/youth's strengths and weaknesses?
- Does the caregiver understand the child/youth's current mental health diagnosis and/or symptoms?
- Do the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Substitute caregiver is fully knowledgeable about the child/youth's strengths and needs, talents and limitations. Substitute caregiver has a working knowledge of normal child developmental stages and has realistic and age-appropriate expectations of the child/youth.

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.*

Substitute caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge, realistic and age-appropriate expectations or understanding of either the child/youth's developmental and psychological condition or their talents, skills and assets.

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

Substitute caregiver does not know or understand the child/youth well or has unrealistic expectations of the child/youth. Significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.

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

Substitute caregiver has little or no understanding of the child/youth's current condition. The placement is unable to cope with the child/youth given their status at the time, not because of the needs of the child/youth but because the caregiver does not understand or accept the situation.

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DISCIPLINE (Substitute Caregiver Indicator)

This indicator describes the substitute caregiver's ability to provide discipline to the child/youth. Discipline is defined as all parenting behaviors and strategies that support positive behavior in children.

Questions to Consider:

- How does the substitute caregiver discipline the child/youth?
- Is the substitute caregiver's discipline consistent and appropriate to the situation and the child/youth's developmental needs?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*
Substitute caregiver generally demonstrates an ability to discipline the child/youth in a consistent and respectful manner. Substitute caregiver's expectations are age appropriate and they usually are able to set age-appropriate limits and to enforce them.

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.*
Substitute caregiver is often able to set age-appropriate limits and to enforce them. On occasion their interventions may be too harsh, too lenient, or inconsistent. At times, their expectations of the child/youth may be too high or too low.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Substitute caregiver demonstrates limited ability to discipline the child/youth in a consistent and age-appropriate manner and is rarely able to set age appropriate limits and to enforce them. Their interventions may be erratic and overly harsh but not physically harmful. Substitute caregiver expectations of the child/youth are frequently unrealistic.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful (such as shaking the child/youth, whipping, etc.).

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CAREGIVER MANAGEMENT OF EMOTIONS (Substitute Caregiver Indicator)

This indicator assesses the substitute caregiver's ability to be aware of, monitor, tolerate and manage their own emotions/reactions to child(ren) in their care. Substitute caregiver may withdraw or "shut down" when overwhelmed or lash out in anger at child/youth unexpectedly. The stress of parenting may lead to chronic irritability, sleep or health problems, weight gain or relationship difficulties.

Questions to Consider:

- How does the foster parent manage their emotions?
- What impact does the foster parent's ability to manage their emotions have on their caregiving to the child/youth?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Substitute caregiver has no difficulties regulating emotional responses. Emotional responses and boundaries are appropriate to the situation and do not detract from their ability to interact with the child/youth in a healthy way.

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.*

Substitute caregiver has some difficulties with emotional regulation. They may have some difficulty with tolerating intense emotions and have certain child/youth-related situations that are difficult for them to handle in a calm and appropriate manner.

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

Substitute caregiver has problems with emotional regulation that impacts their ability to parent. They may have moderate difficulty regulating emotional responses or dealing with strong emotions from the child/youth in a calm, clear and safe way. They may show very little insight into how their behavior can affect and/or trigger the child/youth into an extreme response to the situation.

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

This rating is given to a substitute caregiver with severe problems with highly dysregulated emotions. They may have an inability to regulate emotional responses (feeling out of control of their emotions) and exhibit a complete inability to respond to the child/youth in a safe, calm and appropriate way. They may exhibit extreme anger and yelling, prolonged silences, or stress related disorders as a result of overwhelming parenting stress.

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SUPPORTING INFORMATION

Provide additional information regarding the child/youth and substitute caregiver involved with the DCFS system of care. The narrative should highlight the actionable needs as rated in the Intensive Placement Stabilization Services Module (indicators rated '2' and '3').