

TN

Department of  
**Children's Services**



# Child and Adolescent Needs and Strengths (CANS)

Comprehensive Multisystem Assessment

Tennessee Version

Tennessee Department of Children's Services | Policy | July 2016



## **Buddin Praed Foundation**

### **Copyright 1999**

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

### **John S. Lyons, Ph.D.**

Mental Health Services and Policy Program

Northwestern University

710 N. Lakeshore Drive, Abbott 1206

Chicago, Illinois 60611

(312) 908-8972

Fax (312) 503-0425

JSL329@northwestern.edu

### **Susan Mitchell**

Executive Director

Network Development Division

Tennessee Department of Children's Services

315 Deaderick Street

9<sup>th</sup> Floor UBS Tower

Nashville, Tennessee 37243

Buddin Praed Foundation

558 Willow Road

Winnetka, Illinois 60093

[buddinpraed@yahoo.com](mailto:buddinpraed@yahoo.com)

# Table of Contents

Five Key Components of a Communimetric Tool	4
Description of Action Levels	4
Glossary and Item Coding Definitions	5
CANS Safety Items	5
CANS Well-Being Items	9
CANS Permanency Items	20
CANS Individual Assessment Modules	25
Violence Module	25
Runaway Module	29
Fire Setting (FS) Module	32
Sexually Abusive Behavior (SAB) Module	35
Juvenile Justice (JJ) Module	39
Substance Abuse Disorder (SUD) Module	41
Developmental Needs (DD) Module	43
Trauma Module	45
CANS Interview Format	51

# FIVE KEY COMPONENTS OF A COMMUNIMETRIC TOOL

1. Items are selected based on relevance to planning. Items are selected because they might lead you down different pathways of service planning.

2. The CANS is an item-level tool. Each should be relevant to what you might do next. Action levels for all items. Levels of items (0, 1, 2, 3) translate immediately into action levels.

3. Agnostic to etiology- descriptive, no cause and effect. The ratings are about the child not about the service. Rate needs when masked by interventions. You should factor service context into the ratings to describe the child's needs. For example, child stimulants to treat ADHD would still be rated a '2' on Impulse/Hyperactivity as this is still actionable. A '1' would be used in medication management were a routine part of the child's lifestyle or he/she was so stable that you were considering taking them off medication. A youth in detention might still be rated a '3' on Runaway when released because detention did not address this issue except by preventing it while the youth was locked up.

4. The CANS is descriptive. It is about the 'what' not about the 'why'. This is useful in working with families. The initial focus of the assessment is to describe where needs and strengths exist not to determine why they exist. Stigma and judgment come from the 'why' so this strategy helps initial rapport with families.

5. Specific rating windows (e.g. 30 days) can be over-ridden based on action levels. Unless otherwise specified there is a 30 day window for ratings. This window is only used to remind us to keep the assessment about the child and family's current needs. Action levels can be used to over-ride time frames.

- Exceptions

- If the item mentions "history" as a part of scoring that would be at anytime in the child's history (i.e. suicide risk, danger to others)
- There are a few items that are more long-term (i.e. resiliency, acculturation, natural supports)

#### No Evidence vs. No Information

- If you can say that the child does not have a particular need or strength, you can score the item as having "no evidence" of an issue in that area "0" for need and "3" for strength
- If you do not have available the information necessary to evaluate the item, leave it blank

### ***Descriptions of Action Levels***

For Risk Behaviors, Caregiver Needs and Strengths, Behavioral/Emotional Needs, and Acculturation the following categories and action levels are used:

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

For Life Functioning Domains, the following categories and symbols are used:

- 0 indicates a life domain in which the child is excelling. This is an area of considerable strength
- 1 indicates a life domain in which the child is doing OK. This is an area of potential strength
- 2 indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
- 3 indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

For Child’s Strengths the following categories and action levels are used:

- 0 indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan
- 1 indicates a domain where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.
- 2 indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in as a focus of a strength-based plan.
- 3 indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

## GLOSSARY OF ITEMS

Buddin Praed Foundation

<http://praedfoundation.org/>

[buddinpraed@yahoo.com](mailto:buddinpraed@yahoo.com)

### ***Glossary for the CANS-Comprehensive***

The decision support and information management tools support communication in a complex environment. They serve to integrate information from whatever sources are available.

### ***Glossary and Item Coding Definitions***

#### **SAFETY**

#### **-CHILD RISK BEHAVIORS**

<b>Check</b>	<b>SUICIDE RISK</b> - This item is intended to describe the presence of suicidal behavior. Only overt and covert thoughts and efforts at attempting to kill one self are rated on this item. Other self-destructive behavior is rated elsewhere. A '0' is reserved for youth with no current
--------------	--

	suicidal thoughts, ideation, or behavior nor any history. Since a history of suicidal ideation and gestures is a predictor of future suicide, any youth with a history is rated at least a '1'. A '2' is used to describe a youth who is recently suicidal but who is not currently planning to kill him/herself. A youth who was thinking about suicide but was able to contract for safety would be rated a '2'. A '3' is used to identify an individual who is either attempted suicide during the rating period or who during this time has an active intention and plan to commit suicide.
0	No evidence.
1	History but no recent ideation or gesture.
2	Recent ideation or gesture but not in past 24 hours.
3	Current ideation and intent OR command hallucinations that involve self-harm.

<b>Check</b>	<b>SELF-MUTILATION</b> - This item is used to describe repetitive behavior that results in physical injury to the youth. Carving and cutting on the arms or legs would be common examples of self-mutilation behavior. Self soothing behaviors such as cutting, biting, head banging, slapping, hair pulling, burning are examples of self-mutilation
0	No evidence
1	History of self-mutilation.
2	Engaged in self-mutilation that does not require medical attention.
3	Engaged in self-mutilation that requires medical attention.

<b>Check</b>	<b>OTHER SELF HARM</b> - This item is used to describe behavior not covered by either Suicide Risk or Self-Mutilation that places a youth at risk of physical injury. Any behavior that the child engages in has significant potential to place the child in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, subway surfing). This includes reckless and risk-taking behavior that may endanger the youth. If the child frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually place themselves in such a position, a rating of '1' might be used to indicate the need for prevention. This includes reckless behavior or intentional risk-taking behavior. To rate a '3', the youth must have placed himself or herself in significant physical jeopardy during the rating period.
0	No evidence of behaviors other than suicide or self-mutilation that place the youth at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places youth at risk of physical harm.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death.

<b>Check</b>	<b>DANGER TO OTHERS</b> - This item rates the youth's violent or aggressive behavior. Like 'Suicide Risk' a '1' is reserved for history of violence or dangerous aggressiveness. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior also should be intentional. Thus a '0' is used to indicate neither history nor any current violent or aggressive behavior. A '1' indicates history but not recent. A '2' indicates recent but not immediate. A '3' is reserved for a youth who is acutely dangerous to others at
--------------	--

	the time of the rating (generally within the past 24 hours). <i>A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the <b>Violence Module</b>.</i>
0	No evidence
1	History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
2	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, youth set a fire that placed others at significant risk of harm.

<b>Check</b>	<b>RUNAWAY</b> - This item describes the risk of or actual runaway behavior. A "0" is no evidence; a "1" some history of runaway behavior at least 30 days ago; a "2" recent runaway, but not in the past 7 days and a "3" is an acute threat or significant ideation about running away, or that the child is currently a runaway. <i>A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the <b>Runaway Module</b>.</i>
0	No evidence
1	History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago.
2	Recent runaway behavior or ideation but not in past 7 days.
3	Acute threat to runaway as manifest by either recent attempts OR significant ideation about running away OR youth is currently a runaway.

<b>Check</b>	<b>FIRE SETTING</b> - This item describes whether the child intentionally starts fires using matches or other incendiary devices. A '1' is used to indicate history without any evidence of current or recent behavior. A '1' might also be used if fire-setting behavior is suspected but not confirmed. A '2' is used to indicate recent fire-setting behavior or repeated fire setting that occurred within the rating window. A '3' is used to describe an acute threat of fire setting it is used to describe a youth who set a fire that endangered others within the rating window. <i>A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the <b>Fire-setting Module</b>.</i>
0	No evidence
1	History of fire setting but not in the past six months.
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire setting behavior over a period of at least two years even if not in the past six months.
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

<b>Check</b>	<b>SANCTION SEEKING BEHAVIOR</b> - This item refers to obnoxious behaviors that force adults to sanction the child. Making comments to strangers would be rated as a "1." Cursing frequently and loudly in public would be rated a "2." Behavior that could result in serious social sanctions such as bully or threatening others would be rated a "3."
0	No evidence of problematic sanction seeking behavior. Youth does not intentionally engage in behavior that forces adults to sanction him/her.

1	Mild level of problematic sanction seeking behavior. This might include occasional inappropriate intentional behavior that forces adults to sanction the youth.
2	Moderate level of problematic sanction seeking behavior. Sanction seeking behavior is frequent and serious enough to cause problems in the youth's life. Youth may be intentionally getting in trouble in school or at home.
3	Severe level of problematic sanction seeking behavior. This level would be indicated by frequent serious intentional sanction seeking behavior that forces adults to seriously and/or repeatedly sanction the youth. Sanction seeking behavior is sufficiently severe that the youth is at risk of significant sanctions (e.g. expulsion, removal from the community)

<b>Check</b>	<b>SEXUALLY REACTIVE BEHAVIOR</b> - It is not uncommon for children who have been exposed to sexual behavior either through direct abuse or through witnessing pornography to imitate that behavior at a later time. This behavior is referred to as sexually reactive behavior. It is not considered sexual aggression unless the threat or use of force is involved.
0	Youth has not engaged in any sexual behavior that appears to be imitating previous sexual abuse.
1	Youth has history of sexual abuse that places him or her at risk of sexually reactive behavior or has a history of sexual behavior that appears to imitate or mirror prior abuse but has not engaged in such behavior for more than one year.
2	Youth engages in sexual behavior that imitates/mirrors or is related to previous sexual abuse in the past year.
3	Youth engages in sexual behavior that mirror or is related to previous sexual abuse that places either the youth or others in significant danger of harm in the past year.

<b>Check</b>	<b>SEXUAL AGGRESSION</b> - This item is intended to describe sexually aggressive (or abusive) behavior. The severity and time frame of the behavior provide the information needed to rate this item. Several situations could result in a rating of '1'. A history of sexually aggressive behavior but not in the past year or harassment of others using sexual language would be rated as a '1'. Any of this behavior in the past year, but not in the rating window would result in a rating of '2'. If sexually aggressive behavior is at the level of molestation, penetration, or rape that would lead to a rating of a '3' for this item. <i>A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the <b>Sexually Abusive Behavior Module</b>.</i>
0	No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or public masturbation. Use of any force, coercion or threats.
2	Youth has engaged in sexually aggressive behavior in the past year but not in the past 30 days.
3	Youth has engaged in sexually aggressive behavior in the past 30 days.

<b>Check</b>	<b>DELINQUENCY</b> - This relates to delinquent behavior for which the youth may or may not have been caught (thus may not have any legal involvement) and juvenile justice issues. A "1" is a history of illegal behavior or severe acts that place others at risk of loss but no acts within the last 30 days. Examples include curfew violations and stealing. <i>A rating of a "1" or</i>
--------------	---

	<i>greater would result in the need for further specification of these needs through the completion of the <b>Delinquency Module</b>.</i>
0	No evidence
1	History of delinquency but no acts of delinquency in past 30 days.
2	Recent acts of delinquency.
3	Severe acts of delinquency that place others at risk of significant loss or injury or place youth at risk of adult sanctions.

<b>Check</b>	<b>SUBSTANCE USE</b> - The main distinction in this rating is that if a youth uses any alcohol or drugs, including nicotine, then he/she would be rated as at least a '1'. If this use causes any functioning problems, then he/she would be rated as at least a '2'. If the youth were dependent on a substance or substances, then he/she would be rated as a '3'. <i>A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the <b>Substance Use Module</b>.</i>
0	No evidence
1	History or suspicion of substance use.
2	Clear evidence of substance abuse that interferes with functioning in any life domain.
3	Youth requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/youth who is intoxicated at the time of the assessment (i.e., currently under the influence).

### CAREGIVER SAFETY CONCERNS

<b>Check</b>	<b>SUBSTANCE USE</b> - This item describes the impact of any notable substance use by caregivers. A '1' indicates a caregiver currently in recovery or a situation where problems of substance use are suspected but not confirmed. If substance use interferes with parenting a rating of '2' is indicated. If it prevents a caregiver from parenting, a '3' would be used.
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with his/her capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for him/her to parent at this time.

<b>Check</b>	<b>SAFETY</b> - This item describes whether individuals in the home present a danger to the child. This item does <b>not</b> describe situations in which the caregiver is unable to prevent a child from hurting him/herself despite well-intentioned efforts. A "2" or "3" on this item requires DCS involvement. Abuse and neglect are rated here.
0	Household is safe and secure. Youth is at no risk from others.
1	Household is safe but concerns exist about the safety of the youth due to history or others in the neighborhood that might be abusive.
2	Youth is in some danger from one or more individuals with access to the household.
3	Youth is in immediate danger from one or more individuals with unsupervised access.

### WELL BEING

#### -LIFE DOMAIN FUNCTIONING

<b>Check</b>	<b>SOCIAL FUNCTIONING</b> - This item rates the child's social skills and relationship functioning.
--------------	---

	This includes age appropriate behavior and the ability to make and maintain relationships.
0	Youth is functioning well socially.
1	Youth is having some minor problems with his/her social functioning
2	Youth is having some moderate problems with his/her social functioning.
3	Youth is experiencing severe disruptions in his/her social functioning.

<b>Check</b>	<b>DEVELOPMENTAL</b> - This item rates the presence of Mental Retardation or Developmental Disabilities only and does not refer to broader issues of healthy development. A '1' would be a low IQ child. Asperger's Syndrome would likely be rated a '2' while Autism would be rated a '3'. <i>A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the <b>Developmental Needs Module</b>.</i>
0	Youth has no developmental problems.
1	Youth has some problems with immaturity or there are concerns about possible developmental delay. Youth may have low IQ.
2	Youth has developmental delays or mild mental retardation.
3	Youth has severe and pervasive developmental delays or profound mental retardation.

<b>Check</b>	<b>RECREATIONAL</b> - This item rates the degree to which a child has identified and utilizes positive leisure time activities. A '0' would be used to indicate a child who makes full use of leisure time to pursue recreational activities that support his/her healthy development and enjoyment.
0	No evidence of problems with recreation or youth has and enjoys positive recreation activities on an ongoing basis.
1	Youth is doing adequately with recreational activities although some problems may exist.
2	Youth is having moderate problems with recreational activities. Youth may experience some problems with effective use of leisure time.
3	Youth has no access to or interest in recreational activities. Youth has significant difficulties making use of leisure time.

<b>Check</b>	<b>SEXUALITY</b> - This item looks at broad issues of sexual development, including sexual behavior, sexual identify, sexual concerns, and the reactions of significant others to any of these factors.
0	Youth has healthy sexual development.
1	Youth has some issues with sexual development but these do not interfere with his/her functioning in other life domains.
2	Youth has problems with sexual development that interfere with his/her functioning in other life domains.
3	Youth has severe problems with sexual development.

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

<b>Check</b>	<b>PHYSICAL</b> - This item is used to identify any physical limitations and could include chronic conditions such as limitations in vision, hearing or symptoms due to a medical condition.
0	Youth has no physical limitations.
1	Youth has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Youth has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Youth has severe physical limitations due to multiple physical conditions.

<b>Check</b>	<b>SLEEP</b> - This item assesses the degree to which the youth goes to bed at a regular time without problem, sleeps through the night, and awakens easily. Disruptions in any of these three stages (i.e., falling asleep, staying asleep, waking up) could be rated here.
0	Youth gets a full night's sleep each night.
1	Youth has some problems sleeping. Generally, youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
2	Youth is having problems with sleep. Sleep is often disrupted and youth seldom obtains a full night of sleep
3	Youth is generally sleep deprived. Sleeping is difficult for the youth and s/he is not able to get a full night's sleep.

<b>Check</b>	<b>SCHOOL ATTENDANCE</b> - This item assesses the degree to which the youth attends school. A "3" refers to a youth who is refusing to go to school or generally truant.
0	Youth attends school regularly.
1	Youth has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problems in the past six months but has been attending school regularly in the past month.
2	Youth is having problems with school attendance. He/she is missing at least two days each week on average.
3	Youth is generally truant or refusing to go to school.
NA	Not applicable

<b>Check</b>	<b>SCHOOL BEHAVIOR</b> - This item rates the youth's behavior in school. This is rated independently from attendance. Sometimes youth are truant but when they are in school they behave appropriately. If the school placement is in jeopardy due to behavior, this would be rated a "3."
0	Youth is behaving well in school.
1	Youth is behaving adequately in school although some behavior problems exist.
2	Youth is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
3	Youth is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.
NA	Not applicable

<b>Check</b>	<b>SCHOOL ACHIEVEMENT</b> - This item rates the youth's level of academic achievement. A youth having moderate problems with achievement and failing some subjects would be rated a "2." A youth failing most subjects or who is more than one year behind his/her peers would be a "3."
0	Youth is doing well in school.
1	Youth is doing adequately in school although some problems with achievement exist.
2	Youth is having moderate problems with school achievement. He/she may be failing some subjects.
3	Youth is having severe achievement problems. He/she may be failing most subjects or is more than one year behind same age peers in school achievement.
NA	Not applicable

**Note:** for the school items, if the youth is receiving special education services, rate the youth's performance and behavior relative to their peer group. If it is planned for the youth to be mainstreamed, rate the youth's school functioning relative to that peer group.

<b>Check</b>	<b>JOB FUNCTIONING</b> - This item is ONLY rated if the youth is employed. An internship or similar unpaid position could be considered here along with all paid positions. This item rates how a youth is doing in job and job-related functions.
0	No evidence of any problems in work environment.
1	Youth has some mild problems work (e.g. tardiness, conflict).
2	Youth has problems at work.
3	Youth has severe problems at work in terms of attendance, performance, or relationships. Youth may have recently lost job.
NA	Not applicable. Youth is not currently or recently employed.

## CAREGIVER STRENGTHS & NEEDS

### **\*NOTE: WHEN RATING CAREGIVER NEEDS AND STRENGTHS**

In general, we recommend that you rate the caregiver or caregivers with whom the youth is to be reunified with on the Permanency Plan. If there is NO permanency caregiver identified this section might need to be left blank.

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

<b>Check</b>	<b>SUPERVISION</b> - This item refers to the caregiver's ability to provide monitoring and discipline to the rated youth. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with the youth. A mother who reports frequent arguments with her teenage son, who is not following house rules, is staying out all night and who may be using drugs or alcohol may be rated a "2."
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical

	assistance.
2	Caregiver reports difficulties monitoring and/or disciplining youth. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Youth is at risk of harm due to absence of supervision.

<b>Check</b>	<b>PHYSICAL</b> - This item refers to medical and/or physical problems that the caregiver(s) may experience that limits or prevents their ability to parent the youth. For example, if the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'. A single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'.
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with his/her capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for him/her to parent at this time.

<b>Check</b>	<b>INVOLVEMENT</b> - A '0' on this item is reserved for caregivers who are able to advocate for their youth. This requires both knowledge of the youths rights, options, and opportunities. A '1' is used to indicate caregivers who are willing participants with service provision, but may not yet be able to serve as advocates for the youth. A caregiver that rates a "3" wishes for the youth to be removed from their care.
0	Caregiver is able to act as an effective advocate for youth.
1	Caregiver has history of seeking help for his/her children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their youth.
3	Caregiver wishes for youth to be removed from his/her care.

<b>Check</b>	<b>MENTAL HEALTH</b> - This item allows for the identification of serious mental illness among caregivers that might limit caregiver capacity. A parent whose mental illness is currently well controlled by medication might be rated a '1'. However, a parent with serious mental illness would likely be rated a '2' or even a '3' depending on the impact of the illness.
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with his/her capacity to parent.
3	Caregiver has mental health use difficulties that make it impossible for them to parent at this time.

<b>Check</b>	<b>KNOWLEDGE</b> - This item is perhaps the one most sensitive to issues of cultural competence. It is natural to think that what you know, someone else should know and if they don't then it's a knowledge problem. In order to minimize the cultural issues, we recommend thinking of this item in terms of whether there is information that if you made available to the caregivers they could be more effective in working with their youth. A caregiver that rates a "3" would have significant knowledge problems that place the youth at risk of negative outcomes.
0	Caregiver is knowledgeable about the youth's needs and strengths.
1	Caregiver is generally knowledgeable about the youth but may require additional information

	to improve his/her capacity to parent.
2	Caregiver has clear need for information to improve how knowledgeable s/he is about the youth. Current lack of information is interfering with his/her ability to parent.
3	Caregiver has knowledge problems that place the youth at risk of significant negative outcomes.

<b>Check</b>	<b>ORGANIZATION</b> - This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services. Parents who need help organizing themselves and/or their family would be rated a '2' or '3'.
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

<b>Check</b>	<b>DEVELOPMENTAL</b> - This item describes the presence of mental retardation among caregivers. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here.
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with his/her capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for him/her to parent at this time.

### **CHILD STRENGTHS—INDIVIDUAL ASSETS**

A **"0"** would indicate that this is a significant and functional strength that could become the centerpiece in service planning. For example, a youth with a significant interest and involvement in different sports or dance activities and who feels good about his/her involvement would be rated here.

A **"1"** would indicate that the strength is clearly exists and could become part of the service plan.

A **"2"** would indicate that a potential strength has been identified but requires building and development to become useful to the youth. For example, a teen that loves animals but has no vocational interest or experience. A plan could be developed that explores combining the teen's interest to develop prevocational and vocational experience in their area of interest.

A **"3"** would indicate that no strength has been identified at this time. A rating at this level would suggest that in this area the effort would be towards identifying and building strengths that can become useful to the youth. For example a teen with no identified areas of vocational interest. A planning focus may be to work with the teen to begin to identify possible areas of interest and educate them about different kinds of jobs.

**Remember that strengths are NOT the opposite of needs. By increasing strengths while addressing behavioral/emotional needs leads to better functioning and outcomes than just focusing on the needs. Identifying areas where strengths can be built is an important element of service planning.**

<b>Check</b>	<b>INTERPERSONAL-ADULT</b> - This item is used to identify a youth's social and relationship skills with adults. This is rated independent of Social Development because a youth can have skills but be struggling in their relationships at a particular point in time. Thus this strength indicates long standing relationship making and maintaining skills. This item is used to identify a youth's social relationship "skills" with adults. The centerpiece strength would be the youth's ability to develop and maintain an enduring relationship with adults.
0	Youth has well-developed interpersonal skills and adult relationships. Existing (non-family) adult relationships can be a centerpiece of a strength-based plan.
1	Youth has good interpersonal skills and has shown the ability to develop healthy relationships with adults. Existing (non-family) adult relationships are helpful to youth.
2	Youth needs assistance in developing good interpersonal skills and/or healthy friendships.
3	Youth has not demonstrated the ability to form positive relationship with adults.

<b>Check</b>	<b>INTERPERSONAL-PEER</b> - This item is used to identify a youth's social and relationship skills with peers. This is rated independent of Social Development because a youth can have skills but be struggling in their relationships at a particular point in time. Thus this strength indicates long standing relationship making and maintaining skills. This item is used to identify a youth's social relationship "skills" with peers. This would refer to similar-age children only. The centerpiece strength would be the youth's ability to develop and maintain an enduring relationship with peers.
0	Youth has well-developed interpersonal skills and friendships. Friends can be a centerpiece in a strength-based plan.
1	Youth has good interpersonal skills and has healthy friendships.
2	Youth has ability to develop positive peer relations but currently none exist.
3	Youth has not demonstrated the ability to form positive relationships with peers.

<b>Check</b>	<b>RESILIENCY-CRISIS</b> - The CANS defines resiliency as the ability to recognize one's strengths and apply them as needed to support healthy development. Crisis resiliency is the ability to recognize strengths during periods of acute stress. This item describes the youth's ability to manage personal crises. Is the youth seeking out support?
0	Youth is able to both effectively manage and prevent crises.
1	Youth has some ability to manage crises, however, does not have the skills to prevent them from occurring.
2	Youth has some limited abilities to manage crises
3	Youth is currently unable to manage crises

<b>Check</b>	<b>RESILIENCY-LONG TERM</b> - Resiliency is the ability to recognize strengths and apply them in support of healthy development. Using strengths to address needs is only one aspect of resiliency. Building on strengths to more generally support independence and health is the key concept of long term resiliency. Does a youth recognize his/her strengths and can he/she use them? Is the youth working toward his ability to be autonomous? A child that rates a "3" would fail to recognize his/her strength to support personal growth and development.
0	Youth is able to identify and utilize his/her strengths.
1	Youth recognizes his/her strengths but may not be able to effectively utilize them.
2	Youth has some limited ability to identify his/her strengths.
3	Youth is currently fails to recognize his/her strengths,

<b>Check</b>	<b>OPTIMISM</b> - This refers to the youth's sense of future orientation. There is strong literature that indicates that youth with a solid sense of themselves and their future have better outcomes than youth who do not. A "1" would be a youth who is generally optimistic. A "3" would be a youth who has difficulty seeing any positives about her/himself or his/her future.
0	Youth has a strong and stable optimistic outlook on his/her life.
1	Youth is generally optimistic.
2	Youth has difficulties maintaining a positive view of him/herself and his/her life. Youth may vary from overly optimistic to overly pessimistic.
3	Youth has difficulties seeing <i>any</i> positives about him/herself or his/her life.

<b>Check</b>	<b>EDUCATIONAL</b> - Certainly a youth who loves and excels at school would be rated as having this strength. However, this item predominantly refers more to the nature of the school's relationship to the youth and family and the level of support the child is receiving from the school. A rating of "0" would be given if the school was an active participant with the youth and family. A rating of "2" would be given if the school was not able to address the youth's needs.
0	School works closely with youth and family to identify and successfully address youth's educational needs OR youth excels in school.
1	School works with youth and family to identify and address youth's educational needs OR youth likes school.
2	School is identified but is currently not adequately addressing youth's needs.
3	No school is identified as a potential partner.
NA	Not applicable

<b>Check</b>	<b>VOCATIONAL</b> - Vocational Strengths are rated independently of functioning (a youth 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. A "1" would indicate that the youth has some vocational skills or work experience. A "3" would indicate that the youth needs significant assistance in developing those skills. Working to build such skills would become an important part of a service plan for a teen.
0	Youth has vocational skills and work experience.
1	Youth has some vocational skills or work experience.
2	Youth has some prevocational skills.
3	Youth has no known vocational skills or interests.
NA	Not applicable

<b>Check</b>	<b>TALENTS/INTEREST</b> - This item refers to hobbies, skills, artistic interests and talents that are positive ways that youth can spend time and also gives them pleasure and a positive sense of themselves. A child that rates a "3" on this item has no identified talents, interests, or strengths.
0	Youth has a talent that provides him/her with pleasure and/or self esteem.
1	Youth has a talent, interest, or hobby with the potential to provide him/her with pleasure and self esteem.
2	Youth has identified interests but needs assistance converting those interests into a talent or hobby.
3	Youth has no identified talents, interests or hobbies.

**\*These strengths (Vocational, Talents/interests and Spiritual/Religious),** have been found to be the three best predictors for positive outcomes for youth with mental health and juvenile justice involvement. Youth who had strengths in these areas were less likely to be rearrested than those who did not.

**CHILD BEHAVIORAL/EMOTIONAL NEEDS**

<b>Check</b>	<b>PSYCHOSIS</b> - The primary symptoms of psychosis include hallucinations (experiencing things others do not experience), and/or bizarre behavior. The most common form of hallucination is tactile, followed by auditory and then visual. While the growing evidence suggests that schizophrenia can start as early as age nine, schizophrenia is more likely to begin to develop in the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations.
0	No evidence
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the youth or others at risk of physical harm.

<b>Check</b>	<b>IMPULSIVITY/HYPERACTIVITY</b> - This item is designed to allow for the description of the youths level of impulsiveness or hyperactivity. The types of disorders included within this item are Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control. Youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.
0	No evidence
1	Some problems with impulsive, distractible or hyperactive behavior that places the youth at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the youth's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of impulsive behavior that can place the youth at risk of physical harm.

<b>Check</b>	<b>DEPRESSION</b> - Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults although it might be somewhat less common among children, particularly young children. The main difference between depression in youth and depression in adults is that among youth it is thought that depression is as likely to come with an irritable mood as a depressed mood. A depressed youth may have an irritable mood most of the day, nearly everyday. Diminished interests or pleasure in activities and recurrent thoughts of death may also be present.
0	No evidence
1	History or suspicion of depression problems or mild to moderate depression associated with

	a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in youth's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the youth to function in any life domain.

<b>Check</b>	<b>ANXIETY</b> - Anxiety disorders are characterized by either a constant sense of worry or dread or 'out-of-the blue' panic attacks in which the youth becomes terrified of losing control, dying, or becoming crazy. A '1' is used to indicate a youth who has some problems with anxiety or worrying or may have had a single panic attack in the past six months. A '2' would indicate a youth who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder. A '3' would indicate such a level of anxiety as to put the child at some risk.
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in youth's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the youth to function in any life domain.

<b>Check</b>	<b>OPPOSITIONAL</b> - This item describes the youth's relationship to authority figures. Generally oppositional behavior is in response to conditions set by a parent, teacher or other figure with responsibility for and control over the youth. A '0' is used to indicate a youth who is generally compliant, recognizing that all youth fight authority some. A '1' is used to indicate a problem that has started recently (in past six months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention. A '2' would be used to indicate a youth whose behavior is consistent with <b>Oppositional Defiant Disorder (ODD)</b> . A '3' should be used only for youth whose oppositional behavior put them at some physical risk.
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the youth's functioning in at least one life domain. Behavior causes emotional harm to others.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

<b>Check</b>	<b>CONDUCT</b> - This item is used to describe the degree to which a youth engages in behavior that is consistent with the presence of a <b>Conduct Disorder</b> . Although the actual prevalence is not known, it is believed that Conduct Disorder occurs in 1% to 3% of youth. This is the disorder that is the childhood equivalent to Antisocial Personality Disorder in adults. Characteristics such as lying, stealing, vandalism, fire setting, sexual aggression, cruelty to animals, and assault would be rated here.
0	No evidence
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property

	or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problems as described above that places the youth or community at significant risk of physical harm due to these behaviors.

<b>Check</b>	<b>TRAUMA EXPERIENCE(S)</b> - This item is used to describe the youth who is having difficulties adjusting to a traumatic experience. If a youth has not experienced any trauma or if they have, their traumatic experiences no longer impact their functioning, then he/she would be rated a '0'. A '1' would indicate a youth who is making progress learning to adapt to a trauma or a youth who recently experienced a trauma where the impact on his/her well-being is not yet known. A '2' would indicate significant problems with adjustment or the presence of an acute stress reaction. A '3' indicates Post Traumatic Stress Disorder (PTSD). <i>A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the <u>Trauma Module</u>.</i>
0	No evidence
1	History or suspicion of traumatic life event(s).
2	Clear evidence of the experience of traumatic life event(s). Adjustment to traumatic experiences may or may not be interfering with youth's functioning in at least one life domain.
3	Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

<b>Check</b>	<b>ATTACHMENT</b> - This item looks at issues concerning separation or attachment with others. This cannot be judged by looking at any one relationship. Does the child attach to others appropriately?
0	No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, youth's development of a sense of security and trust.
1	Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
2	Moderate problems with attachment. Youth is having problems with attachment that require intervention. A youth who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.
3	Severe problems with attachment. A youth who is unable to separate or a youth who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

<b>Check</b>	<b>ANGER CONTROL</b> - This item describes the youth's ability to manage his/her anger and frustration tolerance. The '0' level indicates a youth without problems on this dimension. Everybody gets angry sometime, so this item is intended to identify youth who are more likely than average to become angry and that this control problem leads to problems with functioning. A '1' level is occasional angry outbursts or a situation where the youth has begun to successfully exercise control over his/her temper. A '2' level describes a youth who has functioning problems as a result of anger control problems. A youth who meets criteria for Intermittent Explosive Disorder would be rated here. A '3' level describes a youth whose anger control has put them in physical risk within the rating period.
0	No evidence of any significant anger control problems.

1	Some problems with controlling anger. Youth may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Youth's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. Youth's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

<b>Check</b>	<b>EMOTIONAL CONTROL</b> - This item is sometimes called Affect Dysregulation. This need is characterized by a difficulty in controlling emotions. The youth may cry easily or become readily frustrated. Mood shifts or labile mood is common among youth with this need. Often the ability to self-soothe is limited in children rated a '2' or a '3'. They have difficulty calming or consoling themselves.
0	Youth has no problems with regulating his/her emotions (no affect dysregulation).
1	Youth has mild to moderate problems with regulating his/her emotions
2	Youth has severe problems with regulating his/her emotions but is able to control affect at times. Problems with emotional control interfere with youth's functioning in some life domains.
3	Youth unable to regulate his/her emotions

#### PERMANENCY- LIFE DOMAIN FUNCTIONING

<b>Check</b>	<b>FAMILY-NUCLEAR</b> - This item rates how the youth is functioning within his/her nuclear family. The nuclear family involves ONLY parents and siblings. Generally, parents refer to birth parents or adoptive parents and not foster caregivers.
0	Youth is doing well in relationships with nuclear family members (parents & siblings).
1	Youth is doing adequately in relationships with nuclear family members although some problems may exist. For example, some nuclear family members may have some problems in their relationships with youth.
2	Youth is having moderate problems with nuclear family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Youth is having severe problems with nuclear family members. This would include problems of domestic violence, constant arguing, etc.
NA	Not applicable

<b>Check</b>	<b>FAMILY-EXTENDED</b> - Extended family refers to all of the family except the nuclear family. We recommended that the definition of family should come from the youth's perspective (i.e. who the youth describes as his/her family). If you do not know this information, then we recommended a definition of family that includes biological relatives and their significant others with whom the child is still in contact.
0	Youth is doing well in relationships with extended family members.
1	Youth is doing adequately in relationships with extended family members although some problems may exist. For example, some family members may have some problems in their relationships with youth.
2	Youth is having moderate problems with extended family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.

3	Youth is having severe problems with extended family members. This would include problems of domestic violence, constant arguing, etc.
NA	Not applicable

<b>Check</b>	<b>LIVING SITUATION</b> - If a youth is living with his/her family this rating is likely similar to the previous one. However, for youth in out of home placements this refers to the youth's functioning in his/her current living arrangement.
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregiver is concerned about youth's behavior in living situation.
2	Moderate to severe problems with functioning in current living situation. Youth has difficulties maintaining his/her behavior in this setting, creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Youth is at immediate risk of being removed from living situation due to his/her behaviors.

<b>Check</b>	<b>LEGAL</b> - This item indicates the youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified youth's involvement is relevant to this rating.
0	Youth has no known legal difficulties.
1	Youth has a history of legal problems but currently is not involved with the legal system.
2	Youth has some legal problems and is currently involved in the legal system.
3	Youth has serious current or pending legal difficulties that place him/her at risk for a court ordered out-of-home placement.

### CAREGIVER STRENGTHS & NEEDS

<b>Check</b>	<b>SOCIAL RESOURCES</b> - If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports. A caregiver that rates a "3" has no family or social network to help with raising the youth.
0	Caregiver has significant family and friend social network that actively helps with raising the youth (e.g. child rearing).
1	Caregiver has some family or friend social network that actively helps with raising the youth (e.g. child rearing).
2	Caregiver has some family or friend social network that may be able to help with raising the youth (e.g. child rearing).
3	Caregiver no family or social network that may be able to help with raising the youth (e.g. child rearing).

<b>Check</b>	<b>RESIDENTIAL STABILITY</b> - Stable housing is the foundation of intensive community-based services. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'. A '3' indicates problems of recent homelessness or multiple residential transitions.
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force him/her to move in the next three

	months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.

## ACCULTURATION

<b>Check</b>	<b>LANGUAGE</b> - This item looks at whether the youth and family need help in communication with you or others in their world. In immigrant families, the youth often becomes the translator. While in some instances this might work well, it may become a burden on the youth or a youth might not translate accurately. A "3" would be a youth or family member that do not speak English.
0	Youth and family speak English well.
1	Youth and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Youth and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

<b>Check</b>	<b>IDENTITY</b> - Cultural identity refers to the youth's view of him/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle. This item refers to whether the youth is experiencing any difficulties or barriers to their connection to their cultural identity. Can the youth be with others who share a common culture? A newly immigrated Indian child living in a predominantly Caucasian neighborhood and attending a predominantly Caucasian school may be rated a "1" or a "2."
0	Youth has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Youth is experiencing some confusion or concern regarding cultural identity.
2	Youth has significant struggles with his/her own cultural identity.
3	Youth has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.

<b>Check</b>	<b>RITUAL</b> - This item looks to identify whether barriers exist for a youth to engage in rituals relevant to his/her culture. Cultural rituals are activities and traditions that include the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).
0	Youth and family are consistently able to practice rituals consistent with their cultural identity.
1	Youth and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the practice of these rituals.
2	Youth and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
3	Youth and family are unable to practice rituals consistent with their cultural identity.

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

### CHILD STRENGTHS—SOCIAL ASSETS

<b>Check</b>	<b>FAMILY—NUCLEAR</b> - This item refers to the presence of a family to identify, love, and communicate among nuclear family members. Even families who are struggling often have a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify.
0	Nuclear family has strong relationships and excellent communication.
1	Nuclear family has some good relationships and good communication.
2	Nuclear family needs some assistance in developing relationships and/or communications.
3	Nuclear family needs significant assistance in developing relationships and communications or youth has no identified family.
NA	Not applicable

<b>Check</b>	<b>FAMILY—EXTENDED</b> - This item refers to the presence of a family to identify, love, and communicate among extended family members. Even families who are struggling often have a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify.
0	Extended family has strong relationships and excellent communication.
1	Extended family has some good relationships and good communication.
2	Extended family needs some assistance developing relationships and/or communications.
3	Extended family needs significant assistance in developing relationships and communications or youth has no identified family.

<b>Check</b>	<b>SPIRITUAL/RELIGIOUS</b> - This item refers to the youth (and family's) experience of receiving comfort and support from religious or spiritual involvement. A "0" on this item indicates that the youth and families' spiritual/religious beliefs and practices are a comfort and significant source of support.
0	Youth receives comfort and support from religious and/or spiritual beliefs and practices.
1	Youth is involved in a religious community whose members provide support.
2	Youth has expressed some interest in religious or spiritual belief and practices.
3	Youth has no identified religious or spiritual beliefs nor interest in these pursuits.

<b>Check</b>	<b>COMMUNITY LIFE</b> - This item reflects the youth's connection to their community. Youth with a sense of belonging and a stake in their community do better than youth who don't. Youth 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 so might be rated a "3".
0	Youth is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community.
1	Youth is somewhat involved with his/her community.
2	Youth has an identified community but has only limited ties to that community.
3	Youth has no identified community to which he/she is a member.

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

<b>Check</b>	<b>PARENTAL PERMANENCE</b> - This item identifies whether parents or other relatives have been a consistent part of the child's life <i>regardless of the quality</i> of that relationship. A "0" would be for a child who has been consistently involved with both biological parents. A child with divorced parents would be rated a "1". A child with no involvement with his/her parents would be rated a "3".
0	This level indicates a youth who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Youth is involved with both parents.
1	This level indicates a youth who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a youth who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, or death.
3	This level indicates a youth who does not have any stability in relationships. Independent living or adoption must be considered.

## INDIVIDUALIZED ASSESSMENT MODULES

Complete any specific module only if indicated on the initial page(s)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### VIOLENCE MODULE

<b>Historical Risk Factors</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<i>see attached coding definitions</i>
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<b>Emotional/Behavioral Risks</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary gains from anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>KEY</b>
0=no evidence
1=history, watch/prevent
2=recent, act
3=acute, act immediately

<b>Resiliency Factors</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Awareness of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### VIOLENCE MODULE

#### CODING CRITERIA

##### Historical Risk Factors

*Historical risk factors are rated over the lifetime of the youth.*

<b>Check</b>	<b>HISTORY OF PHYSICAL ABUSE</b>
0	No evidence of a history of physical abuse.
1	Youth has experienced corporal punishment.
2	Youth has experienced physical abuse on one or more occasions from caregiver or parent.
3	Youth has experienced extreme physical abuse that has resulted in physical injuries requiring medical care.

<b>Check</b>	<b>HISTORY OF VIOLENCE</b>
0	No evidence of any history of violent behavior by the youth.
1	Youth has engaged in mild forms of violent behavior including

	vandalism, minor destruction of property, or physical fights in which no one was injured (e.g. shoving, wrestling).
2	Youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
3	Youth 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.

<b>Check</b>	<b>WITNESS TO DOMESTIC VIOLENCE</b>
0	No evidence that youth has witnessed domestic violence.
1	Youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury.
2	Youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.
3	Youth has witnessed the murder or rape of a family member.

<b>Check</b>	<b>WITNESS TO ENVIRONMENTAL VIOLENCE</b>
0	No evidence that youth has witnessed violence in his/her environment and youth does not watch an excessive amount of violent media.
1	Youth has not witnessed violence in his/her environment but watches an excessive amount of violent media including movies and video games.
2	Youth has witnessed at least one occasion of violence in his/her environment.
3	Youth has witnessed a murder or rape.

### **Emotional/Behavioral Risks**

*Emotional/Behavioral Risks are rated based on the past 30 days*

<b>Check</b>	<b>BULLYING</b>
0	Youth has never engaged in bullying at school or in the community.
1	Youth has been involved with groups that have bullied other youth either in school or the community; however, youth has not had a leadership role in these groups.
2	Youth has bullied other youth in school or community. Youth has either bullied the other youth individually or led a group that bullied youth
3	Youth has repeatedly utilized threats or actual violence to bully youth in school and/or community.

**VIOLENCE MODULE (continued)**  
**CODING CRITERIA**

<b>Check</b>	<b>FRUSTRATION MANAGEMENT</b>
0	Youth appears to be able to manage frustration well. No evidence of problems with frustration management.
1	Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm self down following an angry outburst.
2	Youth has problems managing frustration. His/her anger when frustrated is causing problems functioning in school, at home, or with peers.
3	Youth becomes explosive and dangerous to others when frustrated. He/she demonstrates little self-control in these situations and others must intervene to restore control

<b>Check</b>	<b>HOSTILITY</b>
0	Youth appears to not experience or express hostility except in situations where most people would become hostile.
1	Youth appears hostile but does not express it. Others experience youth as being angry.
2	Youth expresses hostility regularly.
3	Youth is almost always hostile either in expression or appearance. Others may experience youth as 'full of rage' or 'seething.

<b>Check</b>	<b>PARANOID THINKING</b>
0	Youth does not appear to engage in any paranoid thinking.
1	Youth is suspicious of others but is able to test out these suspicions and adjust his/her thinking appropriately.
2	Youth believes that others are 'out to get' him/her. Youth has trouble accepting that these beliefs may not be accurate. Youth at times is suspicious and guarded but at other times can be open and friendly.
3	Youth believes that others plan to cause him/her harm. Youth is nearly always suspicious and guarded.

<b>Check</b>	<b>SECONDARY GAINS FROM ANGER</b>
0	Youth either does not engage in angry behavior or, when s/he does become angry, does not appear to derive any benefits from this behavior.
1	Youth unintentionally has benefited from angry behavior; however, there is no evidence that youth intentionally uses angry behavior to achieve desired outcomes.
2	Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.

3	Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth's life appear intimidated.
---	---

<b>Check</b>	<b>VIOLENT THINKING</b>
0	There is no evidence that youth engages in violent thinking.
1	Youth has some occasional or minor thoughts about violence.
2	Youth has violent ideation. Language is often characterized as having violent themes and problem-solving often refers to violent outcomes.
3	Youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a youth who spontaneously and frequently draws only violent images may be rated here.

**VIOLENCE MODULE (continued)**  
**CODING CRITERIA**

**Resiliency Factors**

*Resiliency Factors are rated based on the past 30 days.*

<b>Check</b>	<b>AWARENESS OF VIOLENCE POTENTIAL</b>
0	Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors. Youth accepts responsibility for past and future behaviors. Youth is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.
1	Youth is generally aware of his/her potential for violence. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge him/her.
2	Youth has some awareness of his/her potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for his/her actions.
3	Youth has no awareness of his/her potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

<b>Check</b>	<b>RESPONSE TO CONSEQUENCES</b>
0	Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and adjust behavior.
1	Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.

2	Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.
3	Youth is unresponsive to consequences for his/her violent behavior.

<b>Check</b>	<b>COMMITMENT TO SELF-CONTROL</b>
0	Youth is fully committed to controlling his/her violent behavior.
1	Youth is generally committed to control his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.
2	Youth is ambivalent about controlling his/her violent behavior.
3	Youth is not interested in controlling his/her violent behavior at this time.

<b>Check</b>	<b>TREATMENT INVOLVEMENT</b>
0	Youth is fully involved in his/her own treatment. Family supports treatment as well.
1	Youth or family are involved in treatment but not both. Youth may be somewhat involved in treatment, while family members are active or youth may be very involved in treatment while family members are unsupportive.
2	Youth and family are ambivalent about treatment involvement. Youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
3	Youth and family are uninterested in treatment involvement. A youth with treatment needs who is not currently in treatment would be rated here.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

## RUNAWAY MODULE

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<i>see attached coding definitions</i>
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement in Illegal Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Duration of Run Episodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<b>KEY</b>
0=no evidence
1=history, watch/prevent
2=recent, act
3=acute, act immediately

**RUNAWAY MODULE**  
**Coding Definitions**

<b>Check</b>	<b>FREQUENCY OF RUNNING</b>
0	Youth has only run once in past year.
1	Youth has run on multiple occasions in past year.
2	Youth runs run often but not always.
3	Youth runs at every opportunity.

<b>Check</b>	<b>CONSISTENCY OF DESTINATION</b>
0	Youth always runs to the same location.
1	Youth generally runs to the same location or neighborhood.
2	Youth runs to the same community but the specific locations change.
3	Youth runs to no planned destination.

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

<b>Check</b>	<b>INVOLVEMENT IN ILLEGAL ACTIVITIES</b>
0	Youth does not engage in illegal activities while on run beyond those involved with the running itself.
1	Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking)
2	Youth engages in delinquent activities while on run.
3	Youth engages in dangerous delinquent activities while on run (e.g. prostitution).

<b>Check</b>	<b>LIKELIHOOD OF RETURN ON OWN</b>
0	Youth will return from run on his/her own without prompting.
1	Youth will return from run when found but not without being found.
2	Youth will make him/herself difficult to find and/or might passively resist return once found.
3	Youth makes repeated and concerted efforts to hide so as to not be

	found and/or resists return.
--	------------------------------

<b>Check</b>	<b>DURATION OF RUN EPISODES</b>
0	Youth returns within 24 hours.
1	Youth will most often return within 48 hours and is never gone more than one week.
2	Youth has one or more episodes of remaining on run from 1 week to one month.
3	Youth has one or more episodes in the last 2 yrs of remaining on run for 30 days or more.

<b>Check</b>	<b>INVOLVEMENT WITH OTHERS</b>
0	Youth runs by self with no involvement of others. Others may discourage behavior or encourage youth to return from run.
1	Others enable youth running by not discouraging youth's behavior.
2	Others are involved in running by helping youth to not be found.
3	Youth is actively encouraged by others to run. Others actively cooperate to facilitate running behavior.

## **RUNAWAY MODULE (continued)**

### **Coding Definitions**

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

<b>Check</b>	<b>PLANNING</b>
0	Running behavior is completely spontaneous and emotionally impulsive.
1	Running behavior is somewhat planned but not carefully planned.
2	Running behavior is planned.
3	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**FIRE SETTING (FS) MODULE**

Date of most recent fire-setting behavior: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe the incident including circumstances, reasons, frequency and results/damage:

---



---



---



---



---

Was the youth alone at the time of the incident or were other children involved?

(Circle response) ALONE WITH OTHERS

**Rate the youth on the following dimensions based on his/her most recent fire-setting behavior and any prior history of similar behaviors.**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<i>see attached coding definitions</i>
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Use of accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intention to harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Likelihood of future fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<p><b>KEY</b></p> <p>0=no evidence</p> <p>1=history, watch/prevent</p> <p>2=recent, act</p> <p>3=acute, act immediately</p>
---

**FIRE SETTING MODULE  
Coding Definitions**

<b>Check</b>	<b>SERIOUSNESS</b> <i>Please rate most recent incident</i>
0	Youth has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
1	Youth has engaged in fire setting that resulted only in some property damage that required repair.

2	Youth has engaged in fire setting which caused significant damage to property (e.g. burned down house).
3	Youth has engaged in fire setting that injured self or others.

<b>Check</b>	<b>HISTORY</b> <i>Please rate using time frames provided in the anchors</i>
0	Only one known occurrence of fire setting behavior.
1	Youth has engaged in multiple acts of fire setting in the past year.
2	Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.
3	Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.

<b>Check</b>	<b>PLANNING</b> <i>Please rate most recent incident</i>
0	No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.
2	Evidence of some planning of fire setting behavior.
3	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

<b>Check</b>	<b>USE OF ACCELERANTS</b> <i>Please rate most recent incident</i>
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.

<b>Check</b>	<b>INTENTION TO HARM</b> <i>Please rate most recent incident</i>
0	Youth did not intend to harm others with fire. He/she took efforts to maintain some safety.
1	Youth did not intend to harm others but took no efforts to maintain safety.
2	Youth intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Youth intended to injure or kill others.

**FIRE SETTING MODULE (continued)**  
**Coding Definitions**

<b>Check</b>	<b>COMMUNITY SAFETY</b> <i>Please rate highest level in the <b>past 30 days</b></i>
0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in fire setting behavior that represents a risk to community property.
2	Youth engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Youth attempts to use fires to hurt others.

<b>Check</b>	<b>RESPONSE TO ACCUSATION</b> <i>Please rate highest level in the <b>past 30 days</b></i>
0	Youth admits to behavior and expresses remorse and desire to not repeat.
1	Youth partially admits to behaviors and expresses some remorse.
2	Youth admits to behavior but does not express remorse.
3	Youth neither admits to behavior nor expresses remorse. Youth is in complete denial.

<b>Check</b>	<b>REMORSE</b> <i>Please rate highest level in the <b>past 30 days</b></i>
0	Youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Youth is able to apologize directly to affected people.
1	Youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, youth is unable or unwilling to apologize to affected people.
2	Youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
3	Youth accepts no responsibility and does not appear to experience any remorse.

<b>Check</b>	<b>LIKELIHOOD OF FUTURE FIRE SETTING</b> <i>Please rate highest level in the <b>past 30 days</b></i>
0	Youth is unlikely to set fires in the future. Youth able and willing to exert self-control over fire setting.
1	Youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
2	Youth remains at risk of fire setting if left unsupervised. Youth struggles with self-control.

3	Youth presents a real and present danger of fire setting in the immediate future. Youth unable or unwilling to exert self-control over fire setting behavior.
---	---

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SEXUALLY ABUSIVE BEHAVIOR (SAB) MODULE**

**Date of most recent sexually abusive behavior:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** Sexually abusive behavior is defined as non-consenting sexual activity initiated by the abuser in which one of the following conditions apply: use or threat of physical force, age differential, power differential. A child or youth is only assessed on this dimension if s/he was an active abuser in this form of sexual abuse of another person.

Was sexual act against a family member? (Circle Response) Yes No Identify \_\_\_\_\_

**0 1 2 3**     *see attached coding definitions*

- Relationship
- Physical Force/Threat
- Planning
- Age Differential
- Type of Sex Act
- Response to Accusation
- Temporal Consistency
- History of Sexual Behavior
- Severity of Sexual Abuse
- Prior Treatment

**KEY**

0=no evidence

1=history, watch/prevent

2=recent, act

3=acute, act immediately

## SEXUALLY ABUSIVE BEHAVIOR (SAB) MODULE

### Coding Definitions

<b>Check</b>	<b>RELATIONSHIP</b> <i>Please rate the <b>most recent episode of sexual behavior</b></i>
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 child or adolescent being in the position of authority.
2	Youth is clearly victimizing at least one other individual with sexually abusive behavior.
3	Youth is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

<b>Check</b>	<b>PHYSICAL FORCE/THREAT</b> <i>Please rate the highest level from the <b>most recent episode of sexual behavior</b></i>
0	No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.
1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
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.

<b>Check</b>	<b>PLANNING</b> <i>Please rate the highest level from the <b>most recent episode of sexual behavior</b></i>
0	No evidence of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
2	Evidence of some planning of sex act.
3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

<b>Check</b>	<b>AGE DIFFERENTIAL</b> <i>Please rate the highest level from the <b>most recent episode of sexual behavior</b></i>
0	Ages of the perpetrator and victim and/or participants is essentially equivalent (less than 3 years apart).
1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
2	Age differential between perpetrator and victim at least 5 years, but

	perpetrator is less than 13 years old.
3	Age differential between perpetrator and victim at least 5 years and perpetrator is 13 years old or older.

<b>Check</b>	<b>TYPE OF SEX ACT</b> <i>Please rate the highest level from the <b>most recent episode of sexual behavior</b></i>
0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

**SEXUALLY ABUSIVE BEHAVIOR (SAB) MODULE (continued)**  
**Coding Definitions**

<b>Check</b>	<b>RESPONSE TO ACCUSATION</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	Youth admits to behavior and expresses remorse and desire to not repeat.
1	Youth partially admits to behaviors and expresses some remorse.
2	Youth admits to behavior but does not express remorse.
3	Youth neither admits to behavior nor expresses remorse. Youth is in complete denial.

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

<b>Check</b>	<b>HISTORY OF SEXUALLY ABUSIVE BEHAVIOR</b> (toward others)
0	Youth has only one incident of sexually abusive behavior that has been identified and/or investigated.
1	Youth has two or three incidents of sexually abusive behavior that

	have been identified and/or investigated.
2	Youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
3	Youth has more than ten incidents of sexually abusive behavior with more than one victim.

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

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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**JUVENILE JUSTICE (JJ) MODULE**

Date of most recent delinquent behavior: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 0 1 2 3** *see attached coding definitions*
- Seriousness
  - History
  - Planning
  - Community Safety
  - Legal Compliance
  - Peer Influences
  - Parental Criminal Beh.
  - Environmental Influences

**KEY**

0=no evidence

1=history, watch/prevent

2=recent, act

3=acute, act immediately

**JUVENILE JUSTICE (JJ) MODULE**  
**Coding Definitions**

<b>Check</b>	<b>SERIOUSNESS</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	Youth has engaged only in status violations (e.g. curfew).
1	Youth has engaged in delinquent behavior.
2	Youth has engaged in criminal behavior.
3	Youth has engaged in delinquent criminal behavior that places other citizens at risk of significant physical harm.

<b>Check</b>	<b>HISTORY</b> <i>Please rate using time frames provided in the anchors</i>
0	Current criminal behavior is the first known occurrence.
1	Youth has engaged in multiple delinquent acts in the past one year.
2	Youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.
3	Youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.

<b>Check</b>	<b>PLANNING</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	No evidence of any planning. Delinquent behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of delinquent behavior is enhanced.
2	Evidence of some planning of delinquent behavior.
3	Considerable evidence of significant planning of delinquent behavior. Behavior is clearly premeditated.

<b>Check</b>	<b>COMMUNITY SAFETY</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in behavior that represents a risk to community property.
2	Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in behavior that directly places community members in danger of significant physical harm.

<b>Check</b>	<b>LEGAL COMPLIANCE</b> <i>This rating refers to the youth's compliance with any current court orders and sanctions. If the youth has no additional responsibilities imposed by the court, then he/she is rated with '0'. Please rate the highest level from the <b>past 30 days</b></i>
0	Youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders).
1	Youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments).
2	Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-ordered treatment).
3	Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

## JUVENILE JUSTICE (JJ) MODULE (continued)

### Coding Definitions

<b>Check</b>	<b>PEER INFLUENCES</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	Youth's primary peer social network does not engage in delinquent behavior.
1	Youth has peers in his/her primary peer social network who do not engage in delinquent behavior but has some peers who do.
2	Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang.
3	Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

<b>Check</b>	<b>PARENTAL CRIMINAL BEHAVIOR</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	There is no evidence that youth's parents have ever engaged in criminal behavior.
1	One of youth's parents has history of criminal behavior but youth

	has not been in contact with this parent for at least one year.
2	One of youth's parents has history of criminal behavior and youth has been in contact with this parent in the past year.
3	Both of youth's parents have history of criminal behavior.

<b>Check</b>	<b>ENVIRONMENTAL INFLUENCES</b> <i>Please rate the environment around the youth's living situation</i>
0	No evidence that the youth's environment stimulates or exposes the youth to any criminal behavior.
1	Mild problems in the youth's environment that might expose the youth to criminal behavior.
2	Moderate problems in the youth's environment that clearly expose the youth to criminal behavior.
3	Severe problems in the youth's environment that stimulate the youth to engage in criminal behavior.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SUBSTANCE USE DISORDER (SUD) MODULE**

**0 1 2 3** *see attached coding definitions*

- Severity of Use
- Duration of Use
- Stage of Recovery
- Peer Influences
- Parental Influences
- Environment Influences

**KEY**

0=no evidence

1=history or sub-threshold, watch/prevent

**Specify Substance-related diagnoses:** \_\_\_\_\_

\_\_\_\_\_

DRUG	Route of Administration	Age at 1 <sup>st</sup> Use	Regular Use? (circle response)	Past 48 hours? (circle response)	Monthly Cost
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	
			Y N	Y N	

## SUBSTANCE USE DISORDER (SUD) MODULE (continued)

### Coding Definitions

<b>Check</b>	<b>SEVERITY OF USE</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	Youth is currently abstinent and has maintained abstinence for at least six months.
1	Youth is currently abstinent but only in the past 30 days or youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Youth actively uses alcohol or drugs but not daily.
3	Youth uses alcohol and/or drugs on a daily basis.

<b>Check</b>	<b>DURATION OF USE</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	Youth has begun use in the past year.
1	Youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
2	Youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

<b>Check</b>	<b>STAGE OF RECOVERY</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	Youth is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
1	Youth is actively trying to use treatment to remain abstinent.
2	Youth is in contemplation phase, recognizing a problem but not willing to take steps toward recovery.
3	Youth is in denial regarding the existence of any substance use problem.

<b>Check</b>	<b>PEER INFLUENCES</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	Youth's primary peer social network does not engage in alcohol or drug use.
1	Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.
3	Youth is a member of a peer group that consistently engages in alcohol or drug use.

<b>Check</b>	<b>PARENTAL INFLUENCES</b> <i>Please rate the highest level from the <b>past 30</b></i>
--------------	---

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

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

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**DEVELOPMENTAL NEEDS (DD) MODULE**

This module is intended to describe any needs that might involve services for Developmental Disabilities including services provided through the Department of Developmental Disabilities.

**0   1   2   3**

Cognitive                   ○ ○ ○ ○

Communication   ○ ○ ○ ○

Developmental       ○ ○ ○ ○

Self Care/Daily Living ○ ○ ○ ○

<p><b>Key</b></p> <p>0=no evidence of problems</p>
--

**DEVELOPMENTAL NEEDS (DD) MODULE**

**Coding Definitions**

<b>Check</b>	<b>COGNITIVE</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	Youth's intellectual functioning appears to be within normal range. There is no reason to believe that the youth has any problems with intellectual functioning.

1	Youth has low IQ (70 to 85) or has identified learning challenges.
2	Youth has mild mental retardation. IQ is between 55 and 70.
3	Youth has moderate to profound mental retardation. IQ is less than 55.

<b>Check</b>	<b>COMMUNICATION</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the youth has any problems communicating.
1	Youth has receptive communication skills but limited expressive communication skills
2	Youth has both limited receptive and expressive communication skills.
3	Youth is unable to communicate.

<b>Check</b>	<b>DEVELOPMENTAL</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth's development appears within normal range. There is no reason to believe that the youth has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
3	Severe developmental disorder.

<b>Check</b>	<b>SELF-CARE DAILY LIVING SKILLS</b> <i>Please rate the highest level from the past 30 days</i>
0	Youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the youth has any problems performing daily living skills.
1	Youth requires verbal prompting on self-care tasks or daily living skills.
2	Youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Youth requires attendant care on more than one of the following self-care tasks: eating, bathing, dressing, toileting.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TRAUMA MODULE**

**Characteristics of the Traumatic Experience(s):** *see attached coding definitions*

- |                                     | <b>0</b>              | <b>1</b>              | <b>2</b>              | <b>3</b>              |                  |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| Sexual Abuse                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>see below</i> |
| Physical Abuse                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                  |
| Neglect                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                  |
| Emotional Abuse                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                  |
| Medical Trauma                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                  |
| Natural Disaster                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                  |
| Witness to Family Violence          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                  |
| Witness to Community Violence       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                  |
| Witness/Victim to Criminal Activity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                  |

**KEY: Traumatic Experience(s)**  
  
0=no evidence

**If Sexual Abuse >0, complete the following:**

- |                                    | <b>0</b>              | <b>1</b>              | <b>2</b>              | <b>3</b>              |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Emotional Closeness to Perpetrator | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Frequency                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Duration                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Force                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reaction to Disclosure             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Adjustment:** *see attached coding definitions*

- |                       | <b>0</b>              | <b>1</b>              | <b>2</b>              | <b>3</b>              |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Reexperiencing        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Avoidance             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Numbing               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dissociation          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Time Before Treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**KEY: Adjustment**  
  
0=no evidence

**TRAUMA MODULE**  
**Coding Definitions**

<b>Check</b>	<b>SEXUAL ABUSE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that youth has experienced sexual abuse.
1	There is a suspicion that youth has experienced sexual abuse but no confirming evidence.
2	There is clear evidence that the youth has experienced sexual abuse.
3	Youth has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

<b>Check</b>	<b>PHYSICAL ABUSE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that youth has experienced physical abuse.
1	Youth has experienced one episode of physical abuse or there is a suspicion that youth has experienced physical abuse but no confirming evidence.
2	Youth has experienced repeated physical abuse.
3	Youth has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

<b>Check</b>	<b>NEGLECT</b> <i>This rating describes the degree of severity of neglect Please rate the highest level from the <b>past 30 days</b></i>
0	There is no evidence that child has experienced neglect.
1	Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of child.
2	Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
3	Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

<b>Check</b>	<b>EMOTIONAL ABUSE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that youth has experienced emotional abuse.
1	Youth has experienced mild emotional abuse.
2	Youth has experienced emotional abuse over an extended period of time (at least one year).
3	Youth has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

<b>Check</b>	<b>MEDICAL TRAUMA</b> <i>Please rate within the lifetime</i>
0	There is no evidence that youth has experienced any medical

	trauma.
1	Youth has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
2	Youth has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
3	Youth has experienced life-threatening medical trauma.

<b>Check</b>	<b>NATURAL DISASTER</b> <i>Please rate within the lifetime</i>
0	There is no evidence that youth has experienced any natural disaster.
1	Youth has been indirectly affected by a natural disaster.
2	Youth has experienced a natural disaster which has had a notable impact on his/her well-being.
3	Youth has experienced a life-threatening natural disaster.

## TRAUMA MODULE (continued)

### Coding Definitions

<b>Check</b>	<b>WITNESS TO FAMILY VIOLENCE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that youth has witnessed family violence.
1	Youth has witnessed one episode of family violence.
2	Youth has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
3	Youth has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

<b>Check</b>	<b>WITNESS TO COMMUNITY VIOLENCE</b> <i>Please rate within the lifetime</i>
0	There is no evidence that youth has witnessed violence in the community.
1	Youth has witnessed fighting or other forms of violence in the community
2	Youth has witnessed the significant injury of others in his/her community.
3	Youth has witnessed the death of another person in his/her community.

<b>Check</b>	<b>WITNESS/VICTIM TO CRIMINAL ACTIVITY</b> <i>Please rate within the lifetime</i>
0	There is no evidence that youth has been victimized or has witnessed significant criminal activity.
1	Youth has been a witness to significant criminal activity.
2	Youth is a direct victim of criminal activity or witnessed the

	victimization of a family member or friend.
3	Youth is a victim of criminal activity that was life-threatening or caused significant physical harm OR youth witnessed the death of a loved one.

**If the youth has been sexually abused:**

<b>Check</b>	<b>EMOTIONAL CLOSENESS TO PERPETRATOR</b>
0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the youth at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the youth at the time of the event but was not an immediate family member.
3	Perpetrator was an immediate family member (e.g. parent, sibling).

<b>Check</b>	<b>FREQUENCY OF ABUSE</b>
0	Abuse occurred only one time.
1	Abuse occurred two times.
2	Abuse occurred three to ten times.
3	Abuse occurred more than ten times.

<b>Check</b>	<b>DURATION</b>
0	Abuse occurred only one time.
1	Abuse occurred within a six month time period.
2	Abuse occurred within a six-month to one year time period.
3	Abuse occurred over a period of longer than one year.

<b>Check</b>	<b>FORCE</b>
0	No physical force or threat of force occurred during the abuse episode(s).
1	Sexual abuse was associated with threat of violence but no physical force.
2	Physical force was used during the sexual abuse.
3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

<b>Check</b>	<b>REACTION TO DISCLOSURE</b>
0	All significant family members are aware of the abuse and supportive of the youth coming forward with the description of his/her abuse experience.
1	Most significant family members are aware of the abuse and supportive of the youth for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
2	Significant split among family members in terms of their support of the youth for coming forward with the description of his/her

	experience.
3	Significant lack of support from close family members of the youth for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

**Adjustment:**

<b>Check</b>	<b>REEXPERIENCING</b> <i>These symptoms consist of difficulties with intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD. Please rate the highest level from the <b>past 30 days</b></i>
0	There is no evidence that youth experiences intrusive thoughts of trauma.
1	Youth experiences some intrusive thoughts of trauma but they do not affect his/her functioning.
2	Youth experiences intrusive thoughts that interfere with his/her ability to function in some life domains. This youth may have more recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions at exposure to traumatic cues.
3	Youth experiences repeated and severe intrusive thoughts of trauma. This youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing other youth or engaging in sexual play

<b>Check</b>	<b>AVOIDANCE</b> <i>Please rate the highest level from the <b>past 30 days</b></i>
0	This rating is given to a youth with no evidence of avoidance symptoms.
1	This rating is given to a youth who exhibits some problems with avoidance. This youth may exhibit one primary avoidant symptom, including efforts to try and avoid thoughts, feelings or conversations associated with the trauma.
2	This rating is given to a youth with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the youth may also avoid activities, places, or people that arouse recollections of the trauma.
3	This rating is given to a youth who exhibits significant or multiple avoidant symptoms. This youth may avoid thoughts and feelings as well as situations and people associated with the trauma and may have an inability to recall important aspects of the trauma.

<b>Check</b>	<b>NUMBING</b> <i>These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These symptoms were not present before the trauma. Please rate the highest level from the <b>past 30 days</b></i>
0	This rating is given to a youth with no evidence of numbing responses.
1	This rating is given to a youth who exhibits some problems with numbing. This youth may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).
2	This rating is given to a youth with moderate difficulties with numbing responses. This youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	This rating is given to a youth with significant numbing responses or multiple symptoms of numbing. This youth may have a markedly diminished interest in or participation in significant activities and a sense of a foreshortened future.

<b>Check</b>	<b>DISSOCIATION</b> <i>Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, emotional numbing, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression). Please rate the highest level from the <b>past 30 days</b></i>
0	There is no evidence of dissociation.
1	This rating is given to a youth with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	This rating is given to a youth with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g. loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified "with dissociative features".
3	This rating is given to a youth with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Youth is frequently

	forgetful or confused about things he/she should know about (e.g. no memory for activities or whereabouts of previous day or hours). Youth shows rapid changes in personality or evidence of distinct personalities. Youth who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.
--	---

<b>Check</b>	<b>TIME BEFORE TREATMENT</b>
0	Trauma was recognized and treatment started within one month of initial experience.
1	Trauma was recognized and treatment started between one and six months of initial experience.
2	Trauma was recognized and treatment started between six months and one year of the initial experience.
3	Trauma was not recognized nor treated for more than one year after the initial experience.

**TN CANS Version 3.15  
INTERVIEW FORMAT**

**CHILD RISK BEHAVIORS**

*The section of the CANS asks about whether or not your child currently behaves in ways that could prove to be dangerous to him/herself or others.*

**Suicide Risk.** Has your child ever talked about a wish or plan to die or to kill him/herself? Has s/he ever tried to commit suicide?

Comments: \_\_\_\_\_  
\_\_\_\_\_

- No action needed - no history or concern. I don't see any issues here. (0)
- Let's watch, try to prevent. Child has a history, but has not thought about it or tried to kill him/herself recently. (1)
- Help is needed. Child recently had thoughts about it or tried to kill him/herself, but not in the past 24 hours. (2)
- Help is needed now/immediately. Child is thinking about killing him/herself. OR the child is hallucinating that talk about harming him/herself. (3)

**Self-Mutilation.** Has you child intentionally hurt him/herself? Have you ever noticed cuts or burns on your child that they couldn't explain? Does your child ever do things like head banging, face slapping or pulling his/her own hair?

Comments: \_\_\_\_\_  
\_\_\_\_\_

- No action needed. I don't see any issues here. (0)
- Let's watch, try to prevent. Child has a history of physically hurting him/herself (self-mutilation). (1)
- Help is needed. Child hurts him/herself physically (self-mutilation), however, s/he does not need to see a doctor for it. (2)
- Help is needed now/immediately. Child hurts him/herself physically (self-mutilation), and s/he does need to see a doctor for it. (3)

**Other Self Harm.** Has your child ever talked about or acted in a way that might be dangerous to him/herself (e.g. reckless behavior such as subway surfing)? Is your child ever reckless?

Comments: \_\_\_\_\_

- No action needed. I don't see any issues here. (0)
- Let's watch, try to prevent. Child has done things in the past (other than suicide or self-mutilation) to physically hurt him/herself. Child can definitely get hurt by these behaviors (including reckless and risk-taking behaviors that put him/her in danger). (1)
- Help is needed. Child is currently doing things (other than suicide or self-mutilation) to physically hurt him/herself. Child can definitely get hurt by these behaviors (including reckless and risk-taking behaviors that put him/her in danger). (2)
- Help is needed now/immediately. Child does things (other than suicide or self-mutilation) to physically hurt him/herself. Child is in immediate danger because of these behaviors (including reckless and risk-taking behaviors that put him/her in danger). (3)

**\*\*Danger to Others.** Has your child ever injured another person on purpose? Does he/she get into physical fights? Has your child ever threatened to kill or seriously injure another person?

Comments: \_\_\_\_\_

- No action needed. I don't see any issues here. (0)
- Let's watch, try to prevent. Youth has a history of thinking about killing OR physically harming someone OR setting fires. This place him/her OR someone else in danger. (1)
- Help is needed. Youth has recently thought about killing OR physically harming someone OR setting fires, but not in the past 24 hours. (2)
- Help is needed now/immediately. Youth has a plan to kill OR physically harm someone OR has hallucinations that tell him/her to harm others. OR the youth has set a fire that has placed others in danger. (3)

**\*\* A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the Violence Module.**

**\*\*Runaway.** Has your child ever run away from home, school or any other place? If so, where did they go? How long did they stay away? How did you find them? Do they ever threaten to run away?

Comments: \_\_\_\_\_

- 
- No action needed. I don't see any issues here. (0)
  - Let's watch, try to prevent. Child has a history of running away from home or other places and has been gone at least one night. (1)
  - Help is needed. Child has run away or thought about running away, but not in the past 30 days. (2)
  - Help is needed now/immediately. Child is definitely going to run away. I know this because s/he recently tried to run away OR thought about running away OR is currently on the run. (3)

*\*\*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Runaway Module**.*

**\*\*Fire setting.** Has the youth ever played with matches, or set a fire? If so, please describe what happened. Did the fire setting behavior destroy property or endanger the lives of others?

Comments: \_\_\_\_\_

- 
- No action needed. I don't see any issues here. (0)
  - Let's watch, try to prevent. Child has a history of setting fires, but not in the past 6 months. (1)
  - Help is needed. Child has recently set a fire (within past 6 months) but not a fire that has placed anyone in danger. S/he was playing with matches. OR the child has repeatedly set fires during a 2 year period, but not in the last 6 months. (2)
  - Help is needed now/immediately. The child is threatening to set fires. S/he has set a fire that has endangered others (such as burning down a house). (3)

*\*\* A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Fire setting Module**.*

**Sanction-seeking behavior.** Does your child ever intentionally do or say things to upset others? Has anyone ever told you that your child has sworn at them or done other behavior that was insulting, rude or obnoxious? Does your child seem to purposely get in trouble by making you or other adults angry with them?

Comments: \_\_\_\_\_

- 
- No action needed. I don't see any issues here. (0)
  - Let's watch, try to prevent. Child has some problems with social behavior. It may not be often. S/he may make a comment to a stranger or exhibit unusual behavior, when in public. (1)
  - Help is needed. Child has a definite problem with social behavior. S/he may often curse in public. (2)
  - Help is needed now/immediately. Child has serious problems with

social behavior. If it continues, s/he may suffer big consequences, such as suspension from school or loss of living situation.

Threatening others is also included here. (3)

**Sexually Reactive Behavior.** Does your child ever engage in sexually inappropriate behavior? Do you think your child might be imitating behavior that he/she might have witnessed or experienced in the past?

Comments: \_\_\_\_\_

- 
- No action needed. I don't see any issues here. There is no sexual contact with younger children, non-consenting people or children who cannot understand consenting to sex. (0)
  - Let's watch, try to prevent. The child has a history of being sexually aggressive, but has not exhibited any sexually aggressive or inappropriate behavior in the past year. (1)
  - Help is needed. Child has been sexually aggressive in the past year, but not in the past 30 days. (2)
  - Help is needed now/immediately. Child has been sexually aggressive in the past 30 days. (3)

**\*\*Sexual Aggression.** Has your child ever been accused of being sexually aggressive with another child? What happened after that?

Comments: \_\_\_\_\_

- 
- No action needed. I don't see any issues here. There is no sexual contact with younger children, non-consenting people or children who cannot understand consenting to sex. (0)
  - Let's watch, try to prevent. The child has a history of being sexually aggressive, but has not exhibited any sexually aggressive or inappropriate behavior in the past year, including harassing talk or excessive masturbation. (1)
  - Help is needed. Child has been sexually aggressive in the past year, but not in the past 30 days. (2)
  - Help is needed now/immediately. Child has been sexually aggressive in the past 30 days. (3)

*\*\* A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Sexual Aggression Module**.*

**\*\*Delinquency.** Has your child been involved in any delinquent activities including truancy and curfew violations? Has your child ever been arrested or faced legal charges?

Comments: \_\_\_\_\_

- 
- No action needed. I don't see any issues here. (0)
  - Let's watch, try to prevent. Child has a history of delinquency, but

- not within the past 30 days. (1)
- Help is needed. Child has recently been delinquent. (2)
- Help is needed now/immediately. Child has seriously been delinquent and s/he is placing him/herself or others at risk of loss or harm. S/he may even be 'charged'. (3)

*\*\* A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Delinquency Module***

**\*\*Substance Abuse**

Do you know whether the youth has used alcohol or any kind of drugs on more than an experimental basis? Do you suspect that the youth may have an alcohol or drug use problem? Has anyone reported that they think the youth might be using alcohol or drugs?

Comments: \_\_\_\_\_

---

- Youth is not using or is currently abstinent and has maintained abstinence of at least one year. No current problems associated with substance use. (0)
- Youth has been abstinent for the past 30 days, or presents light and sporadic alcohol/marijuana use. (1)
- Youth actively uses alcohol or drugs but not daily. Substance use causes some problems for the youth or others. (2)
- Youth uses alcohol and/or drugs on a daily basis. (3)

*\*\* A rating of a 12" or greater would result in the need for further specification of these needs through the completion of the **Substance Abuse Module**.*

**LIFE DOMAIN FUNCTIONING**

***This section of the CANS focuses on how your child and family are doing right now in major life areas. Please think about the last month (30 days) when you discuss and answer these questions.***

**Social Functioning.** How well does the youth get along with others? Does s/he make new friends easily? Has he/she kept friends a long time or does he/she tend to change friends frequently? How does he/she get along with adults?

Comments: \_\_\_\_\_

---

- No action needed. Child is doing great with family and friends at home and community. (0)
- Let's watch, try to prevent. Child is doing ok with family and friends at home and community, but there are some concerns. (1)
- Help is needed. Child is not doing ok with family and friends at home and community. There are some serious concerns. (2)
- Help is needed now/immediately. The child is having serious problems with family and friends at home and community. There are extreme concerns. (3)

**\*\*Developmental.** Does your child's growth and development seem healthy? Has he/she reached appropriate developmental milestones (such as, walking, talking)? Has anyone ever told you that your child may have developmental problems? Has your child developed like other children his/her age?

Comments: \_\_\_\_\_

- 
- No action needed. Child is up to speed with the other kids his/her age. (0)
  - Let's watch, try to prevent. Child is a little immature or acts younger than other kids his/her age. (1)
  - Help is needed. Child has limited abilities or mildly delayed or retarded. (2)
  - Help is needed now/immediately. Child has some serious issues and is severely delayed/retarded (3)

*\*\* A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Developmental Needs Module**.*

**Recreational.** Does your child/youth have things that s/he likes to do with his/her free time? Things that give him/her pleasure? Activities that are a positive use of his/her extra time? Does he/she often claim to be bored or have nothing to do?

Comments: \_\_\_\_\_

- 
- No action needed. Child is very active and enjoys activities. keeps him/herself busy all the time. (0)
  - Let's watch, try to prevent. The child has problems at times keeping him/herself busy. (1)
  - Help is needed. Child has some serious problems and doesn't know what to do with free time. (2)
  - Help is needed now/immediately. Child has no interest or can't participate in activities. (3)

**Sexuality.** Do you know whether your child is sexually active? Is there any reason for you to worry about their sexual behavior? Or, does your child have more interest in sex than other children his/her age?

Comments: \_\_\_\_\_

- 
- No action needed. Child has no issues with sex. (0)
  - Let's watch, try to prevent. Child has some issues with sexually acting out, but it does not cause problems with anything else. (1)
  - Help is needed. Child has problems with sexually acting out; it causes all kinds of problems. (2)
  - Help is needed now/immediately. Child has some serious sexual problems. (3)

**Medical.** Is your child generally healthy? Does he/she have any medical or physical problems? Does your child have to see a doctor regularly to treat any problems (such as diabetes, enuresis)?

Comments: \_\_\_\_\_

- 
- No action needed. Child is healthy. (0)
  - Let's watch, try to prevent. Child has some problems and needs to see a doctor or a dentist. (1)
  - Help is needed. My child is sick often and has to see the doctor all the time. (2)
  - Help is needed now/immediately. My child has serious life-threatening illness. (3)

**Physical.** Does have any physical limitations (such as may be caused by asthma e.g. child cannot go to gym, or needs an inhaler)? Are there any activities your child cannot do because of a physical or medical condition? How much does this interfere with his/her life?

Comments: \_\_\_\_\_

---

- 
- No action needed. Child is physically fit. (0)
  - Let's watch, try to prevent. Child has some physical problems and cannot do some activities OR child has impaired hearing or vision. (1)
  - Help is needed. Child has physical problems that stop him/her from doing many activities, including blindness, deafness, or significant motor difficulties. (2)
  - Help is needed now/immediately. Child has serious physical problems that cause severe physical limitations. (3)

**Sleep.** When does your child go to bed and wake up? Does he/she ever experience problems at bed time or getting out of bed in the morning? Does he/she ever wake up in the middle of the night? If so, why?

Comments: \_\_\_\_\_

---

- 
- No action needed. Child sleeps well (0)
  - Let's watch, try to prevent. Child has some mild or occasional sleep problems. (1)
  - Help is needed. Child has problems with sleep. (2)
  - Help is needed now/immediately. Youth has severe problems with sleep. (3)

**School Attendance.** Has your child had any difficulty with getting to or staying in school? Has the teacher or other school personnel called you to talk about your child's attendance?

Comments: \_\_\_\_\_

---

- 
- No action needed. Youth/child goes to school everyday. (0)
  - Let's watch, try to prevent. Child has a little problem with school or had some serious problems about 6 months ago and now everything is ok. (1)
  - Help is needed. Child is having a serious problem going to school and misses about 2 days/wk. (2)
  - Help is needed now/immediately. Child is not going to school. (3)

**School Behavior.** How is your child doing in school? Has he/she had any problems? Has the teacher or other school personnel called you to talk about your child's behavior?

Comments: \_\_\_\_\_  
\_\_\_\_\_

- No action needed. Child is good in school. (0)
- Let's watch, try to prevent. Child is ok in school with some problems here and there. (1)
- Help is needed. Child is having some behavior problems and gets detentions and/or suspensions. (2)
- Help is needed now/immediately. Child is having serious behavior problems and may be kicked out of school. (3)

**School Achievement.** How is your child doing academically in school? Is s/he having difficulty with any subjects? Is s/he at risk of failing any classes? Of being left back? Has the teacher or other school personnel called you to talk about your child's performance?

Comments: \_\_\_\_\_

- No action needed. Child gets good grades. (0)
- Let's watch, try to prevent. Child's grades are ok. (1)
- Help is needed. Child's grades are not so good, s/he may be failing some classes. (2)
- Help is needed now/immediately. Child's grades are not good, s/he has failed most classes and/or has been left back. (3)

**Job Functioning.** This item rates how a youth is doing in job and job-related functions. Does your child have a job? If so, how is he/she doing at work?

Comments: \_\_\_\_\_  
\_\_\_\_\_

- No action needed. Youth has a job and has not had any problems in that environment. (0)
- Let's watch, try to prevent. Youth is interested in working and has some skills. (1)
- Help is needed. Youth has very limited work skills, interest or experience. (2)
- Help is needed now/immediately. Youth has no skills or no interests in work. (3)

### **CHILD STRENGTHS**

***The following section of the CANS focuses on your child's strengths — his/her resources and assets. These are the positive things in your child's life that can be used to help build a brighter future.***

**Interpersonal-Adult.** Do you feel that your child is pleasant and likeable? Is s/he ever charming? Do adults like him/her? Do you feel that your child can act correctly in some social settings?

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Strong. We can build around this. Child interacts well with adults and has well-developed interpersonal skills and adult relationships. (0)
- Good. With a little help this could be strong. Child/youth has the ability to build healthy relationships with adults. (1)
- Potential. We can identify strengths here but need to develop them. My child needs some help in developing good interpersonal skills. (2)
- We need help to identify these strengths. Child needs a lot of help forming positive relationships with adults. (3)

**Interpersonal-Peer.** Do you feel that your child is pleasant and likeable? Do other children like him/her? Tell me about your child's friends?

Comments: \_\_\_\_\_

---

- Strong. We can build around this. Child has a lot of friends and is 'good' to them. (0)
- Good. With a little help this could be strong. Child/youth would make a good friend. (1)
- Potential. We can identify strengths here but need to develop them. My child needs some help getting and keeping friends. (2)
- We need help to identify these strengths. Child needs a whole lot of help getting and keeping friends. (3)

**Resiliency-Crisis.** How does your child manage personal crises?

Comments: \_\_\_\_\_

---

- Strong. Child is able to manage and prevent crises. (0)
- Good. With a little help this could be strong. Child has some ability to manage crises. (1)
- Potential. We can identify strengths here but need to develop them. Child has limited abilities to manage crises. (2)
- We need help to identify these strengths. Child needs a lot of help managing crisis. (3)

**Resiliency-Long Term.** Does your child recognize his/her strengths and use them to support personal growth and development?

Comments: \_\_\_\_\_

---

- Strong. Child is able to identify and utilize strengths. (0)
- Good. With a little help this could be strong. Child has some ability to identify strengths. (1)
- Potential. We can identify strengths here but need to develop them. Child has limited abilities to identify his/her own strengths. (2)
- We need help to identify these strengths. Child needs a lot of help identifying him/her strengths. (3)

**Optimism.** Does s/he have a generally positive outlook on things; have things to look forward to? Does s/he have plans for the future? Is he/she forward looking and see him/herself as likely to be successful?

Comments: \_\_\_\_\_

- 
- Strong. We can build around this. My child is positive. (0)
  - Good. With a little help this could be strong. My child is mostly positive and looks forward to things. (1)
  - Potential. We can identify strengths here but need to develop them. My child has problems staying positive about him/herself and life. My child has highs and lows. (2)
  - We need help to identify these strengths. My child is very negative about him/herself and life. (3)

**Educational.** Is your child's school an active partner in figuring out how to best meet your child's needs. Does your child like school? Has there been at least one year in which s/he did well in school?

Comments: \_\_\_\_\_

- 
- Strong. We can build around this. School goes above and beyond to help my child or my child does well in school. (0)
  - Good. With a little help this could be strong. School tries to help my child or my child likes school. (1)
  - Potential. We can identify strengths here but need help to develop them. School is not dealing with my child's needs. (2)
  - We need help to identify these strengths. School can't or won't help with my child's needs. (3)

**Vocational.** Does your child know what he/she wants to 'be when they grow up?' Are his/her goals realistic? Have they ever worked? Do they have plans to go to college or vocational school, or for a career?

Comments: \_\_\_\_\_

- 
- Strong. Child has work skills and has held a job. (0)
  - Good. Youth is interested in working and has some skills. (1)
  - Potential. Youth has limited work skills, but shows some interest or has experience. (2)
  - We really need to build in this area. Youth has no skills or no interest in work. (3)\*

**\* A youth age 14 or older cannot score "N/A" on this section. A youth 14 or older will score a 3 if they have not identified any type of work-related interest or hobby.**

**Talents/Interests.** What are your child's talents or interests? What are the things that the child does particularly well? What does s/he enjoy?

Comments: \_\_\_\_\_

- 
- Strong. We can build around this. Child is talented and knows it! (0)
  - Good. With a little help this could be strong. Child has a

- talent/interest/hobby that can make him/her feel good about him/herself (1)
- Potential. We can identify strengths here but need to develop them. Youth has an interest/hobby, but needs help getting involved. (2)
- We need help to identify these strengths. Youth is not talented and does not like anything. (3)

**CHILD BEHAVIORAL/EMOTIONAL NEEDS**

*This section of the CANS focuses on identifying potential mental health needs of your child. This section deals only with your child. Again, please think about the last month (30 day) period of time for describing your child's needs.*

**Psychosis.** Has your child ever talked about hearing, seeing or feeling something that you did not believe was actually there? Has your child ever done strange or bizarre things of which you could make no sense? Does your child have strange beliefs about things? Has anyone ever told you that your child has a thought disorder or a psychotic condition?

Comments: \_\_\_\_\_

- No action needed. Child is not psychotic and I don't suspect any hallucinations, delusions or bizarre behavior. (0)
- Let's watch, try to prevent. I suspect, or there is a history of hallucinations, delusions, or bizarre behavior. (1)
- Help is needed. I see hallucinations, delusions, or bizarre behavior. (2)
- Help is needed now/immediately. I definitely see hallucinations, delusions, or bizarre behavior and I think it relates to some kind of disorder or mental health issue. Also, I think that this behavior puts the child or others at risk of harm. (3)

**Impulse/Hyperactivity.** Is your child able to sit still for any length of time? Does he/she have trouble paying attention for more than a few minutes? Is your child able to control him/herself? Have other people told you that your child is "hyper?"

Comments: \_\_\_\_\_

- No action needed. I don't see any issues here. (0)
- Let's watch, try to prevent. I see some problems with the child. S/he is hyper, can't focus, is easily distracted or acts without thinking. (1)
- Help is needed. I definitely see some problems here. S/he is hyper, cannot focus, is easily distracted or acts without thinking. It's interfering with other parts of my child's life. (2)
- Help is needed now/immediately. Clearly, there are serious problems here. Child is going to get hurt if his/her impulsive behavior continues. (3)

**Depression.** Do you think your child is depressed or irritable? Has he/she withdrawn from normal activities? Does your child seem lonely or not interested in others?

Comments: \_\_\_\_\_

- 
- No action needed. I don't see any issues here. (0)
  - Let's watch, try to prevent. Child has a history of depression or I suspect s/he is depressed. I think s/he may be depressed because of something negative, that happened recently. I do not think that it has a big impact on him/her. (1)
  - Help is needed. My child is clearly depressed. S/he has a depressed mood or is really irritable. The depression has seriously affected him/her in at least one area. Child may also be withdrawn, avoids or can't/won't speak. (2)
  - Help is needed now/immediately. Child has serious issues with depression. It is affecting him/her so seriously that it is impossible for him/her to function. (3)

**Anxiety.** Does your child have any problems with anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Does your child act frightened or afraid? Does your child worry a lot?

Comments: \_\_\_\_\_

---

- 
- No action needed. I don't see any issues here. (0)
  - Let's watch, try to prevent. Child has a history of anxiety or I suspect that the child is anxious. I think my child may have anxiety because of something negative that has happened recently. I don't think it has a big impact on him/her. (1)
  - Help is needed. My child is clearly anxious. S/he has an anxious mood and is fearful. The anxiety has seriously affected him/her in at least one area. (2)
  - Help is needed now/immediately. Child has serious issues with anxiety. It is affecting him/her so seriously that it is impossible for him/her to function. (3)

**Oppositional Behavior.** Does your child do what you ask him/her to do? Has a teacher or other adult told you that your child does not follow rules or directions? Does your child argue with you when you try to get them to do something?

Comments: \_\_\_\_\_

---

- 
- No action needed. I don't see any issues here. (0)
  - Let's watch, try to prevent. Child has a history of being oppositional, or recently (last 6 weeks), s/he has been defiant toward authority figures. (1)
  - Help is needed. Child is clearly oppositional or defiant toward authority figures. It's interfering with other parts of my child's life. Others really get hurt by his/her behavior. (2)
  - Help is needed now/immediately. Child has serious issues with being oppositional or defiant. S/he threatens to physically hurt others. (3)

**Conduct.** Is your child honest? How does your child handle telling the truth/lies? Has anyone told you that your child has been part of any criminal behavior? Has your child ever shown violent or threatening behavior towards others? Has your child ever tortured animals or set fires?

Comments: \_\_\_\_\_

- 
- No action needed. I don't see any issues here. (0)
  - Let's watch, try to prevent. Child has a history of being antisocial or I suspect that s/he is antisocial. S/he may lie, steal, manipulate or become sexually/physically aggressive toward others, property, or animals. (1)
  - Help is needed. Child is clearly antisocial. S/he may lie, steal, manipulate or become sexually/physically aggressive toward others, property, or animals. (2)
  - Help is needed now/immediately. Child has serious issues with being antisocial. S/he does the above. Child may hurt him/herself or the community. (3)

**\*\*Adjustment to Trauma.**

*This dimension covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends.*

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

Comments: \_\_\_\_\_

- 
- Youth has not experienced any significant trauma or can readily get over traumatic experiences. (0)
  - Youth has some mild adjustment problems to trauma. (1)
  - Youth has marked adjustment problems associated with traumatic experiences. Youth may have nightmares or other notable symptoms of adjustment difficulties. (2)
  - Youth has post-traumatic stress difficulties as a result of traumatic experience. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD). (3)

*\*\* A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Trauma Module**.*

**Attachment.** Does your child have an attachment to you? Is this attachment different from other his/her own age?

Comments: \_\_\_\_\_

- 
- No action needed. I don't see any issues here. (0)
  - Let's watch, try to prevent. Child has mild problems with

- attachment, either problems with separation or detachment. (1)
- Help is needed. Child has moderate problems with attachment. (2)
- Help is needed now/immediately. Child has serious problems with attachment. (3)

**Anger Control.** How does your child control his/her temper? Does s/he get upset or frustrated easily? Does s/he become physical when angry? Does he/she have a hard time if someone criticizes or rejects him/her?

Comments: \_\_\_\_\_

---

- No action needed. I don't see any issues here. (0)
- Let's watch, try to prevent. Child has some problems controlling anger. Sometimes when s/he is frustrated, s/he gets verbally aggressive. Family and friends know there are problems and try not to make him/her angry. (1)
- Help is needed. Child has problems controlling anger. Temper has gotten the child into a lot of trouble with friends, family &/or school. S/he may even get violent. We know how angry s/he can get. (2)
- Help is needed now/immediately. Child has serious problems controlling anger. S/he is always fighting and many times it gets physical. Other people are scared of him/her. (3)

**Emotional Control.** Does your child's moods change rapidly or often? Does s/he seem to have trouble controlling his/her emotions? Does he/she have a hard time calming or soothing him/herself when upset?

Comments: \_\_\_\_\_

---

- No action needed. I don't see any issues here. (0)
- Let's watch, try to prevent. Child has some problems controlling emotions. Moods may fluctuate. (1)
- Help is needed. Child has problems controlling emotions. Child may Struggling with calming self or may cry very easily. (2)
- Help is needed now/immediately. Child has serious problems controlling emotions. Child's emotional reactions are unpredictable. (3)

**LIFE DOMAIN FUNCTIONING**

*This section of the CANS focuses on how your child and family are doing right now in major life areas. Please think about the last month (30 days) when you discuss and answer these questions.*

**Family-Nuclear Functioning.** Nuclear family refers to biological parents and children. How does your family get along? Are there problems between family members? Has there ever been any violence? How is your family getting along right now?

Comments: \_\_\_\_\_

---

- No action needed. Generally, the child 'gets along' with the family. (0)
- Let's watch, try to prevent. Child is 'kind of' getting along with the family; there are a few problems here and there. (1)
- Help is needed. Child is not really getting along with the

- family (parents, bro/sis). There is a lot of fighting. (2)
- Help is needed now/immediately. Child not getting along at all with anyone. There is lots of arguing and may be physical violence. (3)

**Family-Extended Functioning.** Extended family refers to all family members outside of the parents and children. How does your extended family get along? Are there problems between family members? Has there ever been any violence?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- No action needed. Generally, the child 'gets along' with the family. (0)
- Let's watch, try to prevent. Child is 'kind of' getting along with the family; there are a few problems here and there. (1)
- Help is needed. Child is not really getting along with the family (parents, bro/sis). There is a lot of fighting. (2)
- Help is needed now/immediately. Child not getting along at all with anyone. There is lots of arguing and may be physical violence. (3)

**Living Situation.** How is the youth behaving and getting along with others in their current living situation?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- No action needed. Living situation is fine. (0)
- Let's watch, try to prevent. Living situation is just ok, with problems here and there. (1)
- Help is needed. Living situation is not ok. The child's behavior is really affecting other people in the house. (2)
- Help is needed now/immediately. Living situation is absolutely not working. The child may have to leave my home soon. (3)

**Legal.** *This item indicates the youth's level of involvement with the juvenile justice system. Family involvement with the courts is **not** rated here.*

Has your child ever admitted to you that he/she has broken the law? Has he/she ever been arrested? Has he/she ever been in detention?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- No action needed. There are no legal issues. (0)
- History of involvement, none currently. There have been some legal problems, but not right now. (1)
- Current legal involvement. There are some legal problems and is involved in the legal system (probation, parole etc.). (2)
- Youth at risk of out of home placement due to legal involvement. There are some serious legal issues now or pending. S/he may have a court order to leave home or go to detention. (3)

## ACCULTURATION

**Language.** *This item includes both spoken and sign language.* Does the child or significant family members have any difficulty communicating (either because English is not their first language, or due to another communication issue such as the need to use/learn sign language)?

Comments: \_\_\_\_\_

---

- Child and family speak English well. (0)
- Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language. We don't use big words, keep it simple! (1)
- Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports. We don't speak English, but we know someone who can translate. (2)
- Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but no qualified individual can be identified within natural supports. We don't speak English and we don't know anyone who can translate. (3)

**Identity.** *Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.* Do your child and family have a sense of belonging to a specific cultural group? Does your child have role models, friends and community who share his/her sense of culture?

Comments: \_\_\_\_\_

---

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

**Ritual.** *Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. prayer at specific times, eating a specific diet, access to media).* Is your child and family able to celebrate with others (friends, family, community) who share their traditions and customs?

Comments: \_\_\_\_\_

---

- Child and family are consistently able to practice rituals consistent with their cultural identity. (0)
- Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals. (1)
- Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity. (2)
- Child and family are unable to practice rituals consistent with their cultural identity. (3)

**Cultural Stress** *Cultural stress refers to problems that come for conflict between your child's cultural identity and the attitudes, beliefs, and behaviors of others?* Does your child have any problems at school or in the community because of his/her culture? Do you or your child experience any discrimination or racism?

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Child and family do not experience any cultural stress. (0)
- Child and family experience some minor problems due to differences in culture (1)
- Cultural stress interferes with child or family's life (2)
- Cultural stress prevents child or family from functioning in current environment. (3)

**CHILD STRENGTHS**

***The following section of the CANS focuses on your child's strengths — his/her resources and assets. These are the positive things in your child's life that can be used to help build a brighter future.***

**Family--Nuclear.** How do you care about one another in your family? Is there usually good communication? Is this an area that you could use some help to develop?

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Strong. We can build around this. The family is "tight" and talks about everything. (0)
- Good. With a little help this could be strong. Family is ok and sometimes needs some help with getting along and talking. (1)
- Potential. Family can identify strengths here but needs to develop them. Family needs help in some areas with getting along and talking. (2)
- We need help to identify these strengths. My family needs a lot of help getting along and talking with each other or child has no family. (3)

**Family--Extended.** How do you care about one another in your extended family? Is there usually good communication?

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Strong. We can build around this. The family is "tight" and

- talks about everything. (0)
- Good. With a little help this could be strong. Family is ok and sometimes needs some help with getting along and talking. (1)
- Potential. Family can identify strengths here but needs to develop them. Family needs help in some areas with getting along and talking. (2)
- We need help to identify these strengths. My family needs a lot of help getting along and talking with each other or child has no family. (3)

**Spiritual/Religious.** Are you involved with any religious community? Is your child involved? Does your child have spiritual beliefs that provide comfort?

Comments: \_\_\_\_\_

- 
- 
- Strong. Child relies on spirituality or religion for help. (0)
  - Good. With a little help this could be strong. Child goes to church or religious activities that support him/her. (1)
  - Potential. We can identify strengths here but need to develop them. Child is somewhat interested in spirituality/religion. (2)
  - We need help to identify these strengths. The family/child is not interested in, or does not have, spirituality/religion. (3)

**Community Life.** Is the child and family active in a community? Is s/he a member of a community organization or group? Do you feel that your family is a part of a community? Are there things that you do in your community?

Comments: \_\_\_\_\_

- 
- 
- Strong. We can build around this. Child mixes well in our community and is involved in events/activities. (0)
  - Good. With a little help this could be strong. Youth is somewhat involved in our community. (1)
  - Potential. We can identify strengths here but need to develop them. Child knows the community, but is not too involved. (2)
  - We need help to identify these strengths. Youth doesn't know his/her community and is not involved at all. (3)

**Natural Supports.** *Natural Supports are people in your life who help. They do not include family members or paid service providers.* Are there people in your child's life, besides family members, who will help them out in times of need? Who do you turn to when you need help or support?

Comments: \_\_\_\_\_

- 
- 
- Strong. We can build around this. Child has a number of others who provide help and support. (0)
  - Good. With a little help this could be strong. Child has at least one person who is supportive. (1)
  - Potential. We can identify strengths here but need to develop them.

- There are people who might be supportive if asked. (2)
- We need help to identify these strengths. No one can currently be identified (3)

**Parental Permanence.** Does your child have relationships with adults that have lasted his/her lifetime? Is he/she in contact with both parents? Are there relatives in the child's life with whom he/she has long-lasting relationships?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- Strong. We can build around this. Child has a lot of support with family and friends and both parents for all of his/her life. (0)
- Good. With a little help this could be strong. Child has some good support, but it may not always be there in the future and has one parent consistently involved in their life. (1)
- Potential. We can identify strengths here but need to develop them. Child hasn't had a lot of good support, maybe one person that s/he can count on. There has been divorce, death or taken from my home in the past. (2)
- We need help to identify these strengths. Child has no support whatsoever and may have to live 'on their own' or be adopted. (3)

**CAREGIVER STRENGTHS & NEEDS**

*The following section of the CANS identifies areas of strength and need for parenting/care giving of your child and family.*

**Substance Use.** Do you have any substance abuse needs that make parenting more difficult? Does any one else in the family have serious substance abuse needs?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- No action needed. I don't use drugs or alcohol. (0)
- Let's watch/wait. I'm in recovery from drugs/alcohol. (1)
- Help is needed. I use drugs/alcohol and I can't take care of this child sometimes, because of it. (2)
- Help is needed now/immediately. I use drugs/alcohol and I cannot be a parent right now because of it. (3)

**Safety.** Has the Child Protective Services ever been involved with your family? What happened that they became involved? Are they currently involved? If so, what led to their involvement? Is there any current concern about the child/youth's safety from a child protection perspective?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- No action needed. My house is safe and secure. Child is not at risk from others. (0)
- Let's watch/wait. My child is safe at home, but I am concerned about my neighborhood. (1)

- Help is needed. Child isn't 100% safe at home and I am concerned because this family member or family friend can come to my house. (2)
- Help is needed now/immediately. Child is in danger and I'm scared my child could end up alone with this person. (3)

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

Comments: \_\_\_\_\_

---

- No action needed. I can take care of the child and I discipline him/her. (0)
- Let's watch/wait. For the most part, I can take care of the child and discipline him/her. (1)
- Help is needed. I have a lot of trouble taking care of or disciplining the child. I need some kind of help. (2)
- Help is needed now/immediately. I can't take care of or discipline the child. I need a lot of help and I'm concerned that s/he may get hurt. (3)

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

Comments: \_\_\_\_\_

---

- No action needed. I'm pretty healthy. (0)
- Let's watch/wait. I'm recovering from some health problems. (1)
- Help is needed. I have some health problems that get in the way of parenting. (2)
- Help is needed now/immediately. I can't take care of this child because I have some serious health problems. (3)

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

Comments: \_\_\_\_\_

---

- No action needed. I have a strong voice for the child and fight for his/her rights. (0)
- Let's watch/wait. I have found help for the child in the past, but now I need some support. (1)
- Help is needed. I don't want to be involved in this program. (2)
- Help is needed now/immediately. Hey, please take this kid! (3)

**Mental Health.** Do you have any mental health needs that make parenting more difficult?

Comments: \_\_\_\_\_

---

- 
- No action needed. I'm emotionally stable. (0)
  - Let's watch/wait. I'm recovering from some emotional problems. (1)
  - Help is needed. I have some emotional problems that sometimes make it difficult to parent. (2)
  - Help is needed now/immediately. I can't take care of this child because I have some serious emotional problems. (3)

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

Comments: \_\_\_\_\_

---

- 
- No action needed. I know what the child's good points are and I know what s/he needs. (0)
  - Let's watch/wait. I know a lot about the child, but I think that I need some more information. (1)
  - Help is needed. I definitely need some more information in order to better care for the child. (2)
  - Help is needed now/immediately. I know my problems and I know they affect the child. (3)

**Organization.** Do you think you need or want help with managing your home? Do you have difficulty getting to appointments, managing a schedule, paying bills on time?

Comments: \_\_\_\_\_

---

- 
- No action needed. I am well organized and on top of things. (0)
  - Let's watch/wait. I have some little problems organizing my life. I may forget some things, but I am pretty good at doing things for the child. (1)
  - Help is needed. I have problems organizing my life. I often forget to return calls or make appointments. (2)
  - Help is needed now/immediately. I can't organize my life! I need a lot of help with all these services for the child. (3)

**Developmental.** Has anyone ever told you that you may have developmental problems that makes parenting/caring for your child more difficult?

Comments: \_\_\_\_\_

---

- 
- No action needed. I'm able to function as a parent. (0)
  - Let's watch, try to prevent. I have some problems here and there, but I can still take care of this child. (1)
  - Help is needed. I have some difficulties functioning and I need some help being a good parent. (2)
  - Help is needed now/immediately. I have some serious

difficulties functioning and I cannot be a parent now.

(3)

**Social Resources.** Do you have enough of what you need to take care of your family's needs? Do you have family members or friends who can help you when you need it?

Comments: \_\_\_\_\_

- No action needed. My friends and family help me with the child. (0)
- Let's watch/wait. I have some family/friends that help me with the child. (1)
- Help is needed. I have some family/friends that can maybe help me with the child. (2)
- Help is needed now/immediately. I don't know anyone who can help me with the child. (3)

**Residential Stability.** Is your current housing situation stable? Do you have any concerns that you might have to move in the near future? Have you lost your housing?

Comments: \_\_\_\_\_

- No action needed. I'm going to be living here a long time. (0)
- Let's watch/wait. I've been living here about 3 months or I may be moving in about 3 months because I am having some problems. (1)
- Help is needed. I've moved around a lot in the past year. (2)
- Help is needed now/immediately. I've been homeless at times during the last 6 months. (3)

CANS Assessment Tool

<b>CANS</b>	<b>CANS Type:</b> _____	<b>CANS Begin Date:</b> __/__/____
	<b>CANS Status:</b> _____	<b>CANS Status Date:</b> __/__/____
	<b>Last CANS Date:</b> __/__/____	<b>CANS Intensity of Services Recommendation:</b> _____
<b>FTM Intensity of Services Recommendation:</b> _____		

<b>Child</b>	<b>Child Name:</b> _____	<b>TFACTS ID:</b> _____	<b>DOB:</b> __/__/____
	72		

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

<b>Custody</b>	Date Taken into Custody: ___/___/___
	Adjudication Date: ___/___/___ Adjudication: _____

<b>Living Situation</b>	Intensity of Services: _____
	Placement Type: _____ Placement Sub Type: _____
	Service Setting: _____ Placement Begin Date: ___/___/___
Location Name: _____ Contract Vendor Name: _____	

<b>DCS Worker Information</b>	DCS Family Service Worker Assigned: _____
	Region: _____ County: _____
	Created by: _____ Agency: _____ Agency Location: _____
	Created for: _____ Agency: _____ Agency Location: _____
	Assessor Name: _____ Agency: _____ Agency Location: _____
Team Leader Name: _____ Agency: _____ Agency Location: _____	

COE Reviewer Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Agency Location: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**KEY:** 0 = no evidence or no reason to believe that the rated item requires any action.  
1 = a need for watchful waiting, monitoring or possibly preventive action.  
2 = a need for action. Some strategy is needed to address the problem/need.

**SAFETY**

**CHILD RISK BEHAVIORS**

0=no evidence

1=history, watch/prevent

- |                                 | 0                     | 1                     | 2                     | 3                     |                              |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------|
| Suicide Risk                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                              |
| Self Mutilation                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                              |
| Other Self-Harm                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                              |
| Danger to Others                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>go to Violence module</i> |
| Runaway                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>go to Runaway module</i>  |
| Fire Setting                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>go to FS module</i>       |
| Social Behavior                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                              |
| Sexually Reactive Beh           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                              |
| Sexual Aggression               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>go to SAB module</i>      |
| Delinquent Behavior             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>go to DB module</i>       |
| <i>(Adj. NOT = Delinquent.)</i> |                       |                       |                       |                       |                              |
| Substance Use                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <i>go to SUD module</i>      |

**HOUSEHOLD SAFETY CONCERNS**

Person Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

0=no evidence or strength

1=some need, watch/prevent

2=moderate need, act

3=severe need, act immediately/intensively

**ADDITIONAL HOUSEHOLD SAFETY CONCERNS**

Person Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**WELL BEING**

**LIFE DOMAIN FUNCTIONING**

0=no evidence of problems 1=history, mild 2=moderate 3=severe

	0	1	2	3	NA	
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Developmental
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<i>go to DD module</i>
Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
School Attendance	<input type="radio"/>					
School Behavior	<input type="radio"/>					
School Achievement	<input type="radio"/>					
Job Functioning	<input type="radio"/>					

**HOUSEHOLD STRENGTHS & NEEDS**

Person Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

0=no evidence or strength  
1=some need, watch/prevent

2=moderate need, act  
3=severe need, act immediately/intensively

**CHILD STRENGTHS—Individual Assets**

0=centerpiece 1=useful  
2=identified 3=not yet identified

	0	1	2	3	NA
Interpersonal-Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpersonal-Peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resiliency-Crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resiliency-Long Term	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Educational	<input type="radio"/>				
Vocational	<input type="radio"/>				
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**CHILD BEHAVIORAL/EMOTIONAL NEEDS**

0=no evidence 1=history or sub-threshold, watch/prevent 2=causing problems, consistent with diagnosable disorder 3=causing severe/dangerous

	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ADDITIONAL HOUSEHOLD STRENGTHS & NEEDS**

Person Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

0=no evidence or strength  
1=some need, watch/prevent

2=moderate need, act  
3=severe need, act immediately/intensively

- Oppositional
- Conduct
- Adjustment to Trauma     *go to Trauma module*
- Attachment
- Anger Control
- Emotional Control

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**PERMANENCE**

**LIFE DOMAIN FUNCTIONING**

0=no evidence of problems  
 1=history, mild, minimal needs  
 2=moderate, moderate needs  
 3=severe, significant needs

- |                               | 0                     | 1                     | 2                     | 3                     | NA                    |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family-Nuclear                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| Family-Extended               | <input type="radio"/> |
| Living Situation              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |
| Legal<br>(Adj. = Delinquent.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |

**ACCULTURATION**

0=no evidence of problems  
  
 1=history, mild, minimal needs

- |                 | 0                     | 1                     | 2                     | 3                     |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Language        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identity        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ritual          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cultural Stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**CHILD STRENGTHS—Social Assets**

0=centerpiece 1=useful  
 2=identified 3=not yet identified

- |                     | 0                     | 1                     | 2                     | 3                     |
|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family-Nuclear      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family-Extended     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spiritual/Religious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community Life      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Natural Supports    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parental Permanence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**HOUSEHOLD STRENGTHS & NEEDS**

Person Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

- 0=no evidence or strength
- 1=some need, watch/prevent
- 2=moderate need, act
- 3=severe need, act immediately/intensively

**ADDITIONAL HOUSEHOLD STRENGTHS & NEEDS**

Person Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

- 0=no evidence or strength
- 1=some need, watch/prevent
- 2=moderate need, act
- 3=severe need, act immediately/intensively

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**VIOLENCE MODULE**

<b>Historical Risk Factors</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<i>see attached coding definitions</i>
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Emotional/Behavioral Risks</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Secondary Gains from Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Resiliency Factors</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Awareness of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**KEY**

0=no evidence

1=history, watch/prevent

2=recent, act

3=acute, act immediately

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## RUNAWAY MODULE

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<i>see attached coding definitions</i>
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement in Illegal Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Duration of Run Episodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement of Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

### KEY

0=no evidence

1=history, watch/prevent

2=recent, act

3=acute, act immediately

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### FIRE SETTING (FS) MODULE

Approximate date of most recent fire setting behavior (month/year): \_\_\_\_/\_\_\_\_

Was the child alone or were other children involved at the time of the incident?

(Circle response) ALONE WITH OTHERS

**Rate the youth on the following dimensions based on his/her most recent fire setting behavior and any prior history of similar behaviors.**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<i>see attached coding definitions</i>
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Use of Accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Likelihood of Future Fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<b>KEY</b>  0=no evidence  1=history, watch/prevent  2=recent, act  3=acute, act immediately
--

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SEXUALLY ABUSIVE BEHAVIOR (SAB) MODULE**

Approximate date of most recent sexually abusive behavior: (month/year): \_\_\_\_/\_\_\_\_

How was the child related to his/her known victim(s)? Specify: \_\_\_\_\_

- 0 1 2 3** *see attached coding definitions*
- Relationship
  - Physical Force/Threat
  - Planning
  - Age Differential
  - Type of Sex Act
  - Response to Accusation
  - Temporal Consistency
  - History of Sexual Behavior
  - Severity of Sexual Abuse
  - Prior Treatment

<p><b>KEY</b></p> <p>0=no evidence</p> <p>1=history, watch/prevent</p> <p>2=recent, act</p> <p>3=acute, act immediately</p>
---

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**DELINQUENT BEHAVIOR (DB) MODULE**

Approximate date of most recent delinquent behavior: (month/year)\_\_\_\_/\_\_\_\_

- 0 1 2 3** *see attached coding definitions*
- Seriousness
  - History
  - Planning
  - Community Safety
  - Legal Compliance
  - Peer Influences
  - Parental Criminal Beh
  - Environmental Influences

<p><b>KEY</b></p> <p>0=no evidence</p> <p>1=history, watch/prevent</p> <p>2=recent, act</p> <p>3=acute, act immediately</p>
---

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SUBSTANCE USE DISORDER (SUD) MODULE**

**0 1 2 3** *see attached coding definitions*

- Severity of Use
- Duration of Use
- Stage of Recovery
- Peer Influences
- Parental Influences
- Environment Influences

Does the child have a substance-related diagnosis? (Circle Response) Yes No Undetermined

If YES, specify name of diagnosing agency or staff person: \_\_\_\_\_

Date of Diagnosis (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Specific Diagnosis: \_\_\_\_\_

**KEY**

0=no evidence

1=history or sub-threshold, watch/prevent

2=causing problems, consistent with diagnosable disorder

3=causing severe/dangerous problems

DRUG	Primary Route of Administration	Approximate Age at First Use	Used regularly (1 time per week or more)? (circle response)		Used within the past 48 hours? (circle response)	
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### DEVELOPMENTAL NEEDS (DD) MODULE

This module is intended to describe any needs that might involve services for Developmental Disabilities including services provided through the Department of Developmental Disabilities.

	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Key

0=no evidence of problems

1=history, mild

2=moderate

3=severe

Specify IQ: \_\_\_\_\_ (Circle if Unknown) Unknown

Does the child have a developmental diagnosis? (Circle Response) Yes No Undetermined

If YES, specify name of diagnosing agency or staff person: \_\_\_\_\_

Date of Diagnosis (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Specific Diagnosis: \_\_\_\_\_

Does the child require any special assistive devices? (Circle response) Yes No Undetermined

If YES, specify name of device and a summary of its use:

\_\_\_\_\_

Does the youth require any special accommodations for home or school? (Circle response) Yes No Undetermined

If YES, specify a summary of the home or school accommodation:

\_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## TRAUMA MODULE

**Characteristics of the Traumatic Experience(s):** *see attached coding definitions*

	0	1	2	3
Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>see below</i>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim to Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If Sexual Abuse >0, complete the following:**

	0	1	2	3
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Adjustment:** *see attached coding definitions*

	0	1	2	3
Re-experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Before Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### KEY: Traumatic Experience(s)

0=no evidence

1=history or sub-threshold, watch/prevent

2=causing problems, consistent with  
diagnosable disorder

3=causing severe/dangerous problems

### KEY: Adjustment

0=no evidence

1=history or sub-threshold, watch/prevent

2=causing problems, consistent with  
diagnosable disorder

3=causing severe/dangerous problems