



**Adult Needs and Strengths Assessment -  
Transitional Age Youth (TAY) Version (ANSA-T)  
Seneca User Manual**

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A large number of individuals have collaborated in the development of the ANSA-T version. Along with the ANSA-T, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support child case planning and the planning and evaluation of service systems. The ANSA-T is an open domain tool for use in service delivery systems that address the mental health of young adults and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For more information on Seneca's implementation of the ANSA-T, please contact:

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## **Introduction to the Adult Needs and Strengths Assessment-Transition to Adulthood version (ANSA-T)**

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

The ANSA-T gathers information on clients' and caregivers' needs and strengths. Strengths are areas of a youth's life where he or she is doing well or has an interest or ability. Needs are areas where a youth requires help or serious intervention. Staff at Seneca Family of Agencies use an assessment process to get to know the child or youth and families with whom they work and to understand their strengths and needs. The ANSA-T can help staff decide which of a youth's needs are the most important to address in a treatment plan. The ANSA-T also helps identify strengths, which can be the basis of a treatment plan. By working with the client and family closely during the assessment process and talking together about the ANSA-T, staff can develop a treatment plan that addresses a youth's strengths and needs while building strong engagement.

The ANSA-T is made of domains that focus on an area in the child's life. Each section is made up of a group of specific items. There are sections on how a child functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family's beliefs and preferences, and a section that asks about general family concerns. The staff gives a number rating to each of these items. These ratings help the staff understand where intensive or immediate action is most needed, and also where a child has strengths that could be a major part of the treatment plan.

Of course, ratings do not tell the whole story of a child's strengths and needs. Each ANSA-T section is merely the output of a comprehensive assessment process and is documented alongside narratives where a staff member can give more information about that area of life. The staff can note questions that need to be explored further, or areas where people involved with the child or youth have different ideas.

## Six Key Components of a Communimetric Tool

The ANSA-T has six key principles that, if remembered, will make the assessment process move more smoothly.

- 1. Items impact service planning.** An item exists because it helps in identifying needs for the treatment plan.
- 2. Items ratings translate into Action Levels.** An item rated 2 or 3 requires action.
- 3. Consider culture and development.** Culture and development must be considered before establishing the action level for each item.
- 4. Agnostic as to etiology.** It is descriptive tool. Rate the “what” and not the “why”. The ANSA-T describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
- 5. It’s about the individual, not the service.** Don’t rate behavior with a low score if the individual has been in a controlled environment. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., 2 or 3).
- 6. Specific ratings window (e.g. 30 days) can be over-ridden based on action levels.** Keep the information fresh and RELEVANT. Don’t get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action Levels trump Time Frames – if it should be on your treatment plan, rate it higher!

## Rating Needs and Strengths

The ANSA-T is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child and family.

- Basic core items – grouped by domain - are rated for all individuals.
- A rating of 1, 2 or 3 on key core questions triggers extension modules.
- A few additional questions are required for the decision models to function.

The way the ANSA-T works is that each item suggests different pathways for service planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths):

### The basic design for rating NEEDS

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

### The basic design for rating STRENGTHS

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

The rating of *NA* or not applicable should be used with cases in the rare instances where an item does not apply to that particular client. *NA* is available for a few items under specified circumstances (see manual descriptions).

The ANSA-T is an effective information integration tool for use in the development of individual plans of care, to monitor outcomes, and to help design and plan systems of care for children or youth with behavioral health (mental health or substance use) challenges.

To administer the ANSA-T, the staff should read the anchor descriptions for each item (or dimension) and then record the appropriate rating on the ANSA-T assessment form or electronic entry system. This

should be done after gathering relevant information, including talking with the child and other important people in the child's life.

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

Ratings of 1, 2 or 3 on key core items trigger additional questions in extension modules: **School, Developmental Needs, Substance Abuse, Trauma/Sexual Abuse, Suicide Risk, Dangerousness/Violence, Sexually Aggressive Behavior, Runaway, Juvenile Justice, Fire Setting.**

Decision support applications include the development of specific algorithms for levels of care including treatment foster care, residential treatment, intensive community services, supportive, and traditional outpatient care. Algorithms can be localized for sensitivity to varying service delivery systems and cultures.

In terms of quality improvement activities, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the ANSA-T assessment. A rating of '2' or '3' on a ANSA-T need suggests that this area must be addressed in the plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities.

Finally, the ANSA-T tool can be used to monitor outcomes. This can be accomplished in two ways. First, items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Or, domain scores can be generated by summing items within each of the domain (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. ANSA-T dimension (domain) scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The ANSA-T has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the ANSA-T is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The ANSA-T is auditable, and audit reliabilities demonstrate that the ANSA-T tool is reliable at the item level. Validity is demonstrated with the ANSA-T relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

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

### Reference

Lyons, J.S (2009). *Communimetrics: A communication theory of measurement in human service settings*. New York: Springer.



## How is the ANSA-T Used?

At Seneca, we use the ANSA-T in many ways to transform the lives of children, youth and their families and to improve our programs. Hopefully, this guide will help you to also use the ANSA-T as a multi-purpose tool. What is the ANSA-T?

### It is an Assessment Strategy

When you first meet your clients and their caregivers, you can use this guide to make sure you gather all the information you need. Most items include “*questions to consider*” which you may find useful in when asking about needs and strengths. These are not questions that you must ask, but are available to you as suggestions. Many clinicians have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before beginning therapy and treatment planning.

### It Guides Care and Treatment Planning

When we mark an item on the ANSA-T as a ‘2’ or ‘3’ (‘action needed’ or ‘immediate action needed’) we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs, Impacts on Functioning, or Risk factors that you rate as a 2 or higher in that document.

### It Helps to Establish Medical Necessity

For many insurance plans, including services billed to Medicare/Medi-Cal, it is important that we establish that the work we do is medically necessary. We may know that it is, but it also needs to be reflected in documentation tools like the ANSA-T. Individuals who have been referred to us for service generally have at least one score of ‘2’ or ‘3’ in both their Needs and Impact and Functioning areas. Although you do not need to score the ANSA-T in any particular way, a low enough score would indicate that our client might not really need our services. The scores we give on the ANSA-T can guide us in choosing the best diagnosis, the best level of care or intensity of supports, and the most critical areas where individuals may need our support and crisis interventions.

### It Facilitates Outcomes Measurement

Many users of the ANSA-T and organizations complete the ANSA-T every six months to measure change and transformation. We work with children, youth and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs and tracking change.

### It is a Communication Tool

When a client leaves one of our programs, we do a discharge summary integrated with ANSA-T scoring to define progress, measure ongoing needs and help us make continuity of care decisions. This gives us a picture of how much progress has been made, and allows us to make recommendations for future care which tie to current needs. And finally, it gives us a shared language to talk about our clients and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the ANSA-T and guide you in filling it out in an accurate way that helps you make good clinical decisions

## ANSA-T as a Mental Health Strategy

The ANSA-T is organized into parts: You can start with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Individual Strengths, or Caregiver Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask—“we can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

It also is a good idea to know the ANSA-T. If you are constantly flipping through the pages, or if you read verbatim without shifting your eyes up, it can feel more like an interview than a conversation. A conversation is more likely to give you good information, so have a general idea of the items.

Also, some people may “take off” on a topic. The great thing about the ANSA-T is that you can follow their lead. So, if they are talking about anger control and then shift into something like---“you know, he only gets angry when he is in Mr. S’s classroom”, you can follow that and ask some questions about situational anger. So that you are not searching and flipping through papers, have some idea of what page that item is on.

### Making the best use of the ANSA-T

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, encourage the family to look over the ANSA-T prior to the time you sit down to fit it out. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed ANSA-T should be offered to each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

### Listening using the ANSA-T

Listening is the most important skill that you bring to the ANSA-T. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some basic elements of active listening to keep in mind that will help elicit the best information:

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes”, “and”—things that encourage people to continue
- **Adopt a nonjudgmental stance.** In listening to another person’s story, it is important to focus on listening to their point of view and their experience, and avoid making judgments about their actions. Listening without judgment will help the child, youth, and/or family feel better able to share their experience without fear of receiving negative feedback or unsolicited advice.
- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or youth that you are with him/her.
- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want

to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? “Or do you need me to explain that in another way”?

- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The ANSA-T is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like .....is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

### **Redirect the conversation to parents’/caregivers’ own feelings and observations**

Often, people will make comments about other people’s observations such as “well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “so your mother feels that when he does X, that is obnoxious. What do YOU think?” The ANSA-T is a tool to organize all points of observation, but the parent or caregiver’s perspective is the most important at the time when you are doing the ANSA-T. Once you have his/her perspective, you can then work on organizing and coalescing the other points of view. In addition, the statements made by others can be noted in the comments section.

### **Acknowledge Feelings**

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

### **Wrapping it Up**

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

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings as you summarize or give them the “total picture”.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

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

## Life Functioning Domain

**Question to Consider for this Domain:** How is the individual functioning in individual, family, peer, school, and community realms? **Please rate the highest level from the past 30 days.**

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

0 = A dimension in which there is not current need; no need for action/intervention.

1 = A dimension in that indicates mild problems; requires monitoring, watchful waiting, or preventive activities.

2 = A dimension that indicates moderate problems; requires action to ensure that the identified need is addressed.

3 = A dimension that indicates significant problem; requires immediate or intensive action to improve functioning.

**1. FAMILY RELATIONSHIPS** - This item rates the individual's relationships with those who are in his/her family. It is recommended that the definition of family should come from the individual's perspective (i.e. who the individual describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological relatives and their significant others with whom the individual is still in contact. When rating this item, you should take into account the relationship the individual has with his/her family as well as the relationship of the family as a whole.

### Questions to Consider

- How does the individual get along with the family?
- Are there problems between family members?
- Has there ever been any violence in the family?

### Ratings & Definitions

**0** No evidence of problems in relationships with family members and/or individual is doing well in relationships with family members.

**1** There is a history or suspicion of problems and/or individual is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with individual. Arguing may be common but does not result in major problems.

**2** Individual is having significant problems with parents, siblings and/or other family members. Frequent arguing, difficulty maintaining positive relationships may be observed.

**3** Individual is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

**2. RESIDENTIAL STABILITY** - This item rates the current and likely future housing circumstances for the individual. If the individual lives independently, his/her history of residential stability can be rated.

**Questions to Consider**

- Is individual staying in temporary housing, homeless shelter, transitional housing or looking for new housing due to eviction, being “kicked out of family home”, or running away from family home?

**Ratings & Definitions**

- 0** There is no evidence of residential instability. The individual has stable housing for the foreseeable future.  
The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person’s difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.
- 1** The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person’s difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.
- 2** The individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.
- 3**

**3. SCHOOL\*** - This item rates the individual’s overall functioning at school and may include attendance, behavior and achievement.

**Questions to Consider**

- What is the youth’s experience at school?
- Does the youth enjoy school?
- Does the youth have difficulties with academics, social relationships, behavior or attendance?

**Ratings & Definitions**

- NA** Not applicable. Individual is not currently in school.
- 0** Individual is performing well in school.
- 1** Individual is performing adequately in school although some problems may exist.
- 2** Individual is experiencing moderate problems with school attendance, behavior, and/or achievement.
- 3** Individual is experiencing severe problems in school with school attendance, behavior and/or achievement.

\*A rating of 1, 2 or 3 on this item will trigger the **School Module**.

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

**Questions to Consider**

- Currently, how well does the individual get along with others?
- Has there been an increase in peer conflicts?
- Does s/he have unhealthy friendships?
- Does s/he tend to change friends frequently?

**Ratings & Definitions**

- 0** No evidence of problems and/or individual has developmentally appropriate social functioning.
- 1** Individual is having some minor problems with his/her social development or has a history of problems in social relationships.
- 2** Individual is having some moderate problems with his/her social relationships that interfere with other life domains.
- 3** Individual is experiencing severe disruptions in his/her social relationships; may have no friends or have constant conflict in relations with others.

**5. RECREATIONAL-** This item rates the individual's access to and use of leisure activities.

**Questions to Consider**

- What activities is the individual involved in?
- Are there barriers to participation in extracurricular activities?
- How does the individual use his/her free time?

**Ratings & Definitions**

- 0** No evidence of any problems with recreational functioning. Individual has access sufficient activities that s/he enjoys.
- 1** Individual is doing adequately with recreational activities although some problems may exist.
- 2** Individual is having moderate problems with recreational activities. Individual may experience some problems with effective use of leisure time.
- 3** Individual has no access to or interest in recreational activities. Individual has significant difficulties making use of leisure time.

**6. CAREGIVING ROLES -** This item describes the individual in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here.

**Questions to Consider**

- Does the individual have younger siblings, minor children, or dependent adults whom s/he is providing significant caregiving responsibilities?
- Is individual able to effectively meet caregiving responsibilities or is s/he struggling or feeling overwhelmed and requiring significant external supports at this time?

**Ratings & Definitions**

- 0** The individual has no role as a caregiver to a child, individual or older adult.
- 1** The individual has responsibilities as a caregiver to a child, individual or older adult but is currently able to manage these responsibilities.  
The individual has responsibilities as a caregiver to a child, adult or older adult and either the individual is struggling with these responsibilities or they are currently interfering with the individual's functioning in other life domains.
- 2** The individual has responsibilities as a caregiver to a child, individual or older adult and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function in other life domains.
- 3** The individual has responsibilities as a caregiver to a child, individual or older adult and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function in other life domains.

**7. DEVELOPMENTAL FUNCTIONING\*** - This item rates the presence of any Developmental/Intellectual Disabilities. It includes Intellectual Developmental Disorder (IDD) and issues on the Pervasive Developmental Disorder (PDD) spectrum, including Autism Spectrum Disorders.

**Questions to Consider**

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

**Ratings & Definitions**

- 0** No evidence of developmental delay and/or individual has no developmental problems.
- 1** Individual has some problems with immaturity, or there are concerns about possible developmental delay. Individual may have low IQ.
- 2** Individual has developmental delays or mild mental retardation.
- 3** Individual has severe and pervasive developmental delays or profound mental retardation.

\*A rating of 1, 2 or 3 on this item will trigger the **Developmental Module**.

**8. SELF-CARE** - This rating focuses on current status of self-care functioning.

**Questions to Consider**

- Does individual require verbal prompting to manage ADLs activities of daily living (dressing, grooming)?
- Does individual require daily or physical prompting to manage ADL's?

**Ratings & Definitions**

- 0** No evidence of self-care impairments. This is characterized by the ability to independently complete all activities of daily living such as bathing, grooming, dressing, cooking, and managing personal finances.
- 1** A mild degree of impairment with self-care. This is characterized by self-care difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well-being.
- 2** A moderate degree of self-care impairment. This is characterized by an extreme disruption in more than one self-care skill. The person's self-care does not represent an immediate threat to the person's safety, but has the potential for creating significant long term problems if not addressed.
- 3** A significant degree of self-care impairment. This is characterized by extreme disruptions in multiple self-care skills. The person's self-care abilities are sufficiently impaired that s/he represents an immediate threat to himself/herself and requires 24-hour supervision to ensure safety. (Suicidal or homicidal ideation or behavior would not be coded here, however, an acute eating disorder would be coded here).

**9. KNOWLEDGE OF ILLNESS** - This rating captures an individual's awareness and understanding for his/her psychiatric symptoms and diagnosis.

**Questions to Consider**

- Has individual been diagnosed with SMI (Severe mental illness) and does individual understand this diagnosis?
- Does individual rejection of an SMI diagnosis need to be considered in treatment?

**Ratings & Definitions**

- 0** This level indicates a person who is aware of his/her psychiatric diagnosis and can verbalize an understanding of the nature, symptoms, and course of the illness. Any person who is sub-threshold on psychiatric diagnoses would be rated here.
- 1** This level indicates a person who is aware that s/he has an illness but is not clear about its implications.
- 2** This level indicates a person who is unaware that s/he has an illness but recognizes that there is a problem.
- 3** This level indicates a person who refuses to accept his/her illness despite clear evidence of a psychiatric disorder.

**10. JUDGMENT** - This item describes the individual's ability to make decisions and understanding of choices and consequences.

**Questions to Consider**

- How is the individual's judgment and ability to make good decisions?
- Does s/he typically make good choices for him/herself?
- Do his/her choices ever result in harm to the individual or others?

**Ratings & Definitions**

- 0** No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.
- 1** There is a history or suspicion of problems with judgment in which the individual makes decisions that are in some way harmful to his/her development and/or well-being.
- 2** Problems with judgment in which the individual makes decisions that are in some way harmful to his/her development and/or well-being.
- 3** Problems with judgment that place the individual at risk of significant physical harm.

**11. JOB FUNCTIONING** - This item rates the individual's job performance, if employed.

**Questions to Consider**

- Is the individual able to meet expectations at work?
- Does s/he have regular conflict at work?
- Is s/he timely and able to complete responsibilities?

**Ratings & Definitions**

- NA** Individual is not working or recently employed.
- 0** No evidence of any problems in work environment.
- 1** Individual has some mild problems work (e.g. tardiness, conflict).
- 2** Individual has moderate problems at work.
- 3** Individual has severe problems at work in terms of attendance, performance or relationships. Individual may have recently lost job.

A rating of 1, 2 or 3 on this item will trigger the **Vocational/Career Module**.

**12. MEDICATION INVOLVMENT** - This item focuses on the individual's involvement in using prescription medication.

**Questions to Consider**

- Does individual require verbal prompting to manage medications?
- Does individual need more intensive interventions to manage medication in safe manner? i.e. receiving medication by RN through office or home visitation interventions?
- Does individual misuse or is there a suspicion individual may be selling medications?

**Ratings & Definitions**

- 0** Individual takes medications as prescribed without assistance or has not been prescribed any medication.  
Individual usually takes medications as prescribed but may intermittently stop, skip or forget to take medications, without causing instability of the underlying medical condition(s); s/he may benefit from reminders and checks to consistently take medications.
- 1** Individual takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; s/he may benefit from direct supervision of medication.
- 2** Individual does not take medication(s) prescribed for management of underlying medical conditions and his/her underlying medical conditions are not well controlled.
- 3** Individual does not take medication(s) prescribed for management of underlying medical conditions and his/her underlying medical conditions are not well controlled.

**13. LEGAL** - This item rates the individual's involvement with the justice system. This item does not refer to family involvement.

**Questions to Consider**

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

**Ratings & Definitions**

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

**14. MEDICAL** - This item rates the individual's current physical health status.

**Questions to Consider**

- Is the individual generally healthy?
- Does s/he have any medical problems?
- How much does this interfere with

**Ratings & Definitions**

- 0** Individual is healthy.
- 1** Individual has some medical problems that require medical treatment. These conditions are transient and treatable.
- 2** Individual has chronic illness that requires ongoing medical intervention.



his/her life?

**3** Individual has life threatening illness or medical condition.

**15. PHYSICAL** - This item identifies any physical limitations.

**Questions to Consider**

- Does the individual have any physical limitations?
- How much do physical limitations interfere with his/her life?

**Ratings & Definitions**

- 0** Individual has no physical limitations.  
Individual has some physical condition that places mild limitations on activities.
- 1** Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).  
Individual has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
- 2** Individual has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
- 3** Individual has severe physical limitations due to multiple physical conditions.

**16. SEXUAL DEVELOPMENT** - This item looks at broad issues of sexual development including sexual behavior, sexual identity, sexual concerns, and the reactions of others to any of these factors.

**Questions to Consider**

- Are there concerns about the individual's healthy sexual development?
- Is the individual sexually active?
- Does s/he have less interest/more interest in sex than other individual his/her age? Or sex a source of distress for individual?

**Ratings & Definitions**

- 0** No evidence of issues with the individual's sexual development, sexual behavioral and/or concerns with sexual identity.
- 1** Individual has some issues with sexual development, but these do not interfere with his/her functioning in other life domains.
- 2** Individual has problems with sexual development that interfere with his/her functioning in other life domains.
- 3** Individual has severe problems with his/her sexual development.

**17. SLEEP** - This item rates the individual's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Bedwetting and nightmares should be considered a sleep issue.

**Questions to Consider**

- Does the individual appear rested?
- Is s/he often sleepy during the day?
- Does s/he have frequent nightmares or difficulty sleeping?
- How many hours does the individual sleep each night?

**Ratings & Definitions**

- 0** Individual gets a full night's sleep each night.  
Individual has some problems sleeping. Generally, individual gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
- 1** Individual has some problems sleeping. Generally, individual gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
- 2** Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep.
- 3** Individual is generally sleep deprived. Sleeping is almost always difficult for the individual and s/he is not able to get a full night's sleep.

**18. INTIMATE RELATIONSHIPS** - This item rates the individual's current status in terms of romantic/intimate relationships.

**Questions to Consider**

- Is individual in romantic partnership or relationship at this time?
- What is the quality of this relationship?
- Does individual see relationship as source of comfort/strength or source of distress/conflict?

**Ratings & Definitions**

- 0** Adaptive partner relationship. Individual has a strong, positive, partner relationship.
- 1** Mostly adaptive partner relationship. Individual has a generally positive partner relationship.
- 2** Limited adaptive partner relationship. Individual is currently not involved in any partner relationship.
- 3** Significant difficulties with partner relationships. Individual is currently involved in a negative, unhealthy relationship.

**19. INDEPENDENT LIVING** - This item describes the individual's ability to take responsibility for and also manage him/herself in an age appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include money management, cooking, housekeeping, and/or finding transportation, etc.

**Questions to Consider**

- Does individual know how to take care of him/herself?
- Is s/he responsible when left unsupervised?
- Is s/he developing skills to eventually be able to live in an apartment by themselves?
- Or, if living on his/her own, how well can is his/her home maintained?

**Ratings & Definitions**

- 0** No evidence of any deficits or barriers in demonstrating developmentally appropriate responsibility or anything that could impede the development of skills to maintain one's own home and/or this level indicates a person who is fully capable of independent living.
- 1** This level indicates a person with mild impairment of independent living skills. These problems are generally addressable with training or supervision.
- 2** This level indicates a person with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing him/ herself when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.
- 3** This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given his/her current status. Problems require a structured living environment.

**20. TRANSPORTATION** - This item rates the level of transportation required to ensure that the individual could effectively participate in his/her own treatment and in other life activities

**Questions to Consider**

- Does individual have reliable transportation?
- Are there any barriers to transportation?

**Ratings & Definitions**

- 0** The individual has no transportation needs.
- 1** The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.
- 2** The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.
- 3** The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

## Individual Strengths

This domain describes the assets of the individual that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing an individual's strengths while also addressing his or her behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the individual's needs. Identifying areas where strengths can be built is a significant element of service planning.

In these items the 'best' assets and resources available to the individual are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

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

0 = Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

1 = A domain where a useful strength is evident but require some effort to maximize the strength. Strength might be used and built upon in treatment.

2 = A domain where strengths have been identified but require significant strength building efforts before it can be effectively utilized as part of a plan.

3 = A domain in which no current strength is identified; efforts are needed to identify potential strengths.

**Question to Consider for this Domain:** What are the individual's assets that can be used in treatment planning to support healthy development? **Please rate the highest level from the past 30 days.**

**21. FAMILY SUPPORT** - This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Relationships, the definition of family comes from the individual's perspective (i.e., who the individual describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the individual is still in contact.

| Questions to Consider   | Ratings & Definitions   |
|---|---|
| → How do family members communicate with each other?  | <b>0</b> Family has one or more strong supportive relationships where communication is effective.   |
| → How do family members show support for each other in the family?  | <b>1</b> Family has one or more supportive relationships, and/or communication is good.   |
| → Is there a family member that the individual can go to in time of need for support? That can advocate for the individual? | <b>2</b> Strength building is required to develop more supportive relationships and/or strengthen the family's ability to communicate.  |
| → Is there potential to develop positive family relationships   | <b>3</b> No evidence of any family relationships as a strength at this time or the individual has no identified family, or the family requires significant assistance to develop supportive relationships and their ability to communicate. |

**22. INTERPERSONAL** - This item is used to identify an individual's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because an individual can have social skills but still struggle in his or her relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

**Questions to Consider**

- Does the individual have the trait ability to make friends?
- Do you feel that the individual is pleasant and likeable?
- Do adults or other individuals like him/her?

**Ratings & Definitions**

- 0** Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships.
- 1** Individual has good interpersonal skills and has shown the ability to develop healthy friendships.
- 2** Mild level of interpersonal strengths. Individual requires strength building to learn to develop good interpersonal skills and/or healthy friendships.
- 3** There is no evidence of observable interpersonal skills or healthy friendships at this time and/or individual requires significant help to learn to develop interpersonal skills and healthy friendships.

**23. OPTIMISM** - This refers to the individual's orientation toward the future.

**Questions to Consider**

- Does s/he have a generally positive outlook on things; have things to look forward to?
- How does s/he see her/himself in the future?
- Is s/he forward looking and see her/him as likely to be successful?

**Ratings & Definitions**

- 0** Individual has a strong and stable optimistic outlook for his/her future.
- 1** Individual is generally optimistic about his/her future.
- 2** Individual has difficulty maintaining a positive view of him/herself and his/her life. Individual's outlook may vary from overly optimistic to overly pessimistic.
- 3** There is no evidence of optimism at this time and/or individual has difficulties seeing positive aspects about him/herself or his/her future.

**24. EDUCATIONAL** - This item is used to evaluate the nature of the school's relationship with the individual and family, as well as, the level of support the individual receives from the school.

**Questions to Consider**

- Is the school an active partner in the individual's education?
- Is the individual's school an active partner in figuring out how to best meet the individual's needs?
- Does s/he like school?
- Has there been at least one year in which s/he did well in school?
- When has the individual been at her/ his best in school?

**Ratings & Definitions**

- NA** Individual is not in school.
- 0** The school is an effective advocate on behalf of the individual and family to identify and successfully address the individual's educational needs, or, the individual excels in school.
- 1** The school works with individual and family to identify and address the individual's educational needs, or, the individual performs adequately in school.
- 2** The school is currently unable to adequately address the individual's academic or behavioral needs.
- 3** There is no evidence of the school working to identify or successfully address the individual's needs at this time and/or the school is unable and/or unwilling to work to identify and address the individual's needs and/or there is no school to partner with at this time.

**25. VOCATIONAL** - This item is used to refer to the strengths of the school/vocational environment and may or may

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not reflect any specific educational/work skills possessed by the individual.

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**Questions to Consider**

- Has the individual ever worked or is s/he developing vocational skills?
- Does s/he have plans to go to college or vocational school, or for a career?

**Ratings & Definitions**

- 0** This level indicates an individual who is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
  - 1** This level indicates an individual who is working, however, the job is not consistent with developmentally appropriate career aspirations.
  - 2** This level indicates an individual who is temporary unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate an individual with a clear vocational preference.
  - 3** This level indicates an individual who is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates an individual with no known or identifiable vocational skill and no expression of any future vocational preferences.
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**26. COPING AND SAVORING SKILLS** - This rating should be based on the psychological strengths that the individual might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the individual's current level of distress.

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**Questions to Consider**

- How does the individual handle stress and disappointment?
- How does the individual respond when good things happen to him/her?

**Ratings & Definitions**

- 0** Individual with exceptional psychological strengths. Both coping and savoring skills are well developed.
  - 1** Individual with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.
  - 2** Individual with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
  - 3** Individual with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.
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**27. TALENTS AND INTERESTS** - This item refers to hobbies, skills, artistic interests and talents that are positive ways that young people can spend their time, and also give them pleasure and a positive sense of self.

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**Questions to Consider**

- What does the individual do with free time?
- What does s/he enjoy doing?
- Is s/he engaged in any pro-social activities?
- What are the things that the individual does particularly well?

**Ratings & Definitions**

- 0** Individual has a talent that provides him/her with pleasure and/or self-esteem.
  - 1** Individual has a talent, interest, or hobby that has the potential to provide him/her with pleasure and self-esteem.
  - 2** Individual has expressed interest in developing a specific talent, interest or hobby even if he/she has not developed that talent to date.
  - 3** There is no evidence of identified talents, interests or hobbies at this time and/or individual requires significant assistance to identify and develop talents and interests.
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**28. SPIRITUAL AND RELIGIOUS** - This item refers to the individual's (and family's) experience of receiving comfort

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

**Questions to Consider**

- Does the individual have spiritual beliefs that provide comfort?
- Is the family involved with any religious community? Is the individual involved?
- Is individual interested in exploring spirituality?

**Ratings & Definitions**

- 0** Individual is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community.
- 1** Individual is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.
- 2** Individual has expressed some interest in spiritual or religious belief and practices.
- 3** There is no evidence of identified spiritual or religious beliefs, nor does the individual show any interest in these pursuits at this time.

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

**29. COMMUNITY LIFE** - This item reflects the individual’s connection to people, places or institutions in his or her community. Community connections are different from how the individual functions in the community. An individual’s connection to the community is assessed by the degree to which the individual is involved with the institutions of that community which may include, but are not limited to, community centers, little league teams, jobs, after school activities, religious groups, etc. Connections to a community through specific people (i.e. friends and family) could be considered an important community connection if many people who are important to the individual live in the same neighborhood.

**Questions to Consider**

- Does the individual feel like s/he is a part of a community?
- Are there activities that the individual does in the community?
- Are the individual active in the community?
- Is the individual a member of a community organization or group?

**Ratings & Definitions**

- 0** Individual is well integrated into his/her community. S/he is a member of community organizations and has positive ties to the community.
- 1** Individual is somewhat involved with his/her community.
- 2** Individual has an identified community but has only limited, or unhealthy, ties to that community.
- 3** There is no evidence of an identified community of which s/he is a member at this time.

**30. RELATIONSHIP PERMANENCE** - This rating refers to the stability and consistency of significant relationships in the individual's life. This likely includes family members but may also include other adults or peers.

**Questions to Consider**

- Does the individual see both parents regularly?
- Has anyone consistently been in the individual’s life since birth?
- Has the individual been in multiple home placements?

**Ratings & Definitions**

- 0** This level indicates an individual 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. Individual is involved with both parents.
- 1** This level indicates an individual 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 an individual who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
- 3** This level indicates an individual who does not have any stability in relationships. Independent living or adoption must be considered.

**31. INDIVIDUAL INVOLVEMENT WITH CARE** - This item refers to the individual's participation in efforts to address his/her identified needs.

**Questions to Consider**

- Is the individual aware of his/her needs and strengths?
- How does individual understand his/her needs and challenges?
- Does the individual attend sessions willingly and participate fully?

**Ratings & Definitions**

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

**32. NATURAL SUPPORTS** - Refers to unpaid helpers in the individual's natural environment. All family members and paid caregivers are excluded.

**Questions to Consider**

- Who does the individual turn to for help?
- Who does the individual consider to be a support?
- Does the individual have non-family members in his/her life that are positive influences?

**Ratings & Definitions**

- 0** Individual has significant natural supports that contribute to helping support the individual's healthy development.
- 1** Individual has identified natural supports that provide some assistance in supporting the individual's healthy development.
- 2** Individual has some identified natural supports however s/he is not actively contributing to the individual's healthy development.
- 3** Individual has no known natural supports (outside of family and paid caregivers).

**33. RESILIENCE** - This item rates individual's ability to recognize his or her internal strengths and use them in times of need or to support his or her own healthy development. The concept of resiliency evaluated here is strongly related to supporting individual's problem solving, or utilizing his/her own special skills and talents to advance one's healthy development.

**Questions to Consider**

- What does the individual do well?
- Does s/he recognize those skills as strengths?
- Is s/he able to use strengths and problem-solve for her/himself?

**Ratings & Definitions**

- 0** This level indicates an individual who is able to identify and use internal strengths to better him/herself and successfully manage difficult challenges.
- 1** This level indicates an individual who can identify most of his/her internal strengths and is able to partially utilize them.
- 2** This level indicates an individual who can identify internal strengths but is not able to utilize them effectively.
- 3** This level indicates an individual who cannot identify internal personal strengths.

**34. RESOURCEFULNESS** - This rating should be based on the individual's ability to identify and use external/environmental strengths in managing his/her life.

**Questions to Consider**

- How does the individual solve problems?
- What resources are available to the individual and how does s/he use them?
- How the individual get his/her needs does met?

**Ratings & Definitions**

- 0** Individual is quite skilled at finding the necessary resources required to aid him/her in his/her managing challenges.
- 1** Individual has some skills at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
- 2** Individual has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
- 3** Individual has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.



## Behavioral/Emotional Needs

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

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

- 0 = A dimension in which there is not current need; no need for action/intervention.
- 1 = Identified need indicates mild problems; requires monitoring, watchful waiting, or preventive activities.
- 2 = Identified need indicates moderate problems; action or intervention is required to ensure that the identified need is addressed.
- 3 = A dimension that indicates significant problem; requires immediate or intensive action.

**Question to Consider for this Domain:** What are the presenting social, emotional and behavioral needs of the individual? **Please rate based on the last 30 days.**

**35. PSYCHOSIS** - The primary symptoms of psychosis include hallucinations (experiencing things others do not experience), delusions (a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), or bizarre behavior. The most common form of hallucinations is tactile, followed by auditory, and then visual.

**Questions to Consider**

- Has the individual ever talked about hearing, seeing or feeling something that was not actually there?
- Has the individual ever done strange or bizarre things that made no sense?
- Does the individual have strange beliefs about things?

**Ratings & Definitions**

- 0** No evidence of psychotic symptoms. Both thought processes and content are within normal range.
- 1** Evidence of mild disruption in thought processes or content. Individual may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes individuals with a history of hallucinations but none currently. Use this category for individuals who are below the threshold for one of the DSM diagnoses listed above.
- 2** Evidence of moderate disturbance in through process or content. Individual may be somewhat delusional or have brief intermittent hallucinations. Speech may be at time quite tangential or illogical. This level would be used for individuals who meet the diagnostic criteria for one of the disorders listed above.
- 3** Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the individual or others at risk of physical harm.

**Supplemental information:** While a growing body of evidence suggests that schizophrenia can begin as early as age nine, schizophrenia is more likely to begin to develop during the teenage years. Individuals can have psychotic disorders, most often characterized by hallucinations. Post-Traumatic Stress Disorder secondary to sexual or physical abuse can be associated with visions of the abuser when one is falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours.

**36. IMPULSE CONTROL/HYPERACTIVITY** - This item rates behavioral symptoms associated with hyperactivity and/or impulsiveness, i.e. loss of control of behaviors, which includes, but is not limited to, Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control. Individuals with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire starting, stealing, or self-abusive behavior.

**Questions to Consider**

- Is the individual unable to sit still for any length of time?
- Does she/he have trouble paying attention for more than a few minutes?
- Is the individual able to control him/herself?
- Does the individual report feeling compelled to do something despite negative consequences?

**Ratings & Definitions**

- 0** No evidence of symptoms of hyperactivity or impulse control.

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- 1** There is a history, suspicion or some mild problems with impulsive, distracted or hyperactive behavior place the individual at risk of future difficulty in functioning.

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- 2** Clear evidence of problems with impulsive, distracted or hyperactive behavior that interferes with the individual's ability to function in at least one life domain.

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- 3** Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior places the individual at risk of physical harm.

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

**37. DEPRESSION** -This item rates displayed symptoms of a change in emotional state and can include sadness, irritability and diminished interest in previously enjoyed activities.

**Questions to Consider**

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

**Ratings & Definitions**

- 0** No evidence of problems with depression.

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- 1** History, suspicion, or mild depression associated with a recent negative life event with minimal impact on life domain functioning.

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- 2** Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered with the individual's ability to function in at least one life domain.

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- 3** Clear evidence of depression that is disabling for the individual in multiple life domains.

**Supplemental information:** 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. It might be somewhat less common among individual, particularly young individual. The main difference between depression in individual and adolescents and depression in adults is that among individual and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression.

**38. ANXIETY** - This item rates evidence of symptoms associated with Anxiety Disorders characterized by worry, dread, or panic attacks.

**Questions to Consider**

- Does the individual have any problems with anxiety or fearfulness?
- Is s/he avoiding normal activities out of fear?
- Does the individual act frightened or afraid?
- Does the individual worry a lot?

**Ratings & Definitions**

- 0** No evidence of anxiety symptoms. .

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- 1** There is a history, suspicion, or mild anxiety associated with a recent negative life event.

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- 2** Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the individual’s ability to function in at least one life domain.

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- 3** Clear evidence of debilitating level of anxiety that makes it virtually impossible for the individual to function in any life domain.

**Supplemental information:** Symptoms of **Generalized Anxiety Disorder** include excessive worrying associated with restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, worry not about other psychiatric conditions, or anxiety or worry causes significant impairment of functioning or distress.

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

**Questions to Consider**

- Is the individual being currently treated for personality disorder or have a diagnosis of one?
- Is individual experiencing overwhelming anger or fear around others abandoning them? Or have relationships that are often very intense but not very stable?

**Ratings & Definitions**

- 0** No evidence of symptoms of interpersonal problems.

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- 1** Evidence of mild degree, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here. Or, some evidence of mild antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.

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- 2** Evidence of sufficient degree of personality disorder to warrant a DSM diagnosis.

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- 3** Evidence of severe interpersonal problems that have significant implications for the individual’s long-term functioning. Personality disorder dramatically interferes with the individual’s ability to function independently.

**40. ANTISOCIAL BEHAVIOR (Noncompliance with Society’s Rules)** - These symptoms include anti-social behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault.

**Questions to Consider**

- Has the individual ever gotten in trouble for stealing?
- Has anyone told you that the individual has been part of any criminal behavior (e.g. vandalism, robbery) with or without police involvement?
- Has the individual shown violent or threatening behavior towards others (including animals)?

**Ratings & Definitions**

- 0** This rating indicates an individual with no evidence of antisocial disorder.

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- 1** This rating indicates an individual with a mild level of conduct problems. Some difficulties in school/work and home behavior. Problems are recognizable but not notably deviant. This might include occasional lying or petty theft from family.

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- 2** This rating indicates an individual with a moderate level of conduct disorder. This could include episodes of planned aggression or other antisocial behavior.

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- 3** This rating indicates an individual with a severe Antisocial Personality Disorder. This could include frequent episodes of unprovoked, planned aggression or other antisocial behavior.

**41. ANGER CONTROL** - This item captures the individual's ability to identify and manage his/her anger when frustrated.

**Questions to Consider**

- How does the individual control his/her emotions?
- Does s/he get upset or frustrated easily?
- Does s/he overreact if someone criticizes or rejects him/her?
- Does the individual seem to have dramatic mood swings?

**Ratings & Definitions**

- 0** No evidence of any significant anger control problems.  
Some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
- 1** Moderate anger control problems. Individual'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.
- 2** Severe anger control problems. Individual's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.
- 3**

**42. SUBSTANCE USE\*** - This item includes use of alcohol and other drugs, the misuse of prescription medications and the inhalation of any substance. This item is rated consistently with DSM Substance Related Disorders. This item includes the use of tobacco or caffeine.

**Questions to Consider**

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

**Ratings & Definitions**

- 0** This rating is for an individual who has no notable substance use history or difficulties at the present time.  
This rating is for an individual with **mild** substance use problems that might occasionally present problems of living for the person (intoxication, loss of money, reduced work/school performance, parental concern). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.
- 1** This rating is for an individual with a **moderate** substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
- 2** This rating is for an individual with a **severe** substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the individual. Immediate and/or intensive interventions are indicated.
- 3**

\*A rating of 1, 2 or 3 on this item will trigger the **Substance Abuse Module**.

**Supplemental Information:** Substance Dependence is characterized by a pattern of maladaptive substance use, leading to significant impairment or distress as evidenced by tolerance to the substance, withdrawal, increase in amount taken, desire to or unsuccessful efforts to cut down, a great deal of time is spent in activities necessary to obtain the substance, important social, educational, or recreational activities are given up or reduced because of substance use, and the substance use is continued despite knowledge of having a persistent or recurrent problem

**43. EATING DISTURBANCE** - This item rates symptoms including problems with eating such as disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating and hoarding food.

**Questions to Consider**

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

**Ratings & Definitions**

**0** No evidence of eating disturbances.

**1** There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.

**2** Moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).

**3** More severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

**Supplemental Information:** **Anorexia** is characterized by: refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. **Repeated bingeing and getting rid of the extra calories from bingeing by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterize bulimia.**

**44. SOMATIZATION** - Somatization refers to physical complaints that appear to have no physical cause. Chronic health issues with a known source would not be rated here.

**Questions to Consider**

- Does the individual complain of aches and pains that do not appear to have a physical source?
- Does the individual frequently go to the doctor only to be told they are not sick?

**Ratings & Definitions**

**0** No evidence of somatic complaints.

**1** Individual has occasional or mild somatic complaints (headaches, stomach problems, joint, limb, or chest pain).

**2** Individual has a moderate level of somatic problems or the presence of conversion symptoms. More persistent physical symptoms or the presence of several different physical symptoms. Individual could manifest any conversion symptoms here (e.g., pseudo-seizures, paralysis).

**3** Individual has severe somatic symptoms causing significant disturbance in school, social, or occupational functioning. This could include significant and varied symptomatic disturbance.

**45. ADJUSTMENT TO TRAUMA\*** - This item is used to describe the individual who is having difficulties adjusting to a traumatic experience, as defined by the individual. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

**Questions to Consider**

- Has individual 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

**Ratings & Definitions**

- 0** No evidence of problems associated with traumatic life events.
- 1** There is a history or suspicion of, or mild problems associated with traumatic life event/s.  
Clear evidence of symptoms of Adjustment Disorder associated with traumatic life event/s. Adjustment is interfering with the individual's functioning in at least one life domain.
- 2** Clear evidence of symptoms of Post-Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of the trauma experience.
- 3**

\*A rating of 1, 2 or 3 on this item will trigger the **Trauma Module**.

**Supplemental information:** Symptoms of PTSD include the following: **(1)** The traumatic event is re-experienced (e.g. recurrent and intrusive recollections, recurrent distressing dreams of the event, individual may re-enact the event, or act or feel as if the event were recurring, intense distress at exposure to either stimuli that reminds the person of the event). **(2)** Persistent avoidance of stimuli associated with the trauma (e.g. efforts to avoid thoughts, feelings, or conversations associated with the event, efforts to avoid activities, places or people that arouse recollections of the events, inability to recall an important aspect of the event, diminished interest or participation in significant activities, feeling of detachment or estrangement from others, restricted range of affect (e.g. unable to have loving feelings), or sense of foreshortened future (e.g. does not expect to finish school, have career, get married). **(3)** Marked arousal as indicated by difficulty falling asleep or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response.

## Traumatic/Adverse Childhood Experiences

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

**These ratings are made based on LIFETIME exposure of trauma or adverse childhood experiences. The following categories and action levels are used:**

0 = No evidence of any trauma of this type.

1= A single incident of trauma occurred, or suspicion exists of this trauma type.

2 = The individual has experienced multiple incidents or moderate degree of this trauma type.

3 = Repeated and severe incidents of trauma with medical/physical consequences.

**Question to Consider for this Domain:** Has the Individual experienced adverse life events that may impact his/her behavior? **Please rate within the Individual's lifetime.**

**46. SEXUAL ABUSE\*** - This item rates the severity and frequency of sexual abuse.

### Questions to Consider

- Has the caregiver or Individual disclosed sexual abuse?
- How often did the abuse occur?
- What was the Individual's relationship to the perpetrator?
- Did the abuse result in physical injury?

### Ratings & Definitions

- 0** There is no evidence that Individual has experienced sexual abuse.
- 1** Individual has experienced one episode of sexual abuse or there is a suspicion that Individual has experienced sexual abuse but no confirming evidence.
- 2** Individual has experienced repeated sexual abuse.
- 3** Individual has experienced severe and repeated.

\*A rating of 1, 2 or 3 on this item will trigger the **Sexual Abuse Sub-Module located in the Trauma Module.**

**47. PHYSICAL ABUSE** - This item rates the severity and frequency of experiences of physical abuse.

### Questions to Consider

- Has the individual or caregiver disclosed a history of physical abuse?
- Is physical discipline used in the home? What forms?
- Has the individual ever received bruises, marks, or injury from physical discipline?

### Ratings & Definitions

- 0** There is no evidence that individual has experienced physical abuse.
- 1** Individual has experienced one episode of physical abuse or there is a suspicion that individual has experienced physical abuse but no confirming evidence.
- 2** Individual has experienced repeated physical abuse.
- 3** Individual has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

**48. NEGLECT** - This rating describes the degree of severity of neglect an individual has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or lack of access to needed medical care (medical neglect), or failure to receive an academic instruction (educational neglect).

**Questions to Consider**

- Is the individual getting adequate supervision?
- Are the individual’s basic needs for food and shelter being met?
- Is the individual allowed access to necessary medical care by caregivers?
- Do the caregivers prevent the individual from accessing education?

**Ratings & Definitions**

- 0** There is no evidence that individual has experienced neglect.  
Individual has experienced minor occasional neglect. Individual may have been left home alone for a short period of time with no adult supervision or there may be occasional failure to provide adequate supervision of individual
- 1** Individual has experienced a moderate level of neglect. Individual may have been left home alone overnight or there may be occasional failure to provide adequate food, shelter, or clothing with corrective action.
- 2** Individual has experienced a severe level of neglect including multiple and/or prolonged absences by adults, with minimal supervision, and failure to provide basic necessities of life on a regular basis.
- 3**

**49. EMOTIONAL ABUSE** - This item rates the severity and intensity of experiences of emotional abuse, including belittling, shaming, and humiliating an individual, calling names, making negative comparisons to others, or telling an individual that he or she is, “no good.”

**Questions to Consider**

- How does the caregiver talk to/ interact with the individual?
- Is there name calling or shaming in the home?

**Ratings & Definitions**

- 0** There is no evidence that individual has experienced emotional abuse.
- 1** Individual has experienced mild emotional abuse.
- 2** Individual has experienced emotional abuse over an extended period of time (at least one year).
- 3** Individual has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

**50. MEDICAL TRAUMA** - This item rates the severity of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries.

**Questions to Consider**

- Has the individual broken any bones?
- Has the individual had to go to the emergency room or stay overnight in the hospital?

**Ratings & Definitions**

- 0** There is no evidence that individual has experienced any medical trauma.
- 1** Individual has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
- 2** Individual has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
- 3** Individual has experienced life threatening medical trauma.



**51. NATURAL DISASTER** - This rating describes the severity of exposure to either natural or man-made disasters.

**Questions to Consider**

- Has the individual been present during a natural or man-made disaster? These could include but are not limited to earthquakes, tsunamis, tornados, fires, car accidents, plane crashes and bombings?
- Does the individual watch television shows containing these themes or overhear adults talking about these kinds of disasters?

**Ratings & Definitions**

- 0** There is no evidence that individual has been exposed to natural or man-made disasters.

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- 1** Individual has been exposed to disasters second-hand (i.e. on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as a fire or earthquake or manmade disaster, including car accident, plane crashes, or bombings.

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- 2** Individual has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, an individual may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down).

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- 3** Individual has been directly exposed to multiple and severe natural or manmade disasters and/or a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g. house burns down, caregiver or individual loses job).

**52. WITNESS TO FAMILY VIOLENCE** -This item rates the severity and frequency of violence within the individual's home or family.

**Questions to Consider**

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

**Ratings & Definitions**

- 0** There is no evidence that individual has witnessed family violence.

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- 1** Individual has witnessed one episode of family violence or suspicion of exposure to family violence.

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- 2** Individual has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.

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- 3** Individual has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

**53. WITNESS TO COMMUNITY VIOLENCE** - This item rates the severity and frequency of incidents of violence the individual has witnessed in his/her community.

**Questions to Consider**

- Does the individual live in a neighborhood with frequent violence?

**Ratings & Definitions**

- 0** There is no evidence that individual has witnessed violence in the community.

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- 1** Individual has witnessed fighting or other forms of violence in the community.

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- 2** Individual has witnessed the significant injury of others in his/her community).

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- 3** Individual has witnessed the death of another person in his/her community.

**54. SCHOOL VIOLENCE** - This item rates the individual's exposure to school based violence.

**Questions to Consider**

- Are there frequent fights or other acts of violence at the individual's school?
- Are weapons involved?
- Has the individual witness or directly experienced violence at the school?

**Ratings & Definitions**

- 0** There is no evidence that individual has witnessed violence in the school setting.

---

- 1** Individual has witnessed occasional fighting or other forms of violence in the school setting. Individual has not been directly impacted by the violence (i.e., violence not directed at self or close friends) and exposure has been limited.

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- 2** Individual has witnessed multiple instances of school violence and/or the significant injury of others in his/her school setting, or has had friends injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to minor injury.

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- 3** Individual has witnessed repeated and severe instances of school violence and/or the death of another person in his/her school, or has been seriously injured or has had friends who were seriously injured as a result of violence or criminal activity in the school setting.

**55. WAR AFFECTED** - This rating describes the degree of severity of exposure to war, political violence or torture. Violence or trauma related to Terrorism is not included here.

**Questions to Consider**

- Has the individual or his/her family lived in a war torn region?
- How close was s/he to violence?
- Was the family displaced?
- What acts of war did the individual or family witness or experience directly?

**Ratings & Definitions**

- 0** There is no evidence that individual has been exposed to war, political violence, or torture.

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- 1** Individual did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the individual may have been exposed to war, political violence or torture; family may have been forcibly displaced due to the war, or both. This does not include individual who have lost one or both parents during a war.

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- 2** Individual has been affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Individual may have lost one or both parents during the war or parents may suffer physical or psychological effects. Individual may have spent extended time in refugee camp.

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- 3** Individual has experienced the direct effects of war. Individual may have feared for his/her own life. He/ She may have been injured, tortured, kidnapped or forced to become an individual soldier.

**56. TERRORISM AFFECTED** - This rating describes the degree to which an individual has been affected by terrorism. Terrorism is defined as “the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

**Questions to Consider**

- Has the individual witnessed an act of terrorism?
- Was his/her community targeted in an act of terrorism?
- Does the individual know people injured or killed in an act of terrorism?

**Ratings & Definitions**

- 0** There is no evidence that individual has been affected by terrorism.  
Individual’s community has experienced an act of terrorism, but the individual was not directly impacted by the violence. Exposure has been limited to pictures on television terrorist activities.
- 1** Individual has been affected by terrorism within his/her community, but did not directly witness the attack. Individual may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of individual’s daily life may be disrupted due to attack (e.g. utilities or school), and individual may see signs of the attack in neighborhood (e.g. destroyed building). Individual may know people who were injured in the attack.
- 2** Individual has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or have directly been injured by terrorism leading to significant injury or lasting impact.
- 3**

**57. WITNESS/VICTIM OF CRIMINAL ACTS** - This item rates the individual’s proximity to criminal acts.

**Questions to Consider**

- Has the individual ever been the victim of a crime?
- Has the individual seen criminal activity in his/her community or home?
- Has someone in the individual’s family been the victim of a crime? Did the individual witness this?

**Ratings & Definitions**

- 0** There is no evidence that individual has been victimized or witness significant criminal activity.
- 1** Individual is a witness of significant criminal activity.
- 2** Individual is a direct victim of criminal activity or witnessed the victimization of a family or friend.
- 3** Individual is a victim of criminal activity that was life threatening or caused significant physical harm or individual witnessed the death of a loved one.

**58. PARENTAL CRIMINAL BEHAVIOR (birth parents & legal guardians only)** - This item rates the criminal behavior of both biological and stepparents, and other legal guardians, not foster parents.

**Questions to Consider**

- Do the individual’s parents engage in criminal acts?
- Is either of the parents in jail? If so, do they have contact with the individual?

**Ratings & Definitions**

- 0** There is no evidence that individual's parents have ever engaged in criminal behavior.
- 1** One of individual's parents has history of criminal behavior but individual has not been in contact with this parent for at least one year.
- 2** One of individual's parents has history of criminal behavior and individual has been in contact with this parent in the past year.
- 3** Both of individual's parents have history of criminal behavior.

**59. DISRUPTION IN CAREGIVING/ ATTACHMENT LOSSES** - This rating describes the extent to which the individual has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses. Individuals who have experienced the death of a primary attachment figure, had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the individual's caregiver remains the same, would not be rated on this item.

**Questions to Consider**

- Has the individual ever been placed in foster care?
- Has the individual lost contact with a caregiver or had limited access to the caregiver?

**Ratings & Definitions**

- 0** There is no evidence that the Individual has experienced disruptions in caregiving and/or attachment losses.

---

- 1** Individual may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (i.e., individual's care shifted from biological mother to paternal grandmother). Individual may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.

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- 2** Individual has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the individual has had at least one disruption involving placement with an unknown caregiver. Individuals who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.

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- 3** Individual has been exposed to multiple/repeated placement changes (i.e., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has negatively impacted various domains of an individual's life (i.e., loss of community, school placement, peer group). Examples would include an individual in several short-term unknown placements (i.e., moved from emergency foster care to additional foster care placements and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification).

## Risk Behaviors

Risk behaviors are type of things that can get individuals in trouble or put them in danger or harming themselves or others. Time frames in this section can change, particularly for the '1' and '3' ratings, **away from the standard 30-day rating window.**

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

0 = No evidence of any needs; no reason to believe this item requires action.

1 = An identified need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.

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

3 = Intensive, immediate action is required to address the need or risk behavior.

**Question to Consider for this Domain:** Do the individual's behaviors put him/her at risk for serious harm? **Please rate the highest level from the past 30 days.**

**60. SUICIDE RISK\*** - This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This item rates overt and covert thoughts and efforts on the part of an individual to end his/ her life.

### Questions to Consider

- Has the individual ever talked about a wish or plan to die or to kill him/herself?
- Has s/he ever tried to commit suicide?

### Ratings & Definitions

- 0** No evidence of suicide ideation.
- 1** There is a history or suspicion of, but no recent ideation or gesture.
- 2** Recent ideation or gesture but not in past 24 hours.
- 3** Current ideation and/or intent, or command hallucinations that involve self-harm

\*A rating of 1, 2 or 3 on this item will trigger the **Suicide Risk Module.**

**61. SELF INJURIOUS BEHAVIOR** - This item is used to describe repetitive behavior that results in physical injury to the individual or adolescent, e.g. cutting, head banging, etc.

### Questions to Consider

- Has the individual ever talked about a wish or plan to hurt him/herself?
- Does the individual ever purposely hurt him/herself (e.g. cutting)?

### Ratings & Definitions

- 0** No evidence of self-mutilating behavior.
- 1** There is a history, suspicion or mild degree of self-mutilation.
- 2** Engaged in self-mutilation that does not require medical attention.
- 3** Engaged in self-mutilation that requires medical attention.

**62. OTHER SELF HARM** - This item is used to describe and rate behavior not covered by either Suicide Risk or Self-Mutilation, in which the individual engages in something that has significant potential to result in physical harm or in intentional risk taking behaviors.

**Questions to Consider**

- Has the individual ever talked about or acted in a way that might be dangerous to him/herself (e.g. reckless behavior such as riding on top of cars, reckless driving, climbing bridges,)?

**Ratings & Definitions**

- 0** No evidence of behaviors (other than suicide or self-mutilation) that place the individual at risk of physical harm.
- 1** There is a history, suspicion or mild behavior (other than suicide or self-mutilation) that places individual at risk of physical harm such as reckless and risk-taking behavior that may endanger the individual.
- 2** Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places him/her in danger of physical harm.
- 3** Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places him/her at immediate risk of death.

**63. DANGER TO OTHERS\*** - This item rates the individual’s violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. Reckless behavior that may cause physical harm to others is not rated on this item.

**Questions to Consider**

- Has the individual ever injured another person on purpose?
- Does s/he get into physical fights?
- Has s/he ever threatened to kill or seriously injure another person?

**Ratings & Definitions**

- 0** No evidence of behavior that could be dangerous to others.
- 1** There is a history or suspicion of, or acts of mildly aggressive or threatening behavior.
- 2** Recent aggressive or threatening behavior: e.g. homicidal ideation, physically harmful aggression, or dangerous fire setting, but not within past 24 hours.
- 3** Acute homicidal ideation with a plan, physically harmful aggression, command hallucinations that involve harm to others, or the individual set a fire that placed others at significant risk of harm.

\*A rating of 1, 2 or 3 on this item will trigger the **Violence Module**.

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

**Questions to Consider**

- Has the individual ever been accused of being sexually aggressive with another individual? What happened after that?
- Has the individual had sexual contact with a younger individual?

**Ratings & Definitions**

- 0** No evidence of sexually aggressive behavior.
- 1** There is a history or suspicion of sexually aggressive behavior (but not within past year) and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public excessive masturbation.
- 2** Individual engaged in sexually aggressive behavior within the past year but not in the past 30 days.
- 3** Individual has engaged in sexually aggressive behavior within the past 30 days.

\*A rating of 1, 2 or 3 on this item will trigger the **Sexually Aggressive Behavior Module**.

**65. CRIMINAL BEHAVIOR\*** - This rating includes what is known about criminal behavior that may result from the individual failing to follow required behavioral standards. This category does not include drug usage, but it does include drug sales and other drug related activities. Sexual offenses should be included as criminal behavior.

**Questions to Consider**

- Is individual at risk for contact with criminal justice system due to drug sales, illegal graffiti, weapons, etc.?

**Ratings & Definitions**

- 0** No evidence or history of criminal behavior exists for the individual.

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- 1** Individual has a history of criminal behavior, but none in the past year.

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- 2** A moderate level of criminal activity is indicated. This level indicates a person who has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting.

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- 3** A severe level of criminal activity is indicated. This level indicates a person who has been engaged in violent criminal activity during the past year that represents a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault.

\*A rating of 1, 2 or 3 on this item will trigger the **Crime Module**.

**66. FIRE SETTING\*** - This item describes whether the individual intentionally starts fires using matches or other incendiary devices. Malicious or reckless use of fire should be rated here, however fires that are accidental should not be considered fire setting.

**Questions to Consider**

- Has the individual ever played with matches, or set a fire? If so, what happened?
- Did the fire setting behavior destroy property or endanger the lives of others?

**Ratings & Definitions**

- 0** No evidence of fire setting by the individual.

---

- 1** There is a history or suspicion of fire setting but not within the past six months.

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- 2** Recent fire setting behavior (during the past six months) but not of the type that endangered the lives of others, or repeated fire-setting behavior over a period of at least two years, even if not within the past six months.

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- 3** Acute threat of fire setting. Has set fire that endangered the lives of others (e.g. attempting to burn down a house).

\*A rating of 1, 2 or 3 on this item will trigger the **Fire Setting Module**.

**67. GAMBLING** - This item includes all forms of gambling—legal and illegal, organized and social. Ratings should be consistent with the South Oaks Gambling Screen (SOGS) rating within the last 12 months.

**Questions to Consider**

- Does individual have financial stressors due to street or online gaming or gambling activities?

**Ratings & Definitions**

- 0** Individual has no evidence of any problems with gambling.

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- 1** Individual has either a history or suspicion of problems with gambling; however, currently gambling behavior is not known to impact his/her functioning.

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- 2** Individual has problems with gambling that impact his/her functioning and/or wellbeing.

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- 3** Individual has problems with gambling that dramatically impacts his/her life and make functioning difficult or impossible in at least one life domain.

**68. SANCTION SEEKING BEHAVIOR** - This rating describes intentional obnoxious social behaviors that an individual engages in to intentionally force others to sanction him/her. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which s/he lives) that put the individual at some risk of sanctions. It is not necessary that the individual have awareness of the purpose of his/her misbehavior (to provoke sanctions/reactions) in order to be rated here as this behavior is not always conscious/planned behavior. This item should not be rated for individual who engage in such behavior solely due to developmental delays or lack of social skill.

| Questions to Consider   | Ratings & Definitions   |
|---|---|
| <ul style="list-style-type: none"> <li>→ Does the individual intentionally do or say things to upset others in positions of authority or parents or teachers?</li> <li>→ Has the individual engaged in behavior that was insulting, rude or obnoxious and resulted in sanctions for the individual such as suspension, job dismissal, etc.?</li> <li>→ Does the individual seem to purposely get in trouble by making parents or other adults angry with them?</li> </ul> | <p><b>0</b> Individual shows no evidence of problematic social behaviors that cause adults to sanction him/her.</p> <hr/> <p><b>1</b> Mild level of problematic social behaviors that force adults to sanction the individual. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.</p> <hr/> <p><b>2</b> Moderate level of problematic social behaviors. Individual may be intentionally getting in trouble in school or at home and the sanctions or threat of sanctions that results are causing problems in the individual's life.</p> <hr/> <p><b>3</b> Severe level of problematic social behaviors. This would be indicated by frequent seriously inappropriate social behavior that force adults to seriously and/or repeatedly sanction the individual. Social behaviors are sufficiently severe (cause harm to others) that they place the individual at risk of significant sanctions (e.g. expulsion, removal from the community).</p> |

**69. HIGH RISK SEXUAL ACTIVITY** - This refers to sexual behavior and may or may not involve multiple partners. Please rate behavior during the past year.

| Questions to Consider  | Ratings & Definitions  |
|--|--|
| <ul style="list-style-type: none"> <li>→ Is the individual sexually active?</li> <li>→ Is the individual's sexual activity developmentally normative and healthy?</li> <li>→ Does his/her sexual activity put the individual at risk for abuse, unwanted pregnancy or STIs?</li> </ul> | <p><b>0</b> Individual exhibits no history of sexual behavior beyond what is developmentally appropriate.</p> <hr/> <p><b>1</b> Individual has history of high-risk sexual behavior but not in past six months.</p> <hr/> <p><b>2</b> Individual engages in high-risk sexual behaviors.</p> <hr/> <p><b>3</b> Individual engages in a dangerous level of sexual behaviors, or with partners who are abusive or otherwise physically dangerous.</p> |

**70. SEXUAL EXPLOITATION** - This rating describes the severity of exposure to sexual exploitation or victimization. This includes any situation, context or relationship where the individual receives something (e.g., food accommodation, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing, and or others performing on them, sexual activities. Please rate behavior during the past year.

| Questions to Consider  | Ratings & Definitions   |
|--|---|
| <ul style="list-style-type: none"> <li>→ Has the individual traded sexual activity for goods, money, affection or protection?</li> <li>→ Has the individual been a victim of human trafficking?</li> </ul> | <p><b>0</b> There is no evidence that the individual has been sexually exploited or victimized, or has otherwise seen or been exposed to sexual exploitation.</p> <hr/> <p><b>1</b> There is no evidence that the individual has been sexually exploited or victimized, or has otherwise seen or been exposed to sexual exploitation.</p> <hr/> <p><b>2</b> Individual has witnessed the victimization or exploitation of a family or friend and/or is a direct victim of sexual victimization or commercial sexual exploitation.</p> <hr/> <p><b>3</b> Individual has been exposed to chronic and/or severe instances of sexual victimization, or is a direct victim of commercial sexual exploitation that was life threatening or caused significant physical harm, or is actively being sexually exploited.</p> |



## Cultural Factors

Items in the Cultural Factors domain describe difficulties that individuals may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

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

It is important to remember when using the ANSA-T that the family should be defined from the individual client's perspective (who the individual describes as part of her/his family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

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

- 0 = A dimension where there is no evidence of any needs.
- 1 = An identified need that requires monitoring, watchful waiting, or preventive activities.
- 2 = Action or intervention is required to ensure that the identified need is addressed.
- 3 = Intensive, immediate action is required to address the need.

**Question to Consider for this Domain:** How does the Individual's membership to a particular cultural group impact his or her stress and wellbeing? **Please rate the highest level from the past 30 days**

**71. LANGUAGE** - This item looks at whether the Individual and family need help to communicate with you or others in English. This item includes spoken, written, and sign language, as well as addresses issues of literacy.

**Questions to Consider**

- What language does the family speak at home?
- Is there an individual interpreting for the family in situations that may compromise the Individual or family's care?
- Is information presented in treatment plan documents, legal documents, and case conference discussions in the language preferred by the family?
- Does the Individual or significant family members have any difficulty communicating (either because English is not their first language or s/he uses ASL, Braille, or assisted technology)?

**Ratings & Definitions**

- 0** No evidence that there is a need or preference for an interpreter or bilingual services and/or the Individual and family speak, hear and read English.
- 1** Individual and/or family speak or read English, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
- 2** Individual and/or significant family members possess only limited ability to speak and/or read English. While basic communication may be possible, a bilingual provider or interpreter is needed to assure that adequate communication is possible for extensive work.
- 3** Individual and/or significant family members do not speak English. A bilingual provider or interpreter is needed for all communication.

**72. CULTURAL IDENTITY** - This item refers to an Individual's feelings about her/his cultural identity. This cultural identity may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle. This item measures extent to which feelings related to cultural identity cause stress or influence the behavior of the Individual.

**Questions to Consider**

- Does the Individual identify with any racial/ ethnic/cultural group? Does the Individual find this group a source of support?
- Does the Individual ever feel conflicted about her/his racial/ethnic/cultural identity?
- Does the Individual feel pressure to join/leave a racial/ethnic/cultural subgroup for another?
- Does the Individual openly denigrate members of her/his own group?

**Ratings & Definitions**

- 0** No evidence of an issue with the Individual's cultural identity or Individual has a strong and positive racial/ethnic/cultural identity.
- 1** Individual has struggled in the past with her/his group or sub group membership, but is presently comfortable with her/his identity or there are mild issues related to identity.
- 2** Individual expresses some distress or conflict about her/his racial/ethnic/cultural identity that interferes with the Individual's or family's functioning.
- 3** Individual expresses significant distress or conflict about her/his racial/ethnic/cultural identity. Individual may reject her/his cultural group identity, which severely interferes with the Individual or family's functioning and/or requires immediate action.

**73. RITUAL** - This item rates the Individual and family's access to and participation in cultural rituals and practices, 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. praying toward Mecca at specific times, eating a specific diet, access to media, celebrating birthdays).

**Questions to Consider**

- What holidays does the Individual's family celebrate?
- What traditions are important to the Individual and his/her family?
- Does the Individual or family fear discrimination for practicing their rituals and traditions?

**Ratings & Definitions**

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

**74. DISCRIMINATION/BIAS** - This item refers to any experience of discrimination or bias that is purposeful or accidental, direct or indirect. Discrimination may be based on gender, race, ethnicity, socioeconomic status, religion, sexual orientation, skin shade/color/complexion, linguistic ability, body shape/size, etc. Any statement of discrimination by an Individual should be acknowledged and respected. Children, individual and families' feelings are what matter. These feelings can impact how an Individual or family function and creates stress for the Individual and/or family, which can correlate with depression and/or poor health outcomes. The presence of such discrimination or experiences may present a barrier to accessing supports or services that may be helpful to the Individual or family. When families report feelings of discrimination providers can discuss those feelings and how they impact functioning, create an advocacy statement in the treatment plan, or assist the family in finding a better fit for necessary services.

**Questions to Consider**

- Does the Individual or his/her family experience racism, sexism, or any other kind of discrimination?
- How does discrimination impact his/her life?

**Ratings & Definitions**

- 0** No report of experiences of discrimination that impacts the Individual's or family's ability to function and/or creates stress.

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- 1** Individual or family reports experiences of discrimination that occurred recently or in the past, but it is not currently causing any stress or difficulties for the Individual or family.

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- 2** Individual or family reports experiences of discrimination that are currently interfering with the Individual's or family's functioning.

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- 3** Individual or family reports experiences of discrimination that substantially and immediately interferes with the Individual or family's functioning on a daily basis and requires immediate action.

**75. CULTURAL DIFFERENCES WITHIN A FAMILY** - Sometimes individual members within a family have different backgrounds, values and/or perspectives This might occur in a family where an Individual is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the Individual's experience of discrimination. Additionally this may occur in families where the parents are first generation immigrants to the United States. The individual may refuse to adhere to certain cultural practices, choosing instead to participate more in popular US culture.

**Questions to Consider**

- Do the parents and the Individual have different understandings of appropriate behaviors that are rooted in cultural traditions?
- Do the family and Individual understand and respect each other's perspectives?
- Do the family and Individual have conflicts that result from different cultural perspectives?

**Ratings & Definitions**

- 0** No evidence of conflict, stress or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.

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- 1** Individual and family have struggled with cultural differences in the past, but are currently managing them well or there are mild issues of disagreement.

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- 2** Individual and family experience difficulties managing cultural differences within the family that negatively impacts the functioning of the individual.

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- 3** Individual and family experience such significant difficulty managing cultural differences within the family that it interferes with the Individual's functioning and/or requires immediate action.

## Developmental Factors/History

The items in this section are required for any individual who is developmentally disabled, and, may be rated for anyone if they represent a need for the individual. The N/A option is generally used for items in this domain when an individual is older than five years old AND the item does not represent a specific need for the individual.

**For Developmental Factors/History, the following categories and action levels are used:**

0 = A dimension where there is no evidence of any needs.

1 = An identified need that requires monitoring, watchful waiting, or preventive activities.

2 = Action or intervention is required to ensure that the identified need is addressed.

3 = Intensive, immediate action is required to address the need.

**Question to Consider for this Domain:** What is the developmental history of the individual? **Please rate based on history reported from all sources.**

**MOTOR** - This rating describes the individual's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor development.

### Questions to Consider

- What is reported regarding the individual's motor development during early childhood?
- Did the individual meet motor related developmental milestones?

### Ratings & Definitions

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

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

**2** Individual had history of had moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn that does not have a sucking reflex in the first few days of life would be rated here.

**3** Individual had severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.

**SENSORY** - This rating describes the history of individual's sensory functioning and development. Sensory functioning includes the ability to use all senses including vision, hearing, smell, touch, and kinesthetic.

### Questions to Consider

- Did the individual have hearing or visual impairment; did his/she have sensory impairments in childhood?
- Did the individual become easily overwhelmed by sensory stimuli?

### Ratings & Definitions

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

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

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

**3** Individual may have had a significant impairment on one or more senses (e.g. profound hearing or vision loss).

**COMMUNICATION** - This rating describes the individual's language and communication development and his/her history of communicating through any medium including all spontaneous vocalizations and articulations. This item refers to learning disabilities involving expressive and/or receptive language. This item does not refer to challenges expressing feelings.

**Questions to Consider**

- What is reported regarding the individual's language development during early childhood?
- Did the individual meet language related developmental milestones?

**Ratings & Definitions**

- 0** No evidence of communication problems.

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- 1** Individual may have had a history of communication problems but currently is not experiencing problems. An infant rarely vocalized. A toddler may have had very few words and became frustrated with expressing needs. A preschooler may be difficult for others to understand.

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- 2** Individual likely had either receptive or expressive language problems that interfere with functioning. Infants may have had had trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not have followed simple 1-step commands. Preschoolers may have been unable to understand simple conversation or carry out 2-3 step commands.

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- 3** Individual had serious communication difficulties (i.e. unable to communicate in any way including pointing and grunting).

**AUTISM SPECTRUM** - This dimension describes presence of autism spectrum disorders.

**Questions to Consider**

- Was the individual diagnosed or evaluated for autism or spectrum disorders?

**Ratings & Definitions**

- 0** There is no history of autism spectrum disorders.

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

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- 2** This rating indicates an individual who met criteria for a diagnosis of Autism.

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- 3** This rating indicates an individual who met criteria for autism and had a history of high end needs to treat and manage severe or disabling symptoms on the autism spectrum.

**FAILURE TO THRIVE** - Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.

**Questions to Consider**

- Did the individual ever get diagnosed with failure to thrive? If so, why?
- Do any reports indicate that the individual had difficulty gaining weight or growing?

**Ratings & Definitions**

- 0** Individual does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.

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- 1** Individual had mild delays in physical development (e.g. is below the 25<sup>th</sup> percentile in terms of height or weight).

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- 2** Individual had significant delays in physical development that could be described as failure to thrive (e.g. is below the 10<sup>th</sup> percentile in terms of height or weight).

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- 3** Individual had severe problems with physical development that put his/her life at risk (e.g. is at or beneath the 1<sup>st</sup> percentile in height or weight).

**REGULATORY PROBLEMS** - This category refer to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

|  |   |
|--|---|
| <p><b>Questions to Consider</b></p> <p>→ Did the individual meet developmental milestones related to self-regulations?</p> | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual did not have problems with self-regulation.</p> <hr/> <p><b>1</b> Individual had mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).</p> <hr/> <p>Individual had moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).</p> <hr/> <p><b>2</b> Individual had moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).</p> <hr/> <p><b>3</b> Individual had profound problems with self-regulation that placed his/her safety, wellbeing, and/or development at risk (e.g. child cannot be soothed at all when distressed, child cannot feed properly).</p> |
|--|---|

**BIRTH WEIGHT** - This dimension describes the individual's birth weight as compared to normal development.

|   |   |
|---|---|
| <p><b>Questions to Consider</b></p> <p>→ How did the individual's birth weight compare to typical averages?</p> | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual was within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.</p> <hr/> <p><b>1</b> Individual was born underweight. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.</p> <hr/> <p>Individual was considerably underweight at birth to the point of presenting a development risk to him/her. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.</p> <hr/> <p><b>2</b> Individual was considerably underweight at birth to the point of presenting a development risk to him/her. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.</p> <hr/> <p><b>3</b> Individual was extremely underweight at birth to the point of threatening his/her life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.</p> |
|---|---|

**PRENATAL CARE** - This dimension refers to the health care and birth circumstances experience by the individual in utero.

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|--|--|
| <p><b>Questions to Consider</b></p> <p>→ What kind of prenatal care did the biological mother receive?</p> <p>→ Did the mother have any unusual illnesses or risks during pregnancy?</p> | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Individual's mother did not experience any pregnancy-related illnesses.</p> <hr/> <p>Individual's mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. An individual whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). An individual whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.</p> <hr/> <p><b>1</b> Individual's mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. An individual whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). An individual whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.</p> <hr/> <p><b>2</b> Individual's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. An individual whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.</p> <hr/> <p><b>3</b> Individual's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.</p> |
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**SUBSTANCE EXPOSURE** - This dimension describes the individual's exposure to substance use and abuse both before and after birth.

**Questions to Consider**

→ Was the individual exposed to substances during the pregnancy? If so, what substances?

**Ratings & Definitions**

- 0** Individual had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
- 1** Individual had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.
- 2** Individual was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.
- 3** Individual was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any individual who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

**LABOR AND DELIVERY** - This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the individual during childbirth.

**Questions to Consider**

→ Were there any unusual circumstances related to the labor and delivery of the individual as baby?

**Ratings & Definitions**

- 0** Individual and biological mother had normal labor and delivery. An individual who received an Apgar score of 7-10 at birth would be rated here.
- 1** Individual or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the baby would be rated here.
- 2** Individual or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. An individual who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
- 3** Individual had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). An individual who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

**MATERNAL AVAILABILITY** - This dimension addresses the primary caretaker's emotional and physical availability to the individual in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.

**Questions to Consider**

- Was the primary caregiver available to meet the individual's needs in the first 3 months after birth?

**Ratings & Definitions**

- 0** The individual's mother/primary caregiver was emotionally and physically available to the child in the weeks following the birth.

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- 1** The primary caregiver experienced some minor or transient stressors, which made her slightly less available to the individual (e.g. another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the child reached six weeks of age).

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- 2** The primary caregiver experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the individual in the weeks following the birth (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more child in the house under four years of age).

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- 3** The primary caregiver was unavailable to the individual to such an extent that the child's emotional or physical well-being was severely compromised (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).

**CURIOSITY** - This rating describes the individual early childhood or developmental history with self-initiated efforts to discover his/her world.

**Questions to Consider**

- Did the individual attempt to explore the world with all of his/her senses during early childhood?

**Ratings & Definitions**

- 0** This level indicates a developmental history marked by exceptional curiosity. Infants displayed mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.

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- 1** This level indicates a history of good curiosity. An ambulatory child who did not walk to interesting objects, but who actively explored them when presented to him/her, would be rated here.

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- 2** This level indicates a history with limited curiosity. Child may have been hesitant to seek out new information or environments, or reluctant to explore even presented objects.

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- 3** This level indicates a history of marked limited or no observable curiosity. Child may seem frightened of new information or environments.

**PLAYFULNESS** - This rating describes the individual's developmental history with respect to playfulness or enjoyment



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of play alone and with others.

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**Questions to Consider**

- Was the individual playful during early childhood?
- Did the individual engage in symbolic or pretend play as expected?
- Did the individual meet social milestones related to play (i.e. sharing, imagination, etc.)?

**Ratings & Definitions**

- 0** This level indicates an individual with substantial history and ability to play with self and others. S/he enjoyed play and regularly engaged in symbolic and means-end play.
  - 1** This level indicates an individual with history of with good play ability. Individual may have had enjoyed play only with self or only with others, or may have enjoyed play with a limited selection of toys.
  - 2** This level indicates an individual with limited early childhood history of ability to enjoy play. S/he may have remained preoccupied with other children or adults to the exclusion of engaging in play, or may have exhibited impoverished or unimaginative play.
  - 3** This level indicates an individual who had significant difficulty with play both by his/her self and with others. Individual did not engage in symbolic or means-end play, although he or she handled and manipulated toys.
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**TEMPERAMENT** - This rating describes the individual's early developmental mood state and ability to be soothed.

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**Questions to Consider**

- During infancy, how easily did the individual get upset?
- When upset, how easy was it to help the individual calm down

**Ratings & Definitions**

- 0** This level indicates an individual who had an easy temperament. S/he was easily calmed or distracted when angry or upset.
  - 1** This level indicates an individual with some history of mild problems being calmed, soothed, or distracted when angry or upset. S/he may have had occasional episodes or extended crying or tantrums.
  - 2** This level indicates an individual who had a difficult temperament. S/he had difficulty being calmed, soothed, or distracted. Persistent episodes of crying, tantrums or other difficult behaviors are observed.
  - 3** This level indicates an individual who had significant difficulties being calmed, soothed, or distracted when angry or upset as a child. Repeated and extreme persistent episodes of crying, tantrums or other difficult behaviors were observed when s/he was angry or upset.
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**FEEDING/ELIMINATION** - This category refers to all dimensions of eating and/or elimination during infancy/childhood. Pica would be rated here.

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**Questions to Consider**

- Did the individual have any difficulties with breast or formula feeding?
- Did the individual have any issues in the transition to solid foods?
- Did the individual have any unusual difficulties with urination or defecation?

**Ratings & Definitions**

- 0** Individual did not appear to have had any problems with feeding or elimination.
  - 1** Individual had mild problems with feeding and/or elimination (e.g. picky eating).
  - 2** Individual had moderate to severe problems with feeding and/or elimination. Problems are interfering with functioning in at least one area.
  - 3** Individual had profound problems with feeding and/or elimination.
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**DAYCARE/PRESCHOOL** - This item identifies any history for individual of difficulties in a day care or preschool setting.

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**Questions to Consider**

- Did the individual have interpersonal or other difficulties in play, day care or preschool settings?

**Ratings & Definitions**

- 0** This level indicates an individual with no history of problems in day care or preschool environments.
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- 1** This level indicates an individual with mild history of problems in day care or school environments.
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- 2** This level indicates an individual who had difficulties in day care or preschool environments. These problems may include things such as separation anxiety or difficult behavior.
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- 3** This level indicates an individual who had significant problems in day care or preschool environments. Individual may have been asked to stop attending.
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## Caregiver Needs (Optional Section)

Although most adults will not have a ‘caregiver’, young adults who live in their parents’ homes and other adults may have family or friends in this role. This section could also be used to rate the strengths and needs of co-participants in treatment and support for an individual. Only unpaid caregivers are rated in this section. In situations where there are multiple co-participants, we recommend making the ratings based on the needs of the set of caregivers as they affect the individual. This module is optional in the ANSA-T.

**For Caregiver Needs the following definitions and action levels are used:**

- 0 = There is no evidence of any needs. This could be a potential resource for the individual.
- 1 = An identified need requires monitoring, watchful waiting, or preventive activities. The caregiver may require help or resources in this area.
- 2 = Action or intervention is required to ensure that the identified need or risk behavior is address as it is currently interfering with the caregiver’s ability to parent or support the individual.
- 3 = An identified need that requires immediate or intensive action as it is currently preventing the caregiver from effectively parenting or supporting the individual.

**Questions to Consider for this Domain:** *What are the strengths and needs of the Individual’s caregiver(s)? Please rate for the past 30 days.*

**Section is Not Applicable.** Individual acts as own caregiver and does not reside with a family or person(s) in caregiving role.

**INVOLVEMENT WITH CARE** - This item is used to rate the caregiver’s participation in the Individual’s care and ability to advocate for the Individual.

**Questions to Consider**

- How involved are the caregivers in services for the Individual?
- Is the caregiver an advocate?
- Would the caregivers like any help in becoming more involved?

**Ratings & Definitions**

- 0** No evidence of problems with caregiver involvement in services or interventions and/or caregiver is able to act as an effective advocate for individual.
- 1** There is a history or suspicion of need for assistance in seeking help, and/or caregiver has history of seeking help for his/her young adult. Caregiver is open to receiving support, education, and information.
- 2** Caregiver does not actively involve him/herself in services and/or interventions intended to assist.
- 3** Caregiver wishes for individual to be removed from his/her care.

**KNOWLEDGE** - This item identifies the caregiver’s knowledge of the Individual’s strengths and needs.

**Questions to Consider**

- How does the caregiver understand the Individual’s needs?
- Does the caregiver have the necessary information to meet the Individual’s needs?

**Ratings & Definitions**

- 0** Caregiver is knowledgeable about the individual’s needs and strengths.
- 1** Caregiver is generally knowledgeable about the individual 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 needs of individual. . Current lack of information is interfering with his/her ability to parent.
- 3** Caregiver has knowledge problems that place the individual at risk of significant negative outcomes.

**ORGANIZATION** - This item is used to rate the caregiver's ability to manage his/her household within the context of community services.

| Questions to Consider  | Ratings & Definitions  |
|--|--|
| <ul style="list-style-type: none"> <li>→ Does the caregiver need or want help with managing his/her home?</li> <li>→ Does the caregiver have difficulty getting to appointments, managing a schedule?</li> <li>→ Does the caregiver have difficulty getting the Individual to appointments or school?</li> </ul> | <p><b>0</b> Caregiver is well organized and efficient.</p> <p>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.</p> <p><b>1</b></p> <p>Caregiver has moderate difficulty organizing and maintaining household to support needed services.</p> <p><b>2</b></p> <p>Caregiver is unable to organize household to support needed services.</p> <p><b>3</b></p> |

**RESOURCES** - This item describes the caregiver's resources to support caring for individual.

| Questions to Consider  | Ratings & Definitions   |
|--|---|
| <ul style="list-style-type: none"> <li>→ Does family have extended family or friends who provide emotional support?</li> <li>→ Can the family call on social supports to watch the Individual occasionally?</li> </ul> | <p><b>0</b> Caregiver has significant social and family networks that actively help with caregiving.</p> <p><b>1</b> Caregiver has some family or friend social network that actively helps with caregiving.</p> <p><b>2</b> Caregiver has some family or friend social network that may be able to help with parenting/caregiving.</p> <p><b>3</b> Caregiver no family or social network that may be able to help with parenting/caregiving.</p> |

**PHYSICAL** - This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to parent the Individual. This item does not rate depression or other mental health issues.

| Questions to Consider  | Ratings & Definitions   |
|--|---|
| <ul style="list-style-type: none"> <li>→ How is the caregiver's health?</li> <li>→ Does the caregiver have any health problems that limit his/her ability to care for the family?</li> <li>→ Does anyone else in the family have serious physical needs that the caregiver is taking care of?</li> </ul> | <p><b>0</b> Caregiver is generally healthy.</p> <p><b>1</b> There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.</p> <p><b>2</b> Caregiver has medical/physical problems that interfere with his or her capacity to parent.</p> <p><b>3</b> Caregiver has medical/physical problems that make parenting impossible at this time.</p> |

**MENTAL HEALTH** - This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to individual.

| Questions to Consider   | Ratings & Definitions  |
|---|--|
| <ul style="list-style-type: none"> <li>→ Does the caregiver have any mental health needs that make parenting difficult?</li> <li>→ Does anyone else in the family have serious mental health needs that the caregiver is taking care of?</li> </ul> | <p><b>0</b> No evidence of caregiver mental health difficulties.</p> <p><b>1</b> There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.</p> <p><b>2</b> Caregiver has some mental health difficulties that interfere with his or her capacity to parent.</p> <p><b>3</b> Caregiver has mental health difficulties that make it impossible for him/her to parent at this time.</p> |

**SUBSTANCE USE** - This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child.

| Questions to Consider  | Ratings & Definitions   |
|--|---|
| <ul style="list-style-type: none"> <li>→ Do caregivers have any substance abuse needs that make parenting difficult?</li> <li>→ Does anyone else in the family have a serious substance abuse need that the caregiver impacting resources for caregiving?</li> </ul> | <p><b>0</b> No evidence of caregiver substance use issues.</p> <hr/> <p><b>1</b> There is a history, suspicion or mild use of substances and/or caregiver is in recovery from substance abuse difficulties where there is no interference in his/her ability to parent.</p> <hr/> <p><b>2</b> Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.</p> <hr/> <p><b>3</b> Caregiver has substance abuse difficulties that make it impossible for him/her to parent at this time.</p> |

**DEVELOPMENTAL** - This item describes the presence of limited cognitive capacity or developmental disabilities that challenges his or her ability to parent.

| Questions to Consider  | Ratings & Definitions   |
|--|---|
| <ul style="list-style-type: none"> <li>→ Does the caregiver have developmental challenges that make parenting/caring for the child difficult?</li> </ul> | <p><b>0</b> Caregiver has no developmental needs.</p> <hr/> <p><b>1</b> Caregiver has developmental challenges but s/he does not currently interfere with parenting.</p> <hr/> <p><b>2</b> Caregiver has developmental challenges that interfere with his/her capacity to parent.</p> <hr/> <p><b>3</b> Caregiver has severe developmental challenges that make it impossible for him/her to parent at this time.</p> |

**SAFETY** - This item describes the caregiver’s ability to maintain safety within the household. This rating refers to the safety of the individual assessed. It does not refer to the safety of other family or household members based on any danger presented by the assessed individual.

| Questions to Consider  | Ratings & Definitions   |
|--|---|
| <ul style="list-style-type: none"> <li>→ Is the caregiver able to protect the Individual from harm in the home?</li> <li>→ Are there individuals living in the home or visiting the home that may be abusive to the individual?</li> </ul> | <p><b>0</b> Household is safe and secure. Individual is at no risk from others.</p> <hr/> <p><b>1</b> Household is safe but concerns exist about the safety of the Individual due to history or others who might be abusive.</p> <hr/> <p><b>2</b> Individual is in some danger from one or more individuals with access to the household.</p> <hr/> <p><b>3</b> Individual is in immediate danger from one or more individuals with unsupervised access.</p> |

**FAMILY STRESS** - This is the impact of the individual’s behavioral and emotional needs on the family’s stress level.

| Questions to Consider   | Ratings & Definitions  |
|---|--|
| <ul style="list-style-type: none"> <li>→ Do caregivers find it stressful at times to manage the challenges in dealing with the Individual’s needs?</li> <li>→ Is the stress hard for them to manage at times?</li> <li>→ Does the stress ever interfere with ability to care for the individual?</li> </ul> | <p><b>0</b> No evidence of caregiver having difficulty managing the stress of the individual’s needs and/or caregiver is able to manage the stress of individual’s needs.</p> <hr/> <p><b>1</b> There is a history or suspicion and/or caregiver has some problems managing the stress of individual’s needs.</p> <hr/> <p><b>2</b> Caregiver has notable problems managing the stress of Individual’s needs. This stress interferes with his or her capacity to provide care.</p> <hr/> <p><b>3</b> Caregiver is unable to manage the stress associated with individual’s needs. This stress prevents caregiver from parenting.</p> |

# Extension Modules

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## (1) School Module

- Educational Attributes
- Student Needs
- Student Life Domain Needs
- Student Strengths

## (2) Developmental Needs Module

## (3) Vocational and Career Module

## (4) Substance Abuse Module

## (5) Trauma Module

- Traumatic Stress Symptoms
- Sexual Abuse Sub-Module

## (6) Suicide Risk

## (7) Dangerousness/Violence

## (8) Sexually Aggressive Behavior

- Historical Risk Factors
- Emotional/Behavioral Risks
- Resiliency Factors

## (9) Crime

## (10) Fire Setting

## School Module (1)

**Question to Consider for this Module:** *How well is the individual functioning at school? What are his/her strengths and areas of need? Please rate the highest level from the past 30 days*

### Educational Attributes

|  |   |
|--|---|
| <b>ACADEMIC PERSISTENCE</b> - This rating should be based broadly on the individual's overall efforts to persist, regardless of outcome.   |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Does the individual keep trying when presented with difficult academic tasks?</li> <li>→ Does the individual ask for help with difficult academic tasks?</li> </ul>   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> This level indicates individuals with academic persistence. For example, an individual who takes on assignments and asks for assistance when needed would be rated here.</p> <p><b>1</b> This level indicates an individual who is developing appropriate academic persistence. A student who tries but needs to learn when to ask for assistance would be rated here.</p> <p><b>2</b> This level indicates an individual whose academic persistence is inconsistent. This person initially attempts tasks but gives up and does not complete assignments.</p> <p><b>3</b> This level indicates an individual whose academic persistence is inadequate. This person does not take on assignments or has refused assistance.</p> |
| <b>SCHOOL ACHIEVEMENT</b> - This item rates the Individual's grades or level of academic achievement.  |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ How is the individual doing academically in school?</li> <li>→ Is s/he having difficulty with any subjects?</li> <li>→ Is s/he at risk of failing any classes? Of being left back?</li> <li>→ Has the teacher or other school personnel spoke to parents about Individual's performance?</li> </ul> | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> No evidence of issues in school achievement and/or individual is doing well in school.</p> <p><b>1</b> Individual is doing adequately in school although some problems with achievement exist.</p> <p><b>2</b> Individual is having moderate problems with school achievement. S/he may be failing some subjects.</p> <p><b>3</b> Individual is having severe achievement problems. S/he has failed most subjects, or is more than one year behind same age peers in school achievement.</p>  |
| <b>TARDINESS</b> - This item describes the individual's promptness to school and to classes.   |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ How often is the individual late to class or school?</li> </ul>   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> No evidence of tardiness. Person is usually on time for school and classes.</p> <p><b>1</b> Individual has occasional problems with tardiness. For example, s/he may fail to arrive at school on time once or twice per month.</p> <p><b>2</b> Individual is having problems with tardiness. S/he may be late to school weekly or late to a class on a regular basis.</p> <p><b>3</b> Individual is tardy for school or classes on a regular basis.</p>   |

**CLASS AVOIDANCE** - This item describes the individual's avoidance of classes, or cutting of classes.

**Questions to Consider**

- Does the individual skip classes and how frequently?
- Is it one particular class or multiple classes?

**Ratings & Definitions**

- 0** Individual regularly attends all classes.
- 1** Individual may occasionally fail to attend a particular class.
- 2** Individual may regularly avoid one class or occasionally fail to attend several classes.
- 3** Individual has a pattern of failing to attend more than one class each week.

**SCHOOL ATTENDANCE** - This items rates issues of attendance.

**Questions to Consider**

- How often does the individual miss school?
- Do absences interfere with his/her learning?

**Ratings & Definitions**

- 0** Individual attends school regularly.
- 1** Individual 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 problem during the past six months, but has been attending school regularly during the past month.
- 2** Individual is having problems with school attendance. S/he is missing at least two days each week on average.
- 3** Individual is generally absent from school.

**CLASSROOM BEHAVIOR** - This item describes the individual's disruptive behavior while in class.

**Questions to Consider**

- Does the individual participate in class?
- Is the individual frequently disruptive to the class?
- What does the individual do to disrupt the class?

**Ratings & Definitions**

- 0** Individual participates appropriately in classes and is not disruptive.
- 1** Individual does not participate in classes but is not disruptive.
- 2** Individual is occasionally disruptive in classes.
- 3** Individual's behavior regularly disrupts classes.

**NON-CLASSROOM BEHAVIOR** - This item describes the individual's behavior in school, outside the classroom setting. The person may be either the initiator or the responder.

**Questions to Consider**

- How does the individual behave during unstructured time?
- Are transitions difficult?

**Ratings & Definitions**

- 0** Individual gets through non-classroom tasks (i.e. lunch, study hall, passing through hallways) without incidents.
- 1** Individual gets through non-classroom tasks (i.e. lunch, study hall, and passing through hallways) with occasional minor incidents, such as an argument.
- 2** Individual has minor incidents weekly during non-classroom tasks (i.e. lunch, study hall, passing through hallways).
- 3** Individual has major incidents, such as physical fights, during non-classroom tasks (i.e. lunch, study hall, passing through hallways).



**SCHOOL DISCIPLINE** - This item rates the overall behavior problems of the individual.

**Questions to Consider**

- Does the individual get in trouble at school?
- What sanctions does s/he receive?
- Is s/he frequently suspended?

**Ratings & Definitions**

- 0** No evidence of behavior problems at school. No discipline referrals have occurred this school year.
- 1** Mild problems with school behavior. A single office referral for discipline might be rated here.
- 2** Individual is having moderate behavioral difficulties at school. S/he is disruptive and may receive sanctions including a suspension or multiple detentions.
- 3** Individual is having severe problems with behavior in school. S/he is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

**Student Needs**

**SELF-MANAGEMENT** - This item refers to the student's ability to manage his/her emotions and behaviors at a developmentally appropriate level.

**Questions to Consider**

- How well can the Individual regulate his/her emotions at school?
- Does s/he become angry easily? Is s/he able to control his/her anger?
- Is the person frequently overwhelmed by emotions?

**Ratings & Definitions**

- 0** The individual is able to manage emotions and behavior at a level consistent with age and developmental level.
- 1** The individual can usually manage emotions and behaviors. Student occasionally requires external support.
- 2** The individual has moderate problems managing emotions and behaviors. Student does not maintain control when upset but may respond to external support.
- 3** The individual is having severe problems managing emotions and behaviors. S/he does not respond to external support.

**DECISION-MAKING SKILLS** - This item refers to the individual's ability to demonstrate decision-making skills and responsible behaviors in school.

**Questions to Consider**

- Does the individual demonstrate age appropriate decision-making skills?
- How do decisions interfere with school?

**Ratings & Definitions**

- 0** The individual makes decisions that are at a level consistent with age and developmental level. Student manages well in school and activities.
- 1** The individual usually makes decisions that are at a level consistent with age and developmental level. Student may have occasional difficulties managing in school or activities.
- 2** The individual does not usually make decisions that are at a level consistent with age and developmental level. Student regularly has difficulty managing in school or activities but responds to guidance.
- 3** The individual makes decisions that are below a level consistent with age and developmental level. Student is unable to manage in school or activities and does not appear to respond to guidance.

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**ABILITY TO PAY ATTENTION** - Problems with attention and staying on task would be rated here.

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**Questions to Consider**

- Is the individual able to stay on task and pay attention in class?
- What supports does the individual need to maintain focus?

**Ratings & Definitions**

- 0** This rating is used to indicate an individual who is able to pay attention and stay on task at a level consistent with age and developmental level.

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  - 1** This rating is used to indicate an individual with evidence of mild problems with attention. S/he may occasionally have difficulty staying on task for an age appropriate time period.

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  - 2** This rating is used to indicate an individual with evidence of moderate problems with attention. S/he frequently has difficulty staying on task for an age appropriate time period.

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  - 3** This rating is used to indicate an individual with evidence of major problems with attention. S/he is unable to stay on task for an age appropriate time period.
- 

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**BULLYING** - This item describes behavior that involves intimidation (either verbal or physical, or both) of peers and youth; threatening others with harm if they do not comply with the individuals' demands is rated here. Only a bully is rated on this item; a victim of bullying is not rated here.

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**Questions to Consider**

- Have there been any reports that the individual has picked on, made fun of, harassed or intimidated another person?
- Are there concerns that the individual might bully other individuals?
- Does the individual hang around with other people who bully?

**Ratings & Definitions**

- 0** No evidence that the individual has ever engaged in bullying at school or in the community.

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  - 1** There is a history or suspicion of bullying, or individual has engaged in bullying behavior or associated with groups that have bullied other individuals.  
Individual has bullied other individuals in school or in the community.

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  - 2** Individual has either bullied the other individuals individually or led a group that bullied other individuals.

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  - 3** Individual has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.
- 

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**BULLIED BY OTHERS** - This rating describes the degree to which an individual has been bullied or victimized by others.

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**Questions to Consider**

- Has the individual been picked on, made fun of, intimidated or harassed by another individual or group of individuals?
- How often do incidents of bullying take place?
- How do these incidents impact the individual?

**Ratings & Definitions**

- 0** There is no evidence that individual has been bullied by others.

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  - 1** Individual has been bullied occasionally in the past but has coped adequately.  
Individual has been bullied in the past and has had difficulty coping. The bullying has negatively impacted individual's school or work performance. For example, the individual may avoid certain places or activities that s/he would otherwise enjoy.

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  - 3** Individual is currently being bullied at school and is having difficulty coping. The bullying is directly impacting individual's attendance, school or work performance. For example, the student may no longer come to school regularly or skip certain classes to avoid being bullied.
-

## Student Life Domain Needs

**PARENTING RESPONSIBILITIES** - This item rates the behavior of the individual related to his/her parental role with younger individual, adults or another. In addition, the individual may need to take care of him or herself due to lack of a functioning caretaker.

### Questions to Consider

- Is the individual in any roles where s/he cares for someone else – parent, grandparent, younger sibling, or his/her own child?
- How well can the individual fill that role?
- Do parenting responsibilities impact the individual's school performance?

### Ratings & Definitions

- 0** No evidence of individual needing to function in a parental role.  
Individual has parenting responsibilities but copes well. Individual may be having to serve a parental role with younger person or dependent adult in the family but the role does not cause noticeable problems in school functioning. If no caretaker is available, individual takes care of his or her minimal needs.
- 1** Individual has some limitations due to parenting responsibilities. S/he may be pregnant or serving a parental role. S/he may have to take care of an adult in the family or take major responsibility for him or herself but may benefit in limited ways from other supports such as grandparents or daycare. Serving in this role limits the individual's ability to function in school but does not completely prevent it.
- 2** Individual has major parenting responsibilities. S/he may lack external supports. These responsibilities interfere with school participation. School placement or advancement is in jeopardy.
- 3**

**GANG INVOLVEMENT** - This item involves only the individual's (not the families') involvement with gangs. Here 'gang' needs to be interpreted according to local usage and may include an individual's involvement with a group of people who regularly engages in negative activities but does not formally call itself a 'gang.'

### Questions to Consider

- Who is in the individual's non-family support group?
- What activities does the individual engage in with his/her friend group?
- Does the individual live in a neighborhood where gangs are prevalent?

### Ratings & Definitions

- 0** Individual has no known gang affiliations.
- 1** Individual has a history of gang affiliations or hangs with current gang members but this does not appear to impact school performance.  
Individual has current gang affiliations that impact school performance. For example, s/he may get into arguments with persons from other gangs or refuse to work with them. S/he may be attempting to gain attention from or admission to a gang by acting out in educational settings.
- 2** Individual has current gang affiliation and it plays a major role in his life. S/he is at risk of not completing school due to gang activities.
- 3**

## Student Strengths

**CLUBS/ATHLETICS** - This item describes an individual's participation in school clubs or athletics.

### Questions to Consider

- Is the individual involved with clubs or sports teams?

### Ratings & Definitions

- 0** Individual takes on a leadership role in clubs and/or athletics.
- 1** Individual actively participates in clubs and/or athletics.
- 2** Individual is a member of a club or athletic activities.
- 3** Individual is not engaged in clubs or athletic activities.

**LEADERSHIP** - Leadership refers to the individual's ability to accept responsibility, organize peers and inspire others. The person may demonstrate leadership potential even though s/he does not always use such skills in a positive way.

**Questions to Consider**

- What leadership quality does the individual exhibit?
- Does the individual take on leadership roles at school?

**Ratings & Definitions**

**NA** Not Applicable.

**0** This level indicates an individual with significant leadership strengths. An individual who is regularly recognized by adults or is acknowledged as a positive leader by peers.

**1** This level indicates an individual with a notable leadership talent. For example, an individual who is elected team captain or class representative. This may also include an individual who is recognized as a leader by his or her peers, even though the student does not always use such leadership skills to reach a positive outcome.

**2** This level indicates an individual who accepts or expresses some interest in leadership roles (e.g. runs for student council) even if those roles have not developed to date.

**3** This level indicates an individual who does not express interest in leadership roles.

**PEER RELATIONSHIPS** - This item describes an individual's relationship with other students.

**Questions to Consider**

- How does the individual relate to his/her peers?

**Ratings & Definitions**

**0** Individual is sought out by many other students.

**1** Individual does well with other students or has some close friends.

**2** Individual does adequately with other students or has few friends.

**3** Individual tends to be a loner.

**RELATIONSHIPS WITH TEACHERS** - This item describes an individual's relationships with teachers.

**Questions to Consider**

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

**Ratings & Definitions**

**0** Individual has good relations with teachers.

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

**2** Individual has difficult relations with teachers that notably interfere with his/her education.

**3** Individual has very difficult relations with all teachers or all the time with his/her teachers. Relations with teachers currently prevents individual from learning.

## Developmental Needs Module (2)

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

*Please rate the highest level from the past 30 days*

|  |  |
|--|--|
| <b>COGNITIVE</b> - This item identifies the individual's intellectual or cognitive capacity.   |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Has the individual been tested for or diagnosed with a learning disability?</li> <li>→ Does the individual have an intellectual disability or delay?</li> </ul>                 | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual's intellectual functioning appears to be in normal range. There is no reason to believe that the individual has any problems with intellectual functioning.</p> <p><b>1</b> Individual has low IQ (70 to 85) or has identified learning challenges.</p> <p><b>2</b> Individual has mild mental retardation. IQ is between 55 and 70.</p> <p><b>3</b> Individual has moderate to profound mental retardation. IQ is less than 55.</p>  |
| <b>DEVELOPMENTAL</b> - This item rates the level of developmental delay/disorders that are present.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Is the individual progressing developmentally in a way similar to peers of the same age?</li> <li>→ Has the individual been diagnosed with a developmental disorder?</li> </ul> | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual's development appears within normal range. There is no reason to believe that the individual has any developmental problems.</p> <p><b>1</b> Evidence of a mild developmental delay is apparent.</p> <p><b>2</b> Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay is apparent.</p> <p><b>3</b> Severe developmental disorder is evident.</p>   |
| <b>COMMUNICATION</b> - This item identifies the individual's capacity for expressive and receptive communication.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Is the individual able to understand others' communications?</li> <li>→ Is the individual able to communicate to others?</li> </ul>   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the individual has any problems communicating.</p> <p><b>1</b> Individual has receptive communication skills, but limited expressive communication skills.</p> <p><b>2</b> Individual has both limited receptive and expressive communication skills.</p> <p><b>3</b> Individual is unable to communicate.</p>   |
| <b>SELF-CARE/DAILY LIVING SKILLS</b> - This item rates the individual's ability to participate in self-care activities, including eating, bathing, dressing and toileting.   |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ What supports and assistance does the individual need to complete daily living skills?</li> </ul>   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the individual has any problems performing daily living skills.</p> <p><b>1</b> Individual requires verbal prompting on self-care tasks or daily living skills.</p> <p><b>2</b> Individual requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).</p> <p><b>3</b> Individual requires attendant care on more than one of the self-care tasks—eating, bathing, dressing, and toileting.</p> |

## Vocational and Career Needs Module (3)

**Question to Consider for this Module:** How is the individual functioning at work? **Please rate the highest level from the past 30 days.** If the individual is unemployed, rate items for the last employment experience.

| CAREER ASPIRATIONS   |   |
|--|---|
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Does the individual have goals for his/her job or career development?</li> <li>→ Is the individual able to identify a job or career path and does s/he have resources needed to get there?</li> </ul> | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual has clear and feasible career plans.</p> <hr/> <p><b>1</b> Individual has career plans but significant barriers may exist to achieving these plans.</p> <hr/> <p><b>2</b> Individual wants to work but does not have a clear idea regarding jobs or careers.</p> <hr/> <p><b>3</b> Individual has no career plans or aspirations.</p>  |
| JOB TIME   |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Does the individual work and how many hours? What is his/her work schedule?</li> </ul>  | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual works at least full-time.</p> <hr/> <p><b>1</b> Individual works more than 20 hours per week but not full-time.</p> <hr/> <p><b>2</b> Individual works less than 20 hours per week.</p> <hr/> <p><b>3</b> Individual is not working.</p>   |
| JOB ATTENDANCE   |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Has the individual experienced communication or disciplinary action for work attendance issues?</li> <li>→ Is the individual meeting expectations for attendance?</li> </ul>                          | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual goes to work consistently as scheduled.</p> <hr/> <p><b>1</b> Individual has occasional problems going to work. S/he may sometimes call in sick when not ill.</p> <hr/> <p><b>2</b> Individual has difficulty consistently going to work.</p> <hr/> <p><b>3</b> Individual has severe job attendance problems that threaten termination or have resulted in recent firing.</p> |
| JOB PERFORMANCE  |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ What feedback has the individual received regarding his/her job performance?</li> </ul>   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual is a productive employee.</p> <hr/> <p><b>1</b> Individual is generally a productive employee but some performance issues exist.</p> <hr/> <p><b>2</b> Individual is having problems performing adequately on the job.</p> <hr/> <p><b>3</b> Individual has severe performance problems that threaten termination or have resulted in recent firing.</p>                       |

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**JOB RELATIONS**

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**Questions to Consider**

→ Are individual's relationships at the job setting a source of distress or source strength for him/her?

**Ratings & Definitions**

- 0** Individual gets along well with superiors and co-workers.
  - 1** Individual is experiencing some problems with relationships at work.
  - 2** Individual's is having problems with his/her relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.
  - 3** Individual is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.
- 

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**JOB SKILLS**

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**Questions to Consider**

→ Does individual require additional job skills to maintain current employment?

**Ratings & Definitions**

- 0** Individual has significant job skills consistent with career aspirations.
  - 1** Individual has basic job skills but s/he may not match career aspirations.
  - 2** Individual has limited job skills.
  - 3** Individual has no job skills.
-

## Substance Abuse Module (4)

**Question to Consider for this Module:** *What are the details of the individual's substance abuse? Please rate the highest level from the past 30 days.*

|   |  |
|---|--|
| <b>SEVERITY OF USE</b> - This item rates the frequency and severity of the individual's current substance use.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Is the individual currently using substances? If so, how frequently?</li> <li>→ Is there evidence of physical dependence on substances?</li> </ul>   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual is currently abstinent and has maintained abstinence for at least six months.</p> <hr/> <p><b>1</b> Individual is currently abstinent but only in the past 30 days or individual has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.</p> <hr/> <p><b>2</b> Individual actively uses alcohol or drugs but not daily.</p> <hr/> <p><b>3</b> Individual uses alcohol and/or drugs on a daily basis.</p>                       |
| <b>DURATION OF USE</b> - This item identifies the length of time that the individual has been using drugs or alcohol.   |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ How long as the individual been using drugs and/or alcohol?</li> </ul>   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual has begun use in the past year.</p> <hr/> <p><b>1</b> Individual has been using alcohol or drugs for at least one year but has had periods of at least 30 days where s/he did not have any use.</p> <hr/> <p><b>2</b> Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.</p> <hr/> <p><b>3</b> Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.</p> |
| <b>STAGE OF RECOVERY</b> - This item identifies where the individual is in his/her recovery process.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ In relation to stopping substance use, at what stage of change is the individual?</li> </ul>   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual is in maintenance stage of recovery. Individual is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.</p> <hr/> <p><b>1</b> Individual is actively trying to use treatment to remain abstinent.</p> <hr/> <p><b>2</b> Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.</p> <hr/> <p><b>3</b> Individual is in denial regarding the existence of any substance use problem.</p>           |
| <p><b>Supplemental information:</b> Motivational interviewing describes the Stages of Change as a continuum –</p> <ul style="list-style-type: none"> <li>• Pre-contemplation: Not currently considering change</li> <li>• Contemplation: Ambivalent about change</li> <li>• Preparation: Some experience with change/trying to change</li> <li>• Action: Practicing change</li> <li>• Maintenance: Continued commitment to sustaining new behavior</li> <li>• Relapse: Resumption of old behaviors</li> </ul> |  |



**PEER INFLUENCES** - This item identifies the impact that the individual's social group has on his/her substance use.

**Questions to Consider**

→ What role do the individual's peers play in his/her alcohol and drug use?

**Ratings & Definitions**

- 0** Individual's primary peer social network does not engage in alcohol or drug use.
- 1** Individual 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** Individual predominantly has peers who engage in alcohol or drug use but individual is not a member of a gang.
- 3** Individual is a member of a peer group that consistently engages in alcohol or drug use.

**PARENTAL INFLUENCES** - This item rates the parent's/caregiver's use of drugs or alcohol with or in the presence of the individual.

**Questions to Consider**

→ Does the parent(s) use substances? If so, does the parent's use impact the individual's use??

**Ratings & Definitions**

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

**ENVIRONMENTAL INFLUENCES** - This item rates the impact of the individual's community environment on his/her alcohol and drug use.

**Questions to Consider**

→ Are there factors in the individual's community that impacts the individual's alcohol and drug use?

**Ratings & Definitions**

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

**RECOVERY SUPPORT IN COMMUNITY** – This describes the individual’s participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community based.

**Questions to Consider**

- Does individual attend Young Peoples AA or NA or similar meetings? Does individual participate in sober living housing community or spend time in sober spaces?
- Does individual have sponsor or recovery coach?

**Ratings & Definitions**

- 0** No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups and meetings regularly.
- 1** Mild problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.
- 2** Moderate problems with maintaining social connectivity through recovery support groups or activities. Individual has attended recovery support groups in the past but is no longer attending meetings.
- 3** Severe problems with maintaining social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.

## Trauma Module (5)

**Question to Consider for this Module:** *How is the individual responding to traumatic events? Please rate the highest level from the past 30 days.*

### Traumatic Stress Symptoms

|  |   |
|--|---|
| <p><b>AFFECTIVE/PHYSICAL DYSREGULATION</b> - This item rates the individual's ability to respond to the demands of experience with a range of emotions in a way that is socially appropriate, flexible enough to allow for spontaneous reaction and able to delay reaction as necessary. Consider both facial affect and physical movement here.</p> |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Does the individual have reactions that seem larger or smaller than appropriate to the situation?</li> <li>→ Does the individual have extreme or unchecked reactions to situations?</li> </ul>  | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual has no problems with affective or physical regulation.</p> <hr/> <p><b>1</b> Individual has mild to moderate problems with affect or physical regulation.</p> <hr/> <p>Individual has severe problems with affect or physical regulation but is able to control affect at times. Problems with regulation interfere with individual's functioning in some life domains.</p> <hr/> <p><b>2</b></p> <hr/> <p><b>3</b> Individual unable to regulate affect.</p>  |
| <p><b>INTRUSIONS</b> - This item rates the frequency with which the individual experiences thoughts of his/her trauma that s/he cannot control and how much/how little these thoughts impact his/her ability to function.</p>  |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Does the individual think about the traumatic event when s/he does not want to?</li> <li>→ Do reminders of the traumatic event bother the individual?</li> </ul>  | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> There is no evidence that the individual experiences intrusive thoughts of trauma.</p> <hr/> <p><b>1</b> Individual experiences some intrusive thoughts of trauma but it does not affect his/her functioning.</p> <hr/> <p><b>2</b> Individual experiences intrusive thoughts that interfere in his/her ability to function in some life domains.</p> <hr/> <p><b>3</b> Individual experiences repeated and severe intrusive thoughts of trauma.</p>  |
| <p><b>TRAUMATIC GRIEF</b> - This rating describes the level of traumatic grief the individual is experiencing due to death or loss /separation from significant caregivers, siblings, or other significant figures.</p>  |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Is the trauma reaction of the individual based on a grief/loss experience?</li> <li>→ How much does the individual's reaction to the loss impact his/her functioning?</li> </ul>  | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant caregivers. Either the individual has not experienced a traumatic loss (e.g., death of a loved one) or the individual has adjusted well to separation.</p> <hr/> <p><b>1</b> Individual is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.</p> <hr/> <p><b>2</b> Individual is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.</p> <hr/> <p><b>3</b> Individual is experiencing significant traumatic grief reactions. Individual exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.</p> |

**REEXPERIENCING** - These symptoms consist of 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 criteria for PTSD.

**Questions to Consider**

- Do sights, verbal cues, smells, sounds, etc. trigger the individual to feel as though they are suddenly immersed in his/her traumatic experience once again?
- Does the individual have nightmares related to the traumatic experience?
- Are flashbacks part of the individual's experience?

**Ratings & Definitions**

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

**HYPERAROUSAL** - These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Individual may also commonly manifest physical symptoms such as stomachaches and headaches. These symptoms are part of the DSM criteria for PTSD.

**Questions to Consider**

- Is the individual always on edge?
- Can the individual fall/stay asleep?
- Is the individual easily startled?

**Ratings & Definitions**

- 0** This rating is given to an individual with no evidence of hyperarousal symptoms.
- 1** This rating is given to an individual who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Individual may also occasionally manifest physical symptoms such as stomachaches and headaches.
- 2** This rating is given to an individual with moderate symptoms of hyperarousal. The individual may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Individual may also commonly manifest physical symptoms such as stomachaches and headaches.
- 3** This rating is given to an individual who exhibits multiple and or severe hyperarousal symptoms including but not limited to difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. The intensity or frequency of these symptoms are distressing for the individual and lead to frequent problems with day-to-day functioning.

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

**Questions to Consider**

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

**Ratings & Definitions**

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

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

**Questions to Consider**

- Does the individual seem to experience a normal range of emotions?
- Does the individual have a normal range of affect?

**Ratings & Definitions**

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

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

**Questions to Consider**

- Does the individual seem to lose touch with the present moment sometimes?
- Is the individual frequently forgetful or caught daydreaming?

**Ratings & Definitions**

- 0** This rating is given to an individual with no evidence of dissociation.

---

- 1** This rating is given to an individual with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.

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- 2** This rating is given to an individual 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.”

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- 3** This rating is given to an individual with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Individual is frequently forgetful or confused about things s/he should know about (e.g., no memory for activities or whereabouts of previous day or hours). Individual shows rapid changes in personality or evidence of distinct personalities. Individual who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

**TIME BEFORE TREATMENT** - This item identifies the amount of time that passed between the trauma and the beginning of treatment.

**Questions to Consider**

- How long after the trauma occurred did the individual begin receiving treatment?

**Ratings & Definitions**

- 0** Trauma was recognized and treatment started within one month of initial experience.

---

- 1** Trauma was recognized and treatment started within one to six months of initial experience.

---

- 2** Trauma was recognized and treatment started within six months to one year of the initial experience.

---

- 3** Trauma was not recognized nor treated for more than one year after the initial experience.

**Sexual Abuse Sub-Module (5a)**

**EMOTIONAL CLOSENESS OF PERPETRATOR** - This item defines the relationship between the individual and the perpetrator of sexual abuse.

**Questions to Consider**

- Did the individual know the perpetrator?
- Was the perpetrator a family member?

**Ratings & Definitions**

- 0** Perpetrator was a stranger at the time of the abuse.

---

- 1** Perpetrator was known to the individual at the time of event but only as an acquaintance.

---

- 2** Perpetrator had a close relationship with the individual at the time of the event but was not an immediate family member.

---

- 3** Perpetrator was an immediate family member (e.g. parent, sibling).

**FREQUENCY OF ABUSE** - This item identifies the frequency of sexual abuse.

**Questions to Consider**

→ How often did the abuse occur?

**Ratings & Definitions**

- 0 Abuse occurred only one time.
- 1 Abuse occurred two times.
- 2 Abuse occurred two to ten times.
- 3 Abuse occurred more than ten times.

**DURATION** - This item identifies the length of time during which the abuse occurred.

**Questions to Consider**

→ For how long did the abuse occur?

**Ratings & Definitions**

- 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.

**PHYSICAL FORCE** - This item rates the severity of physical force or violence used during episodes of abuse.

**Questions to Consider**

→ Was there physical violence or the threat of physical violence used during the abuse?

**Ratings & Definitions**

- 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.

**REACTIONS TO DISCLOSURE** - This item rates the level of support the individual received from family after disclosing the sexual abuse.

**Questions to Consider**

→ Was the family supportive of the individual during the disclosure process?  
→ Is the family aware of the abuse?

**Ratings & Definitions**

- 0 All significant family members are aware of the abuse and supportive of the individual coming forward with the description of his/her abuse experience. Most significant family members are aware of the abuse and supportive of the individual for coming forward.
- 1 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 individual for coming forward with the description of his/her experience.
- 3 Significant lack of support from close family members of the individual for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

## Suicide Risk Module (6)

**Question to Consider for this Module:** *What are the issues that increase the individual's risk of suicide? Please rate the highest level from the past 30 days.*

**Note:** *It is critical to probe these areas using direct and specific questions to ensure a thorough risk assessment has been completed. If you have concerns about your ability to ask these types of questions directly, please consult with your supervisor for coaching.*

**HISTORY OF ATTEMPTS** - This rating refers to suicidal ideation or/and behaviors that an individual engages in. Please rate the highest level experienced.

| Questions to Consider                              | Ratings & Definitions  |
|--|--|
| → Has the individual ever attempted suicide?       | <b>0</b> No lifetime history of suicidal ideation or attempt.                                  |
| → If so, how did the individual make that attempt? | <b>1</b> Lifetime history of significant suicidal ideation but no potentially lethal attempts. |
| → Was it a method that is typically lethal?        | <b>2</b> Lifetime history of a potentially lethal suicide attempt.                             |
|  | <b>3</b> Lifetime history of multiple potentially lethal suicide attempts.                     |

**SUICIDE IDEATION** - This item rates whether the individual has recently thought about hurting him/herself.

| Questions to Consider   | Ratings & Definitions   |
|---|---|
| → Has the individual ever considered suicide as an option?      | <b>0</b> No evidence.   |
| → If so, when do these thoughts happen and what is the content? | <b>1</b> History but no recent ideation.                                    |
|   | <b>2</b> Recent ideation, but not in past 24 hours.                         |
|   | <b>3</b> Current ideation OR command hallucinations that involve self-harm. |

**SUICIDE INTENT** - This item rates the level of intent the individual has of harming him/herself.

| Questions to Consider   | Ratings & Definitions                                     |
|---|---|
| → Has the individual ever intended to commit suicide?                 | <b>0</b> No evidence.                                     |
| → If so, how recently?  | <b>1</b> History, but no recent intent to commit suicide. |
| → If so, what stopped him/her from following through with the intent? | <b>2</b> Recent intention to commit suicide.              |
|   | <b>3</b> Current intention.                               |

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

| Questions to Consider   | Ratings & Definitions   |
|---|---|
| → Does his/her suicidal ideation include details of planning? | <b>0</b> No evidence of a concrete plan.                                    |
| → If so, how realistic is that plan?                          | <b>1</b> A vague notion of a plan, but the plan is not realistic.           |
| → If so, how lethal is that plan?                             | <b>2</b> Individual has a plan to commit suicide that is feasible.          |
|   | <b>3</b> Individual has a plan that is immediately accessible and feasible. |



**SUBSTANCE USE** - These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with DSM Substance-related Disorders. This item includes the use of tobacco or caffeine.

**Questions to Consider**

- Is the Individual using substances?
- If so, do these substances typically result in impaired judgment and/or impulsive behavior?

**Ratings & Definitions**

- 0** This rating is for an individual who has no notable substance use history or difficulties at the present time.

---

- 1** This rating is for an individual with **mild** substance use problems that might occasionally present problems of living for the person (intoxication, loss of money, reduced work/school performance, parental concern). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.

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- 2** This rating is for an individual with a **moderate** substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.

---

- 3** This rating is for an individual with a **severe** substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the individual. Immediate and/or intensive interventions are indicated.

**DEPRESSION** - This item rates displayed symptoms of a change in emotional state and can include sadness, irritability and diminished interest in previously enjoyed activities.

**Questions to Consider**

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

**Ratings & Definitions**

- 0** No evidence of problems with depression.

---

- 1** History, suspicion, or mild 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 with the individual’s ability to function in at least one life domain.

---

- 3** Clear evidence of depression that is disabling for the individual in multiple life domains.

**ANTISOCIAL BEHAVIOR (Noncompliance with Society’s Rules)** - These symptoms include anti-social behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault.

**Questions to Consider**

- Has the individual ever gotten in trouble for stealing?
- Has anyone told you that the individual has been part of any criminal behavior (e.g. vandalism, robbery) with or without police involvement?
- Has the individual shown violent or threatening behavior towards others (including animals)?

**Ratings & Definitions**

- 0** This rating indicates an individual with no evidence of antisocial disorder.

---

- 1** This rating indicates an individual with a mild level of conduct problems. Some difficulties in school/work and home behavior. Problems are recognizable but not notably deviant. This might include occasional lying or petty theft from family.

---

- 2** This rating indicates an individual with a moderate level of conduct disorder. This could include episodes of planned aggression or other antisocial behavior.

---

- 3** This rating indicates an individual with a severe Antisocial Personality Disorder. This could include frequent episodes of unprovoked, planned aggression or other antisocial behavior.

**CAREGIVER MENTAL HEALTH** - This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to individual.

**Questions to Consider**

- Do caregivers have any mental health needs that make parenting difficult?
- Does anyone else in the family have serious mental health needs that the caregiver is taking care of?

**Ratings & Definitions**

- 0** No evidence of caregiver mental health difficulties.
- 1** There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
- 2** Caregiver has some mental health difficulties that interfere with his or her capacity to parent.
- 3** Caregiver has mental health difficulties that make it impossible for him/her to parent at this time.

**ACCESSIBLE FIREARM/MEDICATION** - This item refers to the individual's ability to access potentially lethal objects / substances.

**Questions to Consider**

- Are there guns, firearms or lethal medication kept in the home or accessible to the individual in some other location?

**Ratings & Definitions**

- 0** No evidence that the individual has access to firearms, lethal medication, or similarly lethal device/substance.
- 1** Some evidence that a lethal weapon /substance is accessible with substantial effort. Examples include a gun in a locked cabinet to which the individual cannot access the key, or a vague plan to obtain potentially lethal substances.
- 2** Evidence that a lethal means is available with modest effort (i.e. deception, some planning). **SAFETY PLAN MUST BE CREATED.**
- 3** Evidence that the individual has immediate access to lethal means. **Individual/individual should not be allowed to re-enter said environment until means has been removed. SAFETY PLAN MUST BE CREATED.**

## Dangerousness/Violence Module (7)

**Question to Consider for this Module:** What are the issues that increase the individual's risk of violence towards others? *Please rate the highest level from the past 30 days.*

### Historical Risk Factors (Rate over the lifetime of the Individual)

|  |   |
|--|---|
| <b>HISTORY OF PHYSICAL ABUSE</b> - This item refers to the individual's history as a victim of physical abuse.   |   |
| <p><b>Questions to Consider</b></p> <p>→ Was the individual a victim of physical abuse?</p>  | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> There is no evidence of a history of physical abuse.</p> <hr/> <p><b>1</b> Individual has experienced corporal punishment.</p> <hr/> <p><b>2</b> Individual has experienced physical abuse on one or more occasions from care giver or parent.</p> <hr/> <p><b>3</b> Individual has experienced extreme physical abuse that has resulted in physical injuries that required medical care.</p>   |
| <b>HISTORY OF VIOLENCE</b> – This item is used to rate the individual's history of violence towards others and cruelty to animals.   |   |
| <p><b>Questions to Consider</b></p> <p>→ Have the individual gotten into physical altercations with individuals?</p> <p>→ Has the individual ever exhibited behavior that is cruel to animals?</p> | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> No evidence of any history of violent behavior by the individual.</p> <hr/> <p><b>1</b> Individual has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).</p> <hr/> <p><b>2</b> Individual has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.</p> <hr/> <p><b>3</b> Individual has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.</p> |
| <b>WITNESS TO COMMUNITY VIOLENCE</b> - This item rates the severity and frequency of incidents of violence the individual has witnessed in his/her community.                                      |   |
| <p><b>Questions to Consider</b></p> <p>→ Does the individual live in a neighborhood with frequent violence?</p>  | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> There is no evidence that individual has witnessed violence in the community.</p> <hr/> <p><b>1</b> Individual has witnessed fighting or other forms of violence in the community.</p> <hr/> <p><b>2</b> Individual has witnessed the significant injury of others in his/her community).</p> <hr/> <p><b>3</b> Individual has witnessed the death of another person in his/her community.</p>  |

**WITNESS TO FAMILY VIOLENCE** -This item rates the severity and frequency of violence within the individual’s home or family.

**Questions to Consider**

- Is there frequent fighting in the individual’s family?
- Does the fighting ever become physical?

**Ratings & Definitions**

- 0** There is no evidence that individual has witnessed family violence.
- 1** Individual has witnessed one episode of family violence or suspicion of exposure to family violence.
- 2** Individual has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
- 3** Individual has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

**Emotional/Behavioral Risks**  
(Rate the highest level from the Past 30 days)

**FRUSTRATION MANAGEMENT** – This item rates how well the individual is able to tolerate and manage frustration.

**Questions to Consider**

- Does the individual get angry or frustrated easily?
- When the individual gets frustrated, what are his/her behaviors and reactions?

**Ratings & Definitions**

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

**HOSTILITY** – This item rates the perception of others regarding the individual’s level of anger and hostility.

**Questions to Consider**

- Does the individual frequently appear angry and hostile?
- Does the individual seem hostile frequently or in inappropriate environments/situations?

**Ratings & Definitions**

- 0** Individual appears to not experience or express hostility except in situations where most people would become hostile.
- 1** Individual appears hostile but does not express it. Others experience individual as being angry.
- 2** Individual expresses hostility regularly.
- 3** Individual is almost always hostile either in expression or appearance. Others may experience individual as ‘full of rage’ or ‘seething.’

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

**Questions to Consider**

- Does the individual seem very suspicious?
- Is there any evidence of paranoid thinking/beliefs?
- Is the individual very guarded?

**Ratings & Definitions**

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

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

**Questions to Consider**

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

**Ratings & Definitions**

- 0** Individual 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** Individual unintentionally has benefited from angry behavior; however, there is no evidence that individual intentionally uses angry behavior to achieve desired outcomes.
- 2** Individual sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
- 3** Individual routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in individual's life appear intimidated.

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

**Questions to Consider**

- Does the individual report having violent thoughts?
- Does s/he verbalize any violent thoughts either specifically or by using violence themes?

**Ratings & Definitions**

- 0** There is no evidence that individual engages in violent thinking.
- 1** Individual has some occasional or minor thoughts about violence.
- 2** Individual has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
- 3** Individual has specific homicidal ideation or appears obsessed with thoughts about violence. For example, an individual who spontaneously and frequently draws only violent images may be rated here.

## Resiliency Factors

(Rate the highest level from the past 30 days)

**AWARE OF VIOLENCE POTENTIAL** – This item rates the individual’s insight into his/her risk of violence.

**Questions to Consider**

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

**Ratings & Definitions**

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

**RESPONSE TO CONSEQUENCES** – This item rates the individual’s reaction when s/he gets consequences for violence or aggression.

**Questions to Consider**

- How does the individual react to consequences given for violent or aggressive behavior?

**Ratings & Definitions**

- 0** Individual is clearly and predictably responsive to identified consequences. Individual is regularly able to anticipate consequences and adjust behavior.
- 1** Individual is generally responsive to identified consequences; however, not all appropriate consequences have been identified or s/he may sometimes fail to anticipate consequences.
- 2** Individual responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.
- 3** Individual is unresponsive to consequences for his/her violent behavior.

**COMMITMENT TO SELF CONTROL** – This item rates the individual’s willingness and commitment to controlling aggressive and/or violent behaviors.

**Questions to Consider**

- Does the individual want to change his/her behaviors?
- Is the individual committed to such change?

**Ratings & Definitions**

- 0** Individual fully committed to controlling his/her violent behavior.
- 1** Individual is generally committed to control his/her violent behavior; however, individual may continue to struggle with control in some challenging circumstances.
- 2** Individual ambivalent about controlling his/her violent behavior.
- 3** Individual not interested in controlling his/her violent behavior at this time.

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**TREATMENT INVOLVEMENT** – This item rates how involved the individual and family are in treatment.

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**Questions to Consider**

- Is the individual an active participant in treatment?
- Is the family involved in and supportive of treatment?
- Do the individual and/or family believe that treatment will help with the identified issues?

**Ratings & Definitions**

- 0** Individual fully involved in his/her own treatment. Family supports treatment as well.

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  - 1** Individual or family involved in treatment but not both. Individual may be somewhat involved in treatment, while family members are active or individual may be very involved in treatment while family members are unsupportive.

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  - 2** Individual and family are ambivalent about treatment involvement. Individual and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.

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  - 3** Individual and family are uninterested in treatment involvement. An individual with treatment needs who is not currently in treatment would be rated here.
-

## Sexually Aggressive Behavior Module (8)

**Question to Consider for this Module:** *What is the nature of the individual's sexually aggressive behavior? Please rate the highest level from the past 30 days.*

|   |   |
|---|---|
| <b>RELATIONSHIP</b> – This item rates the nature of the relationship between the individual and the victim of his/her aggression.   |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ How does the individual know the other individual involved?</li> <li>→ Is there a power differential between the parties?</li> <li>→ Did the sexual aggression include physical harm to another person?</li> </ul> | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.</p> <hr/> <p><b>1</b> Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this individual or adolescent being in the position of authority.</p> <hr/> <p><b>2</b> Individual is clearly victimizing at least one other individual with sexually abusive behavior.</p> <hr/> <p><b>3</b> Individual 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.</p> |
| <b>PHYSICAL FORCE/THREAT</b> – This item rates the level of physical force involved in the sexual aggression.   |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Did the sex act include physical force or the threat of force? If so, how intense was that force?</li> <li>→ Was the victim physically harmed or at risk of serious harm?</li> </ul>                               | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> No evidence of the use of any physical force, or threat of force in either the commission of the sex act or in attempting to hide it.</p> <hr/> <p><b>1</b> Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.</p> <hr/> <p><b>2</b> Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.</p> <hr/> <p><b>3</b> 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.</p>   |
| <b>PLANNING</b> – This item rates the level of planning involved in the sexual aggression.  |   |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Did the individual plan the aggressive act(s)?</li> <li>→ Was the aggression predatory in nature or opportunistic?</li> </ul>  | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> No evidence of any planning. Sexual activity appears entirely opportunistic.</p> <hr/> <p><b>1</b> Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity is enhanced.</p> <hr/> <p><b>2</b> Evidence of some planning of sex act.</p> <hr/> <p><b>3</b> Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.</p>   |



**AGE DIFFERENTIAL** – This item rates the age difference between the individual and his/her victim.

**Questions to Consider**

→ How does the age of the individual compare to the age of the victim(s)?

**Ratings & Definitions**

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

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

**Questions to Consider**

→ What was the exact sex act(s) involved in the individual's aggression?

**Ratings & Definitions**

- 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.

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

**Questions to Consider**

→ Is the individual sorry for his/her behavior?  
→ Does the individual admit to the sex acts?

**Ratings & Definitions**

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

**TEMPORAL CONSISTENCY** – This item rates the length of time in which the individual has been abusive towards others.

**Questions to Consider**

→ How long as the individual been sexually abusing others?  
→ Was there a clear stressor or trigger that preceded the abusive behavior?  
→ Have there been long periods of time between aggressive/abusive acts?

**Ratings & Definitions**

- 0 This level indicates an individual 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 an individual who has been sexually abusive during the past two years OR individual who has become sexually abusive in the past three months despite the absence of any clear stressors.
- 2 This level indicates an individual 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 an individual who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

**HISTORY OF SEXUALLY ABUSIVE BEHAVIOR** – This item rates the quantity of sexually aggressive behaviors exhibited by the individual.

| <b>Questions to Consider</b>  | <b>Ratings &amp; Definitions</b>   |
|---|--|
| <ul style="list-style-type: none"> <li>→ How many incidents have been identified and /or investigated?</li> <li>→ How many victims have been identified?</li> </ul> | <ul style="list-style-type: none"> <li><b>0</b> Individual has only one incident of sexually abusive behavior that has been identified and/or investigated.</li> <li><b>1</b> Individual has two or three incidents of sexually abusive behavior that have been identified and/or investigated.</li> <li><b>2</b> Individual has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.</li> <li><b>3</b> Individual has more than ten incidents of sexually abusive behavior with more than one victim.</li> </ul> |

**SEVERITY OF SEXUAL ABUSE** – How significant and severe is the individual’s own sexual abuse history?

| <b>Questions to Consider</b>   | <b>Ratings &amp; Definitions</b>  |
|--|---|
| <ul style="list-style-type: none"> <li>→ Has the individual been sexually abused, either known or suspected?</li> <li>→ If so, what was the type and intensity of abuse s/he endured?</li> <li>→ If so, who was his/her abuser?</li> </ul> | <ul style="list-style-type: none"> <li><b>0</b> No history of any form of sexual abuse.<br/>History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.</li> <li><b>1</b> This level is to indicate a moderate level of sexual abuse. This may involve an individual who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.</li> <li><b>2</b> 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 individual.</li> <li><b>3</b></li> </ul> |

**PRIOR TREATMENT** – This item rates the individual experience and the effectiveness of prior treatment.

| <b>Questions to Consider</b>   | <b>Ratings &amp; Definitions</b>  |
|--|---|
| <ul style="list-style-type: none"> <li>→ Does this individual have any history of treatment for sexual aggression?</li> <li>→ If so, what type of treatment and what was the effectiveness of each treatment?</li> </ul> | <ul style="list-style-type: none"> <li><b>0</b> No history of prior treatment or history of outpatient treatment with notable positive outcomes.</li> <li><b>1</b> History of outpatient treatment that has had some degree of success.</li> <li><b>2</b> History residential treatment where there has been successful completion of program.</li> <li><b>3</b> History of residential or outpatient treatment condition with little or no success.</li> </ul> |

## Criminal Behavior Module (9)

**Question to Consider for this Module:** *What is the nature of the individual's involvement in the justice system? Please rate the highest level from the past 30 days unless otherwise indicated.*

|   |  |
|---|--|
| <b>SERIOUSNESS</b> - This item rates the seriousness of the individual's criminal offenses.   |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ What are the behaviors/actions that have made the individual involved in the criminal justice system?</li> <li>→ Are the charges serious or violent felonies or misdemeanors?</li> </ul> | <p><b>Ratings &amp; Definitions</b></p> <ul style="list-style-type: none"> <li><b>0</b> No evidence of criminal behavior.</li> <li><b>1</b> Individual has engaged in delinquent behavior.</li> <li><b>2</b> Individual has engaged in criminal behavior.</li> <li><b>3</b> Individual has engaged in delinquent criminal behavior that places other citizens at risk of significant physical harm.</li> </ul>   |
| <b>HISTORY</b> - This item rates the individual's history of delinquency. Please rate using time frames provided in the definitions.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ How many criminal/delinquent behaviors has the individual engaged in?</li> <li>→ Are there periods of time in which the individual did not engage in criminal behaviors?</li> </ul>      | <p><b>Ratings &amp; Definitions</b></p> <ul style="list-style-type: none"> <li><b>0</b> Current criminal/delinquent behavior is the first known occurrence.</li> <li><b>1</b> Individual has engaged in multiple criminal/delinquent acts in the past one year.</li> <li><b>2</b> Individual has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where s/he did not engage in delinquent behavior.</li> <li><b>3</b> Individual has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where s/he did not engage in criminal/delinquent behavior.</li> </ul> |
| <b>ARRESTS</b> - This item rates the individual's history of arrests in the criminal justice sector.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Does the individual engage in preplanned or spontaneous criminal acts?</li> </ul>  | <p><b>Ratings &amp; Definitions</b></p> <ul style="list-style-type: none"> <li><b>0</b> Individual has no known arrests in past.</li> <li><b>1</b> Individual has history of delinquency, but no arrests past 30 days.</li> <li><b>2</b> Individual has 1 to 2 arrests in last 30 days.</li> <li><b>3</b> Individual has more than 2 arrests in last 30 days.</li> </ul>   |
| <b>PLANNING</b> - This item rates the premeditation or spontaneity of the criminal acts.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Does the individual engage in preplanned or spontaneous criminal acts?</li> </ul>  | <p><b>Ratings &amp; Definitions</b></p> <ul style="list-style-type: none"> <li><b>0</b> No evidence of any planning. Delinquent behavior appears opportunistic or impulsive.</li> <li><b>1</b> Evidence suggests that individual places him/herself into situations where the likelihood of delinquent behavior is enhanced.</li> <li><b>2</b> Evidence of some planning of delinquent behavior.</li> <li><b>3</b> Considerable evidence of significant planning of delinquent behavior. Behavior is clearly premeditated.</li> </ul>  |

**COMMUNITY SAFETY** - This item rates the level to which the criminal behavior of the individual puts the community's safety at risk.

**Questions to Consider**

- Is the delinquency violent in nature?
- Does the individual commit violent crimes against people or property?

**Ratings & Definitions**

- 0** Individual presents no risk to the community. S/he could be unsupervised in the community.
- 1** Individual engages in behavior that represents a risk to community property.
- 2** Individual engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the individual's behavior.
- 3** Individual engages in behavior that directly places community members in danger of significant physical harm.

**LEGAL COMPLIANCE** - This item rates the individual's compliance with the rules of the court and probation.

**Questions to Consider**

- Is the individual compliant with the terms of his/her probation?
- Is the individual attending appointments, school, etc.?
- Is the individual actively or frequently violating probation?

**Ratings & Definitions**

- 0** Individual is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
- 1** Individual is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
- 2** Individual is in partial noncompliance with standing court orders (e.g. individual is going to school but not attending court-order treatment).
- 3** Individual is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

**PEER CRIMINAL BEHAVIOR (INFLUENCES)** – This item rates the level to which the individual's peers engage in criminal behavior.

**Questions to Consider**

- Does the individual's friends also engage in criminal behavior?
- Is the individual's peer group involved in criminal justice system or parole/probation?

**Ratings & Definitions**

- 0** Individual's primary peer social network does not engage in delinquent behavior.
- 1** Individual has peers in his/her primary peer social network who do not engage in delinquent behavior but has some peers who do.
- 2** Individual predominantly has peers who engage in delinquent behavior but individual is not a member of a gang whose membership encourages or requires illegal behavior as aspect of membership.
- 3** Individual is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

**PARENTAL CRIMINAL BEHAVIOR (INFLUENCES)** - This item rates the level to which the individual's parents are involved in criminal behavior.

**Questions to Consider**

- Do the individual's parents engage in criminal acts?
- Is either of the parents in jail? If so, do they have contact with the individual?

**Ratings & Definitions**

- 0** There is no evidence that individual's parents have ever engaged in criminal behavior.
- 1** One of individual's parents has history of criminal behavior but individual has not been in contact with this parent for at least one year.
- 2** One of individual's parents has history of criminal behavior and individual has been in contact with this parent in the past year.
- 3** Both of individual's parents have history of criminal behavior.

**ENVIRONMENTAL INFLUENCES** - This item rates the influence of community criminal behavior on the individual's delinquency.

**Questions to Consider**

- Does the individual live in a neighborhood/community with high levels of crime?
- Is the individual a frequent witness or victim of such crime?

**Ratings & Definitions**

- 0** No evidence that the individual's environment stimulates or exposes the individual to any criminal behavior.
- 1** Mild problems in the individual's environment that might expose the individual to criminal behavior.
- 2** Moderate problems in the individual's environment that clearly expose the individual to criminal behavior.
- 3** Severe problems in the individual's environment that stimulate the individual to engage in criminal behavior.

## Fire Setting Module (10)

**Question to Consider for this Module:** What are the issues and risks related to the individual's fire setting behaviors? *Please rate the most recent fire setting incident, unless otherwise noted.*

|   |  |
|---|--|
| <b>SERIOUSNESS</b> - This item rates the severity of the fires being set.   |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Has the fire setting caused damage to property or injury to people?</li> <li>→ Where has the fire setting occurred?</li> </ul>                   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).</p> <hr/> <p><b>1</b> Individual has engaged in fire setting that resulted only in some property damage that required repair.</p> <hr/> <p><b>2</b> Individual has engaged in fire setting, which caused significant damage to property (e.g. burned down house).</p> <hr/> <p><b>3</b> Individual has engaged in fire setting that injured self or others.</p>  |
| <b>HISTORY</b> - This item rates the frequency with which the individual has engaged in fire setting. Please rate using time frames provided in the definitions.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ How often has the individual engaged in fire setting?</li> <li>→ Has the individual had time periods in which s/he did not set fires?</li> </ul> | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Only one known occurrence of fire setting behavior.</p> <hr/> <p><b>1</b> Individual has engaged in multiple acts of fire setting in the past year.</p> <hr/> <p><b>2</b> Individual has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where s/he did not engage in fire setting behavior.</p> <hr/> <p><b>3</b> Individual has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where s/he did not engage in fire setting behavior.</p> |
| <b>ARRESTS</b> - This item rates the individual's history of arrests in the juvenile justice sector.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Has the individual been arrested? If so, how often? When?</li> </ul>   | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> Individual has no known arrests in past.</p> <hr/> <p><b>1</b> Individual has history of delinquency, but no arrests past 30 days.</p> <hr/> <p><b>2</b> Individual has 1 to 2 arrests in last 30 days.</p> <hr/> <p><b>3</b> Individual has more than 2 arrests in last 30 days.</p>  |
| <b>PLANNING</b> - This item rates the premeditation level of the fire setting.  |  |
| <p><b>Questions to Consider</b></p> <ul style="list-style-type: none"> <li>→ Is the individual's fire setting typically planned or impulsive?</li> </ul>  | <p><b>Ratings &amp; Definitions</b></p> <p><b>0</b> No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.</p> <hr/> <p><b>1</b> Evidence suggests that individual places him/herself into situations where the likelihood of fire setting behavior is enhanced.</p> <hr/> <p><b>2</b> Evidence of some planning of fire setting behavior.</p> <hr/> <p><b>3</b> Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.</p>   |

**USE OF ACCELERANTS** - This item rates the individual based on the accelerants used in the fire setting.

**Questions to Consider**

- Does the individual use gasoline, alcohol, etc. to increase the fire's intensity?
- Does the individual use paper, sticks or other physical items to increase the size of the fire?

**Ratings & Definitions**

- 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.

**INTENTION TO HARM** - This item rates the individual's intention to harm others through fire setting.

**Questions to Consider**

- Does the individual consider safety when setting the fires?
- Is there an intention to scare, injure or kill others with the fire?

**Ratings & Definitions**

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

**COMMUNITY SAFETY** - This item rates the risk to the community due to the fire setting. Please rate highest level in the past 30 days.

**Questions to Consider**

- Does the fire setting pose a significant safety risk to the community at large?
- Are individuals at physical harm due to the fire setting?

**Ratings & Definitions**

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

**RESPONSE TO ACCUSATION** - This item rates the response and remorse of the individual when accused of setting a fire. Please rate highest level in the past 30 days.

**Questions to Consider**

- Is the individual sorry for setting fires?
- Does the individual admit to setting fires?

**Ratings & Definitions**

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

**REMORSE** -This item is used to rate the level of remorse and responsibility felt by the individual. Please rate highest level in the past 30 days.

**Questions to Consider**

- Does the individual express remorse for any harm caused by fire setting or accept responsibility?

**Ratings & Definitions**

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

**LIKELIHOOD OF FUTURE FIRE SETTING** - This item rates the chance that the individual will continue to set fires in the future. Please rate highest level in the past 30 days.

**Questions to Consider**

- Does the individual have control over fire setting behaviors?
- How much monitoring is required to ensure that no fires are set?

**Ratings & Definitions**

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