



east bay agency for children

CANS

Child and Adolescent Needs and Strengths (CANS)
Interview Facilitation Guide and
Scoring Guide to EBAC 5-18 CANS

Introduction

Here at EBAC, we use the CANS in many ways to transform the lives of children and families and to improve our programs. Hopefully, this guide will help you to also use the CANS as a multi-purpose tool. What is the CANS?

➤ It is our intake assessment guide

When you first meet your clients and their caretakers, you can use this guide to make sure you gather all the information you need. Beside each item, there are questions to ask parents in initial interviews that may help you to understand your families and children better. 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 our treatment planning

When we mark an item on the CANS 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. Similarly, Caregiver Needs ratings should guide your interactions and treatments of the family. When we mark any area 2 or higher, it means we would consider a diagnosis related to that issue, for example a rating of '3' in Impulsivity/Hyperactivity means we would at least consider a diagnosis of Attention Deficit/Hyperactivity Disorder. The CANS can be a roadmap to treatment.

➤ It establishes medical necessity

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 CANS. Children 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 CANS 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 CANS can guide us in choosing the best diagnosis, the best level of care or intensity of supports, and the most critical areas where families may need our support and crisis interventions.

➤ It measures our outcomes

We complete an update CANS every 6 months to measure change and transformation. We work with children and children develop and change over time. Their needs 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 our discharge summary

When a client leaves one of our programs, we do a Closing CANS, which is like a discharge summary integrated with CANS scoring. This can give 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 CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

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Many additional tools for using the CANS are available on the EBAC wiki at <https://wiki.ebac.org/>

BEHAVIORAL/EMOTIONAL NEEDS

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

	0-No Evidence	1-History/Watch, Prevent	2-Action Needed	3-Immediate Action Needed
<p>Psychosis</p> <p>Has your child ever talked about hearing/seeing/feeling something you did not believe was actually there? Has your child ever done strange/bizarre things that make no sense to you? Describe any strange beliefs your child has. Has anyone ever told you that your child has thought disorder/psychotic condition?</p>	Child is not psychotic and I don't suspect any hallucinations, delusions or bizarre behavior.	I suspect, or there is a history of, hallucinations, delusions, or bizarre behavior.	I see hallucinations, delusions, or bizarre behavior.	I definitely see hallucinations, delusions, or bizarre behavior and I think it relates to some kind of disorder/mental health issue. Also, I think this behavior puts child/ others at risk of harm.
<p>Impulsivity/Hyperactivity.</p> <p>How long is your child able to sit still? Any trouble paying attention for more than a few minutes? How well is your child able to control him/herself? Have other people told you your child is "hyper?"</p>	I don't see any issues here.	I see some problems with the child. S/he is hyper, can't focus, is easily distracted or acts w/o thinking.	I definitely see some problems here. S/he is hyper, can't focus, is easily distracted or acts w/o thinking. It's interfering w/other parts of my child's life.	Clearly, there are serious problems here. Child is going to get hurt if impulsive behavior continues.
<p>Depression</p> <p>Have you ever wondered if your child is depressed or irritable? Has he/she withdrawn from normal activities? Does your child seem lonely or not interested in others?</p>	I don't see any issues here.	Child has history of depression or I suspect s/he is depressed. I think s/he may be depressed because of something negative that happened recently. I don't think that it has a big impact on him/her.	Help is needed. My child is clearly depressed. S/he has a depressed mood or is really irritable. The depression has seriously affected him/her in at least one area. Child may also be withdrawn, avoids, or can't/won't speak.	Child has serious issues with depression. It is affecting him/her so seriously that it is impossible for him/her to function.
<p>Anxiety</p> <p>Does your child have any problems w/anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Act frightened or afraid? How much does your child worry?</p>	I don't see any issues here.	Child has a history of anxiety or I suspect child is anxious. I think my child may have anxiety because of something negative that has happened recently. I don't think it has a big impact on him/her.	My child is clearly anxious. S/he has an anxious mood and is fearful. Anxiety has seriously affected him/her in at least one area.	Child has serious issues w/anxiety. It is affecting him/her so seriously that it is impossible for him/her to function.
<p>Oppositional Behavior</p> <p>Does your child generally do what you ask him/her to do? Has teacher/other adult told you your child does not follow rules or directions? How often does your child argue with you when you try to get her/him to do something?</p>	I don't see any issues here.	Child has a history of being oppositional, or recently (last 6 weeks), s/he has been defiant toward authority figures.	Child is clearly oppositional or defiant toward authority figures. It's interfering with other parts of my child's life. Others really get hurt by his/her behavior.	Child has serious issues with being oppositional or defiant. S/he threatens to physically hurt others.
<p>Conduct</p> <p>How does your child handle telling the truth/lies? Has anyone told you that your child has been part of any criminal behavior? What violent or threatening behavior towards others has your child ever shown? Has your child ever intentionally hurt animals or set fires?</p>	I don't see any issues here.	Child has a history of being antisocial or I suspect that s/he is antisocial. S/he may lie, steal, manipulate or become sexually/ physically aggressive toward others, property, or animals.	Child is clearly antisocial. S/he may lie, steal, manipulate or become sexually/ physically aggressive toward others, property, or animals.	Child has serious issues with being antisocial. S/he does the above. Child may hurt him/ herself or the community.

BEHAVIORAL/EMOTIONAL NEEDS cont'd.	0-No Evidence	1-History/Watch, Prevent	2-Action Needed	3-Immediate Action Needed
<p>Substance Use: <i>Substance abuse refers to any alcohol/illegal drug use or inappropriate use of prescription drugs or household chemicals. This dimension describes the youth or adolescent's current use of the above.</i></p> <p>Does your youth use alcohol and/or drugs? Has anyone reported your youth might be using alcohol/drugs? Any suspicions that youth may have an alcohol/ drug use problem?</p>	<p>Youth is not using or is currently abstinent and has maintained abstinence of at least one year.</p>	<p>Youth has been abstinent for the past 30 days or presents light and sporadic alcohol/marijuana use. No current problems associated with substance use.</p>	<p>Youth actively uses alcohol or drugs but not daily. Substance use causes some problems for youth/others.</p>	<p>Youth uses alcohol and/or drugs on a daily basis</p>
<p>If rated 1, 2, or 3 complete the Substance Use Module</p>				
<p>Eating Disturbance</p> <p>Does your child have any problems w/eating? Does he/she hoard food or refuse to eat or eat too much?</p>	<p>Child has no problems with eating.</p>	<p>Child has some minor problems w/eating or has overcome serious problems in the past.</p>	<p>Child has problems with eating that interfere with functioning.</p>	<p>Child has severe eating difficulties that are either dangerous or disabling.</p>
<p>Behavioral Regression</p> <p>Does your child ever act younger than they are? Are there any immature or babyish behaviors that went away, but have come back?</p>	<p>I don't see any issue here.</p>	<p>Child has some minor age-regression behaviors. (Thumb sucking, whining when age inappropriate)</p>	<p>Child has moderate regressions in age-level of behavior. (Loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, occasional bedwetting.)</p>	<p>Child has significant regressions in behaviors as demonstrated by changes in speech or loss of bowel or bladder control</p>
<p>Somatization: <i>Somatization refers to physical complaints that appear to have no physical cause. Chronic health issues with a known source would not be rated here.</i></p> <p>Does your child ever complain of aches and pains that seem to have no physical source? Have you taken them to the doctor a lot, only to be told they are not sick?</p>	<p>I don't see any problems here.</p>	<p>Child has occasional or mild somatic complaints (headaches, stomach problems, joint, limb or chest pain).</p>	<p>Child 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. Child could manifest any conversion symptoms here (e.g., pseudo seizures, paralysis).</p>	<p>Child has severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance.</p>
<p>Anger Control</p> <p>How does your child control his/her temper? Does s/he get upset or frustrated easily? How often does s/he become physical when angry? How does he/she react if someone criticizes/ rejects him/her?</p>	<p>I don't see any issues here.</p>	<p>Child has some problems controlling anger. Sometimes when frustrated, s/he gets verbally aggressive. Family And friends know there are problems and try not to make him/her angry.</p>	<p>Child has problems controlling anger. Temper has gotten child into lot of trouble w/friends, family and/or school. S/he may even get violent. We know how angry s/he can get.</p>	<p>Child has serious problems controlling anger. She/he is always fighting and many times it gets physical. Other people are scared of him/her.</p>
<p>Adjustment to Trauma: <i>This dimension covers the youth's reaction to traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or victimization/ murder of family members or close friends.</i></p> <p>Has your child/youth ever experienced a traumatic event? If so, please tell me about any traumatic event he/she may have experienced. Does he/she experience nightmares? Flashbacks? If so, how troubled is s/he by them? Is s/he unusually afraid of being alone or of participating in normal activities?</p>	<p>Youth has not experienced any significant trauma.</p>	<p>Youth has some mild adjustment problems to trauma. Youth has a history of being exposed to a traumatic event.</p>	<p>Youth has marked adjustment problems associated w/traumatic experiences. Youth may have nightmares/ other notable symptoms of adjustment difficulties.</p>	<p>Youth has post-traumatic stress difficulties as a result of traumatic experience. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of PTSD.</p>
<p>If rated 1, 2, or 3 complete the Trauma Module page 20</p>				

IMPACT ON FUNCTIONING

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

	0- No Evidence	1-History/Watch, Prevent	2- Action Needed	3- Immediate Action Needed
<p>Family</p> <p>How does your family get along? Tell me about any problems between family members. Describe any violence that has ever occurred.</p>	Generally, child 'gets along' w/family.	Child is 'kind of' getting along w/ family; few problems here and there.	Child is not really getting along with family (parents, bros/sis); lot of fighting.	Child not getting along at all w/anyone; lots of arguing and may be physical violence.
<p>Living Situation</p> <p>How is youth behaving and getting along w/others in current living situation?</p>	Living situation is fine.	Living situation is just ok, w/problems here and there	Living situation is not ok. Child's behavior is really affecting other people in house.	Living situation is absolutely not working. The child may have to leave my home soon.
<p>Recreation: <i>Rates degree to which child has identified and utilizes positive leisure time activities.</i></p> <p>What does your child/youth like to do w/his/her free time? What things give him/her pleasure? What activities are positive uses of his/her extra time? How often does s/he claim to be bored or have nothing to do?</p>	Child is very active and enjoys activities; keeps busy all the time.	The child has problems at times keeping busy.	Child has some serious problems and doesn't know what to do w/free time.	Child has no interest or can't participate in activities.
<p>Developmental: <i>Rates presence of Intellectual or Developmental Disabilities only and does not refer to broader issues of healthy development.</i></p> <p>Describe your child's development in relation to other children his/her age. Does your child's growth and development seem healthy? Has he/she reached appropriate developmental milestones (such as, walking, talking)? Has anyone ever told you that your child may have developmental problems?</p>	Child is up to speed w/other kids his/her age.	Child is little immature or acts younger than other kids his/her age; includes child w/low IQ.	Child has limited abilities or mildly delayed; includes child w/Asperger's Syndrome.	Child has some serious issues and is severely delayed; includes child w/Autism.
<p>Job Functioning: <i>A child who is not working or engaged in any prevocational activities would be rated 'N/A' regardless of age.</i></p> <p>Does your child have a job? If so, how is he/she doing at work?</p>	Youth has a job or working on a plan to work.	Youth is interested in working and has some skills.	Youth has very limited work skills, interest or experience.	Youth has no skills or no interest in work.He/she is not currently working.
<p>Legal: <i>This item indicates youth's level of involvement w/juvenile justice system. Family involvement w/courts is not rated here.</i></p> <p>Has your child ever admitted to breaking the law? Has he/she ever been arrested and/or placed in juvenile detention? If so, please tell me about his/her involvement in the legal system.</p>	There are no legal issues	History of involvement, none currently. There have been some legal problems but not right now.	Current legal Involvement. Child is involved in legal system (probation, parole etc.). Youth at risk of out-of-home placement due to legal involvement.	There are some serious legal issues now or pending. S/he may have court order to leave home or go to detention.

IMPACT ON FUNCTIONING cont'd.	0- No Evidence	1- History/Watch, Prevent	2- Action Needed	3- Immediate Action Needed
<p>Medical</p> <p>Describe your child's health in general. What medical or physical problems have been identified? What problems (such as asthma, diabetes) require regular treatment from a doctor?</p>	Child is healthy.	Child has some problems and needs to see doctor or a dentist; includes most transient, treatable conditions.	My child is sick often and has to see doctor all the time; includes most chronic conditions (e.g. diabetes, severe asthma, HIV).	My child has serious life-threatening illness.
<p>Physical: <i>Used to identify any physical limitations and could include chronic conditions such as limitations in vision, hearing or difficulties with fine or gross motor.</i></p> <p>Does your child have any physical limitations (such as may be caused by asthma e.g. child cannot go to gym, or needs an inhaler)? What activities can your child not do because of a physical or medical condition? How much does this interfere with his/her life?</p>	Child is physically fit.	Child has some physical problems and can't do some activities.	Child has physical problems that stop him/her from doing many activities.	Child has serious physical problems.
<p>Sexuality: <i>This rating describes issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior.</i></p> <p>Do you know whether your child is sexually active and/or engaging in risky sexual behaviors? What concerns do you have about these behaviors? How long have you had these concerns?</p>	No evidence of any problems with sexual development	Mild to moderate problems with sexual development..	Significant problems with sexual development. May include multiple older partners or high-risk sexual behavior.	Profound problems w/sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression.
<p>Sleep: <i>Describes any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep. Bedwetting and nightmares should be considered a sleep issue.</i></p> <p>How many hours does your child sleep each night on average? How many hours do you think he/she needs? Does he/she have any trouble falling asleep or staying asleep? Any nightmares or bedwetting? Any other sleeping issues, such as excessive sleeping?</p>	Child sleeps well.	Child has occasional sleep problems.	Child's sleep problems interfere w/his/her functioning or the well-being of others.	Help is needed now/immediately. Child has severe problems w/sleep.
<p>Communication: <i>Refers to learning disabilities involving expressive and/or receptive language. This item does not refer to challenges expressing feelings.</i></p> <p>Has your child ever been diagnosed w/ a problem understanding or using words to express him/herself? Tell me about any concerns you have ever had about your child's ability to understand use words. Has anyone told you that your child has or could have a learning problem related w/understanding others or expressing him/herself?</p>	Child communicates appropriately for his/her age.	Child may have some problems with language or words.	Child has limited communication abilities	Child has a severe communication disorder

IMPACT ON FUNCTIONING cont'd.	0- No Evidence	1- History/Watch, Prevent	2- Action Needed	3- Immediate Action Needed
<p>Social Functioning: <i>Includes age-appropriate behavior and ability to make and maintain relationships during past 30 days.</i></p> <p>How well does the youth get along with others? How easily does s/he make new friends? How long does he/she tend to keep friends? How does he/she get along with adults?</p>	<p>Child is doing great w/family and friends at home and community.</p>	<p>Child is doing ok w family and friends at home and community; some concerns.</p>	<p>Child is not doing ok w/family and friends at home and community; serious concerns</p>	<p>Child is having serious problems w/family and friends at home and community; extreme concerns.</p>
<p>Judgment</p> <p>How well does your child think through the possible harmful effects of his/her actions?</p>	<p>No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.</p>	<p>History of problems with judgment in which child makes decisions in some way harmful to own development and/or well- being. For example, child has history of hanging out w/other children who shoplift.</p>	<p>Problems with judgment in which child makes decisions in some way harmful to own development and/or well-being.</p>	<p>Problems with judgment that place the child at risk of significant physical harm, dare devil behaviors.</p>
<p>School: <i>Note: If child is receiving special education services, rate the child's performance and behavior relative to his/her peer group. If plan is for child to be mainstreamed, rate child's school functioning relative to that peer group</i></p> <p>How is your child doing in school? Tell me about any problems he/she has had. Any problems with attendance or leaving school? Has the teacher or other school personnel called you to talk about your child's behavior? How is your child doing academically? Having difficulty with any subjects? At risk of failing any classes? Of being left back?</p>	<p>Child is good in school.</p>	<p>Child is ok in school with some problems here and there</p>	<p>Child is having some attendance, achievement or behavior problems in school</p>	<p>Child is having serious attendance, achievement or behavior problems in school.</p>
<p>If rated 1, 2, or 3 complete the School Module page 26</p>				

CULTURAL FACTORS	0-No Evidence	1- History/Watch, Prevent	2- Action Needed	3-Immediate Action Needed
<p>Language: Refers to whether child and family need help in communication with others; includes both spoken and sign language.</p> <p>Is there any difficulty communicating your child/youth or significant family members (either because English is not their first language or due to another communication issue such as the need to use/learn sign language)?</p>	<p>Child and family speak English well.</p>	<p>Child and family speak some English but potential communication problems exist. We don't use big words; keep it simple!</p>	<p>Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention. We don't speak English, but we know someone who can translate.</p>	<p>Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but we don't speak English and don't know anyone who can translate.</p>
<p>Identity: Cultural identity refers to the child's view of self as belonging to a specific cultural group, which may be defined by race, religion, ethnicity, geography or lifestyle.</p> <p>Do your child/youth and family have a sense of belonging to a specific cultural group? Does your child/youth have role models, friends and community who share his/her sense of culture?</p>	<p>Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.</p>	<p>Child is experiencing some confusion or concern regarding cultural identity.</p>	<p>Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.</p>	<p>Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.</p>
<p>Ritual: Cultural rituals are activities and traditions, including celebration of culturally specific holidays such as Kwanza, Cinco de Mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. prayer at specific times, eating specific diet, access to media).</p> <p>Are your child/youth and family able to celebrate with others (friends, family, community) who share their traditions and customs?</p>	<p>Child and family are consistently able to practice rituals consistent with their cultural identity.</p>	<p>Child and family are generally able to practice rituals consistent w/cultural identity; however, they sometimes experience obstacles to performing these rituals.</p>	<p>Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.</p>	<p>Child and family are unable to practice rituals consistent with their cultural identity.</p>
<p>Culture Stress: Culture stress refers to experiences or feelings of discomfort and/or distress arising from friction between an individual's own cultural identity and the predominant culture in which he/she lives.</p> <p>Has your child or family experienced any problems with the reaction of others to his/her cultural identity? Do you feel at home in your own community?</p>	<p>No evidence of stress between child or family's cultural identity and current living situation.</p>	<p>Some mild or occasional stress resulting from friction between child or family's cultural identity and his/her current living situation.</p>	<p>Child or family is experiencing cultural stress that is causing problems of functioning in at least one life domain. Family needs help learning to manage culture stress.</p>	<p>Child or family is experiencing high levels of cultural stress that is making functioning in any life domain difficult. Family needs immediate plan to reduce culture stress.</p>
<p>Discrimination/Bias: The item refers to any experience of discrimination of 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.</p> <p>Do you or your child experience racism, sexism, or any other kind of discrimination? How does discrimination impact your life?</p>	<p>No report of experiences of discrimination that impacts the child or family's ability to function or creates stress.</p>	<p>Reports of experiences of discrimination that occurred recently or in the past, but is not currently causing stress or difficulties for the child or family.</p>	<p>Child or family reports experiences of discrimination which are currently interfering with the child or family's functioning.</p>	<p>Child or family reports experiences of discrimination that substantially and immediately interferes with the child or family's functioning on a daily basis and requires immediate action.</p>

RISK BEHAVIORS				
<i>The section asks about whether or not your child currently behaves in ways that could prove to be dangerous to him/herself or others.</i>	0-No Evidence	1-History/ Watch, Prevent	2- Action Needed	3- Immediate Action Needed
Suicide Risk Has your child ever talked about wish/plan to die/kill him/herself? Ever tried to commit suicide?	No history or concern; I don't see any issues here.	Child has history but has not thought about/ tried to kill him/herself recently.	Child recently had thoughts about/tried to kill him/herself, but not in past 24 hours.	Child is thinking about killing him/herself OR has hallucinations that talk about harming him/herself.
Self-Mutilation Has your child ever talked about wish/plan to hurt him/herself? Ever purposely hurt him/herself (e.g. cutting)?	I don't see any issues here.	Child has history of physically hurting him/herself (self-mutilation).	Child hurts him/herself physically (self-mutilation) but s/he doesn't need to see a doctor for it.	Child hurts him/herself physically (self-mutilation), and s/he does need to see a doctor for it.
Other Self-Harm Describe any times your child talked about/acted in a way that might be dangerous to him/herself (e.g. reckless behavior such as riding on top of cars, climbing grain elevators, promiscuity)?	I don't see any issues here.	Child has done things in past (other than suicide or self-mutilation) to physically hurt him/ herself. Child can definitely get hurt by these behaviors (including reckless and risk-taking behaviors).	Child is currently doing things (other than suicide/self-mutilation) to physically hurt him/herself. Child can definitely get hurt by these behaviors (including reckless and risk-taking behaviors).	Child does things (other than suicide/self-mutilation) to physically hurt him/herself. Child is in immediate danger because of these behaviors (including reckless and risk-taking behaviors).
Danger to Others Has your child ever intentionally injured another person? How often does he/she get into physical fights? Has your child ever threatened to kill/seriously injure another person?	I don't see issues here	Youth has a history of thinking about killing OR physically harming someone OR setting fires. This placed him/ her OR someone else in danger.	Youth has recently thought about killing OR physically harming someone OR setting fires, but not in the past24 hours.	Youth has a plan to kill OR physically harm someone OR has hallucinations that tell him/her to harm others. OR the youth has set fire that placed others in danger.
Sexual Aggression Has your child ever been accused of being sexually aggressive w/another child? What happened after that?	I don't see any issues here.	The child has history of being sexually aggressive but has not exhibited any sexually aggressive/ inappropriate behavior in the past year.	Child has been sexually aggressive in past year but not in the past 30 days.	Child has been sexually aggressive in past 30 days.
Runaway Has your child ever run away from home/school/ other place? If so, where did he/she go? How long did he/she stay away? How did you find him/her? Does he/she ever threaten to run away?	I don't see any issues here.	Child has a history of running away from home/other places and has been gone at least one night.	Child has run away or thought about running away, but not in the past 30 days.	Child is definitely going to run away, because s/he recently tried to run away OR thought about running away OR is currently on run.

RISK BEHAVIORS cont'd.	0-No Evidence	1-History/Watch, Prevent	2- Action Needed	3- Immediate Action Needed
<p>Delinquency</p> <p>Has your child been involved in any delinquent activities including truancy and curfew violations? Has your child ever been arrested?</p>	<p>I don't see any issues here.</p>	<p>Child has a history of delinquency but not within the past 30 days.</p>	<p>Child has recently been delinquent.</p>	<p>Child has seriously been delinquent and s/he is placing him/herself/ others at risk of loss/ harm. S/he may even be 'charged'.</p>
<p>If rated 1, 2, or 3 complete the Juvenile Justice Module</p>				
<p>Fire Setting</p> <p>Has your youth ever played w/matches, or set a fire? If so, describe what happened. Was property destroyed or lives of others endangered?</p>	<p>I don't see any issues here.</p>	<p>Child has a history of setting fires but not in the past 6 months</p>	<p>Child has recently set a fire (within past 6 months) but fire did not place anyone in danger. S/he was playing with matches. OR the child has repeatedly set fires during a 2 year period but not in the last 6 months.</p>	<p>Child is threatening to set fires. S/he has set fire that endangered others (such as burning down a house).</p>
<p>If rated 1, 2, or 3 complete the Fire Setting Module</p>				
<p>Intentional Misbehavior</p> <p>Does your child ever intentionally do/say things to upset others? Has anyone ever told you your child has sworn at them or done other behavior that was insulting, rude or obnoxious? Does your child seem to purposely get in trouble by making you/other adults angry with them?</p>	<p>I don't see any issues here.</p>	<p>Child has some problems with social behavior. It may not be often. S/he may seek attention through negative behavior.</p>	<p>Child has a definite problem with social behavior. S/he intentionally gets in trouble.</p>	<p>Child has serious problems with social behavior. If it continues, s/he may suffer big consequences, such as suspension from school or loss of living situation.</p>
<p>Sexually Reactive: <i>Please consider age and maturity level when filling out this item.</i></p> <p>Is your child inappropriately sexual for their age? Do you know if your child engages in any sexual activity?</p>	<p>No history or sexual behavior beyond what is developmentally appropriate</p>	<p>Some sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here.</p>	<p>Moderate problems with sexually reactive behavior that place child at some risk. Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.</p>	<p>Significant problems with sexually reactive behaviors. Child exhibits sexual behaviors that place child or others at immediate risk. Any child under 13 in any kind of sexual relationship would be rated here, as would a teenager involved sexually with an adult.</p>

CHILD STRENGTHS

The following section focuses on your child's strengths — his/her long-term resources and assets, positive things in your child's life that can be used to help build a brighter future.

	0-Centerpiece Strength	1-Useful Strength	2-Identified Strength	3-No Identified Strengths
<p>Family</p> <p>How do family members show support for each other in your family? How do family members communicate w/each other? How could we help you in these areas?</p>	Family is "tight" and talks about everything	Family is ok and sometimes needs some help w/getting along and talking.	Family needs help in some areas w/getting along and talking.	My family needs lot of help getting along and talking w/each other or child has no family.
<p>Interpersonal: <i>Identifies long-standing relationship making and maintaining skills.</i></p> <p>Do you feel that your child is pleasant and likeable? Is s/he ever charming? How does he/she get along w with adults/other children? How would you rate your child's ability to act correctly in social settings?</p>	Child has a lot of friends and is 'good' to them.	Child/youth would make good friend.	My child needs some help getting and keeping friends.	Child needs whole lot of help getting and keeping friends.
<p>Educational: <i>Refers to the nature of school's relationship to child and family and level of support child is receiving from school.</i></p> <p>How does your child like school? How well do you and your child's school work together in figuring out how to best meet your child's needs? Has there been at least one year in which s/he did well in school? When has your child been at his/her best in school?</p>	School tries to help my child or my child does well in school.	School tries to help my child or my child likes school.	School is not dealing with my child's needs.	School can't or won't help with my child's needs.
<p>Vocational</p> <p>What does your child want to 'be when he/she grows up?' How realistic are these goals? Has your child ever worked? Any plans to go to college/vocational school or for career?</p>	Child has work skills and has held a job.	Child has some work skills and has held a job.	My child has some skills and needs help developing more work skills.	Child needs help developing work skills.
<p>Well-Being: <i>Refers to psychological strengths that child might have developed including the ability to enjoy positive experiences and manage negative ones. This should be rated independent of the child's current distress level.</i></p> <p>Does your child deal with setbacks well? Are they resilient? Does your child have a general sense of well-being? Are they good at enjoying positive things?</p>	Child has exceptional psychological strengths. Both coping and savoring skills are well developed.	Child has good psychological strengths. Solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.	Child has limited psychological strengths. My child has low self-esteem.	Child has no known identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.
<p>Optimism</p> <p>Does your child have a generally positive outlook on things? What things does he/she look forward to? What plans for the future? Is he/she forward looking and see him/herself as likely to be successful?</p>	My child is positive.	My child is mostly positive and looks forward to things.	My child has problems staying positive about him/herself and life. My child has highs and lows.	My child is very negative about him/ herself and life.

CHILD STRENGTHS cont'd.	0-Centerpiece Strength	1-Useful Strength	2-Identified Strength	3-No Identified Strengths
<p>Talents/Interests: <i>Refers to positive ways children can spend time and also gives them pleasure and positive sense of self.</i></p> <p>Tell me about your child's talents or interests. What things does your child do particularly well? What does s/he enjoy?</p>	<p>Child is talented and knows it!</p>	<p>Child has talent/interest/hobby that can make him/her feel good about self.</p>	<p>Youth has an interest/hobby, but needs help getting involved.</p>	<p>Youth is not talented and does not like anything.</p>
<p>Spiritual/Religious</p> <p>Tell me about you and/or your child/youth's involvement w/any religious community. Do you and/or your child have spiritual beliefs that provide comfort?</p>	<p>Child relies on spirituality or religion for help(e.g. child is very involved in church groups that give source of belonging and friendship.</p>	<p>Child goes to church or religious activities that support him/ her.</p>	<p>Child is somewhat interested in spirituality/religion.</p>	<p>Family/child is not interested in, or doesn't have, spirituality/religion</p>
<p>Community Life</p> <p>Describe your child/youth's and family's participation in community organizations, groups, or events. To what extent do you and/or your child feel a part of the community?</p>	<p>Child mixes well in our community and is involved in events/ activities.</p>	<p>Youth is somewhat involved in our community.</p>	<p>Child knows community, but is not too involved.</p>	<p>Youth doesn't know his/her community and isn't involved at all—for example, children who have moved a lot or been in multiple foster care settings may have lost this sense of connection to community life.</p>
<p>Relationship Permanence: <i>Identifies whether parents/ other relatives have been consistent part of the child's life regardless of quality of that relationship.</i></p> <p>What relationships with adults have lasted throughout your child/youth's lifetime? What contact does your child/youth have with both parents? What relatives has he/she maintained long-lasting relationships with?</p>	<p>Child has a lot of support w/family and friends; both parents have been involved for all of his/her life</p>	<p>Child has some good support, but it may not always be there in the future; one parent has consistently been involved.</p>	<p>Child hasn't had a lot of good support, maybe one person that s/he can count on. There has been divorce/death or child has been taken from my home in past.</p>	<p>Child has no support whatsoever and may have to live 'on his/her own' or be adopted; no involvement w/parents.</p>

CAREGIVER NEEDS cont'd.	0- No Evidence	1- History/Watch, Prevent	2- Action Needed	3-Immediate Action Needed
<p>Physical Health</p> <p>Tell me about your physical health. Do you have any health problems that make it hard for you to take care of your family? Is there anyone else in the family who has serious physical needs? Do you help care for them?</p>	I'm pretty healthy.	I'm recovering from some health problems	I have some health problems that get in way of parenting.	I can't take care of this child because I have some serious health problems.
<p>Mental Health</p> <p>Tell me about your mental health. Do you have any mental health needs that make parenting more difficult? Is there anyone else in the family with serious mental health needs? Do you help care for them?</p>	I'm emotionally stable.	I'm recovering from some emotional problems.	I have some emotional problems that sometimes make it difficult to parent.	I can't take care of this child because I have some serious emotional problems
<p>Substance Use</p> <p>Do you have any substance abuse needs that make parenting more difficult? Is there anyone in the family with serious substance abuse needs? Do you help care for them?</p>	I don't use drugs or alcohol.	I'm in recovery from drugs/alcohol.	I use drugs/alcohol and I can't take care of this child sometimes, because of it.	I use drugs/alcohol and I can't be a parent right now because of it.
<p>Developmental</p> <p>Has anyone ever said you may have developmental problems that make parenting/caring for your child more difficult?</p>	I'm able to function as a parent.	I have some problems here and there, but I can still take care of this child.	I have some difficulties functioning and I need some help being a good parent.	I have some serious difficulties functioning and I can't be a parent now.
<p>Supervision</p> <p>How do you feel about your ability to keep an eye on and discipline your child/children? Think you might need some help with these issues?</p>	I can take care of child and I discipline him/her	I can take care of child and I discipline him/her	I have a lot of trouble taking care of or disciplining child. I need some kind of help.	I can't take care of or discipline child. I need lot of help and I'm concerned s/he may get hurt.
<p>Involvement</p> <p>How do you feel about being involved in services for your child? Would you like any help to become more involved? How comfortable are you advocating for your child?</p>	I have strong voice for my child and fight for his/her rights.	I have strong voice for child and fight for his/her rights.	I don't want to be involved in this program.	I need someone else to care for my child.
<p>Knowledge</p> <p>How comfortable are you w/what you know about your child's needs? Have professionals told you things about your child that you didn't understand? Are there areas that you would like to know more about?</p>	I know what the child's good points are and I know what s/he needs.	I know a lot about the child, but I think that I need some more information.	I definitely need some more information in order to better care for the child.	I know my problems and I know they affect the child.
<p>Organization</p> <p>Do you think you need or want help with managing your home? Do you have difficulties getting to appointments, managing a schedule?</p>	I am well organized and on top of things.	I have some little problems organizing my life. I may forget some things, but I'm pretty good at doing things for the child.	I have problems organizing my life. I often forget to return calls or make appointments.	I can't organize my life I need a lot of help with all these services for the child.

<p>Resources: <i>This item refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.</i></p> <p>Do you have enough of what you need to meet your family's needs? What family members or friends can help you when you need it?</p>	<p>I have sufficient resources. There are few limitations on what can be provided for my child.</p>	<p>I have the necessary resources to cover the basics, but those resources might be stretched.</p>	<p>I have limited resources to raise my child (e.g. a grandmother living in same town who is sometimes available to watch the child).</p>	<p>I am severely limited in resources that are available to assist in the care and treatment of my child. I need help with this now.</p>
<p>Residential Stability</p> <p>How stable is your current housing situation? Tell me about any concerns that you might have to move in the near future.</p>	<p>I'm going to be living here a long time.</p>	<p>I'm going to be living here for a while. I've been living here about 3 mos. or may be moving in about 3 mos. because I'm having some problems.</p>	<p>I've moved around a lot in the past year.</p>	<p>I've been homeless at times during the last 6 months.</p>
<p>Safety</p> <p>Has a state agency ever been involved with your family? If so, are they currently involved; what led to their involvement? Is there any current concern about child/youth's safety from child protection perspective?</p>	<p>My house is safe and secure. Child is not at risk from others.</p>	<p>My child is safe at home, but I am concerned about my neighborhood.</p>	<p>Child isn't 100% safe at home and I am concerned because this family member of family friend can come to my house.</p>	<p>Child is in danger and I'm scared my child could end up alone with this person</p>
<p>Marital/Partner Violence</p> <p>Do you have a lot of disagreements with your partner? Has an argument with your partner ever gotten physical?</p>	<p>Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.</p>	<p>Mild to moderate level of family problems including marital difficulties and caregiver arguments. Caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another</p>	<p>Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Child often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.</p>	<p>Profound level of caregiver or marital violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.</p>
<p>Post-Traumatic Reactions</p> <p>Have you had any traumatic experiences in your past? How do you deal with that experience? Does it still affect your life? How are you dealing with trauma your child experienced?</p>	<p>Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions</p>	<p>Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.</p>	<p>Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.</p>	<p>Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hyper-vigilance, and constant anxiety.</p>
<p>Parental Criminal Behavior</p> <p>Are there any illegal activities anyone who takes care of your child are involved in? What about in the past?</p>	<p>There is no evidence that youth's parents have ever engaged in criminal behavior.</p>	<p>One of youth's parents has history of criminal behavior but youth has not been in contact with this parent for at least one year.</p>	<p>One of youth's parents has history of criminal behavior resulting in incarceration and youth has been in contact with this parent in the past year.</p>	<p>Both of youth's parents have history of criminal behavior resulting in incarceration.</p>

DEVELOPMENTAL HISTORY	0- No Evidence	1- History, Mild Problems	2- Moderate Problems	3- Severe Problems
<p>Motor- This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning.</p>	<p>No evidence of fine or gross motor development problems.</p>	<p>Child has some indicators that motor skills are challenging and there may be some concern that there is a delay.</p>	<p>Child has either fine or gross motor skill delays.</p>	<p>Child has significant delays in fine or gross motor development or both. Delay causes Impairment in functioning.</p>
<p>Sensory- This rating describes the child's ability to use all senses including vision, hearing, smell, touch, and kinesthetics.</p>	<p>The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.</p>	<p>The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).</p>	<p>The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).</p>	<p>The child has significant impairment on one or more senses (e.g. profound hearing or vision loss).</p>
<p>Communication- This rating describes the child's ability to communicate 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.</p>	<p>No evidence of communication problems.</p>	<p>Child has a history of communication problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.</p>	<p>Child has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out</p>	<p>Child has serious communication difficulties and is unable to communicate in any way including pointing and grunting.</p>
<p>Failure to Thrive- Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.</p>	<p>The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.</p>	<p>The child has mild delays in physical development (e.g. is below the 25th percentile in terms of height or weight).</p>	<p>The child has significant delays in physical development that could be described as failure to thrive (e.g. is below the 10th percentile in terms of height or weight).</p>	<p>The child has severe problems with physical development that puts their life at risk (e.g. is at or beneath the 1st percentile in height or weight).</p>
<p>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>	<p>Child did not appear to have any problems with self-regulation.</p>	<p>Child had mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).</p>	<p>Child had moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).</p>	<p>Child had profound problems with self-regulation that placed his/her safety, well-being, and/or development at risk (e.g. child could be soothed at all when distressed, child could not feed properly).</p>

DEVELOPMENTAL HISTORY Cont'd.

	0- No Evidence	1- History, Mild Problems	2- Moderate Problems	3- Severe Problems
Birth Weight- <i>This dimension describes the child's weight as compared to normal development during the first five years of life.</i>	Child was within normal range for weight and has been since birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.	Child was born underweight but gained weight to within normal range or child is slightly beneath normal range. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.	Child was considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.	Child was extremely underweight to the point at which the child's life was threatened. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.
Pica- <i>This item describes an eating disorder involving the compulsive ingestion of non-nutritive substances. Generally, the child must be older than 18 months to be considered with this problem.</i>	No evidence that the child ate unusual or dangerous materials.	Child repeatedly ate unusual or dangerous materials consistent with the diagnosis of Pica; however, this behavior was brief and quickly resolved.	Child ate unusual or dangerous materials consistent with the diagnosis of Pica to the point where it required intervention.	Child repeatedly became physically ill during early childhood by eating dangerous materials (e.g. lead paint).
Prenatal Care- <i>This dimension refers to the health care and birth circumstances experienced by the child in utero.</i>	Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.	Child's mother had some short-comings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.	Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.	Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/pre-eclampsia would be rated here.
Substance Exposure- <i>This dimension describes the child's exposure to substance use and abuse both before and during the years immediately after birth.</i>	Child had no in utero exposure to alcohol or drugs, and there was no exposure in the home.	Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there was current alcohol and/or drug use in the home during the child's first 5 years.	Child 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.	Child was exposed to alcohol or drugs in utero and continued to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

DEVELOPMENTAL HISTORY Cont'd.	0- No Evidence	1- History, Mild Problems	2- Moderate Problems	3- Severe Problems
<p>Labor & Delivery- <i>This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child.</i></p>	<p>Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.</p>	<p>Child or mother had some mild problems during delivery, but child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the child would be rated here.</p>	<p>Child 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. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth.</p>	<p>Child had severe problems during delivery that have long-term implications for development. A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth.</p>
<p>Parent/Sibling Problems- <i>This dimension describes how this child's parents and older siblings have done/are doing in their respective developments.</i></p>	<p>The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems</p>	<p>The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g. Attention Deficit, Oppositional Defiant, or Conduct Disorders). It may be that child has at least one healthy sibling.</p>	<p>The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g. a severe version of any of the disorders cited above, or any developmental disorder).</p>	<p>One or both of the child's parents have been diagnosed with a developmental disability or the child has multiple siblings who are experiencing significant developmental or behavioral problems (i.e. siblings must have some problems).</p>
<p>Maternal Availability- <i>This dimension addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.</i></p>	<p>The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.</p>	<p>The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (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).</p>	<p>The primary caretaker experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth (e.g. major marital conflict, significant postpartum recuperation issues or chronic pain, two or more children in the house under four years of age).</p>	<p>The primary caretaker was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised</p>
<p>Curiosity- <i>This rating describes the child's self-initiated efforts to discover his/her world.</i></p>	<p>Child had exceptional curiosity. Infants displayed mouthing and banging of objects within grasp; older children crawled or walked to objects of interest.</p>	<p>This level indicates a child with 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.</p>	<p>This level indicates a child with limited curiosity. Child was hesitant to seek out new information or environments, or reluctant to even explore presented objects.</p>	<p>This level indicates a child with very limited or no observed curiosity. Child may have seemed frightened of new information or environments</p>
<p>Playfulness- <i>This rating describes the child's enjoyment of play alone and with others.</i></p>	<p>This level indicates a child with substantial ability to play with self and others. Child enjoyed play, and when old enough, regularly engaged in symbolic and means-end play. While still an infant, child displayed changing facial expressions in response to different play objects.</p>	<p>This level indicates a child with good play abilities. Child may have enjoyed play only with self or only with others, or may have enjoyed play with a limited selection of toys.</p>	<p>This level indicates a child with limited ability to enjoy play. Child may have remained preoccupied with other children or adults to the exclusion of engaging in play, or may have exhibited impoverished or unimaginative play.</p>	<p>This level indicates a child who had significant difficulty with play both by his/her self and with others. Child did not engage in symbolic or means-end play, although he or she handled and manipulated toys.</p>

DEVELOPMENTAL HISTORY cont'd.	0- No Evidence	1- History, Mild Problems	2- Moderate Problems	3- Severe Problems
<p>Independent Living Skills- <i>This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.</i></p>	<p>This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.</p>	<p>This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.</p>	<p>This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.</p>	<p>This level indicates a person with profound impairment of independent living skill. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.</p>
<p>Transportation- <i>This item is used to rate the level of transportation required to ensure that the individual could effectively participate in his/her own treatment and in other life activities. Only unmet transportation needs should be rated here.</i></p>	<p>The individual has no transportation needs.</p>	<p>The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.</p>	<p>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.</p>	<p>The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.</p>
<p>Parenting Roles- <i>This item is intended to rate 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. Include pregnancy as a parenting role.</i></p>	<p>The individual has no role as a parent.</p>	<p>The individual has responsibilities as a parent but is currently able to manage these responsibilities.</p>	<p>The individual has responsibilities as a parent and either the individual is struggling with these responsibilities or they are currently interfering with the individual's functioning in other life domains.</p>	<p>The individual has responsibilities as a parent and the individual is currently unable to meet these responsibilities or the responsibilities are making it impossible for the individual to function in other life domains.</p>
<p>Personality Disorder- <i>This rating identifies the presence of any DSM-IV Axis II personality disorder.</i></p>	<p>No evidence of symptoms of a personality disorder.</p>	<p>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 antisocial or narcissistic behavior. An unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.</p>	<p>Evidence of sufficient degree of personality disorder to warrant a DSM-IV Axis II diagnosis.</p>	<p>Evidence of a severe personality disorder that has significant implications for the individual's long-term functioning. Personality disorder dramatically interferes with the individual's ability to function independently.</p>

DEVELOPMENTAL HISTORY cont'd. Complete if youth is 16 years or older OR if the child/youth has any of these needs.	0- No Evidence	1- History, Mild Problems	2- Moderate Problems	3- Severe Problems
Intimate Relationship- <i>This item is used to rate the individual's current status in terms of romantic/intimate relationships.</i>	Adaptive partner relationship. Individual has a strong, positive, partner relationship with another similar-age peer. This relationship is a significant source of positive support. A youth who does not currently have a relation and this absence is a healthy choice would be rated here.	Mostly adaptive partner relationship. Individual has a generally positive partner relationship with another similar-age peer.	Limited adaptive partner relationship. Individual is seeking a relationship but has not found a healthy and/or adaptive one or is currently in a relationship that is not supportive.	Significant difficulties with partner relationships. Individual is currently involved in negative, unhealthy romantic / intimate partner relationship marked by frequent discord or power dynamics that place a partner at risk of significant emotional or functional harm.
Medication Compliance- <i>This rating focuses on the level of the individual's willingness and participation in taking prescribed medications.</i>	This level indicates a person who takes any prescribed medications as prescribed and without reminders, or a person who is not currently on any psychotropic medicate	This level indicates a person who will take prescribed medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here. These needs would be no more than weekly and not require a special vehicle.	This level indicates a person who is somewhat non-compliant. This person may be resistant to taking prescribed medications or this person may tend to overuse his or her medications. He/she might comply with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol.	This level indicates a person who has refused to take prescribed medications during the past 30 day period or a person who has abused his or her medications to a significant degree (i.e overdosing or over use medications to a dangerous degree).
Educational Attainment- <i>This rates the degree to which the individual has completed his/her planned education.</i>	Individual has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.	Individual has set educational goals and is currently making progress towards achieving them.	Individual has set educational goals but is currently not making progress towards achieving them.	Individual has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning.
Victimization- <i>This item is used to examine a history and level of current risk for victimization.</i>	This level indicates a person with no evidence of recent victimization and no significant history of victimization within the past year. The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Person is not presently at risk for re- victimization.	This level indicates a person with a history of victimization but who has not been victimized to any significant degree in the past year. Person is not presently at risk for re-victimization.	This level indicates a person who has been recently victimized (within the past year) but is not in acute risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.	This level indicates a person who has been recently victimized and in acute risk of re-victimization. Example include working as a prostitute and living in abusive relationship.

Individualized Assessment Modules

SUBSTANCE USE MODULE			
0	1	2	3
SEVERITY OF USE - Please rate the highest level from the past 30 days.			
Child is currently abstinent and has maintained abstinence for at least six months.	Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.	Child actively uses alcohol or drugs but not daily.	Child uses alcohol and/or drugs on a daily basis.
DURATION OF USE - Please rate the highest level from the past 30 days.			
Child has begun use in the past year.	Child has been using alcohol or drugs for at least 1 year but has had periods of at least 30 days where he/she did not have any use.	Child has been using alcohol or drugs for at least 1 year (but less than 5 years), but not daily.	Child has been using alcohol or drugs daily for more than the past year or intermittently for at least 5 years.
STAGE OF RECOVERY - Please rate the highest level from the past 30 days.			
Child is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.	Child is actively trying to use treatment to remain abstinent.	Child is in contemplation phase, recognizing a problem but not willing to take steps for recovery.	Child is in denial regarding the existence of any substance use problem.
PEER INFLUENCES - Please rate the highest level from the past 30 days.			
Youth's primary peer social network does not engage in alcohol or drug use.	Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.	Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.	Youth is a member of a peer group that consistently engages in alcohol or drug use.
PARENTAL INFLUENCES - Please rate the highest level from the past 30 days.			
There is no evidence that youth's parents have ever engaged in substance abuse.	One of youth's parents has history of substance abuse but not in the past year.	One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.	One or both of youth's parents use alcohol or drugs with the youth.
ENVIRONMENTAL INFLUENCES - Please rate the environment around the youth's living situation.			
No evidence that the child's environment stimulates or exposes the child to any alcohol or drug use.	Mild problems in the child's environment that might expose the child to alcohol or drug use.	Moderate problems in the child's environment that clearly expose the child to alcohol or drug use.	Severe problems in the child's environment that stimulate the child to engage in alcohol or drug use.

TRAUMA MODULE – for these items, please rate within the lifetime

0	1	2	3
SEXUAL ABUSE			
There is no evidence that child has experienced sexual abuse.	Child has experienced one episode of sexual abuse or there is a suspicion that child has experienced sexual abuse but no confirming evidence.	Child has experienced repeated sexual abuse.	Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.
IF 1, 2, OR 3 COMPLETE ADDITIONAL MODULE			
PHYSICAL ABUSE			
There is no evidence that child has experienced physical abuse.	Child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.	Child has experienced repeated physical abuse.	Child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.
EMOTIONAL ABUSE			
There is no evidence that child has experienced emotional abuse.	Child has experienced mild emotional abuse.	Child has experienced emotional abuse over an extended period of time (at least one year).	Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year).
MEDICAL TRAUMA			
There is no evidence that child has experienced any medical trauma.	Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).	Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.	Child has experienced life threatening medical trauma.
NATURAL DISASTER			
There is no evidence that child has experienced any natural disaster.	Child has been indirectly affected by a natural disaster.	Child has experienced a natural disaster which has had a notable impact on his/her well-being.	Child has experienced life threatening natural disaster.
WITNESS TO FAMILY VIOLENCE			
There is no evidence that child has witnessed family violence.	Child has witnessed one episode of family violence.	Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.	Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.
WITNESS TO COMMUNITY VIOLENCE			
There is no evidence that child has witnessed violence in the community.	Child has witnessed fighting or other forms of violence in the community.	Child has witnessed significant injury of others in his/her community.	Child has witnessed death of another person in his/her community.
SCHOOL VIOLENCE			
There is no evidence that child has witnessed violence in the school setting.	Child has witnessed occasional fighting or other forms of violence in the school setting. Child has not been directly impacted by the violence (i. e., violence not directed at self or close friends) and exposure has been limited.	Child 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.	Child has witnessed repeated and severe instances of school violence and/or the death of another person in his/her school setting, or has had friends who were seriously injured as a result of violence or criminal activity in the school setting.

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.*

<p>There is no evidence that child has been exposed to war, political violence, or torture.</p>	<p>Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child 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 children who have lost one or both parents during the war.</p>	<p>Child 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. Child may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of child. Child may have spent extended amount of time in refugee camp.</p>	<p>Child has experienced the direct affects of war. Child may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped. Some may have served as soldiers, guerrillas or other combatants in their home countries.</p>
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TERRORISM AFFECTED - *This rating describes the degree to which a child 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).*

<p>There is no evidence that child has been affected by terrorism or</p>	<p>Child’s community has experienced an act of terrorism, but the child was not directly impacted by the violence (e.g. child lives close enough to site of terrorism that they may have visited before or child recognized the location when seen on TV, but child’s family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television terrorist activities.</p>	<p>Child has been affected by terrorism within his/her community, but did not directly witness the attack. Child may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of child’s daily life may be disrupted due to attack (e.g. utilities or school), and child may see signs of the attack in neighborhood (e.g. destroyed building). Child may know people who were injured in the attack.</p>	<p>Child 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 has directly been injured by terrorism leading to significant injury or lasting impact.</p>
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WITNESS/VICTIM TO CRIMINAL ACTIVITY - *Please rate within the lifetime.*

<p>There is no evidence that child has been victimized or witness significant criminal activity.</p>	<p>Child is a witness of significant criminal activity.</p>	<p>Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.</p>	<p>Child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.</p>
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DISRUPTION IN CAREGIVING/ATTACHMENT LOSSES - *This rating describes the extent to which the child has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses. Individuals who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings can be rated here. Short term hospital stays or brief juvenile detention stays, during which the child's caregiver remains the same, would not be rated on this item.*

<p>There is no evidence that the Individual has experienced disruptions in caregiving and/or attachment losses</p>	<p>Individual may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (i.e., child’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.</p>	<p>Individual has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the child 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.</p>	<p>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 a child's life (i.e., loss of community, school placement, peer group). Examples would include a child 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).</p>
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TRAUMA MODULE: ADJUSTMENT *for these items please rate highest level from past 30 days*

0	1	2	3
AFFECT REGULATION- <i>difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyper aroused, or quickly fluctuating energy level.</i>			
Child has no problems with affect regulation.	Child has mild to moderate problems with affect regulation.	Child has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.	Child unable to regulate affect.
INTRUSIONS			
There is no evidence that child experiences intrusive thoughts of trauma.	Child experiences some intrusive thoughts of trauma but they do not affect his/her functioning.	Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains.	Child experiences repeated and severe intrusive thoughts of trauma.
TRAUMATIC GRIEF			
There is no evidence that the child is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.	Child 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.	Child 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.	Child is experiencing significant traumatic grief reactions. Child 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.
RE-EXPERIENCING- <i>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.</i>			
This rating is given to a child with no evidence of intrusive symptoms.	This rating is given to a child with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events.	This rating is given to a child with moderate difficulties with intrusive symptoms/distressing memories. This child may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.	This rating is given to a child with severe intrusive symptoms/distressing memories. This child may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This child may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child to function

HYPERAROUSAL- *These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper-vigilance and/or exaggerated startle response. Children may also commonly manifest physical symptoms such as stomach-aches and headaches.*

<p>This rating is given to a child with no evidence of hyperarousal symptoms</p>	<p>This rating is given to a child who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Children may also occasionally manifest physical symptoms such as stomach-aches and headaches.</p>	<p>This rating is given to a child with moderate symptoms of hyperarousal or alterations in arousal and reactivity associated with traumatic event(s). The child 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. Children may also commonly manifest physical symptoms such as stomach-aches and headaches.</p>	<p>This rating is given to a child who exhibits multiple and or severe hyperarousal symptoms including alterations in arousal and reactivity associated with traumatic event(s). These may include 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 child and lead to frequent problems with day-to-day functioning.</p>
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AVOIDANCE- *efforts to avoid stimuli associated with traumatic experiences.*

<p>This rating is given to a child with no evidence of avoidance symptoms.</p>	<p>This rating is given to a child who exhibits some avoidance. This child may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.</p>	<p>This rating is given to a child with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.</p>	<p>This rating is given to a child who exhibits significant or multiple avoidant symptoms. This child may avoid thoughts and feelings as well as situations and people associated with the trauma and be unable to recall important aspects of the trauma.</p>
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NUMBING

<p>This rating is given to a child with no evidence of numbing responses.</p>	<p>This rating is given to a child who exhibits some problems with numbing. This child may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).</p>	<p>This rating is given to a child with moderately severe numbing responses. This child 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.</p>	<p>This rating is given to a child with significant numbing responses or multiple symptoms of numbing. This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.</p>
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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*

<p>There is no evidence of dissociation.</p>	<p>Child may experience some symptoms of dissociation.</p>	<p>Child clearly experiences episodes of dissociation.</p>	<p>Profound dissociation occurs.</p>
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TRAUMA MODULE (Sexual Abuse Module—Complete if a child has been sexually abused):

0	1	2	3
EMOTIONAL CLOSENESS TO PERPETRATOR			
Perpetrator was a stranger at the time of the abuse.	Perpetrator was known to the child at the time of event but only as an acquaintance.	Perpetrator had a close relationship with the child at the time of the event but was not an immediate family member.	Perpetrator was an immediate family member (e.g. parent, sibling).
FREQUENCY OF ABUSE			
Abuse occurred only 1 time.	Abuse occurred 2 times.	Abuse occurred 3-10 times.	Abuse occurred more than 10 times.
DURATION			
Abuse occurred only 1 time.	Abuse occurred within 6 month time period.	Abuse occurred within 6-month to 1-year time period.	Abuse occurred over a period of longer than 1 year.
FORCE			
No physical force or threat of force occurred during the abuse episode(s).	Sexual abuse was associated with threat of violence but no physical force.	Physical force was used during the sexual abuse.	Significant physical force/ violence was used during the sexual abuse. Physical injuries occurred as a result of the force.
REACTION TO DISCLOSURE			
All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.	Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.	Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.	Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

SCHOOL MODULE: If child is receiving special education services, rate child's performance and behavior relative to their peer group. If it is planned for child to be mainstreamed, rate child's school functioning relative to that peer group.

0	1	2	3
SCHOOL BEHAVIOR - Please rate the highest level from the past 30 days.			
Child is behaving well in school.	Child is behaving adequately in school although some behavior problems exist.	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.
SCHOOL ACHIEVEMENT - Please rate the highest level from the past 30 days.			
Child is doing well in school.	Child is doing adequately in school although some problems with achievement exist.	Child is having moderate problems with school achievement. He/she may be failing some subjects.	Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.
SCHOOL ATTENDANCE - Please rate the highest level from the past 30 days.			
Child attends school regularly.	Child has some problems attending school but generally goes to school. May miss up to 1 day per week on average OR may have had moderate to severe problem in the past 6 months but has been attending school regularly in the past month.	Child is having problems with school attendance. He/she is missing at least two days each week on average.	Child is generally truant or refusing to go to school.
ACADEMIC PERSISTENCE - Please rate the highest level from the past 30 days.			
This level indicates a student with academic persistence. For example a youth who takes on assignments and asks for assistance when needed would	This level indicates a student who is developing appropriate academic persistence. A student who tries but needs to learn when to ask for assistance would be	This level indicates a student whose academic persistence is inconsistent. This student initially attempts tasks but gives up and does not complete assignments.	This level indicates a student whose academic persistence is inadequate. This student does not take on assignments or has refused assistance.
TARDINESS - Please rate the highest level from the past 30 days.			
No evidence of tardiness. Student is usually on time for school and classes.	Student has occasional problems with tardiness. For example, he/she may fail to arrive at school on time once or twice per month.	Student is having problems with tardiness. He/she may be late to school weekly or late to a class on a regular basis.	Student is tardy for school or classes on a regular basis.
CLASS AVOIDANCE - Please rate the highest level from the past 30 days.			
Student regularly attends all classes.	Student may occasionally fail to attend a particular class.	Student may regularly avoid one class or occasionally fail to attend several classes.	Student has a pattern of failing to attend more than one class each week.
CLASSROOM BEHAVIOR - Please rate the highest level from the past 30 days.			
Student participates appropriately in classes and is not disruptive.	Student does not participate in classes but is not disruptive.	Student is occasionally disruptive in classes.	Student's behavior regularly disrupts classes.
NON-CLASSROOM BEHAVIOR - Please rate the highest level from the past 30 days.			
Student gets through non-classroom tasks (i.e. lunch, study hall, passing through hallways) without incidents.	Student gets through non-classroom tasks (i.e. lunch, study hall, passing through hallways) with occasional minor incidents, such as an argument.	Student has minor incidents weekly during non-classroom tasks (i.e. lunch, study hall, passing through hallways).	Student has major incidents, such as physical fights, during non-classroom tasks (i.e. lunch, study hall, passing through hallways).

SCHOOL MODULE continued

0	1	2	3
SCHOOL DISCIPLINE - Please rate the highest level from the past 30 days .			
No evidence of behavior problems at school. No discipline referrals have occurred this school year.	Mild problems with school behavior. A single office referral for discipline might be rated here.	Student is having moderate behavioral difficulties at school. He/she is disruptive and may receive sanctions including a suspension or multiple detentions.	Student is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.
SELF MANAGEMENT - This item refers to the student's ability to manage his/her emotions and behaviors at a developmentally appropriate			
The student is able to manage emotions and behavior at a level consistent with age and developmental level.	The student can usually manage emotions and behaviors. Student occasionally requires external support.	The student has moderate problems managing emotions and behaviors. Student does not maintain control when upset but may respond to external support.	The student is having severe problems managing emotions and behaviors. The student does not respond to external support.
DECISION-MAKING SKILLS - This item refers to the student's ability to demonstrate decision-making skills and responsible behaviors in			
The student makes decisions that are at a level consistent with age and developmental level. Student manages well in school and activities.	The student usually makes decisions that are at a level consistent with age and developmental level. Student may have occasional difficulties managing in school or activities.	The student 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.	The student 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.
ABILITY TO PAY ATTENTION - Problems with attention and staying on task would be rated here.			
This rating is used to indicate a student who is able to pay attention and stay on task at a level consistent with age and developmental level.	This rating is used to indicate a student with evidence of mild problems with attention. Student may occasionally have difficulty staying on task for an age appropriate time period.	This rating is used to indicate a student with evidence of moderate problems with attention. Student frequently has difficulty staying on task for an age appropriate time period.	This rating is used to indicate a student with evidence of major problems with attention. Student is unable to stay on task for an age appropriate time period.

SUICIDE RISK MODULE

0	1	2	3
HISTORY OF SUICIDE ATTEMPTS			
No history of suicidal ideation or attempt.	History of significant suicidal ideation but no potentially lethal attempts.	History of a potentially lethal suicide attempt.	History of multiple potentially lethal suicide attempts.
ACCESSIBLE FIREARM/LETHAL MEDICATION			
No evidence that child youth has access to firearms, lethal medication, or similarly lethal device/substance.	Some evidence that a lethal weapon /substance is accessible with substantial effort. Examples include a gun in a locked cabinet to which the child /youth cannot access the key, or a vague plan to obtain potentially lethal substances.	Evidence that a lethal means is available with modest effort (i.e. deception, some planning). SAFETY PLAN MUST BE CREATED.	Evidence that child/youth has immediate access to lethal means. Child/youth should not be allowed to re-enter said environment until means has been removed. SAFETY PLAN MUST BE CREATED.

VIOLENCE MODULE

Historical Risk Factors - Historical risk factors are rated over the lifetime of the youth.

0	1	2	3
PAST PHYSICAL VIOLENCE			
No evidence of any history of violent behavior by the youth.	Youth 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).	Youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.	Youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.
PAST VIOLENCE (VICTIM)			
No evidence of a history of physical abuse	has experienced corporal punishment.	Youth has experienced physical abuse on one or more occasions from care giver or parent.	Youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care
WITNESS TO DOMESTIC VIOLENCE			
No evidence that youth has witnessed domestic violence.	Youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury.	Youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.	Youth has witnessed murder or rape of a family member
WITNESS ENVIRONMENTAL VIOLENCE			
There is no evidence that child has witnessed violence in the community.	Child has witnessed fighting or other forms of violence in the community.	Child has witnessed significant injury of others in his/her community.	Child has witnessed death of another person in his/her community.

VIOLENCE MODULE: Emotional/Behavioral Risks

0	1	2	3
BULLYING			
Youth has never engaged in bullying at school or in the community.	Youth has been involved with groups that have bully other youth either in school or the community; however, youth has not had a leadership role in these groups.	Youth has bullied other youth in school or community. Youth has either bullied the other youth individually or led a group that bullied youth	Youth has repeated utilized threats or actual violence to bully youth in school and/or community.
FRUSTRATION MANAGEMENT			
Youth appears to be able to manage frustration well. No evidence of problems of frustration management.	Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm him/herself down following an angry outburst.	Youth has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.	Youth becomes explosive and dangerous to others when frustrated. He/she demonstrates little self-control in these situations and others must intervene to restore control
HOSTILITY			
Youth appears to not experience or express hostility except in situations where most people would become hostile.	Youth appears hostile but does not express it. Others experience youth as being angry.	Youth expresses hostility regularly.	Youth is almost always hostile either in expression or appearance. Others may experience youth as 'full of rage' or 'seething'
PARANOID THINKING - Please rate the youth's highest level in the past 30 days.			

Youth does not appear to engage in any paranoid thinking.	Youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.	Youth believes that others are out to get' him/her. Youth has trouble accepting that these beliefs may not be accurate. Youth at times is suspicious and guarded but at other times can be open and friendly. Suspicions can be allayed with reassurance.	Youth believes that others plan to cause them harm. Youth is nearly always suspicious and guarded.
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VIOLENCE MODULE: Emotional/Behavioral Risks cont'd.

SECONDARY GAINS FROM ANGER - Please rate the youth's highest level in the past 30 days.

Youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.	Youth unintentionally has benefited from angry behavior; however, there is no evidence that youth intentionally uses angry behavior to achieve desired outcomes.	Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.	Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth's life appear intimidated.
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VIOLENT THINKING - Please rate the youth's highest level in the past 30 days.

There is no evidence that youth engages in violent thinking.	Youth has some occasional or minor thoughts about violence.	Youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.	Youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a youth who spontaneously and frequently draws only violent images may be rated here.
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VIOLENCE MODULE: Resiliency Factors - Resiliency Factors are rated based on the past 30 days.

0	1	2	3
AWARENESS OF VIOLENCE POTENTIAL - Please rate the youth's highest level in the past 30 days.			
Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors. Youth accepts responsibility for past and future behaviors. Youth is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.	Youth is generally aware of his/her potential for violence. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge him/her.	Youth has some awareness of his/her potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for his/her actions.	Youth has no awareness of his/her potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.
RESPONSE TO CONSEQUENCES - Please rate the youth's highest level in the past 30 days.			
Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and adjust behavior.	Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.	Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.	Youth is unresponsive to consequences for his/her violent behavior.
COMMITMENT TO SELF CONTROL - Please rate the youth's highest level in the past 30 days.			
Youth fully committed to controlling his/her violent behavior.	Youth is generally committed to controlling his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.	Youth ambivalent about controlling his/her violent behavior.	Youth not interested in controlling his/her violent behavior at this time.
TREATMENT INVOLVEMENT - Please rate the youth's highest level in the past 30 days.			
Youth fully involved in his/her own treatment. Family supports treatment as well.	Youth or family involved in treatment but not both. Youth may be somewhat involved in treatment, while family members are active or youth may be very involved in treatment while family members are unsupportive.	Youth and family are ambivalent about treatment involvement. Youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.	Youth and family are uninterested in treatment involvement. A youth with treatment needs who is not currently in treatment would be rated here.

SEXUALLY AGGRESSIVE BEHAVIOR MODULE

0	1	2	3
RELATIONSHIP - <i>Please rate the most recent episode of sexual behavior.</i>			
No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child or adolescent being in the position of authority.	Child is clearly victimizing at least one other individual with sexually abusive behavior.	Child is severely victimizing at least one other individual w/sexually abusive behavior. This may include physical harm resulting from either the sexual behavior or physical force associated w/sexual behavior.
PHYSICAL FORCE/THREAT - <i>Please rate the highest level from the most recent episode of sexual behavior</i>			
No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.	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.
PLANNING - <i>Please rate the highest level from the most recent episode of sexual behavior.</i>			
No evidence of any planning. Sexual activity appears entirely opportunistic.	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.	Evidence of some planning of sex act.	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.
AGE DIFFERENTIAL - <i>Please rate the highest level from the most recent episode of sexual behavior.</i>			
Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).	Age differential between perpetrator and victim and/or participants is 3 to 4 years.	Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.
TYPE OF SEX ACT - <i>Please rate the highest level from the most recent episode of sexual behavior.</i>			
Sex act(s) involve touching or fondling only.	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.	Sex act(s) involve penetration into genitalia or anus with body part.	Sex act involves physically dangerous penetration due to differential size or use of an object.
RESPONSE TO ACCUSATION - <i>Please rate the highest level from the past 30 days.</i>			
Child admits to behavior and expresses remorse and desire to not repeat.	Child partially admits to behaviors and expresses some remorse.	Child admits to behavior but does not express remorse.	Child neither admits to behavior nor expresses remorse. Child is in complete denial.
TEMPORAL CONSISTENCY			
This level indicates a child who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.	This level indicates a child who has been sexually abusive during the past two years OR child who has become sexually abusive in the past three months despite the absence of any clear stressors.	This level indicates a child 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.	This level indicates a child 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			
Child or adolescent has only 1 incident of sexually abusive behavior that has been identified and/or investigated.	Child or adolescent has 2-3 incidents of sexually abusive behavior that have been identified and/or investigated.	Child or adolescent has 4-10 incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.	Child or adolescent has more than 10 incidents of sexually abusive behavior with more than one victim.
SEVERITY OF SEXUAL ABUSE			
No history of any form of sexual abuse.	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.	This level is to indicate a moderate level of sexual abuse. This may involve a child who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.	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 child.
PRIOR TREATMENT			
No history of prior treatment or history of outpatient treatment with notable positive outcomes.	History of outpatient treatment which has had some degree of success.	History of residential treatment where there has been successful completion of program.	History of residential or outpatient treatment condition with little or no success.

RUNAWAY MODULE			
FREQUENCY OF RUNNING			
0	1	2	3
Youth has only run once in past year.	Youth has run on multiple occasions in past year.	Youth runs often but not always.	Youth runs at every opportunity.
CONSISTENCY OF DESTINATION			
Youth always runs to the same location.	Youth generally runs to the same location or neighborhood.	Youth runs to the same community but the specific locations change.	Youth runs to no planned destination.
SAFETY OF DESTINATION			
Youth runs to a safe environment that meets his/hers basic needs (e.g. food, shelter).	Youth runs to generally safe environments; however, they might be somewhat unstable or variable.	Youth runs to generally unsafe environments that cannot meet his/her basic needs.	Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.
INVOLVEMENT IN ILLEGAL ACTIVITIES			
Youth does not engage in illegal activities while on run beyond those involved with the running itself.	Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking).	Youth engages in delinquent activities while on run.	Youth engages in dangerous delinquent activities while on run (e.g. prostitution)
LIKELIHOOD OF RETURN ON OWN			
Youth will return from run on his/her own without prompting.	Youth will return from run when found but not without being found.	Youth will make him/herself difficult to find and/or might passively resist return once found.	Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.
INVOLVEMENT OF OTHERS			
Youth runs by self with no involvement of others. Others may discourage behavior or encourage youth to return from run.	Others enable youth running by not discouraging youth's behavior.	Others involved in running by actively helping or encouraging youth.	Youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.
REALISTIC EXPECTATIONS			
Youth has realistic expectations about the implications of his/her running behavior.	Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat 'optimistic' outcome.	Youth has unrealistic expectations about the implications of their running behavior.	Youth has obviously false or delusional expectations about the implications of their running behavior.
PLANNING			
Running behavior is completely spontaneous and emotionally impulsive.	Running behavior is somewhat planned but not carefully.	Running behavior is planned.	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

Individualized Assessment Modules

JUVENILE JUSTICE MODULE			
0	1	2	3
SERIOUSNESS - Please rate the highest level from the past 30 days.			
Youth has engaged only in status violations (e.g. curfew).	Youth has engaged in delinquent behavior.	Youth has engaged in criminal behavior.	Youth has engaged in criminal behavior that places other citizens at risk of significant physical harm.
HISTORY - Please rate using time frames provided in the anchors.			
Current criminal/delinquent behavior is the first known occurrence.	Youth has engaged in multiple criminal/delinquent acts in the past one year.	Youth has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.	Youth has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.
ARRESTS - Please rate the highest level from the past 30 days			
Youth has no known arrests in past.	Youth has history of delinquency, but no arrests past 30 days.	Youth has 1-2 arrests in last 30 days.	Youth has more than 2 arrests in last 30 day.
PLANNING - Please rate the highest level from the past 30 days.			
No evidence of any planning. Criminal/delinquent behavior appears opportunistic or impulsive.	Evidence suggests that youth places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.	Evidence of some planning of criminal/delinquent behavior.	Considerable evidence of significant planning of criminal/delinquent behavior. Behavior is clearly premeditated.
COMMUNITY SAFETY - Please rate the highest level from the past 30 days			
Youth presents no risk to the community. He/she could be unsupervised in the community.	Youth engages in behavior that represents a risk to community property.	Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.	Youth engages in behavior that directly places community members in danger of significant physical harm.
LEGAL COMPLIANCE - Please rate the highest level from the past 30 days.			
Youth 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.	Youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments)	Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-order treatment)	Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations)
PEER INFLUENCES - Please rate the highest level from the past 30 days.			
Youth's primary peer social network does not engage in criminal/delinquent behavior.	Youth has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do.	Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang.	Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.
PARENTAL INFLUENCES - Please rate the highest level from the past 30 days.			
There is no evidence that youth's parents have ever engaged in criminal/delinquent behavior.	One of youth's parents has history of criminal/delinquent behavior but youth has not been in contact with this parent for at least one year.	One of youth's parents has history of criminal/delinquent behavior and youth has been in contact with this parent in the past year.	Both of youth's parents have history of criminal/delinquent behavior.
ENVIRONMENTAL INFLUENCES - Please rate the environment around the youth's living situation.			
No evidence that the child's environment stimulates or exposes the child to any criminal/delinquent behavior.	Mild problems in the child's environment that might expose the child to criminal/delinquent behavior.	Moderate problems in the child's environment that clearly expose the child to criminal/delinquent behavior.	Severe problems in the child's environment that stimulate the child to engage in criminal/delinquent behavior.

FIRE SETTING MODULE			
0	1	2	3
SERIOUSNESS - Please rate most recent incident.			
Child has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).	Child has engaged in fire setting that resulted only in some property damage that required repair.	Child has engaged in fire setting which caused significant damage to property (e.g. burned down house).	Child has engaged in fire setting that injured self or others.
SERIOUSNESS - Please rate most recent incident.			
Child has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).	Child has engaged in fire setting that resulted only in some property damage that required repair.	Child has engaged in fire setting which caused significant damage to property (e.g. burned down house).	Child has engaged in fire setting that injured self or others.
HISTORY - Please rate using time frames provided in the anchors.			
Only one known occurrence of fire setting behavior.	Youth has engaged in multiple acts of fire setting in the past year.	Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.	Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.
PLANNING - Please rate most recent incident.			
No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.	Evidence suggests that youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.	Evidence of some planning of fire setting behavior.	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.
USE OF ACCELERANTS - Please rate most recent incident.			
No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.	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.	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.
INTENTION TO HARM - Please rate most recent incident.			
Child did not intend to harm others with fire. He/she took efforts to maintain some safety.	Child did not intend to harm others but took no efforts to maintain safety.	Child intended to seek revenge or scare others but did not intend physical harm, only intimidation.	Child intended to injure or kill others.
COMMUNITY SAFETY - Please rate highest level in the past 30 days.			
Child presents no risk to the community. He/she could be unsupervised in the community.	Child engages in fire setting behavior that represents a risk to community property.	Child engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.	Child 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 - Please rate highest level in the past 30 days.			
Child admits to behavior and expresses remorse and desire to not repeat.	Child partially admits to behaviors and expresses some remorse.	Child admits to behavior but does not express remorse.	Child neither admits to behavior nor expresses remorse. Child is in complete denial.
REMORSE - Please rate highest level in the past 30 days.			
Child accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child is able to apologize directly to effected people.	Child accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child is unable or unwilling to apologize to effected people.	Child 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.	Child accepts no responsibility and does not appear to experience any remorse.
LIKELIHOOD OF FUTURE FIRE SETTING - Please rate highest level in the past 30 days.			
Child is unlikely to set fires in the future. Child able and willing to exert self-control over fire setting.	Child presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.	Child remains at risk of fire setting if left unsupervised. Child struggles with self-control.	Child presents a real and present danger of fire setting in the immediate future. Child unable or unwilling to exert self-control over fire setting behavior.