

SOUTH CAROLINA CHILD AND ADOLESCENT NEEDS AND STRENGTHS 2.1

CANS 2.1 for Ages Birth thru 17

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REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, youth, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns “they/them/themselves” in the place of “he/him/himself” and “she/her/herself.”

Additionally, “child/youth” is being utilized in reference to “child,” “youth,” “adolescent,” or “young adult” due to the broad range of ages to which this manual applies (e.g., ages birth through 17). For the domains based on age, “child” is used to reference young children ages 0 through 5, and “youth” is used to reference children ages 14+.

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INTRODUCTION

THE CANS

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

SIX KEY PRINCIPLES OF THE CANS

1. **Indicators were selected because they are each relevant to service/treatment planning.** An indicator exists because it might lead you down a different pathway in terms of planning actions.
2. **Each indicator uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the indicator. In other words, anger control is not relevant for a very young child but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. **The ratings are generally “agnostic as to etiology.”** In other words this is a descriptive tool; it is about the “what” not the “why.” While most indicators are purely descriptive, there are a few indicators that consider cause and effect; see individual indicator descriptions for details on when the “why” is considered in rating these indicators.
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

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

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

The CANS is made of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific indicators. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a domain that asks about the family's beliefs and preferences, and about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders, gives a number rating to each of these indicators. These ratings help the provider, youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

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

HISTORY

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

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

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

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the indicator level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

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

reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015)

RATING NEEDS & STRENGTHS

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

- ★ Basic core indicators – grouped by domain – are rated for all individuals.
- ★ Individual assessment module questions provide additional information in a specific area.

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

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

The rating of 'N/A' for 'not applicable' is available for a few indicators under specified circumstances (see reference guide descriptions). For those indicators where the 'N/A' rating is available, it should be used only in the rare instances where an indicator does not apply to that particular child/youth.

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

Remember that the indicator anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see page 6). The rater must consider the basic meaning of each level to determine the appropriate rating on an indicator for an individual.

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

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

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

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

HOW IS THE CANS USED?

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

IT IS AN ASSESSMENT STRATEGY

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

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

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

IT FACILITATES OUTCOMES MEASUREMENT

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

IT IS A COMMUNICATION TOOL

When a client leaves a treatment program, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary, integrated with CANS ratings, provides a picture of how much progress has been made, and allows for recommendations for future care which ties to current needs. And finally, it allows for a shared language to talk about our child/youth 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.

CANS: A STRATEGY FOR CHANGE

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

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

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

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and indicators, as well as how the actionable indicators will be used in treatment or serving planning. When possible, share with the child/youth and family the CANS domains and indicators (see the CANS Core Indicator list on page 14) and encourage the family to look over the indicators prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will

receive. Some things to keep in mind that make you a better listener and that will give you the best information:

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

REDIRECT THE CONVERSATION TO PARENTS’/CAREGIVERS’ OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people’s observations such as “Well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “So your mother feels that when he does x that is obnoxious. What do YOU think?” The CANS is a tool to organize all points of observation, but the parent or caregiver’s perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

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

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

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

REFERENCES

- American Psychiatric Association (APA) (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. (DSM-5)*. Washington DC: American Psychiatric Publishing.
- Anderson, R.L., Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health, 17*, 259-265.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Child and Youth Services Review, 34*, 2345-2352.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2013). Patterns of out of home decision making. *Child Abuse & Neglect 37*, 871-882.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2014). Out of home placement decision making and outcomes in youth welfare: A longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research, 41*, published online March 28.
- Cordell, K.D., Snowden, L.R., & Hosier, L. (2016). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Child and Youth Services Review, 60*, 129-135.
- Epstein, R.A., Schlueter, D., Gracey, K.A., Chandrasekhar, R., & Cull, M.J. (2015). Examining placement disruption in Child Welfare, *Residential Treatment for Children & Youth, 32*(3), 224-232.
- Israel, N., Accomazzo, S., Romney, S., & Zlatevski, D. (2015). Segregated care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth, 32*(3), 233-250.
- Lardner, M. (2015). Are restrictiveness of care decisions based on youth level of need? A multilevel model analysis of placement levels using the Child and Adolescent Needs and Strengths assessment. *Residential Treatment for Children & Youth, 32*(3), 195-207.
- Lyons, J.S. (2004). *Redressing the emperor: Improving the children's public mental health system*. Westport, CT: Praeger Publishing.
- Lyons, J.S. (2009). *Communimetrics: A communication theory of measurement in human service settings*. New York: Springer.
- Lyons, J.S., & Weiner, D.A. (2009). (Eds.) *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management*. New York: Civic Research Institute.

FOR THE EARLY CHILDHOOD DOMAIN

- American Academy of Child and Adolescent Psychiatry (1997), Practice Parameters for the Psychiatric Assessment of Infants and Toddlers. *Journal of the American Academy of Child Adolescent Psychiatry*, 36 (10suppl).
- Carter, S., Osofsky, J. D., & Hann, D. M. (1991). *Maternal depression and affect in adolescent mothers and their infants*. Paper presented at the Biennial Meeting of the Society for Research in Child Development, Seattle.
- Chess, S., & Thomas, A. (1959). Characteristics of the individual child's behavioral response to the environment. *American Journal of Orthopsychiatry*, 24, 791-802.
- Cochran, M., & Niego, S. (2002). Parenting and social networks. In M.H. Bornstein (Ed.) *Handbook of parenting* (2nd ed., Vol.4). Social conditions and applied parenting 9pp. 123-148). Mahwah, NJ: Lawrence Erlbaum Associates.
- Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition, Zero to Three* (2005).
- Epstein, M.H., & Sharma, J.M. (1988). *Behavioral and Emotional Rating Scale: A Strength-Based Approach to Assessment*. Austin, TX. PRO-ED.
- Gardner, H. (1983). *Frames of mind: The theory of multiple intelligences*. New York: Basic Books.
- Greenspan, S.I. (1985), Comprehensive clinical approaches to developmental and emotional disorders in infants and young children: Emerging perspectives in *Maternal and Child Health Technical Information Series*. Rockville, MD: U.S. Department of Health and Human Services.
- Guralnick, M.J. (1988). Effectiveness of early intervention for vulnerable children: A developmental perspective. *American Journal on Mental Retardation*, 102, 319-45.
- Johnson, M. K. &Freidman, R.M. (1991). Strength-based assessment. *Program Update*, 7 (1), 10-11.
- Kaplan-Sanoff, M. (1996). The effects of maternal substance abuse on young children: Myths and realities. In E. Erwin (Ed.), *Putting Children First* (pp. 77-103). Baltimore, MD: Paul Brookes Publishers.
- Landesman, S., Jaccard, J., & Gunderson, V. (1991). The family environment: The combined influence of family behavior, goals, strategies, resources, and individual experiences. In M. Lewis & S. Feinman (Eds.), *Social Influences and Socialization in Infancy* (pp. 63-96). New York: Plenum.
- Landy, S. (2002). *Pathways to competence: Encouraging healthy social and emotional development in young children* (pp. 12-27). Baltimore: Paul H. Brookes Publishing Co.
- Lester, B.M., & Tronick, E.Z., (1994). Prenatal drug exposure and child outcome. Special Issue of *Infant Mental Health Journal*, 15.
- Levy, T. (1998). *Attachment, trauma, and healing: Understanding and treating attachment disorder in children and families*. Washington, DC: CWLA Press.

- Miles, P., Bruns, E.J., Osher, T.W., Walker, J.S., & National Wraparound Initiative Advisory Group (2006). *The Wraparound Process User's Guide: A Handbook for Families*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.
- National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.
- NICHD Early Child Care Research Network (2000). Characteristics and quality of child care for toddlers and preschoolers, *Applied Developmental Science*, 4, 116-135.
- Palm, G.F., (1997). Promoting generative fathering through parent and family education. In A.J. Hawkins & D.C. Dollahite (Eds.), *Current issues in the Family series: Volume 3, Generative Fathering: Beyond Deficit Perspectives* (pp. 167-82). Thousand Oaks, CA: Sage.
- Scheeringa, M., & Gaensbauer, T. (2000). Posttraumatic stress disorder. In C.H. Zeanah, Ed., *Handbook of Infant Mental Health*, 2nd. Ed., New York: Guilford Press.
- Tableman, B. & Weatherston, D. (2002). *Infant Mental Health Services; Supporting Competencies/Reducing Risks*. Southgate, MI. Michigan Association for Infant Mental Health.
- Trout, M. (1987). *Infant Mental Health: A Psychotherapeutic Model of Intervention*. Champaign, IL. Infant-Parent Institute.
- Webster-Stratton C. Aggression in young children: Service proven to be effective in reducing aggression. In: Tremblay RE, Barr RG, Peters RdeV, eds. *Encyclopedia on Early Childhood Development*. [online]. Montreal, Quebec: Centre of Excellence for Early Childhood Development; 2003:1-6. Available at: <http://www.excellenceearlychildhood.a/documents/Webster-StrattonANGxp.pdf>.
- Werner, E.E. (1990). Protective factors and individual resilience. In S.J. Meisels & J.P. Shonkoff (Eds.), *Handbook of Early Childhood Intervention* (pp. 97-116). New York: Cambridge University Press.
- Zeanah, C.H., Jr. (Ed.). 1993. *Handbook of Infant Mental Health*. New York: Guilford Press.

CANS BASIC STRUCTURE

The South Carolina Child and Adolescent Needs and Strengths indicators are noted below. Note that for all domains, indicators in *italics* indicate that this indicator, when rated '1,' '2,' or '3,' will require a corresponding module – the letter in brackets that follows the name, e.g., [A] -- to be completed.

Behavioral/Emotional Needs Domain (Ages 6+)

Psychosis
Impulsivity/Hyperactivity
Depression
Anxiety
Oppositional
Conduct
Anger Control
Substance Use
Adjustment to Trauma
Eating Disturbance

Risk Behaviors Domain (Ages 6+)

Suicide Risk
Non-Suicidal Self-Injurious Behavior
Other Self-Harm (Recklessness)
Danger to Others
Sexual Aggression
Delinquent Behavior
Runaway
Intentional Misbehavior
Victimization/Exploitation [A]

Life Functioning Domain (Ages 6+)

Family Functioning
Living Situation
Social Functioning
Developmental/Intellectual
Decision Making
School Behavior
School Attendance
School Achievement
Medical/Physical [B]
Sexual Development
Sleep

Cultural Factors Domain (Ages 6+)

Language
Traditions and Rituals
Cultural Stress

Strengths Domain (Ages 6+)

Family Strengths
Interpersonal
Educational Setting
Talents and Interests
Spiritual/Religious
Cultural Identity
Community Life
Natural Supports
Resiliency

Caregiver Resources & Needs (Ages 6+)

Monitoring
Discipline
Involvement with Care
Knowledge
Social Resources
Residential Stability
Medical/Physical
Mental Health
Substance Use
Developmental
Anger Control
Parental Criminal Activity
Legal Involvement
Safety
Home Conditions

Potentially Traumatic/Adverse Childhood Experiences (All Ages)

Sexual Abuse
Physical Abuse
Emotional Abuse/Mental Injury
Neglect
Medical Trauma
Witness to Family Violence
Witness to Community/School Violence
Natural or Manmade Disaster
War/Terrorism Affected
Victim/Witness to Criminal Activity
Disruption in Caregiving/ Attachment Losses
Parental Criminal Behaviors

Early Childhood Domain This section is completed for all children from birth through 5-years old. The Potentially Traumatic/Adverse Childhood Experiences (indicators above) must also be completed for this age group.

Challenges

Impulsivity/Hyperactivity
Depression
Anxiety
Oppositional
Attachment Difficulties
Adjustment to Trauma
Regulatory
Atypical Behaviors
Sleep

Functioning

Family Functioning
Early Education
Social and Emotional Functioning
Developmental/Intellectual
Medical Physical [B]

Risk Behaviors & Factors

Self-Harm
Exploited
Prenatal Care
Exposure
Labor and Delivery
Birth Weight
Failure to Thrive

Cultural Factors-Family

Language
Traditions and Rituals
Cultural Stress

Strengths

Family Strengths
Interpersonal
Natural Supports
Resiliency: Persistence & Adaptability
Relationship Permanence
Playfulness
Family Spiritual/Religious

Caregiver Resources and Needs

Monitoring
Discipline
Involvement with Care
Knowledge
Social Resources
Residential Stability
Medical/Physical
Mental Health
Substance Use
Developmental
Anger Control
Parental Criminal Activity
Safety
Home Conditions
Family Relationship to the System
Legal Involvement
Organization
Caregiver Emotional Responsiveness
Caregiver Adjustment to Traumatic Experiences

Independent Living Domain This section is completed for all youth ages 14-17.

Safe and Stable Housing

Home/Personal Space Maintenance

Readiness to Live Alone

Parenting/Caregiving Roles [C]

Financial Stability

Financial Literacy

Consumer Functioning

Budgeting

Health and Personal Care

Knowledge of Health/Mental Health Needs

Treatment Complexity (16+)

Medication Adherence

Access to Adult Services

Independent Living Skills

Self-Care Activities of Daily Living

Education

Educational Attainment

Access to Financial Aid/ETV

Employment

Job History

Job Performance

Career Aspirations

Skills Relevant to Aspirations

Positive Connections

Social Support/Peer Connections

Intimate Relationships

Relationship Permanence

Resourcefulness

MODULES

[A] Commercially Sexually Exploited Module

Duration of Exploitation

Perception of Dangerousness

Knowledge of Exploitation

Trauma Bonding/Stockholm Syndrome

Exploitation of Others

Unprotected Intercourse

Arrests for Loitering/

Solicitation

Other Arrests

Sexually Transmitted Infections

Pregnancies

Abortions

Attitude Toward Education

Prior School Success

Sexual Abuse

Child/Youth's Emotional Response

Family Stress

[C] Parenting/Caregiving Module

Knowledge of Child's Needs

Supervision of Child

Involvement with Child's Care

Caregiver Organization

Marital/Partner Violence in Home

[B] Medical Health Module

Organizational Complexity

Medication Management

Intensity of Treatment Support

Chronicity

Life Threatening

Diagnostic Complexity

Impairment in Functioning

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN (AGES 6+)

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

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

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

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

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PSYCHOSIS (THOUGHT DISORDER)

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

Questions to Consider:

- Does your child/youth exhibit behaviors that are unusual or difficult to understand?
 - Does your child/youth engage in certain actions repeatedly?
 - Are the unusual behaviors or repeated actions interfering with your child/youth's functioning?
-

Ratings and Descriptions

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

No evidence of psychotic symptoms. Thought processes and content are within normal range.

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

Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.

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

Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.

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

Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

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IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM-5. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting or stealing.

Questions to Consider:

- Do people (adults and other children) ever tell you that you do things without thinking?
 - Tell me about when the child/youth does something without thinking. How does that turn out for them?
 - When or where is it hardest for you to sit still? Tell me about getting in trouble for not sitting still or keeping your hands to yourself.
 - Does the child/youth talk about feeling compelled to do something even though they know it's not a good idea? Tell me more about that.
-

Ratings and Descriptions

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

No evidence of symptoms of loss of control of behavior.

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

This is a history or evidence of some impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.

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

Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.

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

Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers themselves or others without thinking.

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DEPRESSION

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

Questions to Consider:

- Tell me about when you felt sad.
 - Were there times when you felt hopeless and worthless? Was there ever a time when you felt like you just couldn't get moving or going?
 - If sleep problem was identified in Life Functioning domain, then for this indicator, ask what gets in the way of sleep, or what makes it hard to get up in the morning.
 - Tell me about when the child/youth seems/feels irritable.
-

Ratings and Descriptions

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

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

History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.

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

Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.

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

Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

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ANXIETY

This indicator rates evidence of symptoms associated with DSM-5 anxiety disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Questions to Consider:

- Do you ever feel like something terrible is about to happen, but you don't know what/why? How do you handle that?
 - Do you have any fears or worries that you think about all the time? How do you handle them?
 - Tell me about a time you avoided something for fear of what might happen. Tell me about other times that happened.
-

Ratings and Descriptions

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

No evidence of anxiety symptoms.

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

There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.

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

Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.

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

Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

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OPPOSITIONAL (NON-COMPLIANCE WITH AUTHORITY)

This indicator rates the child/youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth.

Questions to Consider:

- Do you consider yourself a rule follower or a rule-breaker?
 - Are there some places where the rules make more sense than others for you? If yes, what places are more difficult? Why is it more of a struggle in these places?
 - What makes it easier or harder for you to follow the rules?
 - When you argue with people in charge, what happens?
-

Ratings and Descriptions

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

No evidence of oppositional behaviors.

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

There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/ caregiver; there may be letters or calls from school.

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

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

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

Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

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CONDUCT (ANTISOCIAL BEHAVIOR)

This indicator rates the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder.

Questions to Consider:

- How does it feel when someone lies to the child/youth? How do other people feel when the child/youth lies to them?
 - Tell me about how lying gets them in trouble. Does it seem worth it sometimes? If so, when?
 - Tell me when it seems the right thing to do to threaten or hurt someone.
 - Tell me about when they hurt somebody, or when they tear things up. What started that?
 - Can they make other people do what they want? How?
-

Ratings and Descriptions

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

No evidence of serious violations of others or laws.

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

There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex, and community.

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

Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.

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

Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

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ANGER CONTROL

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

Questions to Consider:

- What makes you angry?
 - How would other people describe what you are like when you are angry?
 - Do they get upset very easily? What do you do?
-

Ratings and Descriptions

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

No evidence of any anger control problems.

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

History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.

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

Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

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

Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.

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SUBSTANCE USE

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

Questions to Consider:

- Tell me about the last time you had beer or other alcohol.
 - Tell me about the last time you used other drugs (like OTC, prescription, or street drugs).
 - How does it make you feel? What did you do to try to stop? How?
 - Have you ever thought about getting help to stop using? How did that go?
-

Ratings and Descriptions

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

Child/youth has no notable substance use difficulties at the present time.

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

Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.

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

Child/youth has a substance use problem that consistently interferes with the ability to function optimally but does not completely preclude functioning in an unstructured setting.

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

Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth.

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ADJUSTMENT TO TRAUMA

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

Questions to Consider:

- Tell me about the hardships the child/youth has had. What trauma(s) did they experience?
- How did they respond to that situation?
- How does that impact their life day-to-day?
- How is it connected to the current issue(s)?
- What are the child/youth's coping skills?
- Who is supporting the child/youth?

NOTE: This can include a difficult move, loss of a loved one, witness to a violent situation, car accidents, natural disasters, abuse, military deployment/war experiences, etc. This indicator may need additional prompting or clarifying questions.

Ratings and Descriptions

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

No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.

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

The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.

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

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

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

Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

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EATING DISTURBANCES

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

Questions to Consider:

- Does the child/youth have any challenges with eating?
 - Is the child/youth an overly picky eater?
 - Does the child/youth have any eating rituals?
-

Ratings and Descriptions

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

This rating is for a child/youth with no evidence of eating disturbances.

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

This rating is for a child/youth with some eating disturbance that is not interfering with their functioning. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.

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

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

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

This rating is for a child/youth with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

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RISK BEHAVIORS DOMAIN (AGES 6+)

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

Question to Consider for this Domain: Does the child/youth's behaviors put them at risk for serious harm?

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

- 0 No evidence of any needs; no need for action.
- 1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
- 2 Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

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SUICIDE RISK

This indicator describes the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This indicator rates overt and covert thoughts and efforts on the part of a child or youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating.

Questions to Consider:

- Have you ever felt like your life wasn't worth living? Have you ever wanted to die?
 - How does the child/youth talk about their future?
 - How does the child/youth feel about themselves and their place in life?
 - Tell me about any suicidal threats or attempts now or in the past. What stopped that attempt?
-

Ratings and Descriptions

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

No evidence of suicidal ideation.

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

History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.

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

Recent, but not acute, suicidal ideation or gesture.

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

Current suicidal ideation and intent OR command hallucinations that involve self-harm.

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NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This indicator includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child/youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

Questions to Consider:

- How does the child/youth cope with stressful situations?
 - Tell me about a time when the child/youth hurt themselves and it made them feel better.
 - Tell me about any activities the child/youth does to regulate themselves that could harm themselves.
-

Ratings and Descriptions

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

No evidence of any forms of self-injury.

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

A history or suspicion of self-injurious behavior.

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

Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.

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

Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

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OTHER SELF-HARM (RECKLESSNESS)

This indicator includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child/youth or others in some jeopardy. Suicidal or self-injurious behaviors are not rated here.

Questions to Consider:

- Tell me about a time your child/youth acted without thinking of the consequences.
 - Tell me about a time where your child/youth could have been injured due to their actions.
 - Tell me about any concerning, reckless, or risky behaviors your child/youth has now or in the past.
 - Tell me about any activities your child/youth does for fun that could end up hurting themselves or others.
-

Ratings and Descriptions

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

No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.

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

There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.

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

Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.

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

Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

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DANGER TO OTHERS

This indicator rates the child/youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this indicator.

Questions to Consider:

- Tell me about past/current fights your child has been involved in.
 - Tell me about any aggressive or violent behavior your child/youth has now or in the past.
 - Tell me about a time your child/youth wanted to hurt someone.
-

Ratings and Descriptions

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

No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).

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

History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.

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

Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.

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

Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

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SEXUAL AGGRESSION

This indicator is intended to describe both aggressive sexual behavior and sexual behavior in which the child/youth takes advantage of a younger or less powerful child/youth. The severity and recency of the behavior provide the information needed to rate this indicator.

Questions to Consider:

- Tell me what you think consent means in a sexual relationship.
 - Tell me about your partners. (assess for age)
 - Tell me about any concerning, reckless, or risky sexual behaviors your child/youth has now or in the past.
 - Has anyone been hurt by your sexual behavior? If yes, what did that look like? What happened as a result of your behavior?
-

Ratings and Descriptions

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

No evidence of sexually aggressive behavior.

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

History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.

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

Child/youth engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.

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

Child/youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

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DELINQUENT BEHAVIOR

This indicator includes both delinquent behavior and status offenses that may result from child/youth failing to follow required behavioral standards (e.g., truancy, curfew violations, driving without a license). Sexual offenses should be included as delinquent/ criminal behavior. If caught, the child/youth could be arrested for this behavior.

Questions to Consider:

- Describe any behavior your child/youth has been involved in that others would consider illegal.
 - Tell me about your child/youth's pending, current, or previous charges, or interactions with law enforcement.
-

Ratings and Descriptions

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

No evidence or history of delinquent behavior.

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

History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.

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

Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

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

Serious recent acts of delinquent activity that place others at risk of significant loss or injury or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary, or gang involvement.

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RUNAWAY

This indicator describes the risk of running away or actual runaway behavior.

Questions to Consider:

- Tell me about times your child/youth has threatened to leave or has left the home (or where they were residing) without permission.
 - Where do they go when they leave? (Is your child/youth running to or away from something?)
 - How long do they stay gone?
 - Why did they return?
-

Ratings and Descriptions

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

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

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

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

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

Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run away to home (parental or relative).

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

Child/youth has run from home and/or treatment settings in the recent past and presents an imminent flight risk. A child/youth who is currently a runaway is rated here.

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INTENTIONAL MISBEHAVIOR

This indicator describes intentional behaviors that a child/youth engages in to force others to administer consequences. This indicator should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child/youth lives) that put the child/youth at some risk of consequences. It is not necessary that the child/youth be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this indicator. There is always, however, a benefit to the child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feels more protected, more in control, less anxious because of the sanctions). This indicator should not be rated for children/youth who engage in such behavior solely due to developmental delays.

Questions to Consider:

- Tell me about a time your child/youth acted out to get in trouble on purpose.
 - How does your child/youth interact with authority figures?
 - How does your child/youth try to push adults' buttons?
-

Ratings and Descriptions

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

Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.

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

Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.

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

Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the child/youth's life.

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

Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g., expulsion from school, removal from the community).

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VICTIMIZATION/EXPLOITATION*

This indicator describes a child/youth who has been victimized by others. This indicator is used to examine a history and pattern of being the object of abuse and/or whether the child/youth is at current risk for re-victimization or exploitation. It would also include individuals who are victimized in other ways (e.g., being bullied, sexual abuse, sexual exploitation, etc.).

Questions to Consider:

- Tell me about a time when your child/youth has been victimized (e.g., bullied, victim of criminal activity, sexual exploitation, placed the child/youth in a self-care/caretaker role inappropriate to their age/ability).
 - How often, how recently, and how severe is the victimization?
 - How have these instances affected your child/youth?
-

Ratings and Descriptions

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

No evidence that the child/youth has experienced a pattern of victimization or exploitation. They may have been bullied, robbed, or burglarized on one or more occasions in the past, but not the recent past, and no pattern of victimization exists. Child/youth is not presently at risk for re-victimization or exploitation.

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

Child/youth has a prior pattern of victimization or exploitation, but the child/youth has not been victimized to any significant degree in the past year. Child/youth is not presently at risk for re-victimization or exploitation.

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

Child/youth has been recently victimized (within the past year) and may be at risk of re-victimization or exploitation. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.

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

Child/youth has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, sexual activity) or living in an abusive relationship.

A rating of '1,' '2,' or '3' on this indicator, when the rating reflects experience of sexual exploitation, triggers completion of the [A] Commercially Sexually Exploited (CSE) Module.

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[A] COMMERCIAL SEXUALLY EXPLOITED MODULE

For the **Commercially Sexually Exploited Module**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.
- 2 Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

DURATION OF EXPLOITATION

This indicator describes when the exploitation began and how long the child/youth has experienced the exploitation.

Questions to Consider:

- How long has the young person's exploitation occurred?

Ratings and Descriptions

- 0 Exploitation has begun in the last three months.
- 1 Exploitation has begun in the past year.
- 2 Exploitation has been intermittent for more than two years.
- 3 Exploitation has been ongoing for more than two years.

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PERCEPTION OF DANGEROUSNESS

This indicator describes whether the child/youth is aware that they are in a dangerous situation when they are being exploited.

Questions to Consider:

- Is the child/youth aware that they are in danger?

Ratings and Descriptions

- 0 Child/youth is fully aware of the dangerousness of their situation and behavior. Child/youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.
- 1 Child/youth is partially aware of the dangerousness of their situation and behavior. Child/youth generally fails to take precautions.
- 2 Child/youth is unaware of the dangerousness of their situation and behavior.
- 3 Child/youth actively minimizes the dangerousness of their situation and behavior.

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KNOWLEDGE OF EXPLOITATION

This indicator describes whether the child/youth recognizes that they are being exploited.

Questions to Consider:

- Does the child/youth know that they are being exploited?
-

Ratings and Descriptions

- 0 Child/youth understands that they are currently being exploited.
-
- 1 Child/youth has some understanding that they might currently be exploited, however, the child/youth is unsure.
-
- 2 Child/youth is unaware of their exploitation.
-
- 3 Child/youth actively denies and/or rationalizes their exploitation.
-

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TRAUMA BONDING/STOCKHOLM SYNDROME

This indicator describes the degree to which the child/youth recognizes that their exploiter is not operating with their best interest in mind.

Questions to Consider:

- Does the child/youth have an attachment towards their exploiter?
 - Does the child/youth believe that the exploiter cares for them?
-

Ratings and Descriptions

- 0 Child/youth recognizes that their pimp or other exploiter is not operating in their best interest.
-
- 1 Child/youth suspects that their pimp or other exploiter may not be operating in their best interest.
-
- 2 Child/youth believes that their pimp or other exploiter is operating in their best interest.
-
- 3 Child/youth actively defends and justifies the behavior of their pimp or other exploiter to protect them from accusations of exploitation.
-

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EXPLOITATION OF OTHERS

This indicator describes the degree to which the child/youth exploits other people. For example, child/youth may bully or intimidate others to achieve their personal goals.

Questions to Consider:

- Does the child/youth engage in any behaviors that exploit others?
-

Ratings and Descriptions

- | | |
|---|--|
| 0 | No evidence that the child/youth exploits other people. |
| 1 | Child/youth occasionally bullies or intimidates others to achieve personal goals. |
| 2 | Child/youth actively exploits others. |
| 3 | Child/youth's exploitation of others is putting at least one of these individuals at risk of harm. |
-

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UNPROTECTED INTERCOURSE

This indicator is used to describe the degree to which the child/youth uses standard protection from sexually transmitted infections during intercourse.

Questions to Consider:

- Does the child/youth use any protection from sexually transmitted infections during intercourse?
-

Ratings and Descriptions

- | | |
|---|--|
| 0 | Child/youth always uses protection during intercourse. |
| 1 | Child/youth generally uses protection during intercourse. Child/youth may occasionally forget or act impulsively, engaging in intercourse even when protection is not readily available. |
| 2 | Child/youth sometimes uses protection during intercourse. Child/youth may only use protection in situations where they are very concerned about risks. |
| 3 | Child/youth never uses protection during intercourse. |
-

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ARRESTS FOR LOITERING/SOLICITATION

This indicator includes arrests for the crimes of loitering or solicitation committed during or associated with exploitation.

Questions to Consider:

- Has the child/youth ever been arrested for loitering or solicitation that was associated with exploitation?
-

Ratings and Descriptions

0 Child/youth has not been arrested for loitering or soliciting.

1 Child/youth has been arrested once or twice for loitering or soliciting.

2 Child/youth has been arrested three, four or five times for loitering or soliciting.

3 Child/youth has been arrested six or more times for loitering or soliciting.

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OTHER ARRESTS

This indicator includes arrests for crimes committed by the child/youth during the time that they were being exploited. This indicator excludes loitering and solicitation.

Questions to Consider:

- Has the child/youth ever been arrested for crimes other than loitering or solicitation while they were being exploited?
-

Ratings and Descriptions

0 Child/youth has not been arrested for any other crimes.

1 Child/youth has been arrested once for crimes other than involving alleged activities relating to exploitation.

2 Child/youth has been arrested twice for crimes other than involving alleged activities relating to exploitation.

3 Child/youth has been arrested three or more times for crimes other than involving alleged activities related to exploitation.

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SEXUALLY TRANSMITTED INFECTIONS

This indicator describes whether the child/youth has contracted a sexually transmitted infection.

Questions to Consider:

- Has the child/youth ever contracted an STI?
-

Ratings and Descriptions

- 0 Child/youth has no current known STIs nor any history of serious STDs.
-
- 1 Child/youth has history of serious STDs or is currently suspected of having an STD that has not yet been fully diagnosed.
-
- 2 Child/youth currently has an STD.
-
- 3 Child/youth currently has an STD that is putting self or others at risk of disability or death.
-

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PREGNANCIES

This indicator describes whether the child/youth has ever been pregnant or impregnated another.

Questions to Consider:

- Has the child/youth ever been pregnant?
 - How many times?
-

Ratings and Descriptions

- 0 Child/youth has never been pregnant not has child/youth impregnated another.
-
- 1 Child/youth has been pregnant once or impregnated another once.
-
- 2 Child/youth has been pregnant twice or impregnated another twice.
-
- 3 Child/youth has been pregnant three or more times or has impregnated others on three or more occasions.
-

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ABORTIONS

This indicator describes whether the child/youth has had a pregnancy terminated.

Questions to Consider:

- Has the child/youth ever had to terminate a pregnancy?
 - How many times?
-

Ratings and Descriptions

NA Child/youth is a male.

0 Child/youth has never had an abortion.

1 Child/youth has had an abortion one time.

2 Child/youth has had an abortion two times.

3 Child/youth has had an abortion three or more times.

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ATTITUDE TOWARD EDUCATION

This indicator describes whether the child/youth values education and/or completing their education.

Questions to Consider:

- Does the child/youth value education?
 - Is the child/youth working towards completing their education?
-

Ratings and Descriptions

0 Child/youth understands the value of completing their education.

1 Child/youth is able to articulate the possible value of completing their education but may remain skeptical of the personal value of education.

2 Child/youth sees no value of any further education.

3 Child/youth is hostile towards receiving any further education.

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PRIOR SCHOOL SUCCESS

This indicator describes whether the child/youth has had previous success in school.

Questions to Consider:

- Was the child/youth previously successful at school?
-

Ratings and Descriptions

- 0 Child/youth has excelled at least one year in their educational experience.
-
- 1 Child/youth had average performance for two or more years in their earlier school experience.
-
- 2 Child/youth had average performance for at least one year in their earlier school experience.
-
- 3 Child/youth has never experienced any school success that lasted for an entire school year.
-

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SEXUAL ABUSE (Rate based on LIFETIME exposure)

This indicator describes the child/youth's experience of sexual abuse.

Questions to Consider:

- Has the caregiver or child/youth disclosed sexual abuse?
 - How often did the abuse occur?
 - Did the abuse result in physical injury?
-

Ratings and Descriptions

- 0 There is no evidence that child/youth has experienced sexual abuse.
-
- 1 There is a suspicion that the child/youth has experienced sexual abuse with some degree of evidence or the child/youth has experienced sexual abuse, including, but not limited to, direct exposure to sexually explicit materials. Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or internet predation. Children/youth who have experienced secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) also would be rated here, if the abuse is not current, did not occur recently, or involve the type of incident that would otherwise be rated at the '2' or '3' action level.
-
- 2 Child/youth has experienced one or more incidents of sexual abuse that are not recent incidents and it is unclear whether or not treatment was sought for the child/youth, that the alleged perpetrator does not live in the home or have legal or unrestrained access to the child/youth, or where the alleged perpetrator is of similar age and protective measures have been taken by the parent/caregiver.
-
- 3 Child/youth has experienced severe, chronic sexual abuse with multiple episodes or lasting over an extended period of time, sexual abuse significant enough to cause physical injury and/or require medical attention, or a single incident where the alleged perpetrator resides in the home and has legal or unrestrained access to the child/youth.
-

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End of Commercially Sexually Exploited Module

LIFE FUNCTIONING DOMAIN (AGES 6+)

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

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

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

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

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FAMILY FUNCTIONING

This indicator rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e., who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/ youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this indicator, consider the relationship the child/youth has with their family as well as the relationship of the family as a whole.

Questions to Consider:

- Who do you consider a member of your family?
 - How does the child/youth get along with the family?
 - Tell me about problems between family members.
 - What is the relationship like between the child/youth and their family?
 - What does it look like when your family disagrees or argues?
 - How is your family getting along now?
-

Ratings and Descriptions

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

No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.

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

History or suspicion of problems. Child/youth may be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the child/youth. Arguing may be common but does not result in major problems.

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

Child/youth is having problems with parents, siblings and/or other family members that are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

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

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

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LIVING SITUATION

This indicator refers to how the child/youth is functioning in the child/youth's current living arrangement, which could be with a relative, in a foster home, etc. This indicator should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider:

- Tell me about where the child/youth lives now. How long have they been there?
 - If problems arise, how are they dealt with?
 - How does the child/youth's behavior impact the living situation?
 - Tell me about the impact of the child/youth's behavior on the ability to stay in the home.
 - Tell me about any risk of losing the current living situation.
-

Ratings and Descriptions

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

No evidence of problems with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.

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

Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.

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

Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.

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

Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being removed from living situation due to problematic behaviors.

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SOCIAL FUNCTIONING

This indicator rates social skills and relationships. It includes age-appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child/youth is doing currently. Strengths are longer-term assets.

Questions to Consider:

- Tell me about any social groups, clubs, or teams that the child/youth participates in.
 - Tell me about the child/youth's friends.
 - What sorts of things do they do together?
 - How long have they been friends?
 - Tell me about any conflicts they have with peers.
-

Ratings and Descriptions

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

No evidence of problems and/or child/youth has developmentally appropriate social functioning.

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

There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.

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

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

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

Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

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DEVELOPMENTAL/INTELLECTUAL

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

Questions to Consider:

- Tell me about the child/youth's developmental milestones (such as walking, talking) and when they were reached.
 - What concerns regarding development have been reported to you from others in the child/youth's life?
 - How would you compare their development to others their age?
 - What additional help or special education services do they receive (e.g., academic, ABA [autism support], speech therapy, physical therapy or occupational therapy)?
-

Ratings and Descriptions

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

No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.

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

There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e.. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.

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

Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior) causing functional problems in one or more settings and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

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

Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

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DECISION MAKING

This indicator describes the child/youth's age-appropriate decision-making process and understanding of choices and consequences.

Questions to Consider:

- Tell me about how the child/youth makes decisions. Are they able to take consequences of their actions into account in a way that is appropriate given their age?
 - Tell me about the outcomes to those decisions. (How is that working out for everyone?)
 - Tell me about the type of supervision the child/youth needs due to their decision making.
-

Ratings and Descriptions

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

No evidence of problems with judgment or decision making that result in harm to development and/or well-being.

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

There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being.

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

Problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being. As a result, more supervision is required than expected for their age.

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

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

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SCHOOL BEHAVIOR

This indicator rates the behavior of the child/youth in school or school-like settings.

Questions to Consider:

- Tell me about any trouble the child/youth has been in at school (e.g., disruptive in class, suspensions, expulsions, parents called, etc.).
 - What types of things do they do to get in trouble?
 - Tell me about how the child/youth gets along with teachers and other students.
-

Ratings and Descriptions

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

No evidence of behavioral problems at school, OR child/youth is behaving well in school.

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

Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.

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

Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.

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

Child/youth is having severe problems with behavior in school. The child/youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

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SCHOOL ATTENDANCE

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

Questions to Consider:

- Tell me about the child/youth's school attendance.
 - What are some reasons the child/youth may miss school?
 - If they miss school, what plans are put in place to make up schoolwork?
 - How do absences interfere with their learning?
-

Ratings and Descriptions

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

Child/youth attends school regularly.

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

Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.

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

Child/youth's problems with school attendance are interfering with academic progress.

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

Child/youth is generally absent from school.

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SCHOOL ACHIEVEMENT

This indicator rates the child/youth's grades or level of academic achievement.

Questions to Consider:

- Tell me about the child/youth's current grades.
 - Have they been doing better or worse recently? Why?
 - What does their teacher or guidance counselor say about their school performance?
-

Ratings and Descriptions

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

No evidence of issues in school achievement and/or child/youth is doing well in school.

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

Child/youth is doing adequately in school although some problems with achievement exist.

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

Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.

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

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

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MEDICAL/PHYSICAL*

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

Questions to Consider:

- Tell me about the child/youth's health.
 - Discuss any medical concerns you have for the child/youth.
 - Does the child/youth wear glasses? Hearing aids?
 - Talk about any activities that the child/youth cannot do because of physical challenges or medical conditions.
 - How much does this interfere with their life?
-

Ratings and Descriptions

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

No evidence that the child/youth has any medical or physical problems, and/or they are healthy.

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

Child/youth has mild, transient, or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.

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

Child/youth has *serious* medical or physical problems that require medical treatment or intervention. Or child/youth has a *chronic* illness or a physical challenge that requires *ongoing* medical intervention.

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

Child/youth has *life-threatening* illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

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

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[B] MEDICAL HEALTH MODULE

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

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

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ORGANIZATIONAL COMPLEXITY

This indicator refers to how effectively organizations and service providers caring for a child/youth work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration.

Questions to Consider:

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

Ratings and Descriptions

- 0 All care is provided by a single provider; there are no additional service providers involved.
 - 1 Care is provided by a single or multiple service providers, and while there may be some challenges, communication/collaboration among providers is generally effective.
 - 2 Care is provided by a single or multiple service providers and communication/collaboration among providers may present some challenges for the child/youth's care and is impacting the child/youth's functioning.
 - 3 Care is provided by a single or multiple service providers and lack of communication/collaboration among providers is presenting significant challenges for the child/youth's care and places the child/youth at risk due to their medical condition which is not improving or worsening.
-

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MEDICATION MANAGEMENT

This indicator focuses on the child/youth or their caregivers' ability to manage their prescription medication regimen and the impact on their physical and/or mental health symptoms and functioning.

Questions to Consider:

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

Ratings and Descriptions

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

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INTENSITY OF TREATMENT SUPPORT

This indicator refers to the complexity of the child/youth's medical treatment, including frequency of treatment, whether there is a need for special medical services or equipment, and the extent of support needed by caregivers in the management of the treatment.

Questions to Consider:

- Does the child/youth's medical condition or conditions require specialized medical equipment or services?
 - Does the child/youth have the support needed to administer their medical treatments?
-

Ratings and Descriptions

- | | |
|-------|--|
| 0 | Child/youth's medical treatment is not intrusive in the family's routine. Child/youth and family are maintaining all necessary treatment. |
| <hr/> | |
| 1 | Child/youth's medical treatment regimen is getting in the way of the family's routine. They sometimes are unable to complete procedures, and/or require support in administering some of the treatments. |
| <hr/> | |
| 2 | Child/youth's medical treatment cannot currently be administered by the child/youth and/or family without some support in the home. |
| <hr/> | |
| 3 | Intensity of the child/youth's treatment prevents the caregiver from managing at least one area of the family's life functioning. |
-

Supplemental Information: In considering the intensity of treatment and supports provided, the family's circumstances, child/youth's medical condition or conditions, and their risk of use of the Emergency Department, Urgent Care, and/or Hospitalization should be considered.

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CHRONICITY

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

Questions to Consider:

- Does the child/youth have a persistent or long-lasting medical condition?
-

Ratings and Descriptions

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

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LIFE THREATENING

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

Questions to Consider:

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

Ratings and Descriptions

- 0 Child/youth's current medical condition or conditions do not pose any risk to premature death.
 - 1 Child/youth's current medical condition or conditions may shorten life but not until later in adulthood.
 - 2 Current medical condition or conditions places child/youth at risk of premature death before reaching adulthood.
 - 3 Child/youth's medical condition places them at imminent risk of death.
-

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DIAGNOSTIC COMPLEXITY

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

Questions to Consider:

- Is there concern that the child/youth's diagnosis is not accurate?
 - Does the child/youth present with symptoms that could be attributed to medical, developmental or behavioral conditions?
-

Ratings and Descriptions

- 0 The child/youth's medical diagnoses are clear; the symptom presentation is clear.
-
- 1 Although there is some confidence in the accuracy of child/youth's diagnoses, there also exists sufficient complexity in their symptom presentation to raise concerns that the diagnoses may not be accurate.
-
- 2 There is substantial concern about the accuracy of the child/youth's medical diagnoses due to the complexity of symptom presentation.
-
- 3 It is currently not possible to accurately diagnose the child/youth's medical conditions.
-

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IMPAIRMENT IN FUNCTIONING

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

Questions to Consider:

- Is the child/youth's medical condition or conditions interfering with their day-to-day functioning?
-

Ratings and Descriptions

- 0 Child/youth's medical condition is not interfering with functioning in other life domains.
-
- 1 Child/youth's medical condition has a limited impact on functioning in at least one other life domain.
-
- 2 Child/youth's medical condition is interfering in more than one life domain or is disabling in at least one.
-
- 3 Child/youth's medical condition has disabled them in most other life domains.
-

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CHILD/YOUTH'S EMOTIONAL RESPONSE

This indicator refers to how the child/youth is managing the emotional strain of their medical condition.

Questions to Consider:

- How is the child/youth coping with their medical condition?
 - Does the child/youth have emotional difficulties related to their medical condition that interfere with their functioning?
-

Ratings and Descriptions

- 0 Child/youth is coping well with medical condition.
-
- 1 Child/youth is experiencing some emotional difficulties related to medical condition but these difficulties do not interfere with other areas of functioning.
-
- 2 Child/youth is having difficulties coping with medical condition. Child/youth's emotional response is interfering with functioning in other life domains.
-
- 3 Child/youth's emotional response to medical condition is interfering with treatment and functioning.
-

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FAMILY STRESS

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

Questions to Consider:

- Does the child/youth's medical condition put the family under any stress?
-

Ratings and Descriptions

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

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End of the Medical Health Module

SEXUAL DEVELOPMENT

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

Questions to Consider:

- Tell me about your feelings related to your gender identity and sexual orientation.
 - What pronouns do you use?
 - Share with me any concerns you have related to sexuality.
 - Tell me about the child/youth's understanding of sexual education and healthy relationships.
 - What sexual/romantic relationships has the youth been involved in?
-

Ratings and Descriptions

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

No evidence of issues with sexual development.

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

History or suspicion of problems with sexual development but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.

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

Moderate to serious problems with sexual development that interfere with the child/youth's life functioning in other life domains.

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

Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation.

Additional Questions to Consider:

- What things, if any, are concerning about your (sexual/romantic) relationships? (Not required for 12 and under)

All questions can be asked to parent/caregiver and child/youth in private.

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SLEEP

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

Questions to Consider:

- Tell me about the child/youth's sleep habits and sleep schedule.
 - Tell me about any difficulties the child/youth has with sleep (bedwetting, nightmares, sleepwalking, etc.).
 - Does the child/youth appear rested?
 - Is the child/youth often sleepy during the day?
 - How many hours does the child/youth sleep each night?
-

Ratings and Descriptions

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

Child/youth gets a full night's sleep each night.

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

Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.

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

Child/youth is having problems with sleep. Sleep is often disrupted, and child/youth seldom obtains a full night of sleep.

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

Child/youth is generally sleep deprived. Sleeping is almost always difficult, and the child/youth is not able to get a full night's sleep.

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CULTURAL FACTORS DOMAIN (AGES 6+)

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

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

Question to Consider for this Domain: How does the child/youth's membership in a particular cultural group impact their stress and well-being?

For the **Cultural Factors Domain**, use the following categories and action levels:

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

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LANGUAGE

This indicator looks at whether the child/youth and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This indicator includes spoken, written and sign language as well as issues of literacy.

Questions to Consider:

- What language or languages does your family speak at home?
 - Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family's care?
 - Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?
-

Ratings and Descriptions

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

No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the child/youth or family lives.

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

Child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

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

Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.

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

Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

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TRADITIONS AND RITUALS

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

Questions to Consider:

- What holidays do you celebrate?
 - What traditions or cultural practices are important to the child/youth?
 - Does the child/youth fear discrimination for practicing the child/youth's traditions and rituals?
-

Ratings and Descriptions

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

Child/youth and/or family consistently practice traditions and rituals consistent with their cultural identity.

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

Child/youth and/or family generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

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

Child/youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.

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

Child/youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

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CULTURAL STRESS

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

Questions to Consider:

- Tell me about any conflicts you experience related to culture within your family or living environment.
 - What problems has the child/youth experienced from others related to their cultural identity?
 - Does the child/youth openly denigrate members of their own cultural group? If yes, what does that look like?
-

Ratings and Descriptions

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

No evidence of stress between the child/youth's cultural identity and current environment or living situation.

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

Some mild or occasional stress resulting from friction between the child/youth's cultural identity and current environment or living situation.

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

Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.

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

Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.

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STRENGTHS DOMAIN (AGES 6+)

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

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

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

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

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FAMILY STRENGTHS

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

Questions to Consider:

- Tell me about your relationships with your family. What are the positives?
 - In what way is the family considered a strength for the child/youth?
 - What potential is there to develop positive family relationships?
 - What family member can the child/youth go to in time of need for support? How do they advocate for the child/youth?
-

Ratings and Descriptions

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

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

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

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

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

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

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

Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

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INTERPERSONAL

This indicator is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider:

- Tell me about your friendships. Is it hard or easy for you to make new friends? When you have conflicts with friends, how do you work them out?
 - What qualities does the child/youth exhibit that allows them to make friends?
 - Describe how others feel about the child/youth's ability to connect/maintain relationships over time.
-

Ratings and Descriptions

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

Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.

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

Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.

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

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

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

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

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EDUCATIONAL SETTING

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

Questions to Consider:

- Tell me about your experience in school: Do you like it? Do you feel like teachers and other staff are supportive of you at school? What makes you successful in school?
 - How is the child/youth's school an active partner in their education?
 - Share with me how the school is meeting the child/youth's needs (academic and social emotional).
 - What does the child/youth like most about school?
 - What does a good year in school look like for them?
 - When has the child/youth been at their best in school?
-

Ratings and Descriptions

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

The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs OR the child/youth excels in school.

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

School works with the child/youth and family to address the child/youth's educational needs OR the child/youth likes school.

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

The school is currently unable to adequately address the child/youth's academic or behavioral needs.

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

There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time. Use this rating if child/youth is not in school due to age or already having graduated (i.e., if there is no school to partner with, this is not a strength).

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TALENTS AND INTERESTS

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

Questions to Consider:

- What do you do with your free time? Are there activities – sports, art interests, hobbies, music – that you like to do?
 - What does the child/youth enjoy doing?
 - What are the things that the child/youth does particularly well?
-

Ratings and Descriptions

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

Child/youth has a talent that provides pleasure and/or self-esteem. A child/youth with significant creative/artistic/athletic strengths would be rated here.

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

Child/youth has a talent, interest or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.

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

Child/youth has expressed interest in developing a specific talent, interest, or hobby even if that talent has not been developed to date, or whether it would provide them with any benefit.

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

There is no evidence of identified talents, interests, or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.

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SPIRITUAL/RELIGIOUS

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

Questions to Consider:

- Do you attend church or temple or participate in a religious or spiritual practice, or have beliefs that provide you support and comfort?
 - Is the family involved with any religious community? Does the child/youth participate with this community as well?
 - Is the child/youth interested in exploring spirituality?
-

Ratings and Descriptions

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

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

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

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

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

Child/youth has expressed some interest in spiritual or religious belief and practices.

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

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

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CULTURAL IDENTITY

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

Questions to Consider:

- What kind of support does the child/youth find in any affiliation with a racial/ethnic/cultural group?
 - What sense of identity and/or community does this group provide?
 - What connection do they feel about their SOGIE/racial/ethnic/cultural identity?
-

Ratings and Descriptions

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

The child/youth has defined a cultural identity and is connected to others who support the child/youth's cultural identity.

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

The child/youth is developing a cultural identity and is seeking others to support the child/youth's cultural identity.

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

The child/youth is searching for a cultural identity and has not connected with others.

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

The child/youth does not express a cultural identity.

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COMMUNITY LIFE

This indicator reflects the child/youth's connection to people, places, or institutions in their community. This connection is measured by the degree to which the child/youth is involved with institutions of that community which might include (but are not limited to) community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the child/youth live in the same neighborhood.

Questions to Consider:

- What community does the child/youth feel like they are part of?
 - What does the child/youth feel their role is in that community?
 - What community activities is the child/youth involved in? These can be formal or informal activities.
 - What community organizations or groups is the child/youth a part of?
-

Ratings and Descriptions

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

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

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

Child/youth is somewhat involved with their community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.

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

Child/youth has an identified community but has only limited, or unhealthy, ties to that community.

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

There is no evidence of an identified community of which child/youth is currently a member.

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NATURAL SUPPORTS

This indicator refers to unpaid helpers in the child/youth's natural environment. These include individuals who provide social support to the target child/youth and family. All family members and paid caregivers are excluded.

Questions to Consider:

- Who does the child/youth consider to be a support?
 - Does the child/youth have non-family members in their life that are positive influences?
-

Ratings and Descriptions

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

Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.

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

Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.

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

Child/youth has some identified natural supports; however, these supports are not actively contributing to the child/youth's healthy development.

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

Child/youth has no known natural supports (outside of family and paid caregivers).

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RESILIENCY

This indicator refers to the child/youth's ability to recognize both their internal and external strengths and use them in managing daily life.

Questions to Consider:

- Tell me about how you cope during challenging times.
 - What ability does the child/youth have to recognize their skills and strengths?
 - What coping skills/strengths does the child/youth have to problem solve and address difficulties or challenges?
 - Has the child/youth grown from those experiences?
-

Ratings and Descriptions

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

Child/youth is able to both identify and use internal and external strengths to better themselves and successfully manage difficult challenges.

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

Child/youth is able to identify most of their internal and external strengths and is able to partially utilize them.

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

Child/youth is able to identify internal strengths but is not able to utilize them effectively.
Child/youth may be able to identify either internal strengths or external strengths but not both, or may identify both types of strengths but not utilize one type.

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

Child/youth is not yet able to identify either internal or external personal strengths.

Supplemental Information: Resiliency is the child/youth's ability to recognize and use any strengths that they might have in order to promote meaning and well-being. For example, a child/youth would be considered resilient if they knew that they could go talk to an uncle when they feel stressed; if they play the guitar and pick it up to keep them occupied when they feel anxious; if they go to their teacher when they're struggling in class; if they are able to find strength through prayer/meditation.

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CAREGIVER RESOURCES & NEEDS DOMAIN (AGES 6+)

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. If the child/youth is in a foster care or out-of-home placement, please rate the identified parent/parents, other relative/relatives, adoptive parent/parents, or caretaker/caretakers who is planning to assume custody and/or take responsibility for the care of this child/youth.

Question to Consider for this Domain: What are the resources and needs of the child/youth's caregiver/caregivers?

For the **Caregiver Resources & Needs Domain**, use the following categories and action levels:

- 0 No current need; no need for action. This may be a resource for the child/ youth.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

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MONITORING

This indicator refers to the success with which the caregiver is able to supervise the children in their care. This indicator should be rated consistent with the age and developmental needs of the child/youth.

Questions to Consider:

- How do you feel about your ability to monitor or keep an eye on the children/youth in your home?
 - Who helps you to supervise or watch them when you cannot be home?
 - What types of activities are they allowed to do without permission?
 - What help do you need with supervising?
 - What responsibilities does the child/youth have in the home (chores, bedtime, etc.)?
 - What rules do you have in place?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

There is no evidence that the caregiver has difficulty monitoring the children in their care. The caregiver demonstrates consistent ability to monitor the children in their care according to their developmental needs.

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

The caregiver demonstrates generally good ability to monitor the children in their care, but some problems may occur occasionally, or there is a history of inadequate monitoring.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver has difficulty maintaining an appropriate level of monitoring of the children in their care.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver has significant problems maintaining any monitoring of the children in their care.

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DISCIPLINE

Discipline refers to the caregiver's ability to encourage positive behaviors by children in their care through the use of a variety of different techniques including, but not limited to, praise, redirection, and punishment.

Questions to Consider:

- Is the caregiver able to provide appropriate limits to the children?
 - Does the caregiver provide appropriate guidance or support for the child to meet the caregiver's expectations?
 - Does the caregiver think they need some help with these issues?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

There is no evidence that the caregiver has difficulty with discipline. The caregiver generally demonstrates the ability to discipline children in their care in a consistent and benevolent manner. They usually are able to set age-appropriate limits and to enforce them.

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

The caregiver is often able to set age-appropriate limits and to enforce them. On occasion their interventions may be either too harsh or too lenient but at other times their expectations of children in their care may be too high or too low, or there is a history of inappropriate discipline.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver demonstrates limited ability to discipline children in their care in a consistent and benevolent manner. They are rarely able to set age-appropriate limits and to enforce them. Their interventions may be erratic and overly harsh but not physically harmful. Their expectations of children in their care are frequently unrealistic.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver disciplines children in their care in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are physically harmful.

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INVOLVEMENT WITH CARE

This indicator rates the caregiver's participation in the child/youth's care and ability to advocate for the child/youth.

Questions to Consider:

- How active and involved are you in your child/youth's daily life?
 - Tell me what a typical day looks like for your family. How often do you eat meals together, help with homework, play games, etc.?
 - What activities do you participate in, such as attending school meetings, taking your child/youth to the doctor when needed?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of problems with caregiver involvement in services or interventions for the child/youth, and/or caregiver can act as an effective advocate for child/youth.

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

Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active or fully effective advocate on behalf of the child/youth. Caregiver is open to receiving support, education, and information.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver is not actively involved in services and/or interventions intended to assist the child/youth.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver wishes for child/youth to be removed from their care.

Additional Questions to Consider:

- What recreational activities is the child/youth involved in?
 - What is your role in these activities: coach the team, help with snacks, transport children, watch them while participating in the activity?
 - Which activities does your family enjoy doing together the most?
 - What things keep you from spending more time with your family? How do you balance this with spending time with your family?
 - Tell me about times when you feel like you just don't have the energy or ability to be involved with your family.
-

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KNOWLEDGE

This indicator identifies the caregiver's knowledge of the child/youth's strengths and needs, and the caregiver's ability to understand the rationale for the treatment or management of these problems.

Questions to Consider:

- What are your child/youth's strengths? What are they good at? What do they have going for them?
 - What are your child/youth's needs? What do they need help with?
 - Tell me what you would like to know more about to meet your family's needs.
 - What are some things professionals have told you about your youth/family?
 - What is your understanding of the things you have been told?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents, and limitations.

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

Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills, and assets.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs place them at risk of significant negative outcomes.

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SOCIAL RESOURCES

This indicator rates the social assets (e.g., extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the child/youth and family.

Questions to Consider:

- What family members, friends, and/or community/religious organizations can help you when you need it?
 - Who can you count on for help/support with child/youth?
 - What other non-paid supports do you have?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
Caregiver has significant social and family networks that actively help with caregiving.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*
Caregiver has some family, friends or social network that actively helps with caregiving.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Work needs to be done to engage family, friends, or social network in helping with caregiving.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has no family or social network to help with caregiving.
-

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RESIDENTIAL STABILITY

This indicator rates the housing stability of the caregiver(s) and does not include the likelihood that the child or youth will be removed from the household.

Questions to Consider:

- How stable is your current housing?
 - What concerns do you have about keeping your current housing?
 - Have you ever lost your housing?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Caregiver has stable housing with no known risks of instability.

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

Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has moved multiple times in the past year. Housing is unstable.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Family is homeless or has experienced homelessness in the recent past.

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MEDICAL/PHYSICAL

This indicator refers to medical and/or physical problems that the caregiver/caregivers may be experiencing that prevent or limit their ability to parent the child/youth. This indicator does not rate depression or other mental health issues.

Questions to Consider:

- How is your health?
 - What health problems make it hard for you to take care of your family?
 - Are you currently under a doctor's care? Do you experience any chronic health issues?
 - What medications do you take?
 - Do you receive Social Security Disability for a medical condition?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of medical or physical health problems. Caregiver is generally healthy.

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

There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.

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MENTAL HEALTH

This indicator refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to the child/youth.

Questions to Consider:

- What mental health concerns do you have for yourself?
 - Do you have any mental health diagnoses?
 - Tell me about a time that you have been to counseling, therapy, a psychiatrist, or a residential treatment center.
 - What medicines have you been prescribed for mood or behavior, and when?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of caregiver mental health difficulties.

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

There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver's mental health difficulties interfere with their capacity to parent.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

Additional Questions to Consider:

- Tell me about any mental health needs that make parenting more difficult.
 - What do you do when you get upset, frustrated, or angry?
 - Have you ever heard, seen, or felt something that others could not? If yes, please describe these experiences.
 - What assistance would be helpful in accessing a counselor or medication management for mental well-being?
-

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SUBSTANCE USE

This indicator rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/youth.

Questions to Consider:

- Tell me about any past or current alcohol or substance use.
 - How many times in the past week have you used alcohol (wine, liquor, beer) or substances (including pills/medications)?
 - How does the use of alcohol and/or drugs affect your parenting?
 - What does it look like when you use alcohol or substances?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of caregiver substance use issues.

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

There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has some substance abuse difficulties that interfere with their capacity to parent.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.

Additional Questions to Consider:

- What alcohol or drug abuse treatment have you received?
 - Who has expressed concerns about your alcohol or drug use?
-

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DEVELOPMENTAL

This indicator describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

Questions to Consider:

- Tell me about any developmental challenges that make parenting/caring for the child/youth difficult.
 - What did school look like for you as a child?
 - What was the hardest subject and why?
 - What assistance did you receive in school?
 - What assistance do you need with reading, if any [look for contextual signs related to reading ability]?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.

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

Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

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ANGER CONTROL

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

Questions to Consider:

- How do you manage feelings of anger or frustration?
 - Are there ever times when you are violent when angry?
 - How do you cope with being criticized or rejected by others?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of any anger control problems.

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

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver's difficulties with controlling anger are impacting functioning in at least one life domain. Caregiver's temper has resulted in significant trouble with peers, family and/or school or work. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver's temper or anger control problem is dangerous. Caregiver frequently gets into fights that are often physical. Others likely fear them.

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PARENTAL CRIMINAL ACTIVITY

This indicator refers to the caregiver's current and/or prior history of misdemeanor or felony charges and/or convictions.

Questions to Consider:

- Tell me about any pending, previous charges or interactions with law enforcement you have had.
 - Are you currently on probation or parole?
 - What activities do you engage in that could land you in jail?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

There is no evidence that the caregiver has ever engaged in criminal activity.

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

The caregiver has a history of criminal activity, but the children have not been in contact with the caregiver for at least 1 year, or there is evidence that the criminal involvement is entirely in the caregiver's past and they are not actively involved in criminal activity.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver has recently been involved in criminal activity and the children have been in contact with the caregiver in the past year, or the caregiver has a history of involvement in criminal activity and there is no evidence that they have stopped this involvement.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver is currently engaged in criminal activity, for example, is presently involved in a criminal case that has not been adjudicated.

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LEGAL INVOLVEMENT

This indicator rates the caregiver's level of involvement in the legal system which impacts their ability to parent. This includes divorce, civil disputes, custody, eviction, property issues, worker's comp, immigration, etc.

Questions to Consider:

- Is one or more of the caregivers incarcerated or on probation?
 - Is one or more of the caregivers struggling with immigration or legal documentation issues?
 - Is the caregiver involved in civil disputes, custody, family court?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Caregiver has no known legal difficulties.

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

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

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

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.

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SAFETY

This indicator describes the caregiver's ability to maintain the child/youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

Questions to Consider:

- Tell me about your home and neighborhood.
 - What concerns do you have about safety in your neighborhood?
 - How safe are the children when they play outside?
 - What safety concerns exist in your home?
 - What worries do you have about others potentially harming you or your family?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.

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

Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Child/youth is in some danger from one or more individuals with access to the home.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Child/youth is in immediate danger from one or more persons with unsupervised access.

Additional Questions to Consider:

- Who has access to the child/youth in your home or neighborhood?
 - Tell me about any past involvement with DCS due to safety concerns.
 - What worries do you have about your ability to keep your children safe?
-

All referents are legally required to report suspected child abuse or neglect.

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HOME CONDITIONS

This indicator refers to the physical condition of the house or apartment in which the family is currently residing, as well as the family's maintenance of their house or apartment, in terms of both cleanliness and organization AND safety from dangerous materials and/or objects.

Questions to Consider:

- Is the house organized? Is help needed to maintain a clean home?
 - Where are medications kept? Are weapons secured? Is the home child-proofed?
 - Are home improvements or weather-proofing needed? Are there any housing code violations (such as lead-based paint, mold, etc.)? Is the home safe and healthy for the children?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

There are no health or safety concerns on the property. Home is clean, maintained well, and child-proofed (for example, firearms, poisons, and medications are locked up/stored away properly and out of reach). The kitchen and bathroom are functional; all utilities are operational; everyone has a bed; and accessible outlets have plug covers.

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

There is a history of health or safety concerns with the physical condition of the home, or there is reason to believe that there are concerns that pose no immediate threat and are easily correctable. Most precautions have been taken and there is no danger to the children. Poisons and medication are out of reach but not locked up; home is mostly child-proofed. Utilities are operational; minor cleaning is required; some odors are present.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

There are serious, substantiated health or safety hazards (e.g., overcrowding, inoperative or unsafe water and utility hazards, vermin, or other health and sanitation concerns). Some precautions have been taken, but potential hazards are obvious (e.g., poisons/medications out of sight but within reach of the children, overloaded outlets, matches/knives out of sight but accessible). Gas, heating, electricity, or plumbing sometimes doesn't work because bills have not been paid, or needed repairs have not been attended to by the family. Home is somewhat cluttered. The home needs general cleaning. Beds are needed.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Substantiated life-threatening health or safety hazards (e.g., living in condemned and/or structurally unsound residence, exposed wiring, potential fire/safety hazards, or vermin infestation). Home is not safe. Poisons and medications are visible and accessible; firearms are openly accessible to young children; there are no screens on second-floor windows; outlets are not plugged; and few safety precautions are taken. There is a lack of age-appropriate, safe sleeping spaces for the children. The home is dirty. The kitchen may present an odor due to spoiled food, or there may be no refrigerator.

NA Family is currently living in a supported housing arrangement (e.g., shelter).

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POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES DOMAIN (ALL AGES)

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

Question to Consider for this Module: Has the child/youth experienced adverse life events that may impact their behavior?

***These indicators should be rated for all children and youth (ages birth through 17).
Rate these indicators within the child/youth's lifetime.***

For the **Potentially Traumatic/Adverse Childhood Experiences**, use the following categories and action levels:

- | | |
|-----|---|
| No | There is no evidence of any trauma of this type. |
| Yes | Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences. |
-

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SEXUAL ABUSE

This indicator describes whether or not the child/youth has experienced sexual abuse.

Questions to Consider:

- What concerns do you have regarding sexual abuse?
 - As your comfort allows, please share the story of the abuse.
 - If abuse occurred, was medical care required?
-

Ratings and Descriptions

NO There is no evidence that the child/youth has experienced sexual abuse.

YES The child/youth has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Children/youth with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

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PHYSICAL ABUSE

This indicator describes whether or not the child/youth has experienced physical abuse.

Questions to Consider:

- What concerns do you have regarding physical abuse?
 - Share with me how you discipline in the home.
-

Ratings and Descriptions

NO There is no evidence that the child/youth has experienced physical abuse.

YES The child/youth has experienced or there is a suspicion that they have experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

Additional Questions to Consider:

- Share with me a time you felt discipline was helpful and/or not helpful.
- As your comfort level allows, please share your story of abuse.
- If abuse occurred, was medical care required?

The following list of Physical Abuse examples comes from South Carolina's Child Welfare Services Intake Work Aide 2.2: Using the Structured Decision-Making Model

- Non-accidental serious physical injury
 - Unexplained physical injury
 - Excessive corporal punishment
 - Female genital mutilation
 - Substance-affected newborn
 - Substantial risk of physical harm – threatening or dangerous behavior toward the child
 - Substantial risk of physical harm: prior removal, death, or serious injury of a child due to child abuse, and the conditions have not been remedied, and a new child is now in the home
-

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EMOTIONAL ABUSE/MENTAL INJURY

This indicator describes whether or not the child/youth has experienced verbal and/or nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling names, making negative comparisons to others, or telling a child/youth that they are “no good.” This indicator includes both “emotional abuse,” which would include psychological maltreatment such as insults or humiliation towards a child/youth and “emotional neglect,” described as the denial of emotional attention and/or support from caregivers.

Questions to Consider:

- What concerns do you have regarding emotional abuse?
 - Share with me examples of how family members talk to/interact with each other.
-

Ratings and Descriptions

NO There is no evidence that child/youth has experienced emotional abuse/mental injury.

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

Additional Questions to Consider:

- How do family members show their support for one another?
 - How do family members show their dissatisfaction with one another?
 - As your comfort level allows, please share your story of the abuse.
-

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NEGLECT

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

Questions to Consider:

- What concerns do you have regarding neglect?
 - Tell me how the child/youth's basic needs are met.
-

Ratings and Descriptions

NO There is no evidence that the child/youth has experienced neglect.

YES Child/youth has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., occasional failure to provide adequate supervision of the child/youth); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

Additional Questions to Consider:

- What medical care is the child/youth being provided?
 - As your comfort level allows, please share your story of the neglect.
 - If neglect occurred, was medical care required?
-

The following list of Physical Neglect examples comes from South Carolina's Child Welfare Services Intake Work Aide 2.2: Using the Structured Decision-Making Model.

- Unsafe sleeping arrangements
 - Exposure to illegal drug-related activity in the home
 - Exposure to unsafe living conditions
 - Inadequate clothing or hygiene
 - Inadequate food or nutrition
 - Inadequate supervision or children left alone.
 - Failure to thrive.
 - Caregiver incapacity due to incarceration, hospitalization, or physical or mental incapacity, or death
 - Substantial risk of physical neglect: prior removal, death, or serious injury of a child due to child neglect and the conditions have not been remedied, and a new child is in the home
-

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MEDICAL TRAUMA

This indicator describes whether or not the child/youth has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider:

- What concerns do you have regarding medical trauma?
 - As your comfort level allows, please share your story of the trauma.
 - Share with me the child/youth's medical history.
 - How did the child/youth respond to the medical incident or incidents?
-

Ratings and Descriptions

NO There is no evidence that the child/youth has experienced any medical trauma.

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

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

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WITNESS TO FAMILY VIOLENCE

This indicator describes exposure to violence within the child/youth's home or family.

Questions to Consider:

- Is there frequent arguing or fighting in your family?
 - Does the fighting ever become physical?
 - Has the child/youth ever witnessed any of the physical violence?
-

Ratings and Descriptions

NO There is no evidence the child/youth has witnessed family violence.

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

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WITNESS TO COMMUNITY/SCHOOL VIOLENCE

This indicator describes the exposure to incidents of violence the child/youth has witnessed or experienced in their community. This includes witnessing violence at the child/youth's school or educational setting.

Questions to Consider:

- Has the child/youth been a victim or witness of violence?
 - As your comfort level allows, please share the child/youth's experiences with violence in school or community.
-

Ratings and Descriptions

NO There is no evidence that the child/youth has witnessed violence in their community or school.

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

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NATURAL OR MANMADE DISASTER

This indicator describes the child/youth's exposure to either natural or manmade disasters.

Questions to Consider:

- Share with me any disasters the child/youth may have gone through.
 - As your comfort level allows, please share their experience.
 - If an event occurred, was medical care required?
-

Ratings and Descriptions

NO There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.

YES Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g., caregiver loses job). A suspicion that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.

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WAR/TERRORISM AFFECTED

This indicator describes the child/youth's exposure to war, political violence, torture or terrorism.

Questions to Consider:

- What concerns do you have regarding war and/or terrorism?
 - As your comfort level allows, please share with me any experiences the child/youth may have had with terrorism or war.
 - If impacted, was medical care required?
-

Ratings and Descriptions

- NO There is no evidence that the child/youth has been exposed to war, political violence, torture or terrorism.
-
- YES Child/youth has experienced, or there is suspicion that they have experienced or been affected by war, terrorism, or political violence. Examples include: Family members directly related to the child/youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the child/youth; child/youth may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; child/youth may have been directly injured, tortured, or kidnapped in a terrorist attack; child/youth may have served as a soldier, guerrilla, or other combatant in their home country. Also included is a child/youth who did not live in a war- or terrorism-affected region or refugee camp, but whose family was affected by war.
-

Supplemental Information: Terrorism is defined as “the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individuals acting in isolation (e.g., sniper attacks).

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VICTIM/WITNESS TO CRIMINAL ACTIVITY

This indicator describes the child/youth's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, sex work, assault, or battery.

Questions to Consider:

- As your comfort level allows, please share with me any experiences the child/youth may have as a victim or witness of criminal activity.
 - If impacted, was medical care required?
-

Ratings and Descriptions

NO There is no evidence that the child/youth has been victim of or a witness to criminal activity.

YES Child/youth has been victimized, or there is suspicion that they have been victimized or have witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or child/youth has witnessed the death of a family member, friend or loved one.

Supplemental Information: Any behavior that could result in incarceration is considered criminal activity. A child/youth who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific indicators. A child/youth who has witnessed drug dealing, sex work, assault or battery would also be rated on this indicator.

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DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This indicator documents the extent to which a child/youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

Questions to Consider:

- Tell me about any periods of time the child/youth has lived apart from caregivers.
 - How did the child/youth respond to living apart from caregiver?
-

Ratings and Descriptions

NO There is no evidence that the child/youth has experienced disruptions in caregiving and/or attachment losses.

YES Child/youth has been exposed to, or there is suspicion that they were exposed to, at least one disruption in caregiving with familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Child/youth may or may not have had ongoing contact with primary attachment figure or figures during this disruption. Shift in caregiving may have been temporary or permanent.

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

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PARENTAL CRIMINAL BEHAVIORS

This indicator describes the criminal behavior of both biological and step-parents, and other legal guardians, but not foster parents.

Questions to Consider:

- Has the child/youth's parent or family been involved in criminal activities or ever been in jail?
-

Ratings and Descriptions

NO There is no evidence that child/youth's parents have ever engaged in criminal behavior.

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

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EARLY CHILDHOOD DOMAIN (0-5 YEARS OLD)

PLEASE NOTE: This section is to be completed when the child is birth thru 5 years old. The Potentially Traumatic/Adverse Childhood Experiences (page 95) must also be completed for this age group. This section can also be completed for children/youth of any age who are experiencing developmental challenges.

CHALLENGES

For the **Early Childhood Domain - Challenges** indicators, use the following categories and action levels:

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

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These indicators should be considered within what is appropriate given the child's age and development.

IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders as indicated in the DSM-5. This can also include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting or stealing.

Questions to Consider:

- Is your child unable to sit still for a length of time that is typical for children their age?
 - Is your child able to control their behavior in ways that are typical for other children their age?
-

Ratings and Descriptions

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

No evidence of symptoms of loss of control of behavior.

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

There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child at risk of future functioning difficulties. The child may exhibit limited impulse control (e.g., child may yell out answers to questions or may have difficulty waiting one's turn). Some motor difficulties may be present as well, such as pushing or shoving others.

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

Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's functioning in at least one life domain. This indicates a child with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child who often intrudes on others and often exhibits aggressive impulses would be rated here.

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

Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child at risk of physical harm. This indicates a child with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous bike riding). The child may be impulsive on a nearly continuous basis. The child endangers self or others without thinking.

Supplemental Information: This indicator is designed to allow for the description of the child's ability to control their own behavior, including impulsiveness, hyperactivity and/or distractibility. If a child has been diagnosed with Attention-Deficit/Hyperactivity Disorder (AD/HD) and disorders of impulse control, this may be rated here. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this indicator is reserved for those whose lack of control of behavior has placed them in physical danger during the period of the rating. Consider the child's environment when rating (i.e., bored kids tend to be impulsive kids).

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DEPRESSION

Symptoms included in this indicator are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This indicator can be used to rate symptoms of the depressive disorders as specified in the DSM-5.

Questions to Consider:

- Are you concerned about your child's mood or activity level being possibly depressed or low?
 - What about any concerns that your child is more irritable than you would expect?
 - Has your child withdrawn from their normal activities?
 - Does your child seem listless, sad, or socially withdrawn?
-

Ratings and Descriptions

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

No evidence of problems with depression.

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

History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.

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

Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.

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

Clear evidence of a disabling level of depression that makes it virtually impossible for the child to function in any life domain. This rating is given to a child who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here. [continues]

DEPRESSION continued

Supplemental Information: Specific information to consider regarding depression and infants and young children:

- Action Level '1': Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
- Action Level '2': Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions.

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

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ANXIETY

This indicator rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Questions to Consider:

- Does your child have any problems with anxiety or fearfulness?
 - Is your child avoiding normal activities out of fear?
 - Does your child act frightened or afraid?
-

Ratings and Descriptions

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

No evidence of anxiety symptoms.

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

There is a history, suspicion, or evidence of some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the child significant distress or markedly impairing functioning in any important context.

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

Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain.

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

Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain. [continues]

ANXIETY continued

Supplemental Information: Specific information to consider regarding anxiety and infants and young children:

- Action Level '1': An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
- Action Level '2': Infants may be irritable, over-reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.

A child that is preoccupied with worries or fears may experience significant challenges in their ability to relate to others, accept support and nurturing from others and focus on growth and development. Beyond this, a caregiver that is attempting to assist a child that is anxious is also challenged in their task of being responsive and supportive to their child. This experience may interfere with the attachment relationship making the parent feel inadequate in meeting their child's needs. In the worst-case scenario, a parent may reject or withdraw from their child to protect themselves from the negative feelings of perceived rejection. Anxiety in adults is often described as debilitating and "the worst possible feeling." It is no different in infants and young children and can stymie development and result in regression. The challenge in assessing anxiety in young children first becomes the determination of the presence of clinically significant anxiety versus temperament characteristics or otherwise normative anxiety. Important considerations in this determination become how persistent is the problem, and to what degree does it interfere with functioning.

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OPPOSITIONAL (Non-compliance with Authority)

This indicator rates the child's relationship with authority figures. Generally, oppositional behavior is displayed in response to conditions set by a parent, caregivers or other authority figure with responsibility for and control over the child.

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of oppositional behaviors.

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

There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.

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

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

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

Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instruction or authority. [continues]

OPPOSITIONAL continued

Supplemental Information: Oppositional behavior is a significant concern for parents, teachers and caregivers. It is one of the most common reasons for referral for a mental health assessment. Behavioral difficulties may range from significant to mild and may interfere with a child’s functioning in varying ways. In determining how to rate this indicator it is important to remember that etiology is not a factor in the rating. Although a child may be experiencing ineffective parenting to explain oppositional behavior, it is still present. Oppositional behavior refers to reactions towards adults, not peers.

Characteristics of Oppositional Behavior in Preschoolers:

- Presence of “hostile defiance” rather than attempts to negotiate or avoid punishment
 - Consistent pattern of refusal to comply to adult requests
 - Temper tantrums
 - Often loses temper
 - Often argues with adults Is often angry or vindictive
 - Blames others for mistakes
 - Annoys or provokes others
-

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ATTACHMENT DIFFICULTIES

This indicator should be rated within the context of the child's significant parental or caregiver relationships.

Questions to Consider:

- Does your child struggle with separating from you?
 - Does your child approach or attach to strangers in indiscriminate ways?
 - Can your child make appropriate attachments to adults or are their relationships marked by intense fear or avoidance?
 - Does your child have anxiety or get really fussy or tantrum when separating from you? Do daycare staff or teachers say that this reaction is more than is expected of children their age? Does this interfere with their ability to engage in childcare or preschool?
-

Ratings and Descriptions

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

No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver is able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with the caregiver for both nurturing and safety needs.

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

Some history or evidence of insecurity in the caregiver-child relationship. Caregiver may have difficulty accurately reading child's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.

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

Problems with attachment that interfere with child's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child cues, act in an overly intrusive way, or ignore/avoid child's bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others. [continues]

ATTACHMENT DIFFICULTIES continued

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

Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of their attachment behaviors. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

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

Signs of Attachment Difficulties in Young Children:

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

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ADJUSTMENT TO TRAUMA

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

Questions to Consider:

- Has your child experienced a traumatic event?
 - Does your child experience frequent nightmares?
 - Is your child troubled by flashbacks of the traumatic event – is suddenly afraid, for example?
 - How does your child cope when faced with challenging situations or overwhelming feelings?
-

Ratings and Descriptions

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

No evidence that child has experienced a traumatic life event, OR child has adjusted well to traumatic/adverse experiences.

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

The child has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.

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

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

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

Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).
[continues]

ADJUSTMENT TO TRAUMA continued

Supplemental Information: Trauma is an experience that can have serious implications for children of all ages. A child may experience developmental arrest, developmental regression, depression, anxiety, cognitive disturbances, and perhaps most significantly, impairment in their ability to use the attachment relationship. More specifically, research has indicated that a child may develop abnormal patterns in their feeling expression, unusual or deviant patterns of behavior, distractibility, inattention, disturbances in eating and elimination patterns, poor sleep, delays in motor and language acquisition (Scheeringa & Gaensbauer, 2000). A child may develop very distorted views about their safety, the safety of others and view others as threatening and harmful to their own well-being. It is also true that children respond to trauma in a very individualized fashion and the duration of these reactions may range from short term to long lasting. A number of factors that may affect the way a child responds to trauma are listed below.

Factors Affecting Response to Trauma:

- Temperamental variations
- Age and developmental stage
- Parental response and ability to support the child
- Presence of environmental supports
- Intellectual ability
- Degree of structure and predictability within the home
- Presence of age-appropriate explanations regarding trauma
- Ability of the child to integrate the traumatic experience
- Parental ability to predict child's need for support in the presence of traumatic reminders and ability to demonstrate support to child
- Degree of perceived threat or harm to child and/or significant others

All of the above factors can impact the child's ability to cope with trauma. In considering temperamental variables it is important to be aware of first what the child's temperament consists of and how these variables are received and supported within the home. A child that is adaptable and comfortable with change will use this to their benefit in the face of trauma. If a child is challenged in this capacity a parent that is aware and able to assist the child in this area can make a significant difference for a child. The child's developmental status is significant as well. If a child is focused on attempting to master major developmental tasks their emotional reservoir may be more easily drained. A child's age is also an important factor. Children that are preverbal may incorporate memories in a manner that is harder to access and process. The ability to use cognitive appraisal and restructuring to mediate anxiety is a particular advantage and may not be available to a younger child. Of all age groups, children under the age of 5 are the least resilient when it comes to trauma. Early childhood trauma can have the greatest impact due to its ability to alter fundamental neuro-chemical processes which in turn affect the growth, structure and functioning in the brain. If the child has a caregiver that can provide a basic feeling for the child of being safe and providing a predictable routine a child will stabilize much faster than if this is not present. A child may need the opportunity to process what occurred with an adult and gain an understanding that will also help with feelings of anxiety. A child's magical thinking or errors in cognition may contribute to less managed anxiety. The type of trauma needs to be understood as well. There are various types of trauma such as medical, disasters such as flooding or tornados, abuse, neglect, separation from caregivers, exposure to domestic violence or violence in the community.

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REGULATORY

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

Questions to Consider:

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

Ratings and Descriptions

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

Strong evidence the child is developing strong self-regulation capacities. This is indicated by the capacity to fall asleep, and regular patterns of feeding and sleeping. Infants can regulate breathing and body temperature, can move smoothly between states of alertness, sleep, feeding on schedule, are able to make use of caregiver/pacifier to be soothed, and move toward regulating themselves (e.g., the infant can begin to calm to caregiver's voice before being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.

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

At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but the caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed.

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

Concern in one or more areas of regulation: sleep, crying, feeding, tantrums, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.

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

Concern in two or more areas of regulation, including but not limited to difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self-soothe, and/or sensitivity to environmental stressors.

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ATYPICAL BEHAVIORS

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

Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

Questions to Consider:

- Does your child do things that are unusual or difficult to understand?
 - Does your child engage in certain repetitive actions?
 - Are the unusual behaviors or repeated actions interfering with your child being able to engage at preschool or daycare, or in play with others?
-

Ratings and Descriptions

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

No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.

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

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

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

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

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

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

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SLEEP

This indicator rates the child's sleep patterns. This indicator is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age or older to rate this indicator.**

Questions to Consider:

- Do you think your child is getting enough sleep? Does your child seem rested to you?
 - What are your child's nap and bedtime routines?
 - How does your child's sleep routine impact the family?
-

Ratings and Descriptions

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

Child gets a full night's sleep each night.

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

Child has some problems sleeping. Generally, the child gets a full night's sleep, but at least once a week, problems arise. This may include occasionally awakening or bedwetting or having nightmares.

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

Child is having problems with sleep. Sleep is disrupted often, and the child seldom obtains a full night of sleep.

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

Child is generally sleep deprived. Sleeping is almost always difficult, and the child is not able to get a full night's sleep.

NA Child is younger than 12 months old.

Supplemental Information: Sleep is one of the primary reasons that families seek intervention. This is often due to the impact that this has on parents and siblings. The bedtime routine, and actual amount of time spent asleep, may be of concern to caregivers. Infants typically sleep 14-18 hours a day. Sleep does not have a regular circadian rhythm until approximately 6 months of age. In early childhood, children sleep approximately 8-12 hours per day and naps may continue throughout the day until the age of 3-5. Night waking is at times a concern. In infants, it is not uncommon for the emergence of night waking to occur at approximately 6 months of age. Typically infants should be able to return to sleep easily or with parent support. Nightmares are also common during toddler and preschool development to occur intermittently. They are often present when a child is attempting to master developmental tasks.

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FUNCTIONING

For the **Early Childhood Domain - Functioning** indicators, the following categories and action levels are used:

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

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FAMILY FUNCTIONING

This indicator rates the child's relationships with those who are in their family. It is recommended that the description of family should come from the child's perspective (i.e., who the child describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child is still in contact. Foster families should only be considered if they have made a significant commitment to the child. For children involved with child welfare, family refers to the person or persons fulfilling the permanency plan. When rating this indicator, take into account the relationship the child has with their family as well as the relationship of the family as a whole.

Questions to Consider:

- How does your child get along with their siblings or other children in your family?
 - How does your child get along with you or other adults in your home?
 - Is your child particularly close to one or more members of your family?
-

Ratings and Descriptions

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

No evidence of problems in relationships with family members, and/or child is doing well in relationships with family members.

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

History or suspicion of problems, and/or child is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the child. Arguing may be common but does not result in major problems.

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

Child's problems with parents, siblings and/or other family members are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

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

Child's problems with parents, siblings and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.

Supplemental Information: Family Functioning should be rated independently of the problems the child experienced or stimulated by the child currently being assessed. [continues]

FAMILY FUNCTIONING continued

Supplemental Information (continued): The family functioning is critical to the experience of the child due to the potential impact this has on the child. A family environment that is stressful and characterized by poor relationships can produce high levels of the stress hormone cortisol in a child. The ongoing presence of cortisol in the bloodstream can have lasting effects such as hypervigilance, increased sensitivity to others, and what some refer to as “addiction to chaos.” This “addiction” is manifested in children, creating chaos and not feeling comfortable with routine or novelty.

The family relationships also become a guide for a child in determining how relationships should work. A child that is exposed to negative relationships begins to believe that these characteristics are normal and may begin to imitate these characteristics. A family that is supportive of one another lays the foundation for a child to experience success in other relationships, support for school success, positive self-esteem and skills in developing empathy and caring. It is helpful to observe and question the types of activities the family is involved in, if there is mutual enjoyment and investment in these activities, the amount of time spent together, how the family identifies strategies for supporting one another, how the family reacts to challenges, how they react to successes of all or individual members, and the family’s assessment of their level of support and love of one another.

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EARLY EDUCATION

This indicator rates the child's experiences in educational settings (such as daycare and preschool) and the child's ability to get their needs met in these settings. This indicator also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child's needs, and the child's behavioral response to these environments.

Questions to Consider:

- What is your child's experience in preschool/daycare?
 - Does your child have difficulties with learning new skills, social relationships, or behavior at school?
-

Ratings and Descriptions

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

No evidence of problems with functioning in current educational environment.

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

History or evidence of problems with functioning in current daycare or preschool environment. Child may be enrolled in a special program.

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

Child is experiencing difficulties maintaining their behavior, attendance, and/or progress in this setting.

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

Child's problems with functioning in daycare or preschool environment place them at immediate risk of being removed from program due to their attendance, behaviors, lack of progress, or unmet needs.

Supplemental Information: Infants, toddlers and preschoolers often spend the majority of their day with alternate caregivers. It is critical that these environments meet the needs of these individuals. There has been a great deal of momentum in the field of infant mental health to promote positive care-giving practices within these environments. Many child advocates such as Stanley Greenspan have devoted a great deal of time promoting these concepts. It is clear that the same parenting practices and care-giving techniques that are taught to parents need to be promoted within early care/education settings. These experiences are often critical in supporting growth and development and allowing the child to feel positive about relationships with others outside of the home. Early care and education settings have the potential to impact a child's development, school success and overall life success. The quality of the day care environment is important to consider as well as the day care's ability to meet the needs of the individual within a larger care-giving context. It is important for infants and children to be supported in ways that appreciate their individual needs and strengths. When assessing this indicator look for ways that the parent or child can indicate that the child's uniqueness is being accepted and embraced. [continues]

EARLY EDUCATION continued

Indicators of an Appropriate Early Care/Educational Setting:

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

This indicator also considers the presence of problems within these environments in terms of attendance, academic performance, and support and behavioral response to these environments. If any of these areas are problematic, then the indicator would be rated a '2.'

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SOCIAL AND EMOTIONAL FUNCTIONING

This indicator rates the child's social and relationship functioning. This includes age-appropriate behavior and the ability to make and maintain relationships during the past 30 days.

Questions to Consider:

- How does your child get along with others?
 - Can your baby engage with and respond to adults? Can your toddler interact or play positively with peers?
 - Does your child interact with others in a way that you would expect given their age?
-

Ratings and Descriptions

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

No evidence of problems with social functioning; child has positive social relationships.

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

Child is having some problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.

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

Child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.

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

Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

Supplemental Information: This indicator is important to assess due to how significantly it relates to all other areas of development. A child that is struggling in their capacity to relate to their parents, caregivers, and peers will also struggle in their ability to find support for the other areas of development. The importance of the parent/child relationship and the child's capacity to socialize and regulate their emotions give a child the tools to move forward in all other areas. Motivation for challenge, coping with frustration and the ability to feel good about one's accomplishments all occur through healthy relationships and supports further growth. [continues]

SOCIAL AND EMOTIONAL FUNCTIONING continued

The following is from Landy, S. (2002). *Pathways to competence: Encouraging healthy social and emotional development in young children* (pp. 12- 27). Baltimore: Paul H. Brookes Publishing Co.

Age	Behavior examples
By 3 Months	• Is available and enjoys responsive interaction with caregivers • Quiets if upset when picked up • Recognizes caregiver and responds with pleasure; reaches out to caregiver • Enjoys being held and cuddled at times other than feeding and bedtime • Smiles in response to a friendly face or voice • Stops crying when parent or caregiver comes near • Expresses basic emotions • Uses sustained looking or sucking to calm down • Entertains self by playing with hands, feet, and toes
By 7 Months	• Laughs out loud • Cries in response to another infant's cry • Beginning to feel security with and attachment to primary caregiver • Reacts to emotional displays of others • Gets upset at "still" face of caregiver or if caregiver does not respond • Shows fear of falling off high places • Expresses emotions with recognizable and different sounds and expressions • May make different emotional responses to different experiences such as hearing a vacuum or a dog barking • Shouts for attention • May cry if caregiver leaves • Plays interactive games such as Peekaboo • Knows difference between familiar and unfamiliar people
By 14 months	• Shows more control over display of emotions • Likes caregivers to be in sight • Indicates social referencing or awareness of emotional signals of caregivers • Demonstrates fear of strange objects and events and separation • Develops fear of heights • May show fear of strangers and of separation from parents • Often becomes attached to a cuddly toy or a blanket • Likes to hide • Babbles or jabbles to get attention • Can distinguish between self and others • Engages in parallel play with other children with eye contact and occasional sounds • Can join another person in looking at an object • May point out something to another person and follow the gaze of someone else • Recognizes peer as social partner; likes to be around other children • Is capable of turn taking • Imitates actions of another [continues]

SOCIAL AND EMOTIONAL FUNCTIONING continued

Age	Behavior examples
By 2 years	• Often checks caregiver’s facial expression to see what caregiver is feeling • Shows shame if he or she does not succeed at a task • Recognizes him or herself in a mirror • Experiences anxiety if an object is flawed or broken • Complies about 45% of the time • Gets upset if he or she cannot meet standards • Labels emotions of others • May be defiant; temper tantrums are at their peak • Demonstrates self-conscious emotions of shame and embarrassment • Shows and points • Can look at something together with another person • Plays close to others and joins in play together • Plays games such as Hide and Seek, rolling a ball back and forth • Uses personal pronouns • May comfort another child • Is possessive with toys, and finds it hard to share
By 4 years	• Can consistently bring to mind the memory of a caregiver • Displays emotional reactions to distress of others • Understands rules about what to do and what not to do • Argues and justifies actions more often with parents • Integrates “good” and “bad” parts of self and of others • Some fear may increase • Is less likely to change emotion rapidly but can switch between being stubborn and cooperative quite quickly • Some sharing behavior and cooperative play, but at times acts selfishly • Imitates and follows the leader • Increased awareness of standards and rules • Shows reciprocal and complementary roles during pretend play • May have a close friend • Less likely to express intense emotions, and emotions switch less rapidly so more likely to sustain social interactions • Expresses less aggression and more verbal anger • Seeks approval from others for accomplishments

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DEVELOPMENTAL/INTELLECTUAL

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

Questions to Consider:

- Does your child's growth and development seem appropriate given their age?
 - Has your child been screened for any developmental problems?
-

Ratings and Descriptions

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

No evidence of developmental delay and/or child has no developmental problems or intellectual disability.

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

There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability (i.e., FSIQ 70-85). Mild deficits in adaptive functioning are indicated.

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

Child has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

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

Child has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

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

DEVELOPMENTAL/INTELLECTUAL continued

The following reference is from Landy, S. (2002). *Pathways to competence: Encouraging healthy social and emotional development in young children* (pp. 12-27). Baltimore: Paul H. Brookes Publishing Co.

Age	Behavior examples
By 3 Months	• Watches hands • Can remember for 3-4 seconds • Usually explores environment by looking around • Follows objects that are moving up and down with eyes • Recognizes familiar faces, voices and smells
By 7 Months	• Likes to make things happen (e.g., pulls a string to get something attached to it) • Imitates gestures • Follows and searches for objects with eyes • Establishes object and person permanence • Focuses on toy or person for 2 minutes • Throws objects over side of crib to watch it fall
By 14 Months	• Understands how things happen (i.e., what causes what) • Examines toys to see how they work • Begins to engage in pretend play • Can point to pictures of objects in a picture book when prompted • Plays on own for 10 minutes or more • Follows simple directions • Copies activities such as banging a drum to make noise
By 2 Years	• Increasingly engages in pretend play • Can play in a focused way for 10 minutes • Points to body parts • Can sort by color, classification • Can match by size and color • Can sequence pretend play into scripts • Concentrates on self-selected activities for longer periods
By 4 Years	• Engages in more elaborate pretend play • Can classify objects for their purpose • Can identify up to six geometric shapes by pointing to them when asked • Understands nearest, longest, tallest, same • Counts five objects and rote counts to 20 or more • Distinguishes between genders • Can name some letters and recognizes a few words • Understands the sequence of daily events

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MEDICAL/PHYSICAL*

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

Questions to Consider:

- Is your child generally healthy?
 - Does your child have any medical problems?
 - If your child has a health or medical issue, how much does the health or medical issue interfere with the child's life?
-

Ratings and Descriptions

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

No evidence that the child has any medical or physical problems, and/or they are healthy.

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

Child has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.

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

Child has serious medical or physical problems that require medical treatment or intervention. Or child has a chronic illness or a physical challenge that requires ongoing medical intervention.

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

Child has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.

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

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

***A rating of '1,' '2,' or '3' on this indicator triggers the completion of the
[B] Medical Health Module (page 57) .***

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RISK BEHAVIORS & FACTORS

For the **Early Childhood Domain – Risk Behaviors & Factors** indicators, use the following categories and action levels:

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

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SELF-HARM

This indicator includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child or others at some jeopardy. **The child must be 12 months of age or older to rate this indicator.**

Questions to Consider:

- Does your child head bang or do other self-harming behaviors? Have they done this in the past?
 - If your child does self-harming behaviors, do they respond to your support at getting them to stop?
-

Ratings and Descriptions

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

There is no evidence of self-harm behaviors.

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

History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver.

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

Child's self-harm behaviors such as head banging cannot be impacted by supervising adult and interferes with their functioning.

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

Child's self-harm behavior puts their safety and well-being at risk.

NA Child is younger than 12 months of age.

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EXPLOITED

This indicator describes a history and pattern of being the object of abuse and includes a level of current risk for re-victimization. For children birth to age five, this can include sexual exploitation or being taken advantage of by others.

Questions to Consider:

- Has your child ever been victimized in any way (e.g., abused, victim of a crime, etc.)?
 - Are there concerns that your child has been or is currently being taken advantage of by other adults?
 - Is your child currently at risk of being victimized by another person?
-

Ratings and Descriptions

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

No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. Child is not presently at risk for re-victimization.

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

Suspicion or history of exploitation, but the child has not been exploited during the past year. Child is not presently at risk for re-victimization.

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

Child has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends or violent crime.

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

Child has recently been exploited and is at acute risk of re-exploitation.

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PRENATAL CARE

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

Questions to Consider:

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

Ratings and Descriptions

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

Child's biological mother had adequate prenatal care (e.g., 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.

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

Child's biological mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here; her care must have begun in the first or early second trimester. A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.

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

Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.

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

Child's biological mother had no prenatal care or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

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EXPOSURE

This indicator describes the child's exposure to environmental toxins and substance use and abuse both before and after birth.

Questions to Consider:

- Was your child exposed to substances or toxins during your (or the biological mother's) pregnancy or after birth? If so, what substances?
 - What about exposure to any environmental toxins?
-

Ratings and Descriptions

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

Child had no in utero exposure to environmental toxins, alcohol or drugs, and there is currently no exposure in the home.

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

Child had either some in utero exposure (e.g., mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy, or exposure to lead at home), or there is current alcohol and/or drug use in the home or environmental toxins in the home or community.

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

Child was exposed to significant environmental toxins, alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), significant use of alcohol or tobacco, or exposure to environmental toxins would be rated here.

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

Child was exposed to environmental toxins, alcohol or drugs in utero and continues to be exposed in the home or community. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here. A child who ingested lead paint and exhibited symptoms would be rated here.

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LABOR AND DELIVERY

This indicator refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

Questions to Consider:

- Were there any unusual circumstances related to the labor and delivery of your child?
-

Ratings and Descriptions

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

Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.

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

Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g., shoulder displacement) to the baby is rated here.

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

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 needed some resuscitative measures at birth is rated here.

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

Child had severe problems during delivery that have long-term implications for development (e.g., extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower or who needed immediate or extensive resuscitative measures at birth would be rated here.

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BIRTH WEIGHT

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

Questions to Consider:

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

Ratings and Descriptions

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

Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.

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

Child born underweight. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.

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

Child considerably underweight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.

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

Child extremely underweight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

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FAILURE TO THRIVE

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

Questions to Consider:

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

Ratings and Descriptions

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

No evidence of failure to thrive.

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

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

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

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

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

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

FAILURE TO THRIVE continued

Supplemental Information: Failure to thrive is considered a condition in which an infant or child has weight below the fifth percentile on NCHS growth charts or has a decrease across two percentiles in growth or weight (Zeanah, 1993). This is critical to monitor due to the possible problems that may be associated with this condition such as possible developmental disorders such as oral motor problems, sensory processing disorders, relationship problems, self-regulation problems or difficult temperament issues. Failure to thrive has also been associated with later cognitive challenges, school problems, attachment difficulties, self-regulation challenges, inability to delay gratification and various health concerns. Relationship disturbances are also present in failure to thrive infants as they grow older which are seen in their frequent lack of confidence in others, poor self-esteem, and inability to trust the attachment relationship. The feeding experience for infants also serves additional functions other than caloric intake. It is through this experience that an infant develops a sense of security and source of emotional comfort. It is also an organizing and integrating event in the infant's day. There have been numerous causes for failure to thrive listed in literature some of which are lack of caloric intake due to lack of information on part of parent, lack of caloric intake due to parental neglect, lack of caloric intake due to food refusal, nutritional absorption problems, inappropriate feeding practices, or relationship-based problems that manifest in feeding challenges. Some of the characteristics of the infant/toddler that can be associated with failure to thrive are listed below.

Possible characteristics of infant/toddler failure to thrive:

- Extreme watchfulness
- Bizarre eating patterns (excessive intake, hoarding food, refusing food)
- Protruding abdomen
- Need improvement in weight gain during hospitalizations
- Poor cuddling or social responsiveness

Adapted from *Infant Mental Health: A Psychotherapeutic Model of Intervention* by Michael Trout.

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CULTURAL FACTORS – FAMILY

In rating these indicators, please use the **perspective of the family**.

For the **Early Childhood Domain – Cultural Factors - Family** indicators, use the following categories and action levels:

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

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LANGUAGE

This indicator looks at whether the child or family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This indicator includes spoken, written and sign language, as well as issues of literacy.

Questions to Consider:

- What language or languages does your family speak at home?
 - Does your family have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?
 - Who translates for your family? Are there times when your children serve as translators for the family?
 - Do you or your family need any support around completing forms or understanding any documents?
-

Ratings and Descriptions

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

No evidence that there is a need or preference for an interpreter and/or the child and family speak and read the primary language where the child or family lives.

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

Child and/or family speak or read the primary language where the child or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

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

Child and/or significant family members do not speak the primary language where the child or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual or individuals can be identified within natural supports.

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

Child and/or significant family members do not speak the primary language where the child or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

Supplemental Information: A parent's ability to communicate with others is necessary and important to assess. Parents that experience challenges in this area are in need of support to understand their child's needs, support their child, and ask pertinent questions. It is important to consider both a parent's ability to express themselves and understand what is being said, and their ability to read.

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TRADITIONS AND RITUALS

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

Questions to Consider:

- What holidays does your family celebrate?
 - What traditions are important to your family?
 - Does your family fear discrimination for practicing your traditions and/or cultural rituals?
-

Ratings and Descriptions

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

Child and/or family consistently practice their chosen traditions and rituals consistent with their cultural identity.

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

Child and/or family generally practices their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

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

Child and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.

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

Child and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

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CULTURAL STRESS

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

Questions to Consider:

- What problems has your family experienced from others related to your cultural identity?
 - Has your family experienced any discrimination?
 - Tell me about any conflicts you've experienced related to culture within your family or in your community.
-

Ratings and Descriptions

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

No evidence of stress between the child's cultural identity and current environment or living situation.

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

Some occasional stress resulting from friction between the child's cultural identity and current environment or living situation.

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

Child is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child needs support to learn how to manage culture stress.

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

Child is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child needs immediate plan to reduce culture stress.

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STRENGTHS

For the **Early Childhood Domain – Strengths** indicators, the following categories and action levels are used:

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

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FAMILY STRENGTHS

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

Questions to Consider:

- How does your child get along with their siblings or other children in the family?
 - How does your child get along with you or other adults in the family?
 - Is your child particularly close to one or more members of the family?
-

Ratings and Descriptions

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

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

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

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

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

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

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

Family needs significant assistance in developing relationships and communications, or child has no identified family. Child is not included in normal family activities. [continues]

FAMILY STRENGTHS continued

Supplemental Information: Family relationships first offer a child the experience of safety and security that facilitates a feeling of trust and optimism about the world and others in it. A child learns how to communicate needs, accept support and cope with disappointments and frustrations all within their first relationships. This becomes the model for how a child will typically approach all other relationships with teachers, caregivers, peers and other authority figures. When a child experiences challenges within relationships outside of the home, the family relationships serve to assist the child in coping with these challenges and further developing the ability to persist in these challenges. Parents serve this role for the child as well as siblings. Children learn how to interact with peers often by “practicing” these interactions with their siblings. Sibling interactions require the basic skills of sharing, cooperating, compromising and expressing feelings and needs which are critical in peer interaction. Guralnick (1988) studied the outcomes for children in various patterns of family interaction and concluded that positive outcomes for children across several domains of development were more likely when family interactions were positive. Landesman, Jaccard, and Gunderson (1991) replicated this finding as well illustrating how positive family interactions have impact in physical development, emotional development and well-being, social development, cognitive development, moral development and cultural development. In the assessment of the nature of family relationships it is important to carefully listen to families’ descriptions of the relationships, encourage dialogue about the relationships as well as observe the relationships. This indicator is rating the nature of the child’s experience of relationships within their family. This indicator would be considered a strong area if the child feels positive about their relationships with family and observations support a warm and nurturing relationship. The Attachment indicator is closely related but there are differentiations. The Attachment indicator takes into account all functions of the attachment relationship that also are manifested in a child’s ability to develop, explore the world and make sense of relationships.

As indicated earlier, the assessment of indicators takes place within the activities of questioning parents and children (as appropriate to age), observation of the child, observation of the parent, observation of the child/parent dyad, and analysis of information received from chart review and others providing information. Others may include extended family, teachers, clinicians, referral source or alternate caregivers. Along with the suggested questions listed in the manual, the following suggestions may help in making the determination of the appropriate rating when questioning parents:

- Be aware of the consistency of parent responses. Do the answers to these questions conflict with other answers or not fit with the family’s narrative?
- Do the answers come with some explanation that can back up their responses? For example, when a parent responds that the relationship with their child is very positive can they explain why?
- Do your observations seem in sync with the parent’s report? If not, this can be explored in a gentle way or just held as information that can help later when rapport is better established.

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INTERPERSONAL

This indicator is used to identify a child's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider:

- How does your child interact with other children? adults?
 - How does your child do in social settings?
 - What is your child's temperament like?
-

Ratings and Descriptions

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

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

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

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

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

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

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

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

Supplemental Information:

- Action level '0': Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
 - Action level '1': Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults but may not initiate such interactions by themselves.
 - Action level '2': Child may be shy or uninterested in forming relationships with others, or – if still an infant -- child may have a temperament that makes attachment to others a challenge.
 - Action level '3': Child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.
- [continues]
-

INTERPERSONAL continued

The infant/child's capacity to relate to others in a positive manner is a capacity that can be of great benefit. Children that are perceived by others as pleasant to associate with usually are blessed with a greater number of social interactions as well as longer periods of time in interaction with others. The importance of a child experiencing positive interactions with others has been researched extensively and is now proven in numerous brain development studies. The National Research Council and Institute of Medicine authored a book, *From Neurons to Neighborhoods: The Science of Early Childhood Development* in 2000 and included as one of their core concepts the notion that "human relationships, and the effects of relationships on relationships, are the building blocks of health development." They further this concept by referring to the importance of relationships on brain development in stating that "developmental neurobiologists have begun to understand how experience becomes integrated into the developing architecture of the human brain... brain development therefore depends on an intimate integration of nature and nurture throughout the life course (page 54)." Not only do children that have difficulties in relating to others have greater and more sustained interactions with others but they are more likely to get their needs met. Infants and young children that evoke positive reactions in others are responded to in a more positive manner than those that are less sociable. Even if a young child's methods for getting their needs met when upset or stressed are less than desirable, if that same child has built up positive relationships with caregivers and other adults, they will benefit. Caregivers and authority figures also tend to be less reactive and more nurturing to children that are interpersonally strong when the need for correction or discipline occurs.

Interpersonal Skills – Infants

Smiles
Establishes eye contact
Imitates others
Initiates physical contact
Laughs

Interpersonal Skills – Toddlers

Reactions to others are synchronous
Acknowledges new people with gestures and/or words
Establishes appropriate eye contact
Develops awareness of social boundaries
Responds to humor

**Interpersonal Skills –
Preschool/School Age**

Prefers peers
Initiates conversation with adults
Accepts praise
Shares successes
Develops appropriate interpretations of social cues

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NATURAL SUPPORTS

This indicator refers to unpaid helpers in the child's natural environment. These include individuals who provide social support to the target child and family. All family members and paid caregivers are excluded.

Questions to Consider:

- Outside of your family, does your child go to others for comfort and support?
 - Does your child have non-family members in their life that are positive influences?
-

Ratings and Descriptions

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

Child has significant natural supports that contribute to helping support the child's healthy development.

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

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

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

Child has some identified natural supports; however, these supports are not actively contributing to the child's healthy development.

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

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

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RESILIENCY (PERSISTENCE AND ADAPTABILITY)

This indicator refers to how the child reacts to new situations or experiences, how they respond to changes in routines, as well as their ability to keep trying a new task/skill, even when it is difficult for them.

Questions to Consider:

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

Ratings and Descriptions

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

The child consistently has a strong ability to adjust to changes and transitions and continues an activity when challenged or meeting obstacles. This supports further growth and development and can be incorporated into a service plan as a centerpiece strength.

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

Child with good curiosity and some ability to continue an activity that is challenging. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here. The child demonstrates a level of adaptability and ability to continue in an activity that is challenging. The child could benefit from further development in this area before it is considered a significant strength.

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

The child shows some ability to continue a challenging task although this needs to be more fully developed. Parents and caregivers need to be the primary support in this area.

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

Child's difficulties coping with challenges places their development at risk. Child may seem frightened of new information, changes or environments. [continues]

RESILIENCY (PERSISTENCE AND ADAPTABILITY) continued

Supplemental Information:

Adaptability: A child's ability to adjust to changes in their routine or environment, known as adaptability, is considered one of the original nine temperament characteristics as defined by Chess and Thomas (1959). Temperament characteristics are defined by as "the style in which a person does what he or she does." Children that are adaptable are flexible, tolerant of changes and transitions, not bothered by intrusions, and "go with the flow." The characteristic of adaptability is protective for children for a number of reasons. Children that are exposed to high-risk environments are often challenged with multiple stressors, caregivers, and changes in their routine. The ability to cope with such affords them a greater amount of energy to focus on growth and development. Children that are less adaptable often evoke negative reactions from caregivers, authority figures as well as peers due to their increased neediness and changes in behavior. Parents that experience their children as flexible and less demanding overall tend to be more responsive and consistent in their reactions. Parents who are experiencing their own stressors, health or mental health problems typically have less patience to offer their children and are easily overwhelmed.

Manifestations of Adaptability

Age Group	Behavior examples
Infants and Toddlers	• Easily falls asleep and remains asleep • Changes in routine minimally disrupts sleep • Accepts new foods easily • Eats a variety of foods • Accepts diapering, dressing and bathing tasks without resistance • Accepts changes in day care providers or introduction of additional children • Accepts separations
Pre-Schoolers/School Age	• Transitions from wake to sleep state easily • Sleep cycle remains unaffected by changes • Eats a variety of foods and will try new foods • Accepts control from caregivers/teachers • Is not excessively needy • Follows instructions easily • Can 'switch gears' easily • Makes friends easily • Tries new activities [continues]

RESILIENCY (PERSISTENCE AND ADAPTABILITY) continued

Persistence: Persistence refers to the ability to continue an activity that is difficult or unappealing. A persistent child is one that is very focused and motivated. Persistence is another one of the original temperament characteristics described by Thomas and Chess. This characteristic supports the acquisition of new developmental abilities. In children that are challenged by health or developmental disabilities, this characteristic can prove to be essential to their well-being. Children that manifest this characteristic show the ability to face challenges physically and emotionally in a more competent fashion.

Manifestations of Persistence

Age Group	Behavior examples
Infants and Toddlers	• Attempts tasks related to motor development over and over until mastery occurs • Will persist in attempting tasks independent of parents • Plays alone well • Does not cry or whine easily • Good attention span • Sleeps well
Pre-Schoolers/School Age	• Attempts difficult tasks • Keeps focused and on track • Motivated internally • Appears stubborn • Slow to disengage from activity or task • Does not quit • Team sports or play • Identified as a perfectionist • Accepts challenges

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RELATIONSHIP PERMANENCE

This indicator refers to the stability and consistency of significant relationships in the child's life. This likely includes family members but may also include other adults and/or peers.

Questions to Consider:

- Has anyone consistently been in your child's life since their birth?
 - Are there other significant adults in your child's life?
 - Has your child been in multiple home placements?
-

Ratings and Descriptions

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

Child has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Child is involved with their parents.

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

Child has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.

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

Child has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

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

Child does not have any stability in relationships.

Supplemental Information: This indicator refers to the presence or absence of ongoing relationships with biological parents and significant others such as family, friends and community members. Due to the primary importance that both the maternal and paternal relationship holds for children, this indicator reflects an appreciation of this concept. The paternal relationship is often characterized as less involved in care-giving than the maternal relationship and more playful and physical in nature. These experiences have been studied to promote assertiveness and participation in organized physical activities (Palm, 1997). The maternal relationship is characterized as more nurturing and promotes increased socialization. Due to the importance of both parenting experiences this indicator conceptualizes the ideal experience for children as experiencing an ongoing relationship with both biological parents. This indicator does not consider the quality of these relationships.

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PLAYFULNESS

This indicator rates the degree to which a child is given opportunities for and participates in age-appropriate play. Play should be understood developmentally. When rating this indicator, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g., parallel) play could be rated here.

Questions to Consider:

- Is your child easily engaged in play?
 - Does your child initiate play? Can your child sustain play?
 - Does your child need adult support in initiating and sustaining play more than what is appropriate for children their age?
-

Ratings and Descriptions

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

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

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

The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.

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

The child demonstrates the ability to enjoy play and uses it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoying in the child.

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

The child does not demonstrate the ability to play in an age-appropriate or quality manner.
[continues]

PLAYFULNESS continued

Supplemental Information: Playfulness is a characteristic or component of a child’s personality that promotes, supports and enhances development in all areas. This component is often associated with intelligence as it is often reflected by questioning and exploring. Curiosity serves as a strong motivator and therefore results in actions that put a child in a position to learn and develop.

Types of Development	Examples of skill					
Cognitive Development	Improves Attention	Improves Problem Solving	Enhances Imagination	Develops Planning and Sequencing Abilities	Promotes Awareness of How Items Function	Improves Concentration
Emotional Development	Facilitates the Expression of Feelings and Experiences in a Safe Manner	Alleviates Anxiety by Promoting Mastery Over Stressful Situations	Enhances Self Esteem			
Social Development	Encourages Children Taking on a Variety of Social Roles	Develops Sharing, Cooperating and Compromising Abilities	Further Develops Sense of Self	Encourages Learning to Take Others’ Perspective		
Physical Development	Enhances Fine Motor Skills	Enhances Gross Motor Skills	Facilitates Visual-Spatial Skills	Develops Balance and Coordination		
Language Development	Through Interactions Learns Rhythm, Cadence, and Pace of Speech	Enhances Vocabulary Acquisition	Develops Social Conventions of Language			

[continues]

PLAYFULNESS continued

In assessing the characteristic of playfulness it is necessary to be aware of the developmental appropriateness as well as the emotional characteristics of the play. Ideally play should be spontaneous, self-initiated and enjoyable to the child. A child that is not enjoying play will demonstrate a flat or restricted range of affect, will not prolong the play themes and will often have little spontaneous speech associated with the play. In determining the developmental appropriateness of play the following developmental descriptions can offer some assistance.

- **0-12 months:** Sensorimotor Play: This is seen in exploration of objects through such means as mouthing, touching, banging or dropping objects. As the child moves closer to 6 months they may begin to explore the characteristics of objects by poking or pulling the component parts.
- **12-18 months:** Functional Play: Child demonstrates understanding of how objects are used and does such things as placing a phone to their ear, rolling a car back and forth or manipulating toys in their intended fashion.
- **18 months to 30 months:** Early Symbolic Play: Begins to show capacity for pretend play. First will pretend with themselves, and then with objects and other people. The pretend sequences will become gradually more complex and detailed.
- **30 months and older:** Complex Symbolic Play: Dramatic sequences are acted out in play using both props and imagination. As a child becomes older they further the ability to assign roles to others and include them in pretend play. As a child enters school age, they further their ability to imitate, take turns and problem solve in play.

Adapted from *The American Academy of Child and Adolescent Psychiatry Practice Parameters for the Psychiatric Assessment of Infants and Toddlers (1997)*.

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FAMILY SPIRITUAL/RELIGIOUS

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

Questions to Consider:

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

Ratings and Descriptions

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

This level indicates a family with strong moral and spiritual strengths. Family may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort them in difficult times.

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

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

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

Family has expressed some interest in spiritual or religious belief and practices and may have little contact with religious institutions.

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

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

Supplemental Information: Spirituality should be considered as something that, if it is present, can be a significant help to a family, but if not present should not be considered a need. Many families attest to the fact that having a belief in a higher power contributes to resiliency and stress reduction. This is especially true when tragedy takes place or situations that seem difficult to comprehend or make sense of.

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CAREGIVER RESOURCES AND NEEDS

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

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MONITORING

This indicator refers to the success with which the caregiver is able to supervise the children in their care. This indicator should be rated consistent with the age and developmental needs of the child/youth.

Questions to Consider:

- How do you feel about your ability to monitor or keep an eye on the children/youth in your home?
 - Who helps you to supervise or watch them when you cannot be home?
 - What types of activities are they allowed to do without permission?
 - What help do you need with supervising?
 - What responsibilities does the child/youth have in the home (chores, bedtime, etc.)?
 - What rules do you have in place?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

There is no evidence that the caregiver has difficulty monitoring the children in their care. The caregiver demonstrates consistent ability to monitor the children in their care according to their developmental needs.

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

The caregiver demonstrates generally good ability to monitor the children in their care, but some problems may occur occasionally, or there is a history of inadequate monitoring.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver has difficulty maintaining an appropriate level of monitoring of the children in their care.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver has significant problems maintaining any monitoring of the children in their care.

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DISCIPLINE

Discipline refers to the caregiver's ability to encourage positive behaviors by children in their care through the use of a variety of different techniques including, but not limited to, praise, redirection, and punishment.

Questions to Consider:

- Is the caregiver able to provide appropriate limits to the children?
 - Does the caregiver provide appropriate guidance or support for the child to meet the caregiver's expectations?
 - Does the caregiver think they need some help with these issues?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*

There is no evidence that the caregiver has difficulty with discipline. The caregiver generally demonstrates the ability to discipline children in their care in a consistent and benevolent manner. They usually are able to set age-appropriate limits and to enforce them.

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

The caregiver is often able to set age-appropriate limits and to enforce them. On occasion their interventions may be either too harsh or too lenient but at other times their expectations of children in their care may be too high or too low, or there is a history of inappropriate discipline.

- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver demonstrates limited ability to discipline children in their care in a consistent and benevolent manner. They are rarely able to set age-appropriate limits and to enforce them. Their interventions may be erratic and overly harsh but not physically harmful. Their expectations of children in their care are frequently unrealistic.

- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver disciplines children in their care in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, or physically harmful.

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INVOLVEMENT WITH CARE

This indicator rates the caregiver's participation in the child's care and ability to advocate for the child.

Questions to Consider:

- How active and involved are you in your child's life?
 - Tell me what a typical day looks like for your family. How often do you eat meals together, help with homework, play games, etc.?
 - What activities do you participate in, such as attending school meetings, taking your child to the doctor when needed??
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

No evidence of problems with caregiver involvement in services or interventions, and/or caregiver can act as an effective advocate for the child.

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

Caregiver is consistently involved in the planning and/or implementation of services for the child but is not an active advocate on their behalf. Caregiver is open to receiving support, education, and information.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver is not actively involved in the child's services and/or interventions intended to assist the child.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver wishes for child to be removed from their care.

Additional Questions to Consider:

- What activities is your child involved in?
 - What is your role in these activities: coach the team, help with snacks, transport children, watch them while participating in the activity?
 - Which activities does your family enjoy doing together the most?
 - What things keep you from spending more time with your family? How do you balance this with spending time with your family?
 - Tell me about times when you feel like you just don't have the energy or ability to be involved with your family. [continues]
-

INVOLVEMENT WITH CARE continued

Supplemental Information: This indicator refers to the parent's capacity to identify, advocate for and participate in the care of their child. This may be difficult to assess if the parent is new to the examiner and there is not a history to refer to. In this case, discussing the parent's values regarding their role in service provision, their comfort level in sharing viewpoints, their ability to assert themselves and their past experiences in other or similar situations will assist in the rating. This is an important component of care due to the importance of the parent being a full partner in the care of their child. It is the goal of all service provision for the parent to be able to better meet the needs of their child in an ongoing way.

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KNOWLEDGE

This indicator identifies the caregiver's knowledge of the child's strengths and needs, and the caregiver's ability to understand the rationale for the treatment or management of these problems.

Questions to Consider:

- What are your child's strengths? What are they good at? What do they have going for them?
 - What are your child's needs? What do they need help with?
 - Tell me what you would like to know more about to meet your family's needs.
 - What are some things professionals have told you about your child/family?
 - What is your understanding of the things you have been told?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child's psychological strengths and weaknesses, talents, and limitations.

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

Caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of the child's psychological condition, talents, skills, and assets.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver does not know or understand the child well and significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has little or no understanding of the child's current condition. Caregiver's lack of knowledge about the child's strengths and needs place them at risk of significant negative outcomes. [continues]

KNOWLEDGE continued

Supplemental Information: This indicator refers to the parent’s understanding of the child’s needs and abilities. This also includes their understanding of service provision, their role in the services, and how to navigate the system. The question to ask parents in the assessment of this indicator is, “Is there any information that you could have regarding your child that could improve your ability to parent?” It is important not to assume that high functioning parents do not have a need for more knowledge.

This indicator is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that what you know, someone else should know and if they don’t, then it’s a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this indicator in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with their children. Additionally, the caregivers’ understanding of the child’s diagnosis and how it manifests in the child’s behavior should be considered in rating this indicator.

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SOCIAL RESOURCES

This indicator rates the social assets (e.g., extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the child and family.

Questions to Consider:

- What family members, friends, and/or community/religious organizations can help you when you need it?
 - Who can you count on for help/support with your child?
 - What other non-paid supports do you have?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Caregiver has significant social and family networks that actively help with caregiving.

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

Caregiver has some family, friends or social network that actively helps with caregiving.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Work needs to be done to engage family, friends, or social network in helping with caregiving.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has no family or social network to help with caregiving.

Supplemental Information: This indicator refers to the caregiver’s need for support from a network of friends, community members or family members that are not paid and will be available to them. The family of young children may need this more than any other service that can be made available to them. This indicator looks at the presence of this being available to the caregiver and does not focus on the child’s experience of these supports

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RESIDENTIAL STABILITY

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

Questions to Consider:

- How stable is your current housing?
 - What concerns do you have about keeping your current housing?
 - Have you ever lost your housing?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Caregiver has stable housing with no known risks of instability.

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

Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has moved multiple times in the past year. Housing is unstable.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Family is homeless or has experienced homelessness in the recent past.

Supplemental Information: The importance of having stable and appropriate housing is critical in both the parent's and child's experience. There is perhaps no other environment that young children may spend more time in and the need for this to be safe and secure is significant for children. Children that do not experience this develop higher levels of anxiety and less trust in the fact that their needs will be attended to. The child that experiences multiple moves also may have challenges in developing a routine and feeling the benefits of predictability. Families may be asked to discuss their experiences in moving and any possible need for this in the future to assess this indicator.

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MEDICAL/PHYSICAL

This indicator refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to parent the child. This indicator does not rate depression or other mental health issues.

Questions to Consider:

- How is your health?
 - What health problems make it hard for you to take care of your family?
 - Are you currently under a doctor's care? Do you experience any chronic health issues?
 - What medications do you take?
 - Do you receive Social Security Disability for a medical condition?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

No evidence of medical or physical health problems. Caregiver is generally healthy.

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

There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has medical/physical problems that interfere with the capacity to parent the child.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has medical/physical problems that make parenting the child impossible at this time.

Supplemental Information: Parents that experience stable health and are in good physical condition are afforded many benefits that parents that are challenged in this area are not. A parent that struggles with poor health or physical condition is often less able to provide support and care to their child and to attend fully to their emotional needs. The parent with health conditions may be so overwhelmed with their own needs that it is a challenge to address their child's needs. In assessing this indicator it is important to understand that the presence of a chronic health condition that is well managed does not automatically suggest a low rating in this area. The parent in the same vein may be in poor physical condition without a major health condition and be compromised in their abilities to meet the child's needs. Knowing how the parent functions in this capacity allows the service providers to better align the parent with resources or supports.

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MENTAL HEALTH

This indicator refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to the child.

Questions to Consider:

- What mental health concerns do you have for yourself?
 - Do you have any mental health diagnoses?
 - Tell me about a time that you have been to counseling, therapy, a psychiatrist, or a residential treatment center.
 - What medicines have you been prescribed for mood or behavior, and when?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

No evidence of caregiver mental health difficulties.

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

There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver's mental health difficulties interfere with their capacity to parent.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

Additional Questions to Consider:

- Tell me about any mental health needs that make parenting more difficult.
 - What do you do when you get upset, frustrated, or angry?
 - Have you ever heard, seen, or felt something that others could not? If yes, please describe these experiences.
 - What assistance would be helpful in accessing a counselor or medication management for mental well-being? [continues]
-

MENTAL HEALTH continued

Supplemental Information: Infants and young children are primarily in need of parents that are emotionally available, reciprocal in their interactions and capable of providing for their needs. When a parent is challenged with difficult symptoms associated with mental health challenges, all of these needs may be poorly or intermittently met. Much research has taken place regarding how depression in parents affects children. Carter, Osofsky & Hahn (1991) substantiate the disturbances in infant patterns of regulating affect when experiencing parental depression. In addition, Murray and Cooper (1997) report that two negative interaction patterns, withdrawn-hostile and hostile-intrusive, have been observed in their research with depressed mothers. These two patterns have been demonstrated to interfere with the cognitive and emotional development of their infants. Anxiety or trauma related challenges in parents also have the potential to cause a number of difficulties for children. Children with parents that are anxious can experience anxiety themselves due to their response to the social cues of their parents or the interference with the care-giving routine. Serious mental illness would be rated '2' or '3' unless the individual is in recovery.

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SUBSTANCE USE

This indicator rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child.

Questions to Consider:

- Tell me about any past or current alcohol or substance use.
 - How many times in the past week have you used alcohol (wine, liquor, beer) or substances (including pills/medications)?
 - How does the use of alcohol and/or drugs affect your parenting?
 - What does it look like when you use alcohol or substances?
 - What alcohol or drug abuse treatment have you received?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

No evidence of caregiver substance use issues.

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

There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has some substance abuse difficulties that interfere with their capacity to parent.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has substance abuse difficulties that make it impossible to parent the child at this time.

Supplemental Information: It is important to note that what typically puts infants at greater risk related to substance abusing parents is the exposure to the multiple risks that usually are associated with substance abuse. Due to the effects of substance abuse, parents often experience poverty, disorganized and chaotic lifestyles, stress, and exposure to violence (Lester and Tronick, 1994). Due to the critical importance of forming a secure attachment relationship within the first few years of life, a young child with substance abusing parents may be at considerable risk. In addition, it has also been determined that when the combination of prenatal drug exposure and ongoing substance use in parents occurs, a child is at high risk for learning and behavior problems (Lester & Tronick, 1994; Kaplan-Sanoff, 1996).

Substance-related disorders would be rated '2' or '3' unless the individual is in recovery.

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DEVELOPMENTAL

This indicator describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

Questions to Consider:

- Tell me about any developmental challenges that make parenting/caring for the child difficult.
 - What did school look like for you as a child?
 - What was the hardest subject and why?
 - What assistance did you receive in school?
 - What assistance do you need with reading, if any (look for contextual signs related to reading ability)?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.

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

Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has developmental challenges that interfere with the capacity to parent the child.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has severe developmental challenges that make it impossible to parent the child at this time.

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ANGER CONTROL

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

Questions to Consider:

- How do you manage feelings of anger or frustration?
 - Are there ever times when you are violent when angry?
 - How do you cope with being criticized or rejected by others?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

No evidence of any anger control problems.

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

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver's difficulties with controlling anger are impacting functioning in at least one life domain. Caregiver's temper has resulted in significant trouble with peers, family and/or school or work. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver's temper or anger control problem is dangerous. Caregiver frequently gets into fights that are often physical. Others likely fear them.

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PARENTAL CRIMINAL ACTIVITY

This indicator refers to the caregiver's current and/or prior history of misdemeanor or felony charges and/or convictions.

Questions to Consider:

- Tell me about any pending, previous charges or interactions with law enforcement you have had.
 - Are you currently on probation or parole?
 - What activities do you engage in that could land you in jail?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

There is no evidence that the caregiver has ever engaged in criminal activity.

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

The caregiver has a history of criminal activity, but the children have not been in contact with the caregiver for at least 1 year, or there is evidence that the criminal involvement is entirely in the caregiver's past and they are not actively involved in criminal activity.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver has recently been involved in criminal activity and the children have been in contact with the caregiver in the past year, or the caregiver has a history of involvement in criminal activity and there is no evidence that they have stopped this involvement.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver is currently engaged in criminal activity, for example, is presently involved in a criminal case that has not been adjudicated.

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SAFETY

This indicator describes the caregiver's ability to maintain the child's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.

Questions to Consider:

- Tell me about your home and neighborhood.
 - What concerns do you have about safety in your neighborhood?
 - How safe are the children when they play outside?
 - What safety concerns exist in your home?
 - What worries do you have about others potentially harming you or your family?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

No evidence of safety issues. Household is safe and secure. Child is not at risk from others.

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

Household is safe but concerns exist about the safety of the child due to history or others who might be abusive.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Child is in some danger from one or more individuals with access to the home.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Child is in immediate danger from one or more persons with unsupervised access.

Additional Questions to Consider:

- Who has access to the children in your home or neighborhood?
 - Tell me about any past involvement with DCS due to safety concerns.
 - What worries do you have about your ability to keep your child safe?
-

All referents are legally required to report suspected child abuse or neglect.

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HOME CONDITIONS

This indicator refers to the physical condition of the house or apartment in which the family is currently residing, as well as the family's maintenance of their house or apartment, in terms of both cleanliness and organization AND safety from dangerous materials and/or objects.

Questions to Consider:

- Is the house organized? Is help needed to maintain a clean home?
 - Where are medications kept? Are weapons secured? Is the home child-proofed?
 - Are home improvements or weather-proofing needed? Are there any housing code violations (such as lead-based paint, mold, etc.)? Is the home safe and healthy for the children?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

There are no health or safety concerns on the property. Home is clean, maintained well, and child-proofed (for example, firearms, poisons, and medications are locked up/stored away properly and out of reach). The kitchen and bathroom are functional; all utilities are operational; everyone has a bed; and accessible outlets have plug covers.

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

There is a history of health or safety concerns with the physical condition of the home, or there is reason to believe that there are concerns that pose no immediate threat and are easily correctable. Most precautions have been taken and there is no danger to the children. Poisons and medication are out of reach but not locked up; home is mostly child-proofed. Utilities are operational; minor cleaning is required; some odors are present.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

There are serious, substantiated health or safety hazards (e.g., overcrowding, inoperative or unsafe water and utility hazards, vermin, or other health and sanitation concerns). Some precautions have been taken, but potential hazards are obvious (e.g., poisons/medications out of sight but within reach of the children, overloaded outlets, matches/knives out of sight but accessible). Gas, heating, electricity, or plumbing sometimes doesn't work because bills have not been paid, or needed repairs have not been attended to by the family. Home is somewhat cluttered. The home needs general cleaning. Beds are needed.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Substantiated life-threatening health or safety hazards (e.g., living in condemned and/or structurally unsound residence, exposed wiring, potential fire/safety hazards, or vermin infestation). Home is not safe. Poisons and medications are visible and accessible; firearms are openly accessible to young children; there are no screens on second-floor windows; outlets are not plugged; and few safety precautions are taken. There is a lack of age-appropriate, safe sleeping spaces for the children. The home is dirty. The kitchen may present an odor due to spoiled food, or there may be no refrigerator.

NA Family is currently living in a supported housing arrangement (e.g., shelter).

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FAMILY RELATIONSHIP TO THE SYSTEM

This indicator describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children, a clinician must consider this belief and understand its impact on the family's choices. These complicated factors may translate into generalized discomfort with the formal health care system and may require the care provider to reconsider their approach.

Questions to Consider:

- What are your feelings about receiving help from the health care or child welfare system?
 - Have you ever received help from government agencies? What are your thoughts on this?
 - What is it like for you to receive help from health care or child welfare around the care of your child?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

The caregiver expresses no concerns about engaging with the formal helping system.

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

The caregiver expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

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LEGAL INVOLVEMENT

This indicator rates the caregiver's level of involvement in the legal system which impacts their ability to parent. This includes divorce, civil disputes, custody, eviction, property issues, worker's comp, immigration, etc.

Questions to Consider:

- Is one or more of the caregivers incarcerated or on probation?
 - Is one or more of the caregivers struggling with immigration or legal documentation issues?
 - Is the caregiver involved in civil disputes, custody, family court?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Caregiver has no known legal difficulties.

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

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

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

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

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.

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ORGANIZATION

This indicator is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services.

Questions to Consider:

- Tell me about how you keep up with your family's schedule (school, work, appointments and meetings).
 - Have you ever forgotten or missed appointments, meetings, or phone calls? If you miss, what are your next steps?
 - How do you get to appointments and meetings?
 - What is your idea of an organized and efficient household? What would it take to get your family to that standard?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Caregiver is well organized and efficient.

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

Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has moderate difficulty organizing and maintaining household to support needed services.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver is unable to organize household to support needed services.

Supplemental Information: This indicator refers to the parent's ability to manage the demands of maintaining and coordinating the household, keeping appointments, managing time and demands, responding to the needs of the children and knowing where needed items are kept. This directly affects the experience of the child especially as they grow into preschool and school age years and have increasing needs that may tax a parent's skills in this area. In assessing this indicator it is again helpful to ask the parent to relate scenarios related to this skill and reflect on their ability in this area. This also may be evaluated based on one's own experiences with this parent. A parent that demonstrates this capacity contributes to a child's security and sense of trust that needs will be met.

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CAREGIVER EMOTIONAL RESPONSIVENESS

This indicator refers to the caregiver's ability to understand and respond to the joys, sorrows and other feelings of the child with similar or helpful feelings.

Questions to Consider:

- What is it like for you when your child is happy? Fussy? Irritable?
 - How difficult is it for you to empathize with your child?
 - Would it be helpful to get some support on how to be emotionally responsive to your child when they are challenging?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Caregiver is emotionally empathic and attends to the child's emotional needs.

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

The caregiver can be emotionally empathic and typically attends to the child's emotional needs. There are times, however, when the caregiver is not able to attend to the child's emotional needs.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver is often not empathic and frequently is unable to attend to the child's emotional needs.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attend to the child's emotional needs.

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CAREGIVER ADJUSTMENT TO TRAUMA EXPERIENCES

This indicator covers the caregiver's reactions to a variety of traumatic experiences that challenges the caregiver's ability to provide care for the child.

Questions to Consider:

- Tell me about the hardships you have had.
- What is the worst thing that has happened to you?
- How did you respond to that situation?
- How does that impact your life day to day?

NOTE: Traumatic experiences can include a difficult move, loss of a loved one, witness to a violent situation, car accidents, natural disasters, abuse, military deployment/war experiences, etc. This indicator may need additional prompting or clarifying questions.

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

There is no evidence that the caregiver has experienced trauma, OR there is evidence that the caregiver has adjusted well to their traumatic experiences.

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

The caregiver has mild adjustment problems and exhibits some signs of distress, OR caregiver has a history of having difficulty adjusting to traumatic experiences.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver has marked adjustment problems and is symptomatic in response to a traumatic event (e.g., anger, depression, and anxiety).

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver has post-traumatic stress difficulties. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post-Traumatic Stress Disorder (PTSD).

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INDEPENDENT LIVING DOMAIN (AGES 14 THROUGH 17)

The Independent Living Domain is used to identify, develop, and support clients in foster care ages 14-17. This section should be completed through a teaming approach with the client to reflect their current independent living (IL) functioning levels, as well as their personal goals. The identified levels and goals will be utilized to create a personalized client transitional plan that will guide the monthly delivery of NYTD (National Youth in Transition Database) and IL services to prepare them for their 18th birthday and transition into adulthood.

This domain is to be completed for all youth ages 14 through 17.

For the following domains:

For the **Safe and Stable Housing, Financial Stability, Health and Personal Care, and Education** indicators, use the following categories and action levels:

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

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SAFE AND STABLE HOUSING

The following indicators focus on safe and stable housing for youth. This includes both the physical environment, the youth's circumstances, and the skills and resources needed to maintain stability.

HOME/PERSONAL SPACE MAINTENANCE

This indicator refers to housekeeping both in terms of cleanliness and organization AND safety from dangerous materials and/or objects.

Questions to Consider:

- Is the house and/or personal space organized?
 - Where are medications kept?
 - Is help needed to maintain a clean home?
 - Is the home safe and healthy?
-

Ratings and Descriptions

0 *No current need; no need for action.*

Home is clean, maintained well. Home is safe (for example, poisons and medications are locked up/stored away properly and out of reach). Kitchen and bathroom are functional; all utilities are operational; everyone has a bed; and outlets are plugged.

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

Most precautions have been taken; no danger to the youth. Poisons and medication are out of reach but not locked up; home is mostly safe. Utilities are operational; minor cleaning is required; some odors are present.

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

Some precautions have been taken, but potential hazards are obvious (e.g., poisons and medications out of sight but within reach, overloaded outlets, matches and knives out of sight but accessible). Gas, heating, electricity, or plumbing sometimes doesn't work because bills have not been paid, or needed repairs have not been attended to. Home is somewhat cluttered. Home needs general cleaning. Beds are needed.

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

Home is not safe. Poisons and medications are visible and accessible; there are no screens on second floor windows; and/or outlets are not plugged and few safety precautions are taken. There is a lack of age-appropriate safe sleeping space. The home is dirty. The kitchen may present an odor due to spoiled food or there may be no refrigerator.

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READINESS TO LIVE ALONE

This indicator is intended to rate the youth's emotional and maturational ability to live alone. This indicator is intended to capture whether the youth is comfortable spending time alone and making the decisions and engaging in the behaviors that are necessary to navigate living by themselves without someone else physically available in the living space.

Questions to Consider:

- Does the youth have the maturity to live alone?
 - Are there any challenges to the youth being ready to live alone?
-

Ratings and Descriptions

0 *No current need; no need for action.*

Youth has successfully lived alone and demonstrated the emotional and maturational ability to live by themselves and handle problems as they arise.

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

Youth is eager to live alone but has not yet done so, or the youth has prior unsuccessful experiences living alone but has made changes that prepare them to try again.

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

Youth is either anxious about the prospect of living alone, or has displayed emotional or maturational challenges that will make the transition to living alone potentially difficult. Youth likely needs significant support in the transition.

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

Youth is not yet ready to live alone due to emotional or maturational challenges.

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PARENTING/CAREGIVING ROLES*

This indicator is intended to rate the youth in any parenting or caregiver roles. For example, a youth with a son or daughter or a youth responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

Questions to Consider:

- Does the youth have children or care for an elderly parent? Is the youth pregnant?
 - Does the youth have trouble caring for children or parents?
 - Are parenting responsibilities keeping the youth from going to school or work?
-

Ratings and Descriptions

0 *No current need; no need for action.*

The youth has a parenting/caregiving role and they are functioning appropriately in that role. Or, the youth does not have a parenting/caregiving role.

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

The youth has responsibilities as a parent/caregiver but occasionally experiences difficulties with this role.

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

The youth has responsibilities as a parent/caregiver and either the youth is struggling with these responsibilities or these issues are currently interfering with the youth's functioning in other life domains.

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

The youth has responsibilities as a parent/caregiver and the youth is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the youth to function in other life domains.

Supplemental Information: Youth who occasionally supervise children are not rated on this indicator.

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

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KNOWLEDGE OF CHILD'S NEEDS

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

Questions to Consider:

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

Ratings and Descriptions

- | | |
|-------|---|
| 0 | Youth is fully knowledgeable about the psychological strengths and needs and limitations of the child or adult being cared for. |
| <hr/> | |
| 1 | Youth, while being generally knowledgeable about the child or adult being cared for, has some mild deficits in knowledge or understanding of the psychological condition or skills and assets of the child or adult being cared for. |
| <hr/> | |
| 2 | Youth does not know or understand the child or adult being cared for well. Significant deficits exist in the caregiver's ability to relate to the problems or strengths of the child or adult being cared for. |
| <hr/> | |
| 3 | Youth has no understanding of the condition of the child or adult they are caring for. The youth is unable to cope with the child or adult being cared for given their own status at the time, not because of the needs of the dependent child/adult but because the youth does not understand or accept the situation. |
-

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SUPERVISION OF CHILD

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

Questions to Consider:

- Does the youth set appropriate limits on the child?
 - Does the youth provide appropriate support to the child/adult being cared for?
 - Does the youth think they need some help with these issues?
-

Ratings and Descriptions

- 0 The supervision and monitoring that the youth provides to the child or adult in their care is appropriate and functioning well.
-
- 1 Supervision and monitoring that the youth provides to the child or adult in their care is generally adequate but inconsistent.
-
- 2 Supervision and monitoring that the youth provides to the child or adult in their care is very inconsistent. They are frequently absent.
-
- 3 Supervision and monitoring that the youth provides to the child or adult in their care is nearly always absent or inappropriate.
-

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INVOLVEMENT WITH CHILD'S CARE

This indicator rates the level of involvement and follow-through the youth has in the planning and provision of behavioral health, child welfare, educational and medical services on behalf of the child or adult in their care.

Questions to Consider:

- Is the youth actively involved in helping to get services for the child/adult in their care?
 - Is the youth willing to follow up on recommendations for the child/adult?
 - Is the youth uninterested in or unwilling to become involved in child/adult's care?
-

Ratings and Descriptions

- 0 Youth is actively involved in the planning and/or implementation of services and can be an effective advocate on behalf of the child or adult in their care.
-
- 1 Youth is consistently involved in the planning and/or implementation of services for the child/adult but is not an active advocate on behalf of the child or adult in their care.
-
- 2 Youth is minimally involved in the care of the child or adult in their care. Youth may visit the child/adult when in a temporary out-of-home care but does not become involved in service planning and implementation.
-
- 3 Youth is uninvolved with the care of the child or adult. Youth may want child/adult out of the home or fails to visit the child/adult when in out-of-home placement.
-

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CAREGIVER ORGANIZATION

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

Questions to Consider:

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

Ratings and Descriptions

0 Youth is well organized and efficient.

1 History or evidence of youth's difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return calls from service providers.

2 Youth has moderate difficulties in organizing and maintaining household to support needed services.

3 Youth is unable to organize household to support needed services. Help is needed.

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MARITAL/PARTNER VIOLENCE IN THE HOME

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

Questions to Consider:

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

Ratings and Descriptions

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

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End of the Parenting/Caregiver Module

FINANCIAL STABILITY

The following indicators focus on the financial stability of youth. They include a focus on both current financial health and the ability to manage finances in the future.

FINANCIAL LITERACY

This indicator is used to describe the youth's understanding of money.

Questions to Consider:

- Does the youth have money management skills (e.g., pay bills, check balances, understand a budget)?
 - Are training or services needed in order to help the youth manage their finances?
-

Ratings and Descriptions

0 *No current need; no need for action.*

Youth has excellent financial literacy. Youth has solid money management skills.

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

Youth has financial literacy. Youth is generally able to manage money well but may have occasional difficulties.

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

Youth has minimal financial literacy. Youth has some limited money management skills and may need some assistance in managing some financial tasks.

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

Youth has no financial literacy. Youth has no money management skills.

Supplemental Information: As youth begin to earn money and make financial decisions, they may need assistance developing money management skills, including setting up a bank account, tracking their account balances, meeting financial obligations, and saving for bigger purchases. Support can be provided to develop their understanding of concepts such as taxes, interest, and credit. They may need support developing their knowledge of reliable sources of information, building good money habits, and making good spending choices.

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CONSUMER FUNCTIONING

This indicator is intended to capture the youth's ability to purchase items and understand the purchase process, including cost, sales tax, and tips.

Questions to Consider:

- Is the youth able to independently make purchases for themselves?
 - Do they understand the components of the purchase process and what contributes to item costs?
 - Do they have a general understanding of the difference between needing an essential item versus wanting additional expenditures?
-

Ratings and Descriptions

0 *No current need; no need for action.*

No evidence of a need. The youth demonstrates the ability to make purchases independently and understands the purchase process.

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

The youth may require some additional knowledge of the purchase process (e.g., sales tax and tips) to effectively make purchases independently. They are pursuing this knowledge independently.

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

The youth is not able to make purchases independently and/or does not have an understanding of the purchase process.

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

The youth requires the immediate/intensive assistance of an adult to make purchases for them because they may make financial decisions that put themselves at risk.

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BUDGETING

This indicator is intended to capture the youth's ability to safely and effectively manage their money, as well as understand how to utilize services from the bank.

Questions to Consider:

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

Ratings and Descriptions

0 *No current need; no need for action.*

No evidence of a need. The youth has a bank account and demonstrates the ability to access banking services and manage their money effectively.

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

The youth has a bank account and is learning to access banking services and manage their money. No intervention is needed at this time.

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

The youth does not have a bank account and has difficulty managing their money effectively.

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

The youth does not have a bank account and is unable to manage their money independently. This rating may also indicate a youth who requires someone else to manage their money on their behalf.

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HEALTH AND PERSONAL CARE

The following indicators focus on the emotional, physical and personal health of the youth. This includes the youth's capacity for managing their care and keeping themselves free from harm.

KNOWLEDGE OF HEALTH/MENTAL HEALTH NEEDS

This indicator is intended to capture the youth's awareness and understanding for their health/mental health symptoms and diagnosis.

Questions to Consider:

- Does the youth understand any diagnoses they have been given or recognize symptoms?
 - Can they identify their health and/or mental health needs?
-

Ratings and Descriptions

0 *No current need; no need for action.*

This level indicates a youth who is aware of their health and/or mental health diagnosis and can verbalize an understanding of the nature, symptoms, and course of the illness. Any person who is sub-threshold on psychiatric diagnoses would be rated here.

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

This level indicates a youth who is aware that they have a health and/or mental health condition but is not clear about its implications.

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

This level indicates a youth who is unaware that they have a health and/or mental health condition but recognizes that the need for supports.

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

This level indicates a youth who does not accept their health and/or mental health condition despite clear evidence of a need for support.

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TREATMENT COMPLEXITY (Ages 16+)

This indicator is used to rate the intensity of the treatment needed to address the problems, risk behaviors, and functioning of the youth.

Questions to Consider:

- How frequently is treatment needed to address the youth's needs (e.g., daily, weekly, monthly)?
 - Does treatment require monitoring only, or are treatment needs frequent and/or complex?
-

Ratings and Descriptions

0 *No current need; no need for action.*

The youth has no behavioral, physical, or medical treatment needs.

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

The youth has well-established, long-standing care for their behavioral, physical, or medical treatment that only requires monitoring.

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

The youth requires daily behavioral, physical, or medical treatment. This would include ensuring that the youth takes daily medication.

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

The youth requires multiple and complex daily behavioral, physical, and medical treatments.

NA Youth is under the age of 16.

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MEDICATION ADHERENCE

This indicator focuses on the level of the youth's willingness and participation in taking prescribed medications.

Questions to Consider:

- Is youth prescribed medication? Psychotropic medication?
 - Has youth ever had trouble remembering to take medication?
 - Has youth ever refused to take prescribed medication?
 - Has youth ever overused medication to get "high" or as an attempt at self-harm?
-

Ratings and Descriptions

0 *No current need; no need for action.*

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

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

This level indicates a youth 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.

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

This level indicates a youth who is somewhat non-compliant. This youth may be resistant to taking prescribed medications or may tend to overuse their medications. They might comply with prescription plans for periods of time (1-2 weeks) but generally do not sustain taking medication in prescribed dose or protocol.

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

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

Supplemental Information: It is permissible for a minor who has reached age 16 to consent to health services, and the consent of no other person is necessary, unless the health service involves an operation. Exceptions to child/youth and/or parent permissions are allowed in a medical emergency if such administration is essential to the health or life of the child. (See Pursuant to S.C. Code Section 63-5-340 and 63-5-350.)

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ACCESS TO ADULT SERVICES

This indicator is intended to capture the youth's ability to access continued medical, dental, and/or mental health coverage upon aging out of care.

Questions to Consider:

- Will youth be able to continue with current treatment providers after they age out of care?
 - Is the youth in danger of losing their access to health insurance after they age out of care?
 - Does the youth need to apply for health insurance or be connected with new providers?
-

Ratings and Descriptions

0 *No current need; no need for action.*

No evidence of a need. The youth will have access to insurance upon aging out of care for continued medical, dental, and/or mental health/prescription coverage.

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

The youth will have access to insurance upon aging out of care, although the youth is in the process of locating a medical, dental, or mental health provider for continued care.

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

The youth is at risk of not having access to insurance upon aging out of care and is in need of help to ensure ongoing healthcare coverage.

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

The youth is at risk of not having access to insurance upon aging out of care and is in need of immediate help to ensure ongoing healthcare coverage. The rating may include a youth who requires psychotropic medication and/or medical supplies.

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INDEPENDENT LIVING SKILLS

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

Questions to Consider:

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

Ratings and Descriptions

0 *No current need; no need for action.*

Youth is fully capable of independent living. No evidence of any deficits or barriers that could impede the development of skills to maintain one's own home.

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

This level indicates a youth with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems are generally addressable with training or supervision.

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

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

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

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

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SELF-CARE ACTIVITIES OF DAILY LIVING

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

Questions to Consider:

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

Ratings and Descriptions

0 *No current need; no need for action.*

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

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

Youth requires verbal prompting on self-care tasks, or youth can use adaptations and supports to complete self-care.

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

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

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

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

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EDUCATION

The following indicators focus on supporting the achievement of the youth's educational aspirations.

EDUCATIONAL ATTAINMENT

This indicator rates the degree to which the youth has completed their own identified educational goals.

Questions to Consider:

- Does youth have educational goals?
 - Has the youth achieved or made progress toward educational goals?
 - How is youth's educational attainment affecting youth's lifetime vocational functioning?
-

Ratings and Descriptions

0 *No current need; no need for action.*

Youth has achieved all their identified educational goals OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.

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

Youth has set educational goals and is currently making progress towards achieving them.

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

Youth has set educational goals but is currently not making progress towards achieving them.

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

Youth has no educational goals and lack of educational attainment is interfering with youth's lifetime vocational functioning.

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ACCESS TO FINANCIAL AID/EDUCATION AND TRAINING VOUCHER (ETV)

This indicator is intended to capture whether the youth has completed the Free Application for Federal Student Aid (FAFSA), as well as the Education and Training Voucher (ETV).

Questions to Consider:

- If the youth is planning to attend a state college or university, have they completed the FAFSA application or applied for the ETV tuition waiver?
 - Do they need some assistance with applying for or completing applications?
-

Ratings and Descriptions

0 *No current need; no need for action.*

The youth has completed the FAFSA application and has applied for the ETV Tuition Waiver, or this youth does not intend to attend a state college or university.

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

The youth has been informed of the instructions for completing the FAFSA and ETV and has intentions of doing so.

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

The youth has intentions of attending a state college or university, but has not completed either application.

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

The youth has intentions of attending a state college or university, but has not completed either application and is at risk of missing the deadline for both applications.

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For the following domains:

For the **Employment** and **Positive Connections** indicators, use the following categories and action levels:

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

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NOTE: When you have no information/evidence about a strength in this area, use a rating of ‘3.’

EMPLOYMENT

The following indicators focus on supporting the achievement of the youth's vocational aspirations. This includes the youth's current performance and development of the skills necessary for future achievement.

JOB HISTORY

This indicator is used to describe whether the youth has a history of employment. This can include volunteering.

Questions to Consider:

- Has the youth ever held a job?
 - Would previous employers be willing to re-hire the youth?
 - Does youth use any previous employers as positive references?
-

Ratings and Descriptions

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

Youth has a job history with employers who would be willing to provide positive references (beyond documenting employment).

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

Youth has a job history but no employers who would be willing to provide a positive reference.

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

Youth has a limited job history.

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

Youth has never held a job.

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JOB PERFORMANCE

This indicator is used to describe the youth's prior performance based on their job history. If the youth has never had a job, or has left a job and is currently unemployed for reasons unrelated to job performance, this indicator would be rated 0.

Questions to Consider:

- What feedback has the youth received regarding their job performance?
 - Is the youth meeting expectations for attendance?
-

Ratings and Descriptions

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

The youth is a productive employee.

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

Youth is generally a productive employee, but some performance issues exist.

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

Youth is having problems performing adequately on the job.

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

Youth has severe job performance problems that threaten termination or have resulted in recent firing.

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CAREER ASPIRATIONS

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

Questions to Consider:

- Does the youth have goals related to work? Does the family have goals for the youth related to work?
 - Is the youth able to identify a job or career path, and do they have resources needed to get there?
-

Ratings and Descriptions

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

Youth has clear and feasible career plans.

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

Youth has career plans but significant barriers may exist to achieving these plans.

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

Youth wants to work but does not have a clear idea regarding jobs or careers.

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

Youth has no career plans or aspirations.

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SKILLS RELEVANT TO ASPIRATIONS

This indicator is used to describe the development of a youth's skill set relative to their career aspirations.

Questions to Consider:

- Does the youth have the necessary skills to be successful in their desired job?
 - Do skills need to be enhanced or built?
 - If so, is the youth interested in or willing to develop skills?
-

Ratings and Descriptions

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

Youth has all needed skills to successfully perform in desired job.

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

Youth has some well-developed skills necessary to perform well in desired job and has a plan to develop any additional needed skills that they do not currently possess.

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

Youth has basic job skills necessary to perform desired job but must create a plan to develop other needed skills in order to be successful in job.

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

Youth is uninterested in or unwilling to develop necessary skills to successfully perform the desired job.

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POSITIVE CONNECTIONS

The following indicators focus on relational strengths of the youth. For the following indicators the 'best' assets and resources available to the youth are rated based on how accessible and useful those strengths are.

SOCIAL SUPPORT/PEER CONNECTIONS

This indicator is used to rate the youth's level of access to supportive peer relationships and social supports.

Questions to Consider:

- Does the youth have friends and other social supports?
 - Can the youth access these supports when needed?
-

Ratings and Descriptions

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

Youth has positive and supportive peer relationships and social supports.

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

The youth has access to some positive and supportive peer relationships and social supports but might benefit from additional supports.

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

Youth does not have access to sufficient positive and supportive peer relationships and social supports.

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

Youth does not have access to any positive or supportive peer relationships and social supports.

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INTIMATE RELATIONSHIPS

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

Questions to Consider:

- Does this youth enjoy a rewarding interpersonal relationship with an age-appropriate and developmentally-appropriate peer?
 - If in a relationship, is it developing appropriately over time?
 - Is the youth's 'partnership' with another a problem either in terms of safety, well-being or lifestyle?
-

Ratings and Descriptions

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

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

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

Mostly adaptive partner relationship. Youth has a generally positive partner relationship with another youth. This relationship may, at times, impede the youth's healthy development.

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

Limited adaptive partner relationship. The youth has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where they were overly dependent on their partner. Youth may or may not be currently involved in any partner relationship with another youth.

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

Significant difficulties with partner relationships. Youth is currently involved in a negative or domestically violent relationship or a relationship where they are totally dependent on their partner.

Supplemental Information: Intimate relationships grow and mature into healthy adult intimate relationships. In pre- and early adolescence, young people may be forming close relationships with classmates and peers. These relationships may involve the development of romantic feelings or crushes, socializing in mixed gender groups, and brief dating relationships. By the middle teenage years, youth shift from group activities to time with just their romantic interests. During this stage, young people begin learning about intimacy and communication in a romantic context. In late adolescence/young adulthood, intimate relationships are characterized by physical intimacy and an exploration of committed romantic partnerships.

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RELATIONSHIP PERMANENCE

This indicator refers to the stability of significant relationships in the youth's life. This likely includes family members but may also include other individuals (e.g., chosen family).

Questions to Consider:

- Is the youth in contact with their parents? If they have siblings, are they in contact?
 - Are there adults, including relatives, with whom the youth has had long-lasting relationships?
-

Ratings and Descriptions

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

Youth has very stable relationships. Family members, friends, and community have been stable for most of the youth's life and are likely to remain so in the foreseeable future.

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

Youth has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with a parent may be rated here.

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

Youth has had at least one stable relationship over the youth's lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

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

Youth does not have any stability in relationships. Independent living or adoption must be considered.

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RESOURCEFULNESS

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

Questions to Consider:

- Does the youth have external or environmental strengths?
 - Does the youth use their external or environmental strengths to aid in their well-being?
-

Ratings and Descriptions

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

Youth is quite skilled at finding the necessary resources required to aid them in managing challenges.

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

Youth has some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.

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

Youth has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.

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

Youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

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