
South Carolina FAMILY ADVOCACY AND SUPPORT TOOL 1.2 SC FAST 1.2

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REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of The Family Advocacy and Support Tool (FAST). The FAST is an information integration tool designed to support family planning and the planning and evaluation of service systems. The FAST is a communimetric tool, like its sister tools the CANS and the Adult Needs and Strengths Assessment (ANSA) (Lyons, 2009), and is designed to maximize communication about the needs and strengths of families. The FAST includes ratings of the Family Together, each individual Caregiver, and each individual Youth.

The original version of the FAST, called the Multi-level Family Assessment, was developed in collaboration with Margaret Nickels, Ph.D., at the Juvenile Protection Agency in Chicago, Illinois. Following its initial use in a family therapy program to prevent child abuse and neglect, this tool was further developed into the FAST in collaboration with representatives of Family Support Organizations in New Jersey. It has been further refined in various applications in Illinois, New York, and Tennessee. As such, a large number of individuals have contributed to the design, development and refinement of the FAST. It is an open domain tool, free for anyone to use. We recommend training and certification to ensure its proper and reliable 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, “children” is being utilized in reference to the individual’s role as a member of the family, rather than identifying a specific age of a young person.

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	2
TABLE OF CONTENTS.....	3
introduction.....	5
THE FAST.....	5
HISTORY AND BACKGROUND.....	5
measurement properties	6
RATING THE INDICATORS.....	6
SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL.....	8
HOW IS THE FAST USED?	8
It is an assessment strategy.....	8
It guides care and treatment/ACTION planning.....	8
It Facilitates Outcomes Measurement	9
It is a Communication Tool.....	9
FAST: A STRATEGY FOR CHANGE.....	9
Making the Best use of the FAST	9
Listening using the FAST	10
Redirect the conversation to caregivers’ own feelings and observations.....	10
Acknowledge Feelings	10
Wrapping it Up	10
REFERENCES	12
FAST BASIC STRUCTURE	13
CORE INDICATORS.....	13
MODULES.....	14
Delinquent Behavior.....	14
Runaway	14
Intentional Misbehavior	14
Victimization/Exploitation.....	14
Family Assessment	15
FAMILY FUNCTIONING.....	15
FAMILY STRENGTHS.....	21
ADVOCACY & CAPACITY	27
CULTURAL FACTORS	31
CAREGIVER ASSESSMENT	33
CAREGIVER NEEDS.....	33
CAREGIVER STRENGTHS.....	43
CHILD ASSESSMENT	45
AGE 0-5 ABUSE & NEGLECT.....	45
AGE 0-5 CHILD FUNCTIONING.....	50

[A] MEDICAL/HEALTH MODULE.....	57
AGE 0-5 CHILD STRENGTHS	63
AGE 6-21 ABUSE & NEGLECT	71
AGE 6-21 CHILD FUNCTIONING	75
[A] MEDICAL/HEALTH MODULE.....	77
[B] SCHOOL MODULE.....	87
[C] BEHAVIORAL/MENTAL HEALTH NEEDS MODULE.....	90
[D] RISK BEHAVIORS MODULE.....	97
[D.1.] COMMERCIALLY SEXUALLY EXPLOITED (CSE) SUB-MODULE.....	102
AGE 6-21 CHILD STRENGTHS.....	107

INTRODUCTION

THE FAST

The **Family Advocacy and Support Tool (FAST)** is the family version of the Child and Adolescent Needs and Strengths (CANS) family of planning and outcome management tools. The purpose of the FAST is to support effective interventions when the focus of those efforts is on entire families rather than single individuals. Currently, the most common use of the FAST is in efforts to address the needs of families who are at risk of child welfare involvement.

The FAST is a communimetric tool (Lyons, 2009). It is designed to maximize communication about the needs and strengths of families. The FAST includes ratings of the family together, each individual caregiver, and each individual child. Interventions in the family system can be directed at that system or to address the individual needs of family members or dyadic relationships within the family.

HISTORY AND BACKGROUND

The FAST 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 FAST 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 original version of the FAST, called the Multi-level Family Assessment, was developed in collaboration with Margaret Nickels, PhD, at the Juvenile Protection Agency in Chicago, Illinois. Following its initial use in a family therapy program to prevent child abuse and neglect, this tool was further developed into the FAST in collaboration with Susan Furrer, PsyD at Rutgers University and representatives of Family Support Organizations in New Jersey. It has been further refined in various applications in Illinois, New York, Singapore, Tennessee, and Washington. Tennessee was the first state to use the FAST as a component of its pre-custody risk assessment process in child welfare.

The FAST gathers information on the family as a system, and each caregiver and child's needs and strengths. Strengths are the individual's assets: areas of life where they are doing well or have an interest or ability. Needs are areas where an individual requires help or serious intervention. Care providers use an assessment process to get to know the individuals and families with whom they work and to understand their strengths and needs. The FAST helps care providers decide which of the family's needs as a whole and each family member's needs are the most important to address in treatment or action planning. This tool also helps identify strengths, which can be the basis of a treatment plan. By working with the family and its members during the assessment process and talking together about the FAST indicators, care providers can develop a treatment or action plan that addresses the family and its individual members' strengths and needs while building strong engagement.

The FAST is made up of domains that focus on various areas in the family's life and each of its members. Each domain is made up of a group of specific sections that have indicators. There is a section that gathers information about general family concerns. There are also domains that address how the individual family members function in everyday life, specific emotional or behavioral concerns, as well as strengths. The provider, in collaboration with the family and, when available, their treatment team, gives a number rating to each of these indicators. These ratings help the provider and family understand where intensive or immediate action is most needed, and also where the family and its members have assets that could be a major part of the treatment or action plan.

The FAST ratings, however, do not tell the whole story of the family's strengths and needs. Each section in the FAST is merely the output of a comprehensive assessment process and is documented alongside narratives, developed by the care provider, family, and its members that can provide more information about the family as a whole.

MEASUREMENT PROPERTIES

Note: This section is based on studies of the CANS, except where specifically noted for the FAST.

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children 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. Of the first 426 certified FAST trainees on the Praed collaborative training website, the average reliability was 0.75. These trainees were from 30 different jurisdictions, indicating consistent reliability across contexts.

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, recertification 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 FAST's validity (Chiua, et al, 2019). Indicators in the FAST have been used in a variety of research that demonstrates the validity of information collected using the communimetric theory (Lyons, 2009). 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). 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 THE INDICATORS

The FAST is easy to learn and is well-liked by 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 family.

Basic core Indicators – grouped by domain - are rated for the family and/or family members.

A rating of 1, 2, or 3 on key core questions triggers extension modules.

Individual assessment module questions provide additional information in a specific area.

Each FAST rating suggests different pathways for service planning. There are four levels of rating for each indicator with specific anchored definitions. Like the CANS and ANSA, the majority of the indicators in the Standard FAST use a 4-level action-level framework with specific definitions for needs and strengths. for its indicators. These indicator-level definitions, however, are designed to translate into the following action levels:

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

Indicators rated a '2' or '3' are "actionable" and should be addressed in the intervention plan.

The rating levels for the Advocacy & Capacity Domain are different from the other domains, both in the number of levels and the recommended actions. That is because the Advocacy & Capacity indicators reflect skills rather than needs or strengths. The ultimate goal of skill development is mastery, but prior to mastery, skills must be acquired and built into our routines. To capture the steps of skill development, a 5-level action rating is used in this section of the FAST.

Basic Design for Rating Advocacy & Capacity Domain Indicators

Rating	Level of Strength	Appropriate Action
0	Mastery; could teach others.	Maintain mastery.
1	Comfortable and routine.	Develop mastery.
2	Comfortable, but not routine.	Build into a routine.
3	Tried; Not yet comfortable.	Develop comfort.
4	Have never done.	Try the skill.

To complete the FAST, a FAST trained and certified care coordinator, case worker, clinician, or other care provider should read and understand the descriptions for each indicator and then record the appropriate rating on the FAST form (or electronic record).

Remember that the indicator anchor descriptions are examples of circumstances that fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an indicator for an individual.

The FAST is an information integration tool, intended to include multiple sources of information (e.g., parents/caregivers, children, referral source, treatment providers, and observation of the rater). As a strength-based approach, the FAST supports the belief that 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 families to discover family and individual family members' functioning and strengths. Failure to demonstrate an individual's skill should first be viewed as an opportunity to learn the skill as opposed to a problem. Focusing on a family's strengths instead of weaknesses may result in enhanced motivation and improved performance. Involving the family in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the FAST and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) supports effective services for families and each individual family member.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at case/treatment/action planning based on the FAST assessment. A rating of '2' or '3' on a FAST 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' identifies a strength that should be the focus of strength-building activities. It is important to remember that when developing service and treatment plans for healthy family 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 individuals' capabilities are a promising means for development and play a role in reducing risky behaviors.

Finally, the FAST can be used to monitor outcomes. This can be accomplished in two ways. First, FAST indicators that are initially rated a '2' or '3' are monitored over time to determine the percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing indicators within each of the sections (Functioning, Strengths, 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, treatment foster care, community mental health, and juvenile justice programs.

The FAST 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 FAST and share experiences, additional indicators, and supplementary tools.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

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

1. **Indicators impact service planning.** 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. **Indicator ratings translate into Action Levels.** Each indicator uses a four-level ('0'-'3') rating system (five levels for the Advocacy scale). An indicator rated '2' or '3' requires action. Different action levels exist for needs and strengths (pages 5 and 6).
3. **Consider culture and development.** Culture and development must be considered before establishing the action level for each indicator.
4. **Agnostic as to etiology.** It is a descriptive tool. Rate the "what" and not the "why." The FAST describes what is happening with the individual/family, but does not seek to assign a cause for a behavior or situation.
5. **It's about the individual/family, not the service.** Ratings should describe the individual/family, not the individual/family in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., '2' or '3').
6. **Specific ratings window (e.g., 30 days) can be over-ridden based on action levels.** Keep the information fresh and relevant to the individual/family's present circumstances. Don't get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action levels override time frames – if it requires action and should be on your treatment plan, rate it higher!

HOW IS THE FAST USED?

The FAST is used in many ways to transform the lives of families and to improve the programs and systems that serve them. This guide will help you to also use the FAST as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting families, 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 care providers have found this useful to use during initial sessions, either in person or over the phone, if there are follow-up sessions required to get a full picture of needs before treatment or service planning, and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/ACTION PLANNING

When an indicator on the FAST is rated a '2' or '3' ('action needed' or 'immediate action needed'), it indicates not only that it is a serious need for our family, 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 or impacts on functioning that you rate as a '2' or '3' during your assessment process.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the FAST and organizations complete the tool every 6 months to measure change and transformation. We work with individuals and families, and their needs tend to change over time. Needs may change in response to many factors, including the quality of 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

The FAST allows for a shared language to talk with and about our families, creating opportunities for collaboration. Additionally, when a family leaves a treatment program, completing a closing FAST helps in describing progress, measuring ongoing needs, and supporting continuity of care decisions by linking recommendations for future care that tie to current needs.

It is our hope that this guide will help you to make the most out of the FAST and guide you in filling it out in an accurate way that helps you make good clinical decisions.

FAST: A STRATEGY FOR CHANGE

The FAST is an excellent strategy in addressing the family's needs. 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 FAST and use the domains and indicators to help with your assessment process and information gathering sessions/clinical interviews with the family and individual family members. 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 FAST domains can be a good way to think about capturing information. You can start your assessment with any of the sections—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, 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 family 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 FAST indicators can help in having more natural conversations. So, if the family is talking about situations around the father's anger control and then shift into something like---"you know, he only gets angry when he is drinking," you can follow that and ask some questions about situational anger, substance use and safety, and then explore other related issues.

MAKING THE BEST USE OF THE FAST

To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the FAST and how it will be used. The description of the FAST should include teaching the family about the needs, strengths, and advocacy rating scales, identifying the domains and indicators, as well as how the actionable indicators will be used in treatment or serving planning. As a best practice, share with the family the FAST domains and indicators 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 FAST ratings should be reviewed with each family and they should be encouraged to discuss with you any changes to the ratings, and any indicators that they feel need more or less emphasis.

LISTENING USING THE FAST

Listening is the most important skill that you bring to working with the FAST. 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 a 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 family 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 FAST is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like ... is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

REDIRECT THE CONVERSATION TO THE 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 FAST 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. A 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 family, 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 family those areas of strength and of need. 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.

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

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FAST BASIC STRUCTURE

The South Carolina Family and Advocacy Support Tool basic indicators are noted below.

CORE INDICATORS

Family Assessment

Family Functioning

Family Conflict
Family Role Appropriateness
Family Safety
Financial Resources
Residential Stability
Physical Condition of the Home
Home Maintenance

Family Strengths

Family Social Identity
Parental-Caregiver Collaboration
Relations Among Siblings
Extended Family Relations
Natural Supports
Resiliency
Traditions and Rituals

Advocacy & Capacity

Knowledge of Family-Child Needs
Knowledge of Service Options
Know. Of Rights & Responsibilities
Ability to Listen
Ability to Communicate

Cultural Factors

Language
Cultural Stress

Caregiver Assessment

Caregiver Needs

Monitoring
Knowledge
Boundaries
Discipline
Medical/Physical
Mental Health
Parental Criminal Activity
Anger Control
Impulse Control
Developmental
Substance Use
Posttraumatic Reactions

Caregiver Strengths

Involvement with Caregiving
Emotional Responsiveness
Organization

Child Assessment

0-5 Abuse & Neglect

Sexual Abuse
Physical Abuse
Emotional Abuse/Mental Injury
Neglect

0-5 Child Functioning

Early Education
Social and Emotional Functioning
Developmental/Intellectual
Medical/Physical [A]
Relationship with Primary Caregiver

Child Assessment continued

0-5 Child Strengths

Family Strengths
Interpersonal
Playfulness
Persistence & Adaptability

6-21 Abuse & Neglect

Sexual Abuse
Physical Abuse
Emotional Abuse/Mental Injury
Neglect

6-21 Child Functioning

Social Functioning
Medical/Physical [A]
Sleep
Developmental/Intellectual
Sexual Development
Decision Making

School [B]

Behavioral/Mental Health Needs [C]

Risk Behaviors [D]

Adjustment to Trauma

6-21 Child Strengths

Family Strengths
Community Life
Talents and Interests
Optimism

MODULES

A. MEDICAL/HEALTH	C. BEHAVIORAL/MENTAL HEALTH	D. RISK BEHAVIORS continued
Organizational Complexity	Psychosis	Suicide Risk
Intensity of Treatment	Impulsivity/Hyperactivity	Non-Suicidal Self-Injurious Behavior
Chronicity	Depression	Other Self-Harm (Recklessness)
Life Threatening	Anxiety	Danger to Others
Diagnostic Complexity	Oppositional	Sexual Aggression
Impairment in Functioning	Conduct (Antisocial Behavior)	Delinquent Behavior
Emotional Response	Adjustment to Trauma	Runaway
Family Stress	Anger Control	Intentional Misbehavior
	Substance Use	Victimization/Exploitation
	Eating Disturbance	
B. SCHOOL		
School Behavior		D.1. Commercially Sexually Exploited
School Achievement		Sub-Module
School Attendance		

FAMILY ASSESSMENT

FAMILY FUNCTIONING

This section of the FAST describes how the family is functioning as a system. The very first task of family assessment is to define family membership. In general, it is recommended that the family be allowed to define itself. If, for some reason, the family is unable to define itself, then for purposes of completing the FAST, consider the family as a collection of individuals working together to raise one or more children.

Families typically have a ranking of authority. Generally, the parents and others responsible for the care of the children are given greater authority. Children are given more authority over themselves and other children as they mature. The family system is the set of inter-relationships among the family members within the context of their roles and responsibilities in that family. The indicators of this section should be rated within the context of the entire family as defined above.

For the **Family 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.

FAMILY CONFLICT

This indicator refers to how much fighting and arguing occurs between family members. Domestic violence refers to physical fighting in which family members might get hurt.

Questions to Consider

- Who do you consider a member of your family?
- How do the members of your family get along?
- Tell me about any problems between specific family members?
- What does it look like when your family disagrees or argues?
- Has there ever been any violence?
- How is your family getting along right now?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Family has minimal conflict, gets along well and negotiates disagreements appropriately.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Family generally gets along fairly well, but when conflicts arise resolution is difficult or there is a history of significant conflict or domestic violence.
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Family is generally argumentative and significant conflict is a fairly constant theme in family communications.
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Family experiences domestic violence. There is threat or occurrence of physical, verbal or emotional altercations. If the family has a current restraining order against one member, then they would be rated here.

Supplemental Information: All families have conflict. Occasional arguments are not only normal but can be healthy if resolved eventually. This level of conflict would be rated a '0'. Only when the conflict begins to create notable problems within the family system would a rating of '1' or higher be used.

FAMILY ROLE APPROPRIATENESS

This indicator refers to boundaries and hierarchies within the family. Boundaries are the ability of family members to separate themselves as individuals and maintain role-appropriate communication among family members. Hierarchies refer to the organization of decision-making authority in the family.

Questions to Consider

- How many generations live in your home? Do grandparents live in your home?
- Tell me about the relationships between the generations of your family.
- Who is in charge of the family? Parents? One parent? The children?
- When there is stress in the family, who tends to take charge?
- Who do the children go to when they are in distress or need support?
- What are the boundaries like between the family members?

Ratings and Descriptions

- | | |
|---|---|
| 0 | <i>No evidence of any needs; no need for action.</i>
Adaptive boundaries. Family has strong appropriate boundaries among members. Clear inter-generational hierarchies are maintained. |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i>
Mostly adaptive boundaries. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles. |
| 2 | <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist. |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
Significant difficulties with boundaries. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist. |

Supplemental Information: This indicator is used to describe when family roles get out of line with healthy development. For example, in some single parent families, particularly when parental mental health or substance use needs are evident, older children step into developmentally-inappropriate parent roles (i.e., the parentified child). This role can place an enormous stress on the development of that child. Sometimes lonely parents will seek friendship and companionship from their children. This can be healthy to a point, but since parents have to maintain their role as supervisor and disciplinarian, too much of a friendship model can be unhealthy, particularly for younger children.

FAMILY SAFETY

This indicator refers to the degree to which family members are safe from being injured in the home. This indicator describes whether individuals in the home present a danger to the child. This indicator does not describe situations in which caregivers are unable to prevent a child from hurting themselves despite well-intentioned efforts.

Questions to Consider

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

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>No evidence of any needs; no need for action.</i>
Family provides a safe home environment and the child is not at risk from others. |
| <hr/> | |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i>
Family home environment is safe, but concerns exist about the safety of the child due to family history or others in the household who present safety concerns. |
| <hr/> | |
| 2 | <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
Family home environment presents some danger from one or more individuals with access to the household. |
| <hr/> | |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
Family home environment presents a clear and immediate risk of harm to the child from one or more individuals. |

Supplemental Information: A family living in a shelter is less safe than a family living in an apartment. A family living in an apartment in which gang members or drug abusers routinely come and go is less safe than a family living in an apartment which no such intrusions. In most cases, risks of domestic violence indicate an immediate/intensive level of need (i.e. '3') on this indicator.

FINANCIAL RESOURCES

This indicator refers to the income and other sources of money available to family members (particularly caregivers) that can be used to address family needs.

Ratings and Descriptions	
Questions to Consider - Tell me about your financial resources that help you take care of your family's needs? - How do you consistently pay your bills? - What different community resources are you able to access?	0 <i>No evidence of any needs; no need for action.</i> Family has financial resources necessary to meet needs.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Family has financial resources necessary to meet most needs, but the family has a history of financial hardship or there is reason to believe that mild difficulties might exist.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Family has moderate financial difficulties that limit their ability to meet significant family needs.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Family is experiencing significant financial hardship or poverty.

Supplemental Information: Similar to the issue described with Family Conflict, few families have as many financial resources as they would like. Fewer still consider themselves as having sufficient resources. So, the '0' level is used to indicate a 'good enough' level of financial resources. The family may not be rich, but that have enough money to take care of basic needs.

RESIDENTIAL STABILITY

This indicator refers to the stability of the family's housing. This does not refer to the risk of placement outside of the family home for any member of the family.

Ratings and Descriptions	
Questions to Consider - Is your family's current housing situation stable? - What concerns do you have about keeping your current housing? - Have you ever lost your housing?	0 <i>No evidence of any needs; no need for action.</i> Family has stable housing for the foreseeable future.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Family currently has stable housing; however, the family has a history of housing instability or there is reason to believe that there may be mild difficulties maintaining housing due to things such as difficulty paying rent or utilities or conflict with a landlord.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Family has had to move in the past year or will have to move in the near future due to housing difficulties.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Family has experienced homelessness in the past six months.

Supplemental Information: A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'. This indicator refers exclusively to the housing stability of the caregiver and should **not** reflect whether the child might be placed outside of the home.

PHYSICAL CONDITION OF THE HOME

This indicator refers to the physical condition of the house or apartment in which the family is currently residing. Shelters would be rated "Not applicable."

Questions to Consider	Ratings and Descriptions
• What home repairs do you feel you need? • What safety concerns do you have about your home? • Is your home weather-proofed (for the heat, rain or cold)? • Are you aware of any housing code violations (such as lead based paint, mold, etc.)? • Where does everyone in the home sleep?	0 <i>No evidence of any needs; no need for action.</i> No health or safety concerns on property.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history of health or safety concerns with the physical condition of the home or there is reason to believe that there may be mild health concerns on the property that pose no immediate threat and are easily correctable.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Serious substantiated health or safety hazards, e.g., overcrowding, inoperative or unsafe water and utility hazards, vermin, or other health and sanitation concerns.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Substantiated life-threatening health or safety hazards, e.g., living in condemned and/or structurally unsound residence, exposed wiring, potential fire/safety hazards, or vermin infestation.
	NA Family is currently homeless or living in a temporary emergency shelter.

HOME MAINTENANCE

This indicator refers to housekeeping both in terms of cleanliness and organization AND safety from dangerous materials and/or objects (e.g. child proofing). Families living in a supported housing arrangement (e.g. shelter) would be rated “Not applicable.”

	Ratings and Descriptions
Questions to Consider • Tell me about how you keep your home organized? • Where do you keep your medications? • What do you do to child-proof your home? • What help do you need to maintain a clean home? • How do you keep your home safe and healthy for your kids?	0 <i>No evidence of any needs; no need for action.</i> Home is clean, maintained well; poisons and medications are locked up/stored away properly and out of reach. Home is child-proofed; kitchen and bathroom are functional; all utilities are operational; everyone has a bed and outlets are plugged. No concerns.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Most precautions have been taken; no danger to the children, poisons and medication are out of reach but not locked up; home is mostly child-proofed, utilities are operational; minor cleaning is required, some odor present.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Some precautions have been taken, but potential hazards are obvious, e.g., poisons and medication out of sight but within reach of the children, overloaded outlets, matches and knives accessible but out of sight. 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. House needs general cleaning, e.g. bathroom, bedrooms, kitchen, and basement. Beds are needed.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Home is not safe. Poisons and medications are visible and accessible, no screens on second floor windows for toddlers, outlets not plugged, few precautions taken; utilities off due to neglect of bills or needed repair. Lack of age-appropriate safe sleeping space for the children. No refrigerator. Home is dirty, kitchen presents odor due to spoiled food.
	NA Family is currently living in a supported housing arrangement, such as a shelter.

FAMILY STRENGTHS

This section of the FAST describes the assets and resources that can be accessed by the family system. The very first task of family assessment is to define family membership. In general, it is recommended that the family be allowed to define itself.

In addition to the family system's internal capacity, the assessment can be used to organize information about the family's external support network (Extended Family Relations, Natural Supports). The focus is on people and institutions that can help to support the family during difficult times and/or strengthen the family system and their ability to manage adversity. The indicators of this section should be rated within the context of what assets and resources can be utilized, strengthened or developed in relation to the overall goals for the family system.

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

- 0 Well-developed, centerpiece strength; may be used as a focus of 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.

FAMILY SOCIAL IDENTITY

This indicator describes a central, shared and guiding worldview that is inclusive of family cultural and/or ethnic identity. Signs of family social identity include a shared feeling of belonging and pride in ethnic group(s), a strong shared family narrative that includes knowledge of family history (how we got through, etc.) and a shared guiding narrative about values and expectations that is reflected in how families talk about their history. Family members share positive belief systems associated with their ability to band together to overcome adversity.

Questions to Consider

- Does your family have a shared feeling of belonging and connection to each other?
- Does your family have a view of itself that helps to organize your family? This can include cultural/ethnic identity, shared experiences.
- How consistent is the sense of family social identity across the family members?

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
Family has a strong social identity. The family's consistent and coherent view of itself as a family is a powerful organizing factor for the family. There is unanimity in the family of the importance of the family in all family member's lives.
- 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 a social identity. There is a consistent feeling among all family members that the family has a unique identity. There is a consistent recognition that the family is relevant in all family member's lives.
- 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.*
At least one member of the family has a sense of a family social identity. However, this sense is not consistent across family members. [continues]

FAMILY SOCIAL IDENTITY continued

- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
No evidence that family has a family social identity. There does not appear to be a coherent and consistent view of itself as a family unit among any members of the family.

PARENTAL/CAREGIVER COLLABORATION

This indicator refers to the relationship between parents (or other primary caregivers) and the skills related to working together in child-rearing activities.

Questions to Consider

- How do the caregivers in your family handle disagreements between each other as they relate to parenting the children in the family?
- How well do the caregivers in your family communicate with each other?

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Adaptive collaboration. Parents can work together regarding family issues and issues of the development and well-being of the child(ren). They are able to negotiate disagreements and work on challenges together.
- 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 collaboration. Generally good parental collaboration. While there may be occasional difficulties negotiating, or miscommunications and misunderstandings, the caregivers are able to these resolve issues and remain focused on the well-being of the child(ren).
- 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.*
Caregivers need supports to strengthen the communication and collaboration skills of the caregiving system.
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Caregivers cannot currently manage family disagreements, effectively communicate about supporting the child(ren)'s well-being and develop shared approaches to parenting.

Supplemental Information: Families that do not have two parents can also have caregiving alliances. Anytime more than one caregiver is involved in a family, the degree to which the caregivers work together in support of each other is an important family characteristic. Divorced parents can maintain good collaborations in their efforts to parent their shared children despite living separate adult lives.

RELATIONS AMONG SIBLINGS

This indicator refers to how the children in the family (brothers and sisters as well as step-siblings, half-siblings and foster siblings) get along with each other.

Questions to Consider

- Describe the relationship among the siblings.
- How do the siblings currently handle disagreements?
- How does the sibling respond if they recognize their sibling is facing a challenge?

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Adaptive relationships. Siblings generally get along well and have a supportive relationship. They can identify their siblings' emotional needs and are responsive to those needs.
- 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 relationships. Siblings generally get along and there is a healthy and supportive relationship among siblings. Siblings will have the occasional disagreement or fight that they are able to resolve.
- 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.*
Siblings need support to further develop a healthy and supportive sibling relationship. Siblings generally attempt to resolve any disagreements or fights but often rely on supports to do so.
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
No evidence that siblings currently have a healthy and supportive relationship.

Supplemental Information: This indicator is rated based on whether any problems exist that require intervention. Thus a '2' could be used even in circumstances where the sibling problems just involve a relationship between two children in a much larger sibling group.

EXTENDED FAMILY RELATIONS

This indicator refers to the family's relationship with other relatives who do not currently live with the family but do live in the same geographic area. This can include relatives who are not blood relatives (e.g., related by marriage).

Questions to Consider

- Does extended family play a role with your family?
- What are the relationships like between the family members and the extended family members?
- When the family or individual members of your family need support, do you look to your extended family?

Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Extended family members play a central role in the functioning and well-being of the family. They have predominately positive relationships with members of the extended family and conflicts are resolved quickly.
- 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.*
Extended family members play a supportive role in family functioning. They generally have positive relationships with members of the extended family. Conflicts may linger but eventually are resolved.
- 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.*
Extended family members can be identified but are currently marginally involved in the functioning and well-being of the family.
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
Family either does not have extended family or current relationships are not positive and/or supportive.

Supplemental Information: A family who has recently immigrated to the United States may be estranged from their extended family simply because of geographic distance. This estrangement can be stressful and would be rated in this indicator.

NATURAL SUPPORTS

This indicator rates the level of support that the family can access from unpaid others. This indicator generally excludes immediate and extended family as well as professionals who provide support as a part of their role.

Questions to Consider	Ratings and Descriptions
- Does your family have friends, connections from community groups (e.g., church, volunteer group, book club, mothers' group), or others who provide your family or individual family member's support? - Can your family or individual family members call on your support network to help in times of need?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Family has substantial natural supports to assist in addressing most family and child needs.
	1 <i>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.</i> Family has natural supports.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Family has limited natural supports. Natural supports can be identified but they are not currently supportive.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> No evidence of natural supports or family has no natural supports.
Supplemental Information: The existing body of research in system of care indicates that this is the single hardest aspect of wraparound philosophy to develop. However, it is also one of the most powerful aspects of intensive community-based intervention. The concept of natural supports comes from the African parable that 'it takes a village' to raise a child. Paid individuals only count as natural supports if it is someone who would remain involved with the family even if they were not receiving a check.	

RESILIENCY

This indicator refers to the family's ability to identify and use internal strengths in managing their lives.

Questions to Consider	Ratings and Descriptions
- How does your family deal with stress? - Who do you reach out to in times of crisis? - What strengths or supports do you use to get through a crisis? - What helps you cope with everyday life?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Family is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges.
	1 <i>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.</i> Family is able to identify internal strengths and is able to partially utilize them.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> <i>is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Family is able to identify internal strengths but is not able to utilize them effectively.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Family is not able to identify internal personal strengths.

TRADITIONS AND RITUALS

This indicator rates the family's access to and participation in cultural traditions, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Día de los Muertos, Yom Kippur, Quinceanera, 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.

	Ratings and Descriptions
Questions to Consider • What holidays does your family celebrate? • What traditions are important to your family? • Is it difficult for you or your family to practice any family traditions or cultural rituals?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Family consistently practices their chosen traditions and rituals consistent with their cultural identity.
	1 <i>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.</i> 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 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Family experiences significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Family is unable to practice their chosen traditions and rituals consistent with their cultural identity.

ADVOCACY & CAPACITY

In Transformational Collaborative Outcomes Management (TCOM), access to care is not an outcome. In fact, we have not been successful helping people until we are able to say goodbye and people are able to help themselves. Therefore, developing the family's capacity to successfully advocate for themselves is an important part of our work. This section describes the family's advocacy skills along with their level of satisfaction with the level of services/interventions they are receiving. The indicated advocacy skills may be characteristic of one person in the family rather than of all family members or even of all caregivers. For example, if any family member is knowledgeable about service options, then that is an identified area of skill. Likewise, a lack of knowledge about service options by a family member responsible for finding services/supports would be an area of skill development.

Please Note: The rating levels for these indicators are different from the other indicators both in the number of levels and the recommended actions. That is because these indicators reflect skills rather than needs or strengths. The ultimate goal of skill development is mastery, but prior to mastery, skills must be acquired and built into our routines. To capture the steps of skill development, a 5-level action rating is used in this section of the FAST.

For the **Advocacy & Capacity Domain**, use the following skill ratings:

- 0 Mastery; could teach others. Maintain mastery.
- 1 Comfortable and routine. Develop mastery.
- 2 Comfortable, but not routine. Build into a routine.
- 3 Tried; Not yet comfortable. Develop comfort.
- 4 Have never done. Try the skill.

For the indicators in this section, rate the highest level of skill.

KNOWLEDGE OF FAMILY AND CHILD NEEDS

This indicator refers to the caregiver's ability to recognize the needs of the family and individual family members.

Questions to Consider

- Do you understand what types of service options are available to your family?
- Are you able to identify the needs of your family? Of the individual members of your family?
- Is there information that you need about your family as a whole, or individual family members, that could be useful to you in being better able to support your family or specific family members?

Ratings and Descriptions

- 0 *Mastery; could teach others. Maintain mastery.*
The caregiver has a strong understanding of family and child needs.
- 1 *Comfortable and routine. Develop mastery.*
The caregiver has an understanding of family and child needs but may require some help in learning about certain aspects of these needs or there is a history of caregiver lack of knowledge.
- 2 *Comfortable, but not routine. Build into a routine.*
The caregiver sometimes identifies and understands family and/or child needs, but occasionally still needs assistance to identify or understand needs.
- 3 *Tried; Not yet comfortable. Develop comfort.*
The caregiver requires some assistance in identifying and understanding family and child needs.
- 4 *Have never done. Try skill.*
The caregiver requires substantial assistance in identifying and understanding family and child needs.

Supplemental Information: A family who is pushing for the residential placement of a child when that child's needs are not sufficiently complex to warrant out-of-community treatment would be rated a '3' on this indicator.

KNOWLEDGE OF SERVICE OPTIONS

This indicator refers to the choices the family might have for specific treatments, interventions or other services that might help the family address their needs or the needs of one of the family's members.

Questions to Consider	Ratings and Descriptions
- Are you aware of what types of service options are available to your family? - Would it be helpful to get some assistance on accessing some of the services or supports that are available to your family?	0 <i>Mastery; could teach others. Maintain mastery.</i> The caregiver has a strong understanding of service options.
	1 <i>Comfortable and routine. Develop mastery.</i> The caregiver has an understanding of service options but may require some help in learning about certain aspects of these services or there is a history of caregiver lack of understanding of service options.
	2 <i>Comfortable, but not routine. Build into a routine.</i> The caregiver sometimes understands service options, but occasionally still needs assistance to understand available service options.
	3 <i>Tried; Not yet comfortable. Develop comfort.</i> The caregiver requires some assistance in identifying and understanding service options.
	4 <i>Have never done. Try skill.</i> The caregiver requires substantial assistance in identifying and understanding service options.

Supplemental Information: A family who is pushing for the residential placement of a child when that child's needs are not sufficiently complex to warrant out of community treatment would be described on this indicator.

KNOWLEDGE OF RIGHTS & RESPONSIBILITIES

This indicator refers to the caregiver's ability to understand and acknowledge the legal and societal expectations and responsibilities of their caregiver roles.

Questions to Consider	Ratings and Descriptions
- Are you aware of the rights and responsibilities that you have as a caregiver? - Would it be useful to get some assistance in understanding the rights and responsibilities that you have as a caregiver?	0 <i>Mastery; could teach others. Maintain mastery.</i> The caregiver has a strong understanding of rights and responsibilities.
	1 <i>Comfortable and routine. Develop mastery.</i> The caregiver has an understanding of rights and responsibilities but may require some help in learning about certain aspects of these rights and responsibilities or there is a history of caregiver lack of understanding of rights and responsibilities.
	2 <i>Comfortable, but not routine. Build into a routine.</i> The caregiver sometimes understands rights and responsibilities, but occasionally still needs assistance to understand some rights and responsibilities.
	3 <i>Tried; Not yet comfortable. Develop comfort.</i> The caregiver requires some assistance in identifying and understanding rights and responsibilities.
	4 <i>Have never done. Try skill.</i> The caregiver requires substantial assistance in identifying and understanding rights and responsibilities.

Supplemental Information: Lack of mastery, or action at any level, should be addressed primarily using educational resources.

ABILITY TO LISTEN

This indicator refers to the caregiver's ability to hear both positive and negative feedback about themselves and family members. This indicator would include the caregiver asking clarifying questions.

Questions to Consider

- What is it like for you to get feedback from others about you and/or your family?
- It is easier or harder to get positive feedback?
Constructive feedback?
- When you receive feedback that is confusing, are you able to ask the person clarifying questions that can help you better understand what they are saying?

Ratings and Descriptions

- | | |
|-------|---|
| 0 | <i>Mastery; could teach others. Maintain mastery.</i>
The caregiver is able to listen carefully and understand both good and bad news regarding family and child issues. |
| <hr/> | |
| 1 | <i>Comfortable and routine. Develop mastery.</i>
The caregiver has generally effective listening skills but sometimes struggles to hear either good or bad news regarding family and child issues. |
| <hr/> | |
| 2 | <i>Comfortable, but not routine. Build into a routine.</i>
The caregiver sometimes listens effectively, but occasionally still needs help to listen effectively. |
| <hr/> | |
| 3 | <i>Tried; Not yet comfortable. Develop comfort.</i>
The caregiver requires some help to learn to listen effectively. |
| <hr/> | |
| 4 | <i>Have never done. Try skill.</i>
The caregiver requires substantial help to learn to listen effectively. |

Supplemental Information: Listening can be extremely difficult when you are hearing your child described in a negative light. However, it is an important skill to sit and listen even when the news is hard to take and even when you are convinced that the person speaking is absolutely wrong. Talking over people or not letting people finish their thoughts becomes problematic when it comes your turn to speak.

ABILITY TO COMMUNICATE

This indicator refers to the caregiver's ability to effectively describe their needs and the needs of other family members in a manner that others can understand.

Questions to Consider

- What is it like for you to share your thoughts and feelings about your needs, your family's needs or the needs of any of the members of your family?
- Would it be helpful to get some assistance in describing your or your family's needs?

Ratings and Descriptions

- 0 *Mastery; could teach others. Maintain mastery.*
The caregiver is able to express feelings and thoughts effectively with regard to family and child issues. Others hear, understand, and respond.
- 1 *Comfortable and routine. Develop mastery.*
The caregiver is generally able to express feelings and thoughts effectively but sometimes struggles to express them in a way that others can listen and/or understand.
- 2 *Comfortable, but not routine. Build into a routine.*
The caregiver sometimes expresses feelings and thoughts effectively with regard to family and child issues, but occasionally still needs help to learn to express feelings and thoughts effectively.
- 3 *Tried; Not yet comfortable. Develop comfort.*
The caregiver requires some help to learn to express feelings and thoughts effectively with regard to family and child issues.
- 4 *Have never done. Try skill.*
The caregiver requires substantial help to learn to express feelings and thoughts effectively with regard to family and child issues.

Supplemental Information: The FAST can be seen as a strategy to help develop exactly what family leadership needs to communicate to the system so that their family's needs are effectively addressed. Teaching parents and family leaders to be able to communicate effectively with professionals is an important goal in advocacy development.

CULTURAL FACTORS

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 family has the opportunity to participate in cultural rituals associated with their cultural identity). Indicators in the Cultural Factors Domain describe difficulties that families 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. The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individuals within the family.

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

The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individuals within the family.

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.

LANGUAGE

This indicator looks at whether the family needs 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 does your family speak at home?
- Do you or your family need any support around translation for meetings, appointments, or support with completing forms?

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 family speaks and reads the primary language where they live.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Family speaks or reads the primary language where they live, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language. [continues]

LANGUAGE continued

Questions to Consider - Do you, your children or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)? - Is there a child at home that provides translation for your family in situations that may compromise the child or your family's care?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Significant family members do not speak the primary language where the 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 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Significant family members do not speak the primary language where they live. 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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CULTURAL STRESS

This indicator identifies circumstances in which the family'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 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 - Have you or your family experienced any discrimination in your neighborhood? In other settings? - How does the discrimination that you or your family has experienced impact your family? - Is there any stress in your family due to differences between family members' culture – for example, different perspectives on sexual orientation or gender identity, religion?	Ratings and Descriptions 0 <i>No evidence of any needs; no need for action.</i> No evidence of stress between the family's cultural identity and current environment or living situation. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some mild or occasional stress resulting from friction between the family's cultural identity and current environment or living situation. 2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Family is experiencing cultural stress that is causing problems of functioning in at least one life domain. Family needs support to learn how to manage culture stress. 3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Family needs immediate plan to reduce culture stress.
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CAREGIVER ASSESSMENT

This section describes the individual strengths and needs of each of the parents and/or caregivers in the family. These are the adults in the family who have been identified as having some responsibility for helping raise the children in the family. A single parent household with no other adults would have one caregiver. However, if two single parent households (e.g. divorced parents) share custody or caregiving responsibilities, then two caregivers would be rated (i.e. one in each household). Adults in the family with no caregiving responsibilities are not rated here. For example, if the elderly mother of one of the parents lives with them but has no role in taking care of the children, she would not be included. Alternatively, in a multigenerational family in which the grandmother is an active caregiver, the grandmother would be included in the ratings of caregivers.

CAREGIVER NEEDS

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

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Need is interfering with 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.

MONITORING

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

Questions to Consider	Ratings and Descriptions
- How do you feel about your ability to monitor or keep an eye on the children in your home? - Do some of your children require more monitoring than others? How do you manage these different monitoring needs? - Who helps you to supervise or watch them when you cannot be home? - What types of activities are they allowed to do without permission?	0 <i>No evidence of any needs; no need for action.</i> There is no evidence that the caregiver has difficulties monitoring the children in their care. The caregiver demonstrates consistent ability to monitor children in their care according to their developmental needs. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The caregiver demonstrates generally good ability to monitor children in their care but some problems may occur occasionally or there is a history of inadequate monitoring. 2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> The caregiver has difficulty maintaining an appropriate level of monitoring of children in their care. 3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> The caregiver has significant problems maintaining any monitoring of children in their care.

KNOWLEDGE

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

Questions to Consider	Ratings and Descriptions
• What are your children's strengths? What are they good at? What do they have going for them? • What are your children'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 children/family? • What is your understanding of the things you have been told?	0 <i>No evidence of any needs; no need for action.</i> No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child's psychological strengths and weaknesses, talents and limitations. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> 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 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> 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 the child at risk of significant negative outcomes.

BOUNDARIES

This indicator refers to the caregiver's ability to maintain appropriate boundaries. This indicator may include physical separation, respecting privacy, and preventing children from being exposed to developmentally-inappropriate information.

	Ratings and Descriptions
Questions to Consider • When you are struggling, who do you tend to turn to for comfort or support? • What are the topics that you keep separate or private from your children? • Do others note that you are overly rigid in setting boundaries with your children? Overly permissive, or don't set boundaries at all with them?	0 <i>No evidence of any needs; no need for action.</i> Adaptive boundaries. Caregiver has strong, appropriate boundaries between themselves and their children.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Mostly adaptive boundaries. Caregiver has generally appropriate boundaries between themselves and their children. Mild boundary violations may occur at times. Minor problems of rigidity of boundaries may occur.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Limited adaptive boundaries. Caregiver has problems maintaining appropriate boundaries between themselves and their children. Mild boundary violations may be routine or significant boundary violations may be occasional. Boundaries may be rigid.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Significant difficulties with boundaries. Caregiver has significant and consistent problems maintaining appropriate boundaries between themselves and their children or is excessively rigid in their boundaries.

Supplemental Information: A parent who confides their secrets to the children is violating boundaries. A parent who tells the children about how badly the other parent treats them (e.g. infidelity) is violating boundaries. A parent who cannot stop a child from entering the bathroom on them is experiencing problems with boundaries.

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

- How well do the children follow the rules?
- Tell me about times when the children refuse to follow the rules.
- What happens when they do not follow the rules?
- Who provides most of the discipline in the home?
- How would you describe your style of discipline?
- How do you feel about your ability to discipline?
- What does discipline look like in your home?
- What techniques do you use to encourage positive behavior?
- How effective is the discipline you use?
- What help do you need to increase the effectiveness?

Ratings and Descriptions

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

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.*

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.

MEDICAL/PHYSICAL

This indicator refers to medical problems and/or physical limitations that the caregiver(s) may be experiencing that prevent or limit their ability to provide care for the child. This indicator does not rate depression or other mental health issues.

Questions to Consider	Ratings and Descriptions
• 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?	0 <i>No evidence of any needs; no need for action.</i> No evidence of medical or physical health problems. Caregiver is generally healthy. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems. 2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has medical/physical problems that interfere with the capacity to provide care for the child. 3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has medical/physical problems that make providing care for the child impossible at this time.

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	Ratings and Descriptions
• What mental health concerns do you have for yourself? • Do you have any mental health diagnoses? • Tell me about any times 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? • Tell me about any mental health needs that make parenting more difficult. • 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?	0 <i>No evidence of any needs; no need for action.</i> No evidence of caregiver mental health difficulties. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties. 2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver's mental health difficulties interfere with their capacity to parent. 3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has mental health difficulties that make it impossible to parent the child at this time.

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 <i>No evidence of any needs; no need for action.</i> There is no evidence that the caregiver has ever engaged in criminal activity.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The caregiver has a history of criminal activity, there is evidence that the criminal involvement is entirely in the caregiver's past and they are not actively involved in criminal activity.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> 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 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> The caregiver is currently engaged in criminal activity, for example, is presently involved in a criminal case that has not been adjudicated.

ANGER CONTROL

This indicator captures the individual'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 <i>No evidence of any needs; no need for action.</i> No evidence of any anger control problems.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History, suspicion of, or evidence of some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Individual's difficulties with controlling anger are impacting functioning in at least one life domain. Individual's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Individual's temper or anger control problem is dangerous. Individual frequently gets into fights that are often physical. Others likely fear the individual.

IMPULSE CONTROL

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here.

	Ratings and Descriptions
Questions to Consider • Do others ever tell you that you are impulsive? • Do you ever get into trouble because of spending without thinking? • Are there ever times when you feel like your mind is speeding and it's hard to slow down? • Have you ever been diagnosed with Bipolar Disorder? ADHD?	0 <i>No evidence of any needs; no need for action.</i> No evidence of symptoms of loss of control of behavior.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild levels of impulsivity evident in action or thought that place the individual at risk of future functioning difficulties. The individual may exhibit limited impulse control, e.g., individual may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual's functioning in at least one life domain. An individual who often intrudes on others and often exhibits aggressive impulses would be rated here.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the individual at risk of physical harm. This indicates an individual with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The individual may be impulsive on a nearly continuous basis. The individual endangers self or others without thinking.

Supplemental Information: This indicator includes behavioral symptoms associated with Attention Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders and mania as indicated in the DSM-5. Individuals with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), and sexual behavior, fire-starting or stealing. Manic behavior is also rated here.

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 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 with reading do you need, if any (look for contextual signs related to reading ability)?
- Do you receive Social Security Disability for Intellectual Disability?

Ratings and Descriptions

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

SUBSTANCE USE

This indicator rates the impact of any notable substance misuse 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 (include 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?
- Who has expressed concerns about your alcohol or drug use?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of caregiver substance misuse issues.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history of, suspicion or some misuse 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 misuse difficulties that interfere with their capacity to parent.
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has substance misuse difficulties that make it impossible to parent the child at this time.

POSTTRAUMATIC REACTIONS

This indicator describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks, that are related to their child's or their own traumatic experiences.

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: 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.*
Caregiver has not experienced any significant trauma or has adjusted to traumatic experiences without notable posttraumatic stress reactions.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Caregiver has some adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide child care.
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has adjustment difficulties related to traumatic experiences, and these difficulties impact their ability to provide child care. Caregiver may have nightmares or flashbacks of the trauma.
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties make the caregiver unable to provide child care. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

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

CAREGIVER STRENGTHS

For the **Caregiver Strengths Domain**, 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.

INVOLVEMENT WITH CAREGIVING

This indicator refers to the degree to which the caregiver is actively involved in being a parent/caregiver.

	Ratings and Descriptions
Questions to Consider • How active and involved are you in your youth/child'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 to the doctor when needed? • What recreational activities is the youth involved in?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> There is no evidence that the caregiver is not involved with caregiving functions. The caregiver is actively and fully involved in daily family life. 1 <i>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.</i> The caregiver is generally involved in daily family life. The caregiver may occasionally be less involved for brief periods of time because they are distracted by internal stressors and/or other external events or responsibilities or there is a history of caregiver un-involvement. 2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time. 3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> The caregiver is mostly uninvolved in daily family life. The caregiver may not interact with their children on a daily basis.
Additional Questions to Consider: • 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.	

EMOTIONAL RESPONSIVENESS

This indicator refers to the caregiver's ability to understand and respond appropriately to the joys, sorrows, anxieties and other feelings of their children.

	Ratings and Descriptions
Questions to Consider • What is your emotional response towards the child? • Do you feel empathic towards the child?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Adaptive emotional responsiveness. Parents/caregivers are emotionally empathic and attend to child's emotional needs.
	1 <i>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.</i> Parents/caregivers are generally emotionally empathic and typically attend to child's emotional needs.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Parents/caregivers have limited adaptive emotional responsiveness.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> No evidence that parents/caregivers currently possess any capacity with regards to emotional responsiveness.

ORGANIZATION

This indicator is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services.

	Ratings and Descriptions
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?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Caregiver is well organized and efficient. Caregiver organizational skills can drive any plan.
	1 <i>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.</i> Caregiver has adequate organizational skills to ensure that children's needs are routinely met.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Caregiver has limited ability to stay organized.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> No evidence that caregiver is able to organize household to support needed services.

CHILD ASSESSMENT

This section describes the needs and strengths of each of the children in the family. Sometimes circumstances exist that make it difficult to decide whether a family member is best rated as a caregiver or a child. In general, every family member under the age of 18 would be rated in the child section. Young adults could be rated as caregivers if their family roles are more congruent with that designation. All of these indicators should be rated using a developmental framework.

AGE 0-5 ABUSE & NEGLECT

These indicators survey the abuse and neglect that the child has experienced. These indicators help to determine the child's safety needs, and should be completed for all children, regardless of their age.

Question to Consider for this Domain: Has the child experienced any abuse or neglect? What type?

Please Note: For all the indicators in this domain ratings are made based on the LIFETIME exposure.

For the **Age 0-5 Abuse & Neglect 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.

SEXUAL ABUSE (Rate based on LIFETIME exposure)

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

	Ratings and Descriptions
Questions to Consider - Has the caregiver or child disclosed sexual abuse? - How often did the abuse occur? - Did the abuse result in physical injury?	0 <i>No evidence of any needs; no need for action.</i> There is no evidence that child has experienced sexual abuse. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a suspicion that the child has experienced sexual abuse with some degree of evidence or the child 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 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. [continues]

SEXUAL ABUSE continued

- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child 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, that the alleged perpetrator does not live in the home or have legal or unrestrained access to the youth, or where the alleged perpetrator is of similar age and protective measures have been taken by the parent/caregiver.
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child 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.

PHYSICAL ABUSE (Rate based on LIFETIME exposure)

This indicator describes the child's experience of physical abuse.

Questions to Consider	Ratings and Descriptions
• Is physical discipline used in the home? What forms? • Has the any member of the family ever received bruises, marks, or injury from physical discipline?	0 <i>No evidence of any needs; no need for action.</i> There is no evidence that the child has experienced physical abuse.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a suspicion that the child has experienced physical abuse but no confirming evidence. Age-appropriate spanking that does not leave a mark or bruise would be rated here. The threat of physical harm without actual harm inflicted would also be rated here.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has experienced a level of physical abuse that may include one or more incidents of physical punishment (e.g. hitting, punching) when the parent/caretaker uses physical discipline or intentional harm that results in injuries, such as bruises or marks. Physical punishment that includes the use of items such as belts or paddles or that is done out of anger by the caretaker would be rated here.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has experienced severe and repeated physical abuse with the intent to do harm and/or that causes sufficient physical harm to necessitate medical attention. Unexplained injuries for non-accidental trauma such as hemorrhages, subdural hematoma and breaks, as well as disorders such as Munchausen by Proxy Syndrome qualify here.

Additional Information:

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

EMOTIONAL ABUSE/MENTAL INJURY (Rate based on LIFETIME exposure)

Please rate the child's lifetime experience of emotional abuse/mental injury.

Questions to Consider • How do the members of the family talk to/interact with each other? • Is there name calling or shaming in the home?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> There is no evidence that the child has experienced emotional abuse/mental injury.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The child has experienced occasional emotional abuse/mental injury. For instance, may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support or attention.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The child has experienced emotional abuse/mental injury characterized by abuse over an extended period of time or a one-time extreme incident (e.g. a six year-old being forced to wear diapers publicly by a parent frustrated with bedwetting). For instance, the child may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The child has experienced severe and repeated emotional abuse/mental injury over an extended period of time. For instance, the child is completely ignored by caregivers, or threatened/terrorized by others.

NEGLECT (Rate based on LIFETIME exposure)

Please rate the child's lifetime experience of neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or lack of access to needed medical care (medical neglect), or failure to receive an academic instruction (educational neglect).

Questions to Consider • Are the child's basic needs for food and shelter being met? • Is the child allowed access to necessary medical care? Education?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> There is no evidence that the child has experienced neglect.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The child has experienced neglect such as a caregiver's failure to provide adequate expectations or supervision. For instance, child may have been left at home alone for a number of hours without adult supervision.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The child has experienced neglect, including failure to provide adequate supervision (for instance, child may have been left at home alone overnight) and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The child has experienced neglect, including multiple and prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. The neglect places the child in a situation that requires actions and/or decisions beyond the child's maturity, physical ability and/or mental ability.

Additional Information:

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, 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

AGE 0-5 CHILD FUNCTIONING

For the **Age 0-5 Child 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.

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. ***Children under 5 who are not in any congregate learning settings (EHS, HS, Preschool, Pre-K) would be rated a '0' here.***

	Ratings and Descriptions
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i>
• What is your child's experience in preschool/daycare?	No evidence of problem with functioning in current educational environment.
• Does your child have difficulties with learning new skills?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i>
• How is your child with making friends?	History or evidence of problems with functioning in current daycare or preschool environment. Child may be enrolled in a special program.
• What do you hear about your child's behavior in preschool or daycare?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
	Child is experiencing difficulties maintaining their behavior, attendance, and/or progress in this setting.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
	Child's problems with functioning in the daycare or preschool environment place them at immediate risk of being removed from program due to their 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 [continues]

EARLY EDUCATION continued

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.

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'.

SOCIAL AND EMOTIONAL FUNCTIONING

This indicator rates the child's social and relationship functioning. This includes age appropriate behavior and the ability to engage and interact with others. When rating this indicator, consider the child's level of development.

	Ratings and Descriptions
Questions to Consider • How does your child get along with other children? What about adults? • Can your infant child engage with and respond to adults? Can a toddler interact positively with peers? • Does your child interact with others in ways that are expected of their age?	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with social functioning; child has positive social relationships.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> 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 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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 gives 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

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.

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 [continued]
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

SOCIAL AND EMOTIONAL FUNCTIONING continued

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 jabbers to get attention • Can distinguish between self and others • Engages in parallel play with others 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 person
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 her or she cannot meet standards • Labels of 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 follow 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

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.

Questions to Consider

- Tell me about the child's developmental milestones (such as, walking, talking) and when they were reached.
- What concerns regarding development have been reported to you from other's in the child's life?
- How would you compare their development to others their age?
- What additional help or special education services do they receive (academic, ABA (autism support), speech therapy, physical therapy or occupational therapy)?
- Does your child's growth and development seem appropriate compared to other children their age?
- When you meet with your child's doctor or pediatrician, is the doctor concerned about any developmental delays?
- 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 or development 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 functioning and self-care across multiple environments. [continued]

DEVELOPMENTAL/INTELLECTUAL continued

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. 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.

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 smell
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 By 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

MEDICAL/PHYSICAL

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

Questions to Consider	Ratings and Descriptions
• Tell me about the child's health. • Discuss any medical concerns you have for the child. • Does the child have any challenges with vision or hearing? • Talk about any activities that the child cannot do because of physical challenges or medical conditions. How much does this interfere with their life?	0 <i>No evidence of any needs; no need for action.</i> No evidence that the child has any medical or physical problems, and/or they are healthy.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has <i>serious</i> medical or physical problems that require medical treatment or intervention. Or child has a <i>chronic</i> illness or a physical challenge that requires <i>ongoing</i> medical intervention.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has <i>life-threatening</i> 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.

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

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] MEDICAL/HEALTH MODULE

For the **Medical/Health Module**, 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. |

ORGANIZATIONAL COMPLEXITY

This indicator refers to how effectively organizations and medical/ancillary service providers caring for a child work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration. A child who receives primary and specialty care from one institution in which professionals are successfully communicating (i.e., within a tertiary medical center) would be rated lower than a child who receives primary care from a community provider, behavioral health care from another community provider, and specialty medical care from a tertiary care center, and communication issues exist amongst professionals regarding the treatment plan.

	Ratings and Descriptions								
Questions to Consider - Is medical care for the child being provided by multiple medical providers? How many? - Are the medical providers coordinated in providing care for the child?	<table> <tr> <td>0</td><td>All care is provided by a single medical provider; there are no ancillary service providers involved.</td></tr> <tr> <td>1</td><td>Care is provided by a single or multiple medical provider(s) plus ancillary services provider(s), and communication/collaboration among providers is effective.</td></tr> <tr> <td>2</td><td>Care is provided by a single or multiple medical and/or ancillary services provider(s) and communication/collaboration among providers may present some challenges for the child's care.</td></tr> <tr> <td>3</td><td>Care is provided by a single or multiple medical and/or ancillary services provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the child's care.</td></tr> </table>	0	All care is provided by a single medical provider; there are no ancillary service providers involved.	1	Care is provided by a single or multiple medical provider(s) plus ancillary services provider(s), and communication/collaboration among providers is effective.	2	Care is provided by a single or multiple medical and/or ancillary services provider(s) and communication/collaboration among providers may present some challenges for the child's care.	3	Care is provided by a single or multiple medical and/or ancillary services provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the child's care.
0	All care is provided by a single medical provider; there are no ancillary service providers involved.								
1	Care is provided by a single or multiple medical provider(s) plus ancillary services provider(s), and communication/collaboration among providers is effective.								
2	Care is provided by a single or multiple medical and/or ancillary services provider(s) and communication/collaboration among providers may present some challenges for the child's care.								
3	Care is provided by a single or multiple medical and/or ancillary services provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the child's care.								

MEDICATION MANAGEMENT

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

	Ratings and Descriptions
Questions to Consider • Is the caregiver able to manage taking their medication independently and as prescribed? • Does the caregiver sometimes forget to take medication and needs reminders? • Does child refuse to take medication?	0 There is no evidence that the caregivers have difficulty managing any prescription medication.
	1 Although the child usually takes medications consistently, the caregivers may occasionally stop, skip, or forget to give medications without causing instability in the underlying conditions. Caregivers may benefit from reminders and checks to consistently take medications. OR, caregivers have significant history of problems managing medication for the child, problems that adversely impacted physical and/or mental health.
	2 Over the last year, child 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's functioning. OR the child makes frequent visits to physician or urgent care center within the last year.
	3 Due to the caregivers' inability to self-manage prescribed medications, the child's mental or physical condition is deteriorating and functioning is severely impaired. Inpatient care may be necessary to stabilize the child's condition. OR this level indicates a child who has refused to take prescribed psychotropic medications or physical health care medications during the past 180-day period.

INTENSITY OF TREATMENT

This indicator refers to the complexity of the child's medical treatment, including frequency of treatment and whether or not there is a need for special medical services or equipment

Questions to Consider • Does the child's medical condition(s) require specialized medical equipment or services? • Does the child have the support needed to administer their medical treatments?	Ratings and Descriptions 0 Child's medical treatment involves taking daily medication or visiting a medical professional for routine follow up no more than 2 times a year. 1 Child's medical treatment involves taking multiple medications daily and visiting a medical professional(s) 3-4 times a year. 2 Child's medical treatment is daily but non-invasive; treatment can be administered by the child or with some support. Non-invasive treatments could include daily nebulizer treatments, chest percussion therapy, application of splints/braces and stretching exercises etc. Without support, this child's care might be provided in an alternate setting (e.g. intermediate care facility). The child could require visits every 4-6 weeks to a medical professional(s) for adjustments in medication dosing and treatment and take multiple daily medications with dosing spaced throughout the day. 3 Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well-trained caregiver. Examples of treatment provided by medical professional or well-trained caregiver include catheterization of bladder, suctioning of tracheostomy tube, provision of tube feedings etc. Without a well-trained caregiver or medical professional, this child's care would be provided in a skilled alternate setting (e.g., hospital, assisted living setting or nursing home).
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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 have a persistent or long-lasting medical condition?	Ratings and Descriptions 0 Child is expected to fully recover from current medical condition within the next six months to one year. Note: A child with this rating does not have a chronic condition. 1 Child's chronic condition is minor or well controlled with current medical management. 2 Child's chronic condition(s) ha significant effects/exacerbations despite medical management. Child may experience more frequent medical visits, including ER visits, surgeries or hospitalizations for acute manifestation or complications of chronic condition. 3 Child's chronic condition(s) place 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	Ratings and Descriptions
Does the child have a medical condition that poses a risk of death if not treated?	0 Child's current medical condition(s) do not pose any risk to premature death.
	1 Child's current medical condition(s) may shorten life but not until later in adulthood.
	2 Current medical condition(s) places child at risk of premature death before reaching adulthood.
	3 Child's medical condition places them at imminent risk of death.

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's presentation.

Questions to Consider	Ratings and Descriptions
- Is there concern that the child's diagnosis is not accurate? - Does the child present with symptoms that could be attributed to medical, developmental or behavioral conditions?	0 The child's medical diagnoses are clear; the symptom presentation is clear.
	1 Although there is some confidence in the accuracy of child'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's medical diagnoses due to the complexity of symptom presentation.
	3 It is currently not possible to accurately diagnose the child's medical condition(s).

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	Ratings and Descriptions
Is the child's medical condition(s) interfering with their day-to-day functioning?	0 Child's medical condition is not interfering with functioning in other life domains.
	1 Child's medical condition has a limited impact on functioning in at least one other life domain.
	2 Child's medical condition is interfering in more than one life domain or is disabling in at least one.
	3 Child's medical condition has disabled them in most other life domains.

EMOTIONAL RESPONSE

This indicator refers to how the child is managing the emotional strain of their medical conditions.

Questions to Consider	Ratings and Descriptions
- How is the child coping with their medical condition(s)? - Does the child have emotional difficulties related to their medical condition that interfere with their functioning?	0 Child is coping well with medical condition. 1 Child is experiencing some emotional difficulties related to medical condition but these difficulties do not interfere with other areas of functioning. 2 Child is having difficulties coping with medical condition. Child's emotional response is interfering with functioning in other life domains. 3 Child's emotional response to medical condition is interfering with treatment and functioning.

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	Ratings and Descriptions
Does the child's medical condition(s) put the family under any stress?	0 Child's medical condition or care is not adding stress to the family. 1 Child's medical condition or care is a stressor on the family but family is functioning well. 2 Child's medical condition or care is a stressor and is interfering with family functioning. 3 Child's medical 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.

End of Medical Health Module

RELATIONSHIP WITH PRIMARY CAREGIVER

This indicator refers to the child's relationship with the person who is their primary caregiver. Most often the primary caregiver is the caregiver with whom you are working on a plan.

	Ratings and Descriptions
Questions to Consider • Who is the primary caregiver for the young child? • How do the child and the primary care giver get along? What is their general relationship like? • When upset or distressed, does the child seek out the primary caregiver for comfort or support?	NA No caregiver identified, e.g., permanent guardianship.
	0 <i>No evidence of any needs; no need for action.</i> The child has an adaptive, generally positive relationship with their primary caregiver. The child appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for strength building.</i> The child has a mostly adaptive, somewhat positive relationship with their primary caregiver. The child appears to have mild attachment problems that interfere with their ability to turn to primary caregiver for security, comfort, or guidance.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The child has a limited, somewhat negative relationship with their primary caregiver. The child appears to have moderate attachment problems that interfere with their ability to turn to the primary caregiver for security, comfort, or guidance.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The child has significant difficulties or no ongoing relationship with their primary caregiver. The child appears to have severe attachment problems.

AGE 0-5 CHILD STRENGTHS

For the **Age 0-5 Child Strengths Domain**, 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.

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.

	Ratings and Descriptions
Questions to Consider - Tell me about the child's relationships with family. What are the positives? - In what way is the family considered a strength for the child? - What potential is there to develop positive family relationships? - What family member does the toddler go to in time of need for support? How do they advocate for the child?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> 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 is able to provide significant emotional or concrete support. Child is fully included in family activities.
	1 <i>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.</i> Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child and is able to provide limited emotional or concrete support.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Family needs significant assistance in developing relationships and communications, or child has no identified family. Child is not included in normal family activities.

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 his 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 indicators further in the assessment, Parent Child Interaction and Attachment, are closely related but there are differentiations. Parent Child Interaction takes into account all interactions that are critical to a healthy parent-child relationship. A child may feel positively about their relationship with family although there may be deficits in the quality or nature of interactions. 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.

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.

	Ratings and Descriptions
Questions to Consider - What qualities does the child exhibit that allows them to make friends? - Describe how others feel about the child's ability to connect/maintain relationships over time. How does the child interact with other children and adults? - How does the child do in social settings?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i> Significant interpersonal strengths. Child has well-developed interpersonal skills and healthy friendships.
	1 <i>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.</i> Child has good interpersonal skills and has shown the ability to develop healthy friendships.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> 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 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> 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.

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 (p. 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. [continues]

INTERPERSONAL continued

Interpersonal Skills Infants	Interpersonal Skills Toddlers	Interpersonal Skills Preschool/School Age
Smiles	Reactions to others are synchronous	Prefers peers
Establishes eye contact	Acknowledges new people with gestures and/or words	Initiates conversation with adults
Imitates others	Establishes appropriate eye contact	Accepts praise
Initiates physical contact	Develops awareness of social boundaries	Shares successes
Laughs	Responds to humor	Develops appropriate interpretations of social cues

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	Ratings and Descriptions
- Does the child easily engage in play? - Does the child initiate play? Can the child sustain play? - Does the child need adult support in initiating and sustaining play more than what is age-appropriate?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> 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 <i>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.</i> 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 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The child demonstrates the ability to enjoy play and use 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 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.

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.

Cognitive Development	Emotional Development	Social Development	Physical Development	Language Development
- Improves Attention - Improves Problem Solving - Enhances Imagination - Develops Planning and Sequencing Abilities - Promotes Awareness of How Items Function - Improves Concentration	- Facilitates the Expression of Feelings and Experiences in a Safe Manner - Alleviates Anxiety by Promoting Mastery Over Stressful Situations - Enhances Self Esteem	- 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	- Enhances Fine Motor Skills - Enhances Gross Motor Skills - Facilitates Visual-Spatial Skills - Develops Balance and Coordination	- Through Interactions Learns Rhythm, Cadence, and Pace of Speech - Enhances Vocabulary Acquisition - Develops Social Conventions of Language

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. [continues]

PLAYFULNESS continued

- **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)*.

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	Ratings and Descriptions
- Does child show ability to hang in there even when frustrated by a challenging task? - Does child routinely require adult support in trying a new skill/activity? - Can child easily and willingly transition between activities? - What type of support does the child require to adapt to changes in schedules?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> The child consistently has a strong ability to adjust to changes and transitions, and continue 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 <i>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.</i> 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 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> 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 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child's difficulties coping with challenges places their development at risk. Child may seem frightened of new information, changes or environments.

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 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

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 [continues]
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PERSISTENCE AND ADAPTABILITY continued

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
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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

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

AGE 6-21 ABUSE & NEGLECT

These indicators survey the abuse and neglect that the child has experienced. These indicators help to determine the child's safety needs, and should be completed for all children, regardless of their age.

Question to Consider for this Domain: Has the child experienced any abuse or neglect? What type?

Please Note: For all the indicators in this domain, ratings are made based on the **LIFETIME** exposure.

For the **Age 6-21 Abuse & Neglect 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.

SEXUAL ABUSE (Rate based on LIFETIME exposure)

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

	Ratings and Descriptions
Questions to Consider - Has the caregiver or child disclosed sexual abuse? - How often did the abuse occur? - Did the abuse result in physical injury?	0 <i>No evidence of any needs; no need for action.</i> There is no evidence that child has experienced sexual abuse.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a suspicion that the child has experienced sexual abuse with some degree of evidence or the child 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 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 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child 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, that the alleged perpetrator does not live in the home or have legal or unrestrained access to the youth, or where the alleged perpetrator is of similar age and protective measures have been taken by the parent/caregiver.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child 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.

PHYSICAL ABUSE (Rate based on LIFETIME exposure)

This indicator describes the child's experience of physical abuse.

Questions to Consider • Is physical discipline used in the home? What forms? • Has the any member of the family ever received bruises, marks, or injury from physical discipline?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> There is no evidence that the child has experienced physical abuse.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a suspicion that the child has experienced physical abuse but no confirming evidence. Age-appropriate spanking that does not leave a mark or bruise would be rated here. The threat of physical harm without actual harm inflicted would also be rated here.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has experienced a level of physical abuse that may include one or more incidents of physical punishment (e.g. hitting, punching) when the parent/caretaker uses physical discipline or intentional harm that results in injuries, such as bruises or marks. Physical punishment that includes the use of indicators such as belts or paddles or that is done out of anger by the caretaker would be rated here.

Additional Information:

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

EMOTIONAL ABUSE/MENTAL INJURY (Rate based on LIFETIME exposure)

Please rate the child's lifetime experience of emotional abuse/mental injury.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> There is no evidence that the child has experienced emotional abuse/mental injury.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The child has experienced occasional emotional abuse/mental injury. For instance, may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support or attention.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The child has experienced emotional abuse/mental injury characterized by abuse over an extended period of time or a one-time extreme incident (e.g. a six year-old being forced to wear diapers publicly by a parent frustrated with bedwetting). For instance, the child may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
• How do the members of the family talk to/interact with each other? • Is there name calling or shaming in the home?		3
		<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The child has experienced severe and repeated emotional abuse/mental injury over an extended period of time. For instance, the child is completely ignored by caregivers, or threatened/terrorized by others.

NEGLECT (Rate based on LIFETIME exposure)

Please rate the child's lifetime experience of neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or lack of access to needed medical care (medical neglect), or failure to receive an academic instruction (educational neglect).

Questions to Consider • Are the child's basic needs for food and shelter being met? • Is the child allowed access to necessary medical care? Education?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> There is no evidence that the child has experienced neglect.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The child has experienced neglect such as a caregiver's failure to provide adequate expectations or supervision. For instance, child may have been left at home alone for a number of hours without adult supervision.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The child has experienced neglect, including failure to provide adequate supervision (for instance, child may have been left at home alone overnight) and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The child has experienced neglect, including multiple and prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. The neglect places the child in a situation that requires actions and/or decisions beyond the child's maturity, physical ability and/or mental ability.

Additional Information:**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, 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

AGE 6-21 CHILD FUNCTIONING

For the **Age 6-21 Child 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.

SOCIAL FUNCTIONING

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

	Ratings and Descriptions
Questions to Consider - Tell me about any social groups, clubs or teams that the child participates in. - Tell me about the child's friends. - What sort of things do they do together? - How long have they been friends? - Tell me about any conflicts they have with peers.	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems and/or child has developmentally appropriate social functioning.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems in social relationships. Child is having some difficulty interacting with others and building and/or maintaining relationships.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having some problems with social relationships that interfere with functioning in other life domains.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is experiencing significant disruptions in social relationships. They may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child's social relationships presents imminent danger to the child's safety, health, and/or development.

MEDICAL/PHYSICAL

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

	Ratings and Descriptions
Questions to Consider • Tell me about the child's health. • Discuss any medical concerns you have for the child. • Does the child wear glasses? Hearing aids? • Talk about any activities that the child cannot do because of physical challenges or medical conditions. • How much does this interfere with their life?	0 <i>No evidence of any needs; no need for action.</i> No evidence that the child has any medical or physical problems, and/or they are healthy. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma. 2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has <i>serious</i> medical or physical problems that require medical treatment or intervention. Or child has a <i>chronic</i> illness or a physical challenge that requires <i>ongoing</i> medical intervention. 3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has <i>life-threatening</i> 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.
*A rating of '1', '2' or '3' on this indicator triggers the completion of the [A] Medical/Health Module. *	

[A] MEDICAL/HEALTH MODULE

For the **Medical/Health Module**, 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.

ORGANIZATIONAL COMPLEXITY

This indicator refers to how effectively organizations and medical/ancillary service providers caring for a child work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration. A child who receives primary and specialty care from one institution in which professionals are successfully communicating (i.e. within a tertiary medical center) would be rated lower than a child who receives primary care from a community provider, behavioral health care from another community provider, and specialty medical care from a tertiary care center, and communication issues exist amongst professionals regarding the treatment plan.

	Ratings and Descriptions
Questions to Consider - Is medical care for the child being provided by multiple medical providers? How many? - Are the medical providers coordinated in providing care for the child?	0 All care is provided by a single medical provider; there are no ancillary service providers involved.
	1 Care is provided by a single or multiple medical provider(s) plus ancillary services provider(s), and communication/collaboration among providers is effective.
	2 Care is provided by a single or multiple medical and/or ancillary services provider(s) and communication/collaboration among providers may present some challenges for the child's care.
	3 Care is provided by a single or multiple medical and/or ancillary services provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the child's care.

MEDICATION MANAGEMENT

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

	Ratings and Descriptions
Questions to Consider	
- Is the child or their caregiver able to manage taking their medication independently and as prescribed? - Does the child or their caregiver sometimes forget to take medication and needs reminders? - Does child refuse to take medication, or do they misuse it?	0 There is no evidence that the child or their caregivers have difficulty managing any prescription medication. 1 Although the child usually takes medications consistently, they may occasionally stop, skip, or forget to take medications without causing instability in the underlying conditions. Child or their caregivers may benefit from reminders and checks to consistently take medications. OR, child or caregivers have significant history of problems managing medication, problems that adversely impacted physical and/or mental health. 2 Over the last year, child 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's functioning. OR the child makes frequent visits to physician or urgent care center within the last year. 3 Due to the child 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's condition. OR this level indicates a child 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).

INTENSITY OF TREATMENT

This indicator refers to the complexity of the child's medical treatment, including frequency of treatment and whether or not there is a need for special medical services or equipment

Questions to Consider - Does the child's medical condition(s) require specialized medical equipment or services? - Does the child have the support needed to administer their medical treatments?	Ratings and Descriptions
	0 Child's medical treatment involves taking daily medication or visiting a medical professional for routine follow up no more than 2 times a year.
	1 Child's medical treatment involves taking multiple medications daily and visiting a medical professional(s) 3-4 times a year.
	2 Child's medical treatment is daily but non-invasive; treatment can be administered by the child or with some support. Non-invasive treatments could include daily nebulizer treatments, chest percussion therapy, application of splints/braces and stretching exercises etc. Without support, this child's care might be provided in an alternate setting (e.g., intermediate care facility). The child could require visits every 4-6 weeks to a medical professional(s) for adjustments in medication dosing and treatment and take multiple daily medications with dosing spaced throughout the day.
	3 Child's medical treatment is daily and invasive and requires either a medical professional to administer or a well-trained caregiver. Examples of treatment provided by medical professional or well-trained caregiver include catheterization of bladder, suctioning of tracheostomy tube, provision of tube feedings etc. Without a well-trained caregiver or medical professional, this child's care would be provided in a skilled alternate setting (e.g., hospital, assisted living setting or nursing home).

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

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	Ratings and Descriptions
Does the child have a medical condition that poses a risk of death if not treated?	0 Child's current medical condition(s) do not pose any risk to premature death.
	1 Child's current medical condition(s) may shorten life but not until later in adulthood.
	2 Current medical condition(s) places child at risk of premature death before reaching adulthood.
	3 Child's medical condition places them at imminent risk of death.

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's presentation.

Questions to Consider	Ratings and Descriptions
- Is there concern that the child's diagnosis is not accurate? - Does the child present with symptoms that could be attributed to medical, developmental or behavioral conditions?	0 The child's medical diagnoses are clear; the symptom presentation is clear.
	1 Although there is some confidence in the accuracy of child'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's medical diagnoses due to the complexity of symptom presentation.
	3 It is currently not possible to accurately diagnose the child's medical condition(s).

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	Ratings and Descriptions
Is the child's medical condition(s) interfering with their day-to-day functioning?	0 Child's medical condition is not interfering with functioning in other life domains.
	1 Child's medical condition has a limited impact on functioning in at least one other life domain.
	2 Child's medical condition is interfering in more than one life domain or is disabling in at least one.
	3 Child's medical condition has disabled them in most other life domains.

EMOTIONAL RESPONSE

This indicator refers to how the child is managing the emotional strain of their medical conditions.

Questions to Consider	Ratings and Descriptions
• How is the child coping with their medical condition(s)? • Does the child have emotional difficulties related to their medical condition that interfere with their functioning?	0 Child is coping well with medical condition.
	1 Child is experiencing some emotional difficulties related to medical condition, but these difficulties do not interfere with other areas of functioning.
	2 Child is having difficulties coping with medical condition. Child's emotional response is interfering with functioning in other life domains.
	3 Child's emotional response to medical condition is interfering with treatment and functioning.

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	Ratings and Descriptions
• Does the child's medical condition(s) put the family under any stress?	0 Child's medical condition or care is not adding stress to the family.
	1 Child's medical condition or care is a stressor on the family, but family is functioning well.
	2 Child's medical condition or care is a stressor and is interfering with family functioning.
	3 Child's medical 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.

End of Medical Health Module

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.

Questions to Consider	Ratings and Descriptions
- Tell me about the child's sleep habits and sleep schedule. - Tell me about any difficulties the child has with sleep (bedwetting, nightmares, sleepwalking, etc.) - Does the child appear rested? - Is the child often sleepy during the day? - How many hours does the child sleep each night?	0 <i>No evidence of any needs; no need for action.</i> Child gets a full night's sleep each night. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has some problems sleeping. Generally, child 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 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep. 3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is generally sleep deprived. Sleeping is almost always difficult and the child is not able to get a full night's sleep.

DEVELOPMENTAL/INTELLECTUAL

This indicator describes the child'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.

	Ratings and Descriptions
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> No evidence of developmental delay and/or child has no developmental problems or intellectual disability.
Does the child's growth and development seem healthy?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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.
Has the child reached appropriate developmental milestones (such as walking, talking)?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> 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.
- Has anyone ever mentioned that the child may have developmental problems? - Has the child developed like other same age peers?	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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.

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'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's understanding of sexual education and healthy relationships.
- What sexual/romantic relationships has the child been involved in?
- What thing, if any, are concerning about your (sexual/romantic) relationships? (Not required for 12 and under) *This question can be asked to parent/caregiver and youth in private.

Ratings and Descriptions

- | | |
|-------|--|
| 0 | <i>No evidence of any needs; no need for action.</i>
No evidence of issues with sexual development. |
| <hr/> | |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i>
History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others. |
| <hr/> | |
| 2 | <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
Moderate to serious problems with sexual development that interferes with the child's life functioning in other life domains. |
| <hr/> | |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation. |

DECISION MAKING

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

Questions to Consider	Ratings and Descriptions
• 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. •	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with judgment or decision making that result in harm to development and/or well-being. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> 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 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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.

SCHOOL

This indicator refers to the child's status with school. If the child has completed their schooling then use '0'. If child has dropped out without completing then use a '3'. This indicator reflects School Achievement, School Attendance and School Behavior.

Questions to Consider

- Tell me about the child's general experience at school.
- What are some reasons the child may miss school? How do absences interfere with their learning?
- Tell me about any trouble the child has been in at school. What types of things do they do to get in trouble?
- Tell me about how they get along with teachers and other students.
- Tell me about the youth's current grades.
- Have they been doing better or worse recently? Why?
- What does the teacher or guidance counselor say about their school performance?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
There is no evidence that the child is experiencing school problems. Child has good educational functioning. Child is meeting or exceeding educational expectation at an age-expected grade level.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child is functioning adequately at school, mostly meeting educational expectations at an age-expected grade level.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child is functioning below educational expectations and/or requires a specialized educational setting in order to learn at an adequate level. Child has been truant at some point during the school year.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child has significant difficulties with educational functioning. Child has significant educational problems including some behavioral problems related to academic difficulties (chronic truancy, suspensions, expulsions, being held back, etc.). Child may be placed in a specialized educational setting but remains unable to learn at an adequate level.

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

[B] SCHOOL MODULE

This module is to be completed when the School indicator is rated '1', '2' or '3.'

For the **School Module**, 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. |

SCHOOL BEHAVIOR

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

Questions to Consider	Ratings and Descriptions								
- Tell me about any trouble the child has been in at school (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 gets along with teachers and other students.	<table> <tr> <td>0</td><td>No evidence of behavioral problems at school, OR child is behaving well in school.</td></tr> <tr> <td>1</td><td>Child is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.</td></tr> <tr> <td>2</td><td>Child's behavior problems are interfering with functioning at school. The child is disruptive and may have received sanctions including suspensions.</td></tr> <tr> <td>3</td><td>Child is having severe problems with behavior in school. The child is frequently or severely disruptive. School placement may be in jeopardy due to behavior.</td></tr> </table>	0	No evidence of behavioral problems at school, OR child is behaving well in school.	1	Child is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.	2	Child's behavior problems are interfering with functioning at school. The child is disruptive and may have received sanctions including suspensions.	3	Child is having severe problems with behavior in school. The child is frequently or severely disruptive. School placement may be in jeopardy due to behavior.
0	No evidence of behavioral problems at school, OR child is behaving well in school.								
1	Child is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.								
2	Child's behavior problems are interfering with functioning at school. The child is disruptive and may have received sanctions including suspensions.								
3	Child is having severe problems with behavior in school. The child is frequently or severely disruptive. School placement may be in jeopardy due to behavior.								

SCHOOL ACHIEVEMENT

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

Questions to Consider

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

Ratings and Descriptions

- 0 No evidence of issues in school achievement and/or child is doing well in school.
- 1 Child is doing adequately in school although some problems with achievement exist.
- 2 Child is having moderate problems with school achievement. The child may be failing some subjects.
- 3 Child is having severe achievement problems. The child may be failing most subjects or has been retained (held back) a grade level. Child might be more than one year behind same-age peers in school achievement.

SCHOOL ATTENDANCE

This indicators 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's school attendance.
- What are some reasons the child may miss school?
- If they misses school what plans are put in place to make-up schoolwork?
- How do absences interfere with their learning?

Ratings and Descriptions

- 0 Child attends school regularly.
- 1 Child has a history of attendance problems, OR child has some attendance problems but generally goes to school.
- 2 Child's problems with school attendance are interfering with academic progress.
- 3 Child is generally absent from school.

End of School Module

BEHAVIORAL/MENTAL HEALTH NEEDS

This indicator is used to describe the child's current mental health and substance use needs. A formal mental health diagnosis is not required to score this indicator.

Questions to Consider	Ratings and Descriptions
• Does the child have any mental health-related conditions or concerns (e.g., depression, anxiety, substance use, psychosis, anger)? • Do the mental health-related conditions or concerns interfere with the child's functioning?	0 <i>No evidence of any needs; no need for action.</i> No mental health challenges. Child has no signs of any notable mental health conditions.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of mental health challenges. Or child may have problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated, but this does not interfere with functioning.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Evidence of mental health challenge or a diagnosable mental health condition that interferes with child's functioning.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has a dangerous or disabling serious psychiatric disorder.

Supplemental Information: Any mental health need would be indicated here regardless of its specific symptom presentation. So, this indicator combines depression, anxiety, substance use or disruptive behavior into a single indicator of any need to connect with specialty mental health treatment.

***A rating of '1', '2' or '3' on this indicator triggers the completion of the [C] Behavioral/Mental Health Needs Module. ***

[C] BEHAVIORAL/MENTAL HEALTH NEEDS MODULE

This module is to be completed when the Behavioral/Mental Health Needs indicator is rated '1', '2' or '3.'

For the **Behavioral/Mental Health Needs Module**, 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. |

PSYCHOSIS (THOUGHT DISORDER)

This indicator rates the symptoms of psychiatric disorders with a known neurological base, 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 exhibit behaviors that are unusual or difficult to understand? - Does your child engage in certain actions repeatedly? - Are the unusual behaviors or repeated actions interfering with your child's functioning?	Ratings and Descriptions 0 <i>No evidence of any needs; no need for action.</i> No evidence of psychotic symptoms. Both thought processes and content are within normal range. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of disruption in thought processes or content. Child may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child 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 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Evidence of disturbance in thought process or content that may be impairing the child's functioning in at least one life domain. Child may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical. 3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child 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 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 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 symptoms of loss of control of behavior.
- 1 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 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 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 driving or bike riding). The child may be impulsive on a nearly continuous basis. The child endangers self or others without thinking.

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-5.

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 on Life Functioning page, 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 seems/feels irritable.

Ratings and Descriptions

- 0 No evidence of problems with depression.
- 1 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 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 Clear evidence of 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 with a severe level of depression. This would include 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.

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

- 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 anxiety symptoms.
- 1 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 significant distress or markedly impairing functioning in any important context.
- 2 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 Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

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, teacher or other authority figure with responsibility for and control over the child.

Questions to Consider	Ratings and Descriptions
- 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?	0 No evidence of oppositional behaviors. 1 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 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 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.

CONDUCT

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

Questions to Consider	Ratings and Descriptions
- How does it feel when someone lies to the child? How do other people feel when the 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?	0 No evidence of serious violations of others or laws. 1 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 may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community. 2 Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child rated at this level will likely meet criteria for a diagnosis of Conduct Disorder. 3 Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child 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.

ANGER CONTROL

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

Questions to Consider	Ratings and Descriptions
- 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?	0 No evidence of any anger control problems.
	1 History, suspicion of, or evidence of some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
	2 Child's difficulties with controlling anger are impacting functioning in at least one life domain. Child'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 Child's temper or anger control problem is dangerous. Child frequently gets into fights that are often physical. Others likely fear the child.

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. 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	Ratings and Descriptions
- 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?	0 Child has no notable substance use difficulties at the present time.
	1 Child 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 Child 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 Child 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.

EATING DISTURBANCE

This indicator includes 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 have any challenges with eating? • Is the child an overly picky eater? • Does the child have any eating rituals?	Ratings and Descriptions	
	0	This rating is for a child with no evidence of eating disturbance.
	1	This rating is for a child 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	This rating is for a child 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 in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).
	3	This rating is for a child 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).

End of Behavioral/Mental Health Needs Module

RISK BEHAVIORS

This indicator is used to describe the child's current behaviors that could get them into serious trouble or put them in danger of harming themselves or others.

Questions to Consider	Ratings and Descriptions
- Is the child in danger of harming themselves (e.g., suicidal thoughts or actions, self-injury, reckless behavior) or others (e.g., physical harm, fire setting, sexual aggression, bullying)? - Do these behaviors interfere with functioning?	0 <i>No evidence of any needs; no need for action.</i> No evidence of current behaviors that could get child in trouble or put them in danger of harming themselves or others.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has a history of risk behaviors or is displaying some behaviors that are not yet interfering with child's functioning such as verbal threats of aggression or running away, sexually inappropriate but not harmful behavior or socially inappropriate behavior, or status offenses.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Evidence of current risk behaviors that interfere with child's functioning. This may include suicidal ideation without a plan, self-injurious behavior not requiring medical attention, harm to others, recent running away, or fire-setting or delinquent behavior that did not harm others.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Dangerous or disabling risk behaviors that put child or others in immediate danger. This may include current suicidal ideation or attempt, physical harm to others including battery or rape, or reckless or risk-taking behavior that puts an individual in harm's way.

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

[D] RISK BEHAVIORS MODULE

This module is to be completed when the Behavioral/Mental Health Needs indicator is rated '1', '2' or '3.'

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

- | | |
|---|---|
| 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. |

SUICIDE RISK

This indicator is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This indicator rates overt and covert thoughts and efforts on the part of 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 youth talk about their future?
- How does the 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 suicidal ideation. |
| 1 | History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past. |
| 2 | Recent, but not acute, suicidal ideation or gesture. |
| 3 | Current suicidal ideation and intent OR command hallucinations that involve self-harm. |

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

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

Questions to Consider	Ratings and Descriptions
- How does the child cope with stressful situations? - Tell me about a time when the child hurt themselves and it made them feel better. - Tell me about any activities the child does to regulate themselves that could harm themselves.	0 No evidence of any forms of self-injury. 1 A history or suspicion of self-injurious behavior. 2 Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention. 3 Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child's health at risk.

OTHER SELF-HARM (RECKLESSNESS)

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

Questions to Consider	Ratings and Descriptions
- Tell me about a time your child 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 has now or in the past. - Tell me about any activities your child does for fun that could end up hurting themselves or others.	0 No evidence of behaviors (other than suicide or self-mutilation) that place the child at risk of physical harm. 1 There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child at risk of physical harm. 2 Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child in danger of physical harm. 3 Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child at immediate risk of death.

DANGER TO OTHERS

This indicator rates the child'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	Ratings and Descriptions
- Tell me about past/current fights your child has been involved in. - Tell me about any aggressive or violent behavior your child has now or in the past. - Tell me about a time your child wanted to hurt someone..	0 No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
	1 History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
	2 Occasional or moderate level of aggression towards others. Child has made verbal threats of violence towards others.
	3 Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child is an immediate risk to others.

SEXUAL AGGRESSION

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

Questions to Consider	Ratings and Descriptions
- 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 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?	0 No evidence of sexually aggressive behavior.
	1 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 Child 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 Child engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

DELINQUENT BEHAVIOR

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

Questions to Consider	Ratings and Descriptions
- Describe any behavior your child has been involved in that others would consider illegal? - Tell me about your child's pending, current or previous charges or interactions with law enforcement.	0 No evidence or no history of delinquent behavior.
	1 History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.
	2 Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child at risk.
	3 Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.

RUNAWAY

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

Questions to Consider	Ratings and Descriptions
- Tell me about times your child 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 running to or away from something?) - How long do they stay gone? - Why did they return?	0 Child has no history of running away or ideation of escaping from current living situation.
	1 Child has no recent history of running away but has expressed ideation about escaping current living situation. Child may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
	2 Child has run from home once or run from one treatment setting. Also rated here is a child who has run away to home (parental or relative).
	3 Child has run from home and/or treatment settings in the recent past and present an imminent flight risk. A child who is currently a runaway is rated here.

INTENTIONAL MISBEHAVIOR

This indicator describes intentional behaviors that a child 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 lives) that put the child at some risk of consequences. It is not necessary that the child 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 resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child 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	Ratings and Descriptions
- Tell me about a time your child acted out to get in trouble on purpose. - How does your child/youth interact with authority figures? - How does your child try to push adult's buttons?	0 Child shows no evidence of problematic social behaviors that cause adults to administer consequences.
	1 Some problematic social behaviors that force adults to administer consequences to the child. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
	2 Child may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the child's life.
	3 Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child. The inappropriate social behaviors may cause harm to others and/or place the child at risk of significant consequences (e.g. expulsion from school, removal from the community).

VICTIMIZATION/EXPLOITATION

This indicator describes a child 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 person is at current risk for re-victimization or exploitation. It would also include children/youth who are victimized in other ways (e.g., being bullied, sexual abuse, sexual exploitation, etc.).

Conversation Starters	Ratings and Descriptions
- Tell me about a time when your child has been victimized? (bullied, victim criminal activity, sexual exploitation, placed the child 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?	0 No evidence that the child has experienced a pattern of victimization or exploitation. They may have been bullied, robbed or burglarized on one or more occasions but not in the recent past, and no pattern of victimization exists. Individual is not presently at risk for re-victimization or exploitation.
	1 Individual has a prior pattern of victimization or exploitation, but the child has not been victimized to any significant degree in the past year. Individual is not presently at risk for re-victimization or exploitation.
	2 Child 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 Child 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 for youth who have experienced sexual exploitation triggers the completion of the [D.1.] Commercially Sexually Exploited Sub-Module. ***

End of Risk Behaviors Module

[D.1.] COMMERCIALLY SEXUALLY EXPLOITED (CSE) SUB-MODULE

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

- 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 has experienced the exploitation.

Questions to Consider: How long has the young person's exploitation occurred?	Ratings and Descriptions 0 Exploitation has begun in last three months. 1 Exploitation has begun in 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 is aware that they are in a dangerous situation when they are being exploited.

Questions to Consider: Is the child aware that they are in danger?	Ratings and Descriptions 0 Child is fully aware of the dangerousness of their situation and behavior. Child may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts. 1 Child is partially aware of the dangerousness of their situation and behavior. Child generally fails to take precautions. 2 Child is unaware of the dangerousness of their situation and behavior. 3 Child actively minimizes the dangerousness of their situation and behavior.
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KNOWLEDGE OF EXPLOITATION

This indicator describes whether the child understands that they are being exploited.

	Ratings and Descriptions	
Questions to Consider: Does the child know that they are being exploited?	0	Child understands that they are currently being exploited.
	1	Child has some understanding that they might currently be exploited, however, the child is unsure.
	2	Child is unaware of their exploitation.
	3	Child actively denies and/or rationalizes their exploitation.

TRAUMA BONDING/STOCKHOLM SYNDROME

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

	Ratings and Descriptions	
Questions to Consider: - Does the child have an attachment towards their exploiter? - Does the child believe that the exploiter cares for them?	0	Child recognizes that their pimp or other exploiter is not operating in the best interests of the child.
	1	Child suspects that their pimp or other exploiter may not be operating in the best interests of the child.
	2	Child believes that the pimp or other exploiter is operating in their best interests.
	3	Child actively defends and justifies the behavior of their pimp or other exploiter to protect them from accusations of exploitation.

EXPLOITATION OF OTHERS

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

	Ratings and Descriptions	
Questions to Consider: Does the child engage in any behaviors that exploit others?	0	No evidence that the child exploits other people.
	1	Child occasionally bullies or intimidates others to achieve personal goals.
	2	Child actively exploits others.
	3	Child's exploitation of others is putting at least one of these individuals at risk of harm.

UNPROTECTED INTERCOURSE

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

Questions to Consider: Does the child use any protection from sexually transmitted infections during intercourse?	Ratings and Descriptions <table> <tr> <td>0</td><td>Child always uses protection during intercourse.</td></tr> <tr> <td>1</td><td>Child generally uses protection during intercourse. Child may occasionally forget or act impulsively, engaging in intercourse even when protection is not readily available.</td></tr> <tr> <td>2</td><td>Child sometimes uses protection during intercourse. Child may only use protection in situations where they are very concerned about risks.</td></tr> <tr> <td>3</td><td>Child never uses protection during intercourse.</td></tr> </table>	0	Child always uses protection during intercourse.	1	Child generally uses protection during intercourse. Child may occasionally forget or act impulsively, engaging in intercourse even when protection is not readily available.	2	Child sometimes uses protection during intercourse. Child may only use protection in situations where they are very concerned about risks.	3	Child never uses protection during intercourse.
0	Child always uses protection during intercourse.								
1	Child generally uses protection during intercourse. Child may occasionally forget or act impulsively, engaging in intercourse even when protection is not readily available.								
2	Child sometimes uses protection during intercourse. Child may only use protection in situations where they are very concerned about risks.								
3	Child never uses protection during intercourse.								

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 ever been arrested for loitering or solicitation that was associated with exploitation?	Ratings and Descriptions <table> <tr> <td>0</td><td>Child has not been arrested for loitering or soliciting.</td></tr> <tr> <td>1</td><td>Child has been arrested once or twice for loitering or soliciting.</td></tr> <tr> <td>2</td><td>Child has been arrested three, four or five times for loitering or soliciting.</td></tr> <tr> <td>3</td><td>Child has been arrested six or more times for loitering or soliciting.</td></tr> </table>	0	Child has not been arrested for loitering or soliciting.	1	Child has been arrested once or twice for loitering or soliciting.	2	Child has been arrested three, four or five times for loitering or soliciting.	3	Child has been arrested six or more times for loitering or soliciting.
0	Child has not been arrested for loitering or soliciting.								
1	Child has been arrested once or twice for loitering or soliciting.								
2	Child has been arrested three, four or five times for loitering or soliciting.								
3	Child has been arrested six or more times for loitering or soliciting.								

OTHER ARRESTS

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

Questions to Consider: Has the child ever been arrested for crimes other than loitering or solicitation while they were being exploited?	Ratings and Descriptions <table> <tr> <td>0</td><td>Child has not been arrested for any other crimes.</td></tr> <tr> <td>1</td><td>Child has been arrested once for crimes other than involving alleged activities related to exploitation.</td></tr> <tr> <td>2</td><td>Child has been arrested twice for crimes other than involving alleged activities related to exploitation.</td></tr> <tr> <td>3</td><td>Child has been arrested three or more times for crimes other than involving alleged activities related to exploitation.</td></tr> </table>	0	Child has not been arrested for any other crimes.	1	Child has been arrested once for crimes other than involving alleged activities related to exploitation.	2	Child has been arrested twice for crimes other than involving alleged activities related to exploitation.	3	Child has been arrested three or more times for crimes other than involving alleged activities related to exploitation.
0	Child has not been arrested for any other crimes.								
1	Child has been arrested once for crimes other than involving alleged activities related to exploitation.								
2	Child has been arrested twice for crimes other than involving alleged activities related to exploitation.								
3	Child has been arrested three or more times for crimes other than involving alleged activities related to exploitation.								

SEXUALLY TRANSMITTED INFECTIONS

This indicator describes whether the young person has contracted a sexually transmitted infection.

Questions to Consider: Has the child ever contracted an STI?	Ratings and Descriptions <table> <tr> <td>0</td><td>Child has no current known STIs nor any history of serious STDs.</td></tr> <tr> <td>1</td><td>Child has history of serious STDs or is currently suspected of having an STD that has not yet been fully diagnosed.</td></tr> <tr> <td>2</td><td>Child currently has an STD.</td></tr> <tr> <td>3</td><td>Child currently has an STD that is putting self or others at risk of disability or death.</td></tr> </table>	0	Child has no current known STIs nor any history of serious STDs.	1	Child has history of serious STDs or is currently suspected of having an STD that has not yet been fully diagnosed.	2	Child currently has an STD.	3	Child currently has an STD that is putting self or others at risk of disability or death.
0	Child has no current known STIs nor any history of serious STDs.								
1	Child has history of serious STDs or is currently suspected of having an STD that has not yet been fully diagnosed.								
2	Child currently has an STD.								
3	Child currently has an STD that is putting self or others at risk of disability or death.								

PREGNANCIES

This indicator describes whether the young person has ever been pregnant or impregnated another.

	Ratings and Descriptions	
Questions to Consider: - Has the child ever been pregnant? - How many times?	0	Child has never been pregnant nor has child impregnated another.
	1	Child has been pregnant once or impregnated another once.
	2	Child has been pregnant twice or impregnated another twice.
	3	Child has been pregnant three or more times or has impregnated others on three or more occasions.

ABORTIONS

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

	Ratings and Descriptions	
Questions to Consider: - Has the child ever had to terminate a pregnancy? - How many times?	NA	Child is a male
	0	Child has never had an abortion.
	1	Child has had an abortion one time.
	2	Child has had an abortion two times.
	3	Child has had an abortion three or more times.

ATTITUDE TOWARD EDUCATION

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

	Ratings and Descriptions	
Questions to Consider: - Does the child value education? - Is the child working towards completing their education?	0	Child understands the value of completing their education.
	1	Child is able to articulate the possible value of completing their education but may remain skeptical of the personal value of education.
	2	Child sees no value of any further education.
	3	Child is hostile towards receiving any further education.

PRIOR SCHOOL SUCCESS

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

	Ratings and Descriptions	
Questions to Consider: Was the child previously successful at school?	0	Child has excelled at least one year in their educational experience.
	1	Child had average performance for two or more years in their earlier school experience.
	2	Child had average performance for at least one year in their earlier school experience.
	3	Child never experienced any school success that lasted for an entire school year.

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

- Tell me about the hardships the child has had. What was the child's trauma?
- What is the worst thing that has happened to the child?
- 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's coping skills?
- Who is supporting the child?

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 | <i>No evidence of any needs; no need for action.</i>
No evidence that child has experienced a traumatic life event, OR child has adjusted well to traumatic/adverse experiences. |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i>
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 | <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
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 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
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). |

Supplemental Information: This indicator covers both adjustment disorders and posttraumatic stress disorder from the DSM. Behaviors which might indicate trauma reactions include anxiousness/hyper vigilance, regression to behavior of younger ages (e.g., toileting problems, babyish speech, failure to engage in self-feeding, bathing, and other self-care), appetite disruption, withdrawal of interest from pleasurable activities, and other signs of emotional dysregulation after significant life events.

AGE 6-21 CHILD STRENGTHS

For the **Age 6-21 Strengths Domain**, 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.

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.

	Ratings and Descriptions
Questions to Consider - Tell me about the child's relationships with family? What are the positives? - In what way is the family considered a strength for the child? - What potential is there to develop positive family relationships? - What family member can the child go to in time of need for support? How do they advocate for the child?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> 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 is able to provide significant emotional or concrete support. Child is fully included in family activities.
	1 <i>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.</i> Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child and is able to provide limited emotional or concrete support.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Family needs significant assistance in developing relationships and communications, or child has no identified family. Child is not included in normal family activities.

COMMUNITY LIFE

This indicator reflects the child's connection to people, places or institutions in their community. This connection is measured by the degree to which the child 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 live in the same neighborhood.

	Ratings and Descriptions
Questions to Consider • What community does the child feel they are a part of? • What does the child feel their role is in that community? • What community activities is the child involved in? • What community organizations or groups is the child a part of?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child is well integrated into their community. The child is a member of community organizations and has positive ties to the community. For example, child 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 <i>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.</i> Child is somewhat involved with their community. This level can also indicate a child with significant community ties although they may be relatively short term. 2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child has an identified community but has only limited, or unhealthy, ties to that community. 3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of an identified community of which child is a member at this time.

TALENTS AND INTERESTS

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

Questions to Consider	Ratings and Descriptions
- What does the child do with free time? - What does the child enjoy doing? - Is the child engaged in any pro-social activities? - What are the things that the child does particularly well?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child has a talent that provides pleasure and/or self-esteem. A child with significant creative/artistic/athletic strengths would be rated here.
	1 <i>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.</i> Child has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child with a notable talent. For example, a child who is involved in athletics or plays a musical instrument would be rated here.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child 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 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of identified talents, interests or hobbies at this time and/or child requires significant assistance to identify and develop talents and interests.

OPTIMISM

This indicator should be rated based on the child's sense of self in their own future. This rates the child's future orientation.

Questions to Consider	Ratings and Descriptions
- Does the child have a generally positive outlook on things; have things to look forward to? - How does the child see themselves in the future? - Is the child forward looking/sees themselves as likely to be successful?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child has a strong and stable optimistic outlook for their future.
	1 <i>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.</i> Child is generally optimistic about their future.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child has difficulty maintaining a positive view of themselves and their life. Child's outlook may vary from overly optimistic to overly pessimistic.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of optimism at this time and/or child has difficulties seeing positive aspects about themselves or their future.

