

2013

# Utah Family and Children Engagement Tool



Version 1

State of Utah

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# UFACET

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*A CANS Based Assessment Tool Endorsed by Dr. Lyon's and the Praed Foundation*



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UTAH STATE OFFICE

# Utah Family and Children Engagement Tool User's Guide

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# Introduction to User Guide

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The UFACET User Guide was formulated with the Certified User in mind. The UFACET User Guide contains useful information for rating each item in the UFACET assessment. Each item contains the item definition, the definition for each rating, and questions to consider when scoring each item. Some items may also include supplemental information. The UFACET User Guide is intended to provide users with adequate guidance to rate each item in a domain as accurately as possible.

## The Core Domains:

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1. [The Family Together: pg. 5-9](#)
2. [Household: pg. 10-12](#)
3. [Caregiver Strengths and Needs: pg. 13-19](#)
4. [Child Functioning: pg. 20-28](#)
5. [Quick Reference Guide: pg.49-51](#)

## Breakout Assessment modules:

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These areas are assessed if the corresponding item located in the Core Domain scores a 2 or 3.

1. [Cultural Connections: pg. 29-30](#)
2. [Trauma: pg. 31-35](#)
3. [Child Risk Behaviors: pg. 36-40](#)
4. [Education: pg. 41-42](#)
5. [Child Behavioral/Emotional Needs: pg. 43-47](#)
6. [Developmental: pg. 47-48](#)

# CANS & UFACET

## 6 GUIDING PRINCIPLES WHEN SCORING

*TO BE COMPLETED WITH THE CHILD AND FAMILY TEAM*

### 1) ITEMS ARE INCLUDED BECAUSE THEY IMPACT PLANNING

- Relevant to safety, permanency, and well-being
- Targets what needs to be addressed (not just random items)
- Easy to identify and communicate
- When used in planning will improve outcomes

ALL IDENTIFIED NEEDS SHOULD BE ADDRESSED ON THE CHILD AND FAMILY PLAN.

### 2) SCORES TRANSLATE INTO IMMEDIATE ACTION LEVELS:

- 0-No evidence of a problem. Does not need be addressed.
- 1-There may be a history or suspicion of a problem, but it does not currently need to be addressed. It is something to keep a “watchful eye” on.
- 2- This item is a problem and we need to take action on it.
- 3- The problem is severe and we need to take IMMEDIATE action to address it.

Definitions will not fit all situations. The key to remember is: DO WE WANT TO TAKE ACTION TO ADDRESS THIS ITEM?

### 3) IT IS ABOUT THE INDIVIDUAL, NOT THE SERVICES THEY ARE RECEIVING

- Do not ignore a problem simply because it is being treated.
- Think about whether the item would still be a problem if the person was in a “real world” setting.
- If the item being rated is a reason we are involved and we still need to provide services or address it, the rating is likely at least a “2”
- EXAMPLE: A client with a substance abuse issue who is in in-patient treatment, but if released, would need ongoing support in order to prevent relapse would rate a “2” or “3”.

### 4) “30 DAY” WINDOW = RELEVANT AND FRESH

- Allow a client to move on after they have shown improvements and/or demonstrated they can move past unhealthy behaviors
- Do not perpetuate labels from the past
- 30 day rule is not rigid; it is a “general” rule and can be flexible when needed
- If a person has successfully finished treatment and demonstrated changes, reflect those changes in the rating
- You are rating the client based on what is relevant to the situation right now.

### 5) REMEMBER CULTURE AND DEVELOPMENTAL CONSIDERATIONS

- Keep everything in the context of the family
- Similar behaviors do not always equal similar issues
- Consider not only “ethnic” culture, but also behaviors and beliefs that may be causing conflict with societal norms.
- Consider if developmental issues are causing individuals to deviate from the norm.

### 6) IT IS ABOUT THE “WHAT” NOT THE “WHY”

- Do not assume there is a problem if there is no evidence
- You are not trying to understand underlying needs
- Rate ONLY presenting issues, concerns, and behaviors
- Do not try to read between the lines.  
*(Adjustment to Trauma items are the ONLY exception to this rule)*

EXAMPLE: A mother is frequently sleeping and not supervising her children well. The worker rates the mother’s “Mental Health” item a ‘2’ assuming the mother has Depression. However, other explanations may be that the mother works the night shift, she has a medical condition, or she has an issue with substance abuse. The worker should not assume Depression is an issue unless there is a diagnosis from a mental health professional

Section

1

# UFACET

## Core Sections:

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# The Family Together

*The dynamic between the family members play a primary role in the children's safety and well-being.*

**T**he family together domain looks at the overall family system functioning and ability to access supports. It measures the family's ability to communicate and problem solve together. This domain looks at the dynamics of all the relationships within the family unit. It identifies how each individual member relates to the family cohesiveness.

## How to rate:

This section is rated using the needs scale and will therefore highlight any struggles the family is experiencing, as shown below.

<b>E</b>	Items you wish to EXPLORE further with the family
<b>0</b>	Indicates there is no evidence of a problem
<b>1</b>	Watch/Prevent
<b>2</b>	Act
<b>3</b>	Act Immediate/Intensive
<b>N/A</b>	Not Applicable

**R**emember that this assessment's core is engagement, these topics are engagement conversations that can directed interactions to gather useful information to create Child and Family Plans and referrals to appropriate services/interventions.

**FORMAL SUPPORTS** - This item reflects the Family’s connection to people, places, institutions or service agencies in the surrounding community not including family. This includes the family’s ability access to concrete resources, such as DWS, mental health agencies, substance abuse treatment, etc.

If the family does not have a need for formal supports OR if the family is already connected to a sufficient number of formal supports, this item would rate a “0”.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the family have access to services such as, foodbank, DWS services and SSI?</i>	0	The family has access to the concrete resources they need.
	1	Family is currently receiving formal services such as therapy or food stamps, but may need referral in the future.
<i>Does the family have formal resources such as therapists?</i>	2	Family has an identified need for formal service but has yet to be connected to them.
	3	Family is in immediate need for services such as therapy or food stamps but does not currently have access.
<i>Do they belong to a community group with which they identify?</i>		

**INFORMAL SUPPORTS** - This item refers to the family’s relationship with extended family and friends who do not currently live with the family. Concerns of extended family “enabling” or lying to DCFS on behalf of the caregivers would rate at least a ‘2’. A Family’s connection to the community is assessed by the degree to which the family is involved with the institutions of that community which may include, but are not limited to, community centers, little league teams, jobs, after school activities, religious groups, boy scouts, etc.

Families who feel a sense of belonging and who have a stake in their community do better than families who do not

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Do extended kin participate in the child and family team?</i>	0	Adaptive relationships. Extended family members or friends play a central role in the functioning and well-being of the family. They have predominately positive relationships and conflicts are resolved quickly. Family is well-integrated into their community.
<i>Does extended family play a supportive role for the family?</i>	1	Mostly adaptive relationships. Extended family members or friends play a supportive role in family functioning. They generally have positive relationships and conflicts may linger but eventually are resolved. Family has community connections
<i>Has there been generational abuse, neglect, or patterns of socially unacceptable behaviors?</i>	2	Limited relationships. Extended family members or friends are marginally involved in the functioning and well-being of the family. They have generally strained or absent relationships with these informal supports. Family has limited or unhealthy ties to their community.
	3	Significant difficulties with relationships. Family is not in contact or estranged from extended family members. They may report they have no friends. They have negative relationships with continuing conflicts with extended family and friends. Family does not feel supported in their community. Family may feel shunned by their community.

**PARENT/CAREGIVER COLLABORATION** - This item refers to the relationship between the primary caregivers with regard to working together in child rearing activities. Please rate the highest level from the **past 30 days**.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Are the primary caregivers in agreement regarding parenting?</i>	0	Adaptive collaboration. Caregivers usually work together regarding issues of the development and well-being of the children. They are able to negotiate disagreements related to their children.
<i>Do the primary caregivers frequently argue over parenting decisions, such as disciplining?</i>	1	Mostly adaptive collaboration. Caregivers generally have good collaboration regarding issues of the development and well-being of the children. They have occasional difficulties negotiating miscommunications or misunderstanding with each other.
<i>Do the caregivers involve children in caregiver conflict by, coaching, derogatory remarks or belittling?</i>	2	Limited adaptive collaboration. Caregivers have moderate problems with communication and collaboration regarding issues of the development and well-being of their children. Caregiver disagreements occasionally occur in front of the children.
	3	Significant difficulties with collaboration. Caregivers have minimal collaboration regarding issues related to the development and well-being of the children. Caregivers communication is destructive or caregivers sabotage collaboration by involving the children.

**FAMILY CONFLICT RESOLUTION** - This item refers to how the family members get along with each other. Parents who blame each other for problems with the children would rate at least a '2'. This section does not rate domestic violence between family members. Please rate the highest level from the **past 30 days**.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does conflict interfere with the overall family functioning?</i>	0	Adaptive relationships. Family members get along; however, when fights or conflicts arise there is little difficulty in resolving them.
<i>Does fighting rise to the level of a safety concern?</i>	1	Mostly adaptive relationships. Family members generally get along; however, when fights or conflicts arise there is some difficulty in resolving them.
<i>Is there a family member that is targeted or scapegoated by the other family members?</i>	2	Limited adaptive relationships. Family members frequently do not get along. They attempt to resolve their fights or conflicts, but have limited success in doing so.
	3	Significant difficulties with relationships. Family members do not get along. The relationships are marked by detachment or active, continuing conflicts. Conflict may include physical fighting.

**DOMESTIC VIOLENCE** - This item refers to one family member using physical assault and emotional control of family member(s). Domestic violence is a cycle with a distinct pattern of violence and reconciliation. It differs from conflict that escalates to a physical level in that there is a distinct emotional component. Domestic violence perpetrators use violence and emotional manipulation to control their victims. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions. Please rate the highest level from the **past 30 days**.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is there a family member who dominates or controls other family members?</i>	0	No history or current domestic violence among family members.
	1	History or suspicion of domestic violence. This may include families with multiple police investigations or previous unsupported DVRC investigations.
<i>Has a family member ever suffered repeated physical injury due to violence in the home?</i>	2	Domestic violence is a developing concern. Family conflict has recently escalated into domestic violence. Victim may recognize the domestic violence and seek help.
<i>Does the perpetrator use power to control their victim?</i> <i>Does a family member isolate another family member?</i>	3	Domestic violence is severe or chronic. A family member may have been hospitalized due to domestic violence. A victim may not recognize the domestic violence and may seek to protect the perpetrator from consequences. Family with a current restraining order against one member or with a member currently in jail on DV charges would be rated here.

**COMPLEX FAMILY SYSTEMS** – This indicator rates the behavioral and emotional symptoms in response to a change in the family system. This could be due to an addition of or a removal of family members. This could reflect a change in family roles, such as the return of an incarcerated parent after an extended absence or a parent being deported. This item rates blended families, adoptive families, grand families, step families, same sex couples and polygamy. Please rate the highest level from the **past 30 days**.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is a caregiver struggling to bond with a step or adoptive child in the home?</i>	0	The family copes successfully with the family stress related to their family system.
<i>Is a child or children in the home resistant to accepting a new adult as having authority in the home?</i>	1	The family experiences some conflict due to family system's issues, however the family recognizes and is taking action to address the response to the change in the family system. Or there has been a history or suspicion of conflict related to family system change.
<i>Is there increased conflict due to step or adoptive siblings not getting along?</i>	2	The family is experiencing ongoing conflict related to one or more family member's response to the change in the family system.
<i>Is any family member acting out due to the introduction of new family members?</i>	3	The family is experiencing significant conflict related to one or more family member's response to the change in the family system that without intervention could likely lead to the family disrupting.

**FAMILY ROLE APPROPRIATENESS** - This item refers to boundaries and hierarchies within the family. Boundaries are the ability of family members to separate themselves as individuals and the role appropriate communication among family members. Hierarchies refer to the organization of decision-making authority in the family. Any issues with incest or parentification should be considered here. Please rate the highest level from the **past 30 days**.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is a child making crucial decisions on behalf of the family?</i>	0	Adaptive boundaries. The family has clearly defined appropriate boundaries among members. Inter-generational hierarchies are appropriately established and maintained.
<i>Is there a child that has taken on a caregiver role?</i>	1	Mostly adaptive boundaries. The family has generally appropriate boundaries and hierarchies. They may experience some minor blurring of roles and/or boundaries. A history of incest that has been addressed should be rated here.
<i>Do the parents have appropriate boundaries and relationships with their children?</i>	2	Limited adaptive boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist. Maladaptive behaviors that have resulted from a history of incest should be rated here.
<i>Does a caregiver fail to protect a child from harm?</i>	3	Significant difficulties with boundaries. Family has significant problems with establishing and maintaining appropriate boundaries and hierarchies. Significant role confusion or reversals may exist. Any current issues with incest should be rated here.

Engaging the family to understand the dynamics in the home will assist in identifying the root of many of the concerns in a family home.



Questions you may ask would be:

- What does your family like to do together for fun?
- How does your family handle a disagreement?
- What happens in your home when someone gets mad?
- Who can you go to talk to if you are upset?
- Who do you consider your support system?
- If you had to evacuate your house where could you go?

**CULTURAL CONSIDERATIONS \*** - This item describes possible issues that the family may encounter as a result of their membership in a specific “cultural group.” A “cultural group” is a self-defined group of people who share a commonality of cultural experience. Cultural groups may be broadly defined by many types of commonality, such as ethnicity, religion, or physical commonality, as seen in Deaf culture. Culture in this domain also includes groups based on age, neighborhood, sexual identity or family; or other subcultures related to gang involvement, drug use, domestic violence, military, polygamy or poverty. It is important to have some understanding of the family’s cultural norms before rating any of the items so that cultural issues are not mistakenly rated in other items.

A family cultural group of criminalized culture, drug culture and sexual identity issues would rate a 2 and 3. Please rate the highest level from the **past 30 days**.

**IF THIS ITEM SCORES A 2 OR 3, THE BREAKOUT MODULE MUST BE FILLED OUT. (pgs. 33-35)**

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does the child or significant family members have any difficulty communicating (either because English is not their first language or due to another communication issue such as the need to use/learn sign language)?</i></p> <p><i>Does the child or family express feelings of being discriminated against by the dominant community?</i></p> <p><i>How does the child feel about their membership in a cultural group?</i></p>	0	There is no evidence of concerns with cultural considerations. The family is positively established into the local culture. There is no evidence of stress between the family’s cultural identity and individual members of the family. The family states acceptance or recognition of each member’s cultural beliefs. The family is able to effectively communicate their needs and practice rituals that are consistent with cultural identity.
	1	There is some history or evidence of conflict between the family’s culture and the predominant culture. The family has conflict within itself regarding an individual member’s culture. Frequent communication problems exist because of limited comprehension of the language. The family sometimes experiences obstacles performing rituals.
	2	There is conflict between the family’s culture and the predominant culture or the family has conflict within itself regarding an individual member’s culture. The family frequently experiences communication problems or uses the children to translate. The family regularly experiences conflict in the performance of rituals due to predominant cultural norms.
	3	Significant conflict exists between the family’s culture and the predominant culture or within the family. The family’s cultural conflict is such that it negatively impacts daily living of members and/or language barriers presents a significant problem for family functioning.

# The Household

*Household items include the concrete resources of the family. When a family's basic needs are not met, they are in such a state of crisis that other interventions such as therapy may be ineffective.*

**T**he household domain measures the home that will be receiving services. This will be the home being assessed on SDM Safety and Risk assessment. The household items rate the family's living environment and the household's ability to meet the family's basic needs. This item may include persons with familial and/or intimate relationships with any person in the home who provides significant in-home contact. **DO NOT** consider other house holds the child may reside in such as a non-custodial parent's home for weekend visits.

## How to rate:

This section is rated using the needs scale and will therefore highlight any struggles the family is experiencing, as shown below.

<b>E</b>	Items you wish to EXPLORE further with the family
<b>0</b>	Indicates there is no evidence of a problem
<b>1</b>	Watch/Prevent
<b>2</b>	Act
<b>3</b>	Act Immediate/Intensive
<b>N/A</b>	Not Applicable

**T**eaming with partner agencies such as housing, child care agencies and public transportation may be necessary to help address the families concrete resource needs.

**PHYSICAL HOME ENVIRONMENT** – This item refers to the physical environment in which the family is living and whether it poses a risk to the physical health or safety of a child or family member.

Consider the safety and health risks that include: all family members, age, health, and developmental functioning.

A family that is homeless should be marked as 'N/A' and rated on the Residential Stability indicator

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Are exits or entrances in the home blocked or difficult to navigate?</i></p> <p><i>Does the family deny the caseworker access to the home or rooms in the home?</i></p> <p><i>Have there been previous interventions or efforts to clean the home?</i></p>	0	No evidence of health or safety hazards in the home's cleanliness.
	1	There is a history of the home's lack of cleanliness posing a risk to the family's health and/or safety. The current living conditions of the home do not pose an immediate threat to the family members.
	2	The home's lack of cleanliness poses a moderate safety risk to the family's health and/or safety. The family shows ineffective efforts to keep the home free from health or safety hazards.
	3	The home's lack of cleanliness poses immediate safety risk to the family health and/or safety. The home has visible health hazards such as, dangers weapons in a child's reach, rotten food, vermin, feces, drug paraphernalia, structural damage, and/or fire hazards. The condition of the home is chronic and/or reoccurring. The family does not have one or more of their utilities working.

**FINANCIAL RESOURCES** – This item refers to the income and other sources of money available to the household that can be used to meet family and children's needs. Poverty may impact the behavioral and emotional needs of the family and lead to high risk behavior. Financial need may require a focus on services that is secondary to other's needs, but important in order to permit the child and family to attain the maximum benefit from the treatment.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does the household struggle to pay for housing, food, utilities and other basic needs?</i></p> <p><i>Does the household rely on any kind of assistance in order to support the family's needs? Is the assistance time limited or based on criteria?</i></p>	0	No evidence of financial issues for the household and/or the household has financial resources necessary to meet family needs.
	1	There is a history, suspicion, or existence of mild financial difficulty. The household has financial resources necessary to meet most needs; however, some limitations exist.
	2	Moderate difficulties. The household has financial difficulties that limit their ability to meet significant family needs.
	3	Significant difficulties. The household is experiencing financial hardship or poverty.

**RESIDENTIAL STABILITY** - This item rates the housing stability of the household. **It does not** rate the likelihood the child will be removed. A household that is having difficulty paying utilities, rent or a mortgage or there are concerns about instability in the immediate future might be rated as a '1.' A household is considered homeless if they are in a shelter, on the street, in a car, etc. OR temporarily staying with friends or family because they cannot afford or are otherwise unable to maintain regular, safe, adequate housing on their own.

Please rate the highest level in the **past 6 months**.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is the household's current housing situation stable? Are there concerns that they might have to move in the near future?</i>	0	No evidence of instability in the household's housing and/or the household has stable housing for the foreseeable future.
<i>Has the household lost their housing?</i>	1	There is a history of housing instability and/or the household has relatively stable housing, but either has moved within the past three months, or there are indications of housing problems that might force them to move within the next three months.
<i>Does the household move often?</i>	2	The household has moved multiple times during the past year and/or housing is unstable and the household is at immediate risk of having to move or being evicted.
<i>Does the household have a history of homelessness?</i>	3	The household has experienced periods of homelessness during the past six months.

**ACCESS TO CHILD CARE** – This item refers to the ability of the household to access or obtain appropriate child care services when they are needed. This item refers to both formal and informal child care services.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the household have family, friends, or other informal supports that are willing to help provide child care services when needed?</i>	0	The household has access to sufficient child care services or does not have a need for child care services.
<i>Does the household have difficulty finding appropriate child care when needed?</i>	1	The household has limited access to child care services. Needs are met minimally by existing, available services or provider is sometimes unreliable.
<i>Is the child at an age and/or developmental level where they are in need of adult supervision?</i>	2	The household has limited access to child care services. Current services do not meet the caregiver's needs.
	3	The household has no access to child care or no family or social network that may be able to help with childcare services.

**ACCESS TO TRANSPORTATION** - This rating reflects the household’s ability to provide appropriate transportation for themselves and for the child. Public transportation is considered appropriate if it is reliable and the household knows how to adequately access public transportation in order to arrive on time to appointments, etc. Barriers to appropriate transportation may include lack of: appropriate car seats, insurance, driver license, current registration or gas money.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the household have a car or other reliable mode of transportation?</i>	0	The household has no transportation needs. The caregiver is able to get the child to appointments, school, activities, etc. consistently.
<i>Does the household have difficulty making it to appointments on time due to problems with transportation?</i>	1	The household has occasional transportation needs (e.g., appointments). The caregiver has difficulty getting child to appointments, school, activities, etc. less than once a week.
<i>Does the household know how to access public transportation effectively?</i>	2	The household has frequent transportation needs. The caregiver has difficulty getting child to appointments, school, activities, etc. regularly (e.g., once a week). The caregiver needs assistance transporting child and access to transportation resources.
	3	The household has no access to appropriate transportation. The caregiver is unable to get child to appointments, school, activities, etc. The caregiver needs immediate intervention and development of transportation resources.



- Activities to consider:**
- ✓ Helping client create a budget
  - ✓ Start “messy” home clean up’s one small section at a time and expand
  - ✓ Help clients create grocery lists to budget
  - ✓ Bringing laptop and hotspot to client’s house to aid them in filling out DWS paperwork.

## Caregiver Strengths and Needs:

*Caregivers help mold and shape the future of the children they care for. By identifying and intervening in areas of concern, we promote positive change while maintaining familial bonds.*

**T**he items in this section represent potential areas of need for caregivers while simultaneously highlighting the areas of strengths in which the caregiver can be a resource for the child.

### How to rate:

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

<b>E</b>	Items you wish to EXPLORE further with the family
<b>0</b>	Indicates there is no evidence of a problem
<b>1</b>	Watch/Prevent
<b>2</b>	Act
<b>3</b>	Act Immediate/Intensive
<b>N/A</b>	not applicable

**C**ollaborating with the caregivers and child and family team will aid in full disclosure of DCFS' concerns, increase engagement and help caregiver's feel involved and connected to their Child and Family Plan.

**INVESTMENT IN SERVICES** - Measures the family’s motivation to change through their actions and attitudes regarding services. It does not measure a lack of participation due to a lack of resources or unforeseen circumstances, but it may reflect the caregiver’s inability to manage their household and daily activities due to a lack of coping skills. For example, parents who participate in UAs but are frequently positive for substance use would rate a “2.” If there has been recent law enforcement involvement since the referral with the family would rate a “3. Consider whether previous DCFS, JJS or other governmental agency services may be a contributing factor to the family’s resistance to services.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the individual demonstrate a willingness to change?</i>	0	The individual generally keeps scheduled appointments and participates in services. The individual is proactive in contacting the caseworker. The individual is open, honest and willing to discuss concerns with caseworker and providers. The individual acknowledges a need for intervention and is motivated to follow through with the services.
<i>Does the individual engage with the child and family team?</i>	1	The individual desires to participate in services, but sometimes lacks follow through. The individual cooperates and accepts the need for services most of the time. The individual does not initiate contact with service providers without assistance. The individual does not openly discuss concerns unless directly asked.
<i>Is there a discrepancy between what the individual says and what the individual does?</i>	2	The individual routinely expressed the desire to move on or feels obligated to participate in services does not follow through consistently. The individual minimizes information or provides excuses regarding concerns and their need to participate in services. The individual does not show any demonstrable change in their behavior.
<i>Has the family had previous DCFS involvement that is creating resistance? Does the parent normalize and/or enable negative behaviors?</i>	3	The individual does not want services or refuses to participate, misses most appointments and their actions are leading to a possible removal of the children from the home. The individual avoids contact with service providers and caseworker. The individual denies needing intervention and/or individual is openly hostile regarding participation in services and fails to disclose major areas of concern.

Parenting is difficult for even the most skilled parents. Keep in mind that it is human nature for parents to get defensive when they are being questioned about their parenting style.



Tips:

- Validate the parent’s concerns
- Verbalize that you recognize their love for their children
- Empathize with the stress the parent is under
- Emphasis you’re there to help not judge.

**EMOTIONAL RESPONSIVENESS** - This item refers to the caregiver’s ability to understand and respond appropriately to the joys, sorrows, anxieties and other feelings of children. Please rate the highest level from the **past 30 days**.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is the caregiver able to respond in a manner that de-escalates the child’s emotional reaction?</i>	0	Adaptive emotional responsiveness. The caregiver is emotionally empathic and attends to the child's emotional needs.
<i>Does the caregiver allow the child to express appropriate emotional reactions?</i>	1	Mostly adaptive emotional responsiveness. The caregiver is generally emotionally empathic and typically attends to child's emotional needs. Certain psychological issues undermine the caregiver's emotional responsiveness.
<i>Is the caregiver able to regulate his/her own emotional response?</i>	2	Limited adaptive emotional responsiveness. The caregiver is often un-empathic and frequently is unable to attend to child's emotional needs. The caregiver’s mental health may be severely impacting their ability to be emotionally available for the child.
<i>Is the caregiver able to celebrate the child’s successes?</i>	3	Significant difficulties with emotional responsiveness. Caregiver is not empathic and rarely attends to the child's emotional needs.

**SUPERVISION** - This item refers to the caregiver’s ability to monitor the child according to the child’s age and developmental needs. Supervision includes the caregiver’s capacity to protect the child from potential hazards.

A caregiver who reports their teenager is staying out all night and may be using drugs or alcohol would receive a rating of ‘2’ because current parenting is not effective in monitoring the teen.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the caregiver generally know where the child is located?</i>	0	No evidence caregiver needs help or assistance in monitoring the child and/or caregiver has good monitoring and discipline skills.
<i>Does the caregiver leave the child with people who are not capable meeting the child’s basic needs?</i>	1	There is a history or suspicion of need for assistance with monitoring child, but caregiver generally provides adequate supervision. Caregiver may need occasional help or assistance and lacks consistent support. A caregiver with frequent non-supervision reports that have not been substantiated would rate here.
<i>Does the caregiver actively monitor and appropriately limit the child’s activities based on age and ability?</i>	2	The Child and Family Team members report the caregiver has difficulties monitoring the child and/or caregiver needs assistance to improve supervision skills. Children who are ungovernable would be rated here.
	3	Caregiver is unable to monitor the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

**DISCIPLINE** - This item refers to the caregiver’s ability to encourage positive behaviors by children in their care through the use of a variety of techniques including, but not limited to praise, redirection, and punishment. Emotional Abusive punishment would be rated at least a ‘2’.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the caregiver use discipline to enforce realistic expectations of their child’s ability based on age and development?</i>	0	Good discipline methods. Caregiver generally demonstrates an ability to discipline their children in a consistent and benevolent manner. They are usually able to set age-appropriate limits and enforce them.
<i>Is the caregiver able to use natural and logical consequences?</i>	1	Adequate discipline methods. Caregiver is often able to set and enforce age-appropriate limits. On occasion their interventions may be inappropriate or ineffective. Others may say their discipline is too harsh or too lenient. At times, their expectations of the child may be too high, too low or otherwise inappropriate for the child.
<i>Does the caregiver demonstrate consistency with rules and follow through with age-appropriate consequences?</i>	2	Inadequate discipline methods. Caregiver demonstrates limited ability to discipline the child in a consistent and benevolent manner. The caregiver rarely sets age appropriate limits and enforces them. Interventions may be erratic and overly harsh but not physically harmful. Their expectations of the child are frequently unrealistic.
	3	Significant difficulties with discipline methods. Caregiver discipline is unpredictable. There is an absence of limit setting and disciplinary interventions. Limit setting and disciplinary interventions are absent or rigid, extreme, and physically harmful.

**INVOLVEMENT** – This item is used to rate caregiver involvement and participation in their child’s life.

A ‘0’ on this item is reserved for caregivers who are involved with and able to advocate for their child. A ‘1’ is used to indicate caregivers who are willing participants with service provisions, but who may not yet be able to serve as advocates for their child. A ‘2’ would indicate a parent who does not wish to participate in child’s treatment or is so emotionally exhausted that they are unable to effectively assist the child in treatment right now.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>How often do caregivers participate in mental health, educational or recreational events in the child’s life?</i>	0	No evidence of problems with caregiver involvement in the child’s services or interventions and/or caregiver is able to act as an effective advocate for child.
<i>Is the caregiver advocate for the child?</i>	1	The caregiver has history of seeking help, but does not follow through for with services for their child. The caregiver is open to receiving support, education, and information, but has a history of not continuing with recommended services.
<i>Does the caregiver follow through with recommendations given by professionals in the child’s life</i>	2	The caregiver is not actively involved in the child’s services or does not attend parent teacher conferences or other school activity. The caregiver makes excuses as to why they cannot attend activities with their child
	3	Caregiver wishes for child to be removed from their care.

**KNOWLEDGE** - This item refers to the caregiver’s knowledge and understanding of their child’s needs, strengths, rights, and supports.

A caregiver who refuses to accept a child’s need for services would rate at least a ‘2’

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does the caregiver seem to have a general understanding of their child’s needs?</i></p> <p><i>Does the caregiver have reasonable expectations of their child based on the child’s age and developmental level?</i></p> <p><i>Does the caregiver refuse to acknowledge a child’s diagnosis or special need?</i></p>	0	The caregiver is knowledgeable about the child’s needs and strengths and agrees with the view of the child and family team.
	1	The caregiver is generally knowledgeable about the child but may require additional information to improve their capacity of parent. There may be small or mild disagreements with family members, but these disagreements do not interfere with the family’s ability to meet its needs.
	2	The caregiver has clear need for information to improve their knowledge about the child. The current lack of information is interfering with their ability to parent and/or disagreements between family members.
	3	The caregiver lack of knowledge places the child at risk of significant negative outcomes and/or causes dramatic disagreement between family members. The lack of knowledge places the family in jeopardy of significant problems or sanctions.

**PHYSICAL** - This item refers to medical and/or physical problems that the caregiver may be experiencing that prevent or limit the ability to parent the child. **For example**, a caregiver is a single parent who has recently had a stroke and whose mobility or ability to communicate is limited might receive a rating of ‘2’ or ‘3.’ If the caregiver has recently recovered from a serious illness or injury, or if there are some concerns regarding potential problems in the immediate future they might receive a rating of ‘1.’ This item does not rate depression or other mental health issues.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>How is the caregiver’s health?</i></p> <p><i>Do they have any health problems that limit their ability to care for the family?</i></p> <p><i>Does the caregiver have any physical limitations?</i></p>	0	No evidence of caregiver medical/physical problems and/or caregiver is generally healthy.
	1	There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
	2	Caregiver has medical/physical problems that interfere with their capacity to parent.
	3	Caregiver has medical/physical problems that make parenting impossible at this time.

**MENTAL HEALTH** - This item refers to any serious mental health issues among the caregiver that might limit their capacity to provide care for the child and or negatively impact family/social relationships.

A caregiver with serious mental illness or would likely be rated a '2' or even a '3' depending on the impact of the illness. Addictive behaviors such as gambling that are impacting the family's functioning would be rated here. However, a caregiver whose mental illness is currently well controlled by medication and therapy might be rated a '1.'

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does the caregiver have any addictive behaviors such as gambling, gaming, pornography, shopping, etc?</i></p> <p><i>If the caregiver has a mental health issue, are they currently controlling it with medication and/or treatment?</i></p> <p><i>Does the caregiver have a mental illness that impacts their vocational functioning?</i></p>	0	No evidence of caregiver mental health difficulties, addictive / compulsive behaviors and/or any mental health needs.
	1	There is a history or suspicion of mental health difficulties or addictive/ compulsive behaviors, and/or caregiver mental illness is well controlled or in recovery.
	2	Caregiver has some mental health difficulties or addictive/compulsive behaviors that interfere with their capacity to parent and/or manage their daily household responsibilities, such as paying bills or following through with services.
	3	Caregiver has mental health difficulties or addictive/compulsive behaviors that make it impossible for him/her to parent or manage their household at this time.

**SUBSTANCE ABUSE** - This item describes the impact of any substance use by the caregiver that might limit their capacity to provide care for the child. Consider the caregiver's drug of choice and the intensity of its impact on their ability to care for the child.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does the caregiver have any issues with substance abuse that make parenting difficult?</i></p> <p><i>If the caregiver has had substance abuse issues in the past, how long have they been in recovery?</i></p> <p><i>Have they had multiple unsuccessful episodes of treatment?</i></p> <p><i>What is the caregiver's drug of choice?</i></p>	0	No evidence of caregiver substance use issues and/or caregiver has no substance use needs.
	1	There is a history, suspicion, or mild use of substances and/or caregiver is in recovery from substance abuse difficulties where there is no interference in their ability to parent.
	2	Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
	3	Caregiver has substance abuse difficulties that make it impossible for them to parent at this time.

**DEVELOPMENTAL** - This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver’s ability to parent. This item includes but is not limited to communication, delays, autism, and borderline intelligence.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does the caregiver have developmental problems that make parenting/caring for the child difficult?</i></p> <p><i>Does the team suspect the caregiver has difficulty understanding team discussion and decisions?</i></p>	0	No evidence of caregiver developmental delay and/or caregiver has no apparent developmental needs.
	1	There is a history, suspicion of, and/or caregiver has developmental delays, but these do not currently interfere with parenting.
	2	Caregiver has developmental challenges that interfere with their capacity to parent and/or manage their daily household responsibilities, such as paying bills or following through with services.
	3	Caregiver has severe developmental challenges that make it impossible to parent or manage their household at this time

**ADJUSTMENT TO TRAUMA\*** - This item is used to describe an individual who is having difficulties **adjusting** to a traumatic experience. Please note that to rate this item a traumatic event it is **not required** to meet the DSM-IV TR definition of trauma, but rather an event defined as traumatic by individual This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

**IF THIS ITEM SCORES A 2 OR 3, THE BREAKOUT MODULE MUST BE FILLED OUT. (pgs. 36-41)**

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Has individual experienced a traumatic event?</i></p> <p><i>Does the individual experience frequent nightmares?</i></p> <p><i>Is the individual troubled by flashbacks?</i></p> <p><i>Is the individual unusually afraid of being alone, or of participating in normal activities?</i></p>	0	No evidence of problems associated with traumatic life events, or traumatic experiences no longer impact their functioning.
	1	There is a history or suspicion of, or mild problems associated with traumatic life event/s, or the individual is making progress learning to adapt to a trauma, or who recently experienced a trauma where the impact on their well-being is not yet known
	2	Clear evidence of symptoms of Adjustment Disorder associated with traumatic life event/s. Adjustment is interfering with the person’s functioning in at least one life domain and/or there are significant problems with adjustment or the presence of an acute stress reaction.
	3	Diagnosis of Post-Traumatic Stress Disorder.

# Child Functioning:

*Children play a starring role in the dynamic of a family. Two siblings raised under the same roof may have entirely different strengths and needs.*

**T**his domain measures each child’s individual functioning in regards to their physical and emotional development. This information is gathered from various sources including input from child and family team members, other professional assessments, as well as caseworker interactions with the child.

### How to rate:

This item is rated on a needs scale to highlight individual needs of each child in the home

<b>E</b>	Items you wish to EXPLORE further with the family
<b>0</b>	indicates there is no evidence of a problem
<b>1</b>	Watch/Prevent
<b>2</b>	Act
<b>3</b>	Act Immediate/Intensive
<b>N/A</b>	Not Applicable

**W**hile it is important to assess child risk behaviors and emotional needs, discussing the children’s habits such as sleeping and eating may also inform the caseworker about some underlying stressors in the family as well as increase engagement by having “non-

intrusive” conversations. Recreation can provide an inexpensive form of respite for stressed parents.

**INVESTMENT IN SERVICES** - Measures an individual’s motivation to change through their actions and attitudes regarding services. It does not measure a lack of participation due to a lack of resources or unforeseen circumstances, but it may reflect the caregiver’s inability to manage their household and daily activities due to a lack of coping skills. For example, parents who participate in UAs but are frequently positive for substance use would rate a “2.” If there has been recent law enforcement involvement since the referral with the family would rate a “3.”

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the child demonstrate a willingness to change?</i>	0	The child generally keeps scheduled appointments and participates in services. The child is proactive in contacting the caseworker. The child is open, honest and willing to discuss concerns with caseworker and providers. The child acknowledges a need for intervention and is motivated to follow through with the services.
<i>Does the child engage with the child and team?</i>	1	The child desires to participate in services, but sometimes lacks follow through. The child cooperates and accepts the need for services most of the time. The child does not openly discuss concerns unless directly asked.
<i>Is there a discrepancy between what the child says and what the child does?</i>	2	The child routinely expresses the desire to move on or feels obligated to participate in services and/or does not follow through consistently. The child minimizes information or provides excuses regarding concerns and their need to participate in services. The child does not show any demonstrable change in their behavior.
	3	The child does not want services or refuses to participate, misses most appointments. The child avoids contact with service providers and caseworker. The child denies needing intervention and/or the child is openly hostile regarding participation in services and fails to disclose major areas of concern.

**SOCIAL FUNCTIONING** – This item rates difficulty a child may have with social skills and relationships. This item may depend heavily on the child’s age and developmental level. It includes age appropriate behavior and the ability to make and sustain relationships during the past 30 days. A child being bullied at school would rate a ‘2’ or a ‘3’ here based on severity.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Currently, how well does the child get along with others?</i>	0	No evidence of problems and/or child has developmentally appropriate social functioning.
<i>Has there been an increase in peer conflicts and/or bullying?</i>	1	There is a history, suspicion or child is having some minor problems in social relationships.
<i>Does the child have unhealthy friendships?</i>	2	Child is having some moderate problems with their social relationships that interfere with other life domains.
<i>Does he/she tend to change friends frequently?</i>	3	Child is experiencing severe disruptions in their social relationships. Child may have no friends or have constant conflict in relations with others.

**RECREATIONAL** - This item rates the degree to which the child is engaged in healthy and positive recreational activities, which should be understood developmentally. Recreation can be defined as a pastime, diversion, exercise, positive play or other resource affording relaxation and enjoyment. For younger children this maybe activities such as coloring.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>What does the child do in their spare time?</i>	0	No evidence of any problems with recreational functioning. Child has sufficient activities that he/she enjoys.
<i>Does the child have any hobbies or interests?</i>	1	Child is doing adequately with recreational activities although some problems may exist.
<i>Does the child have access to recreational activities?</i>	2	Child is having moderate problems with recreational activities. Child may experience some problems with effective use of leisure time.
	3	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

**LEGAL** – This item rates the involvement a child has with the legal system. This does not refer to the parents legal issues, rather specifically to the child’s legal difficulties related to their own actions.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Has the child had any involvement with the legal system?</i>	0	No evidence that the child has legal difficulties.
	1	Child has a history of legal problems but currently is not involved with the legal system.
<i>Does the child have any current criminal charges?</i>	2	Child has some legal problems and is currently involved in the legal system.
<i>Does the child have a probation officer?</i>	3	Child has serious current or pending legal difficulties that place him/her at risk for court ordered out of home placement.
<i>Does the child have any outstanding fines or community service?</i>		

**MEDICAL** - This item rates the child’s current health status. This item does not rate depression or other mental health issues.

Most transient, treatable conditions would receive a rating of ‘1.’ Most chronic conditions (e.g. diabetes, severe asthma, HIV) would receive a rating of ‘2.’ The rating of ‘3’ is reserved for life threatening medical conditions or a disabling physical condition.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is the child generally healthy?</i>	0	No evidence of health problems and/or child is healthy.
<i>Does the child have any medical problems?</i>	1	Child has some medical/physical problems that require treatment.
<i>How much does this interfere with their life?</i>	2	Child has chronic illness that requires ongoing medical intervention.
	3	Child has life threatening illness or physical condition.

**PHYSICAL** - This item rates the physical limitations. This item does not rate depression or other mental health issues.

Treatable conditions that result in physical limitations such as asthma would receive a ‘1’. Sensory disorders such as blindness, deafness, or significant motor difficulties would receive a rating of ‘2’.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the child have any physical limitations? How much does this interfere with their life?</i>	0	No evidence of any physical limitations
	1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here.
	2	Child has physical condition that notably impacts activities.
	3	Child has severe physical limitations due to multiple physical conditions.

**SEXUAL DEVELOPMENT-** This item looks at problematic issues of sexual development including sexual behavior, sexual concerns, sexual reactivity, and the reactions of others to any of these factors. Any conflict associated with sexual identity would be rated here

THIS ITEM DOES NOT RATE SEXUAL ABUSE, PERPETRATION, VICTIMIZATION, OR AGGRESSION.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Are there concerns about the child's healthy sexual development?</i>	0	No evidence of issues with the child's sexual development, sexual behavioral and/or concerns with sexual identity.
<i>Is the child struggling with their sexual identity or does a family member have an issue with a child's sexual identity?</i>	1	Child has some issues with sexual development, but these do not interfere with their functioning in other life domains.
<i>Does the child have engage in risky sexual behavior?</i>	2	Child has problems with sexual development that interfere with their functioning in other life domains.
	3	Child has severe problems with their sexual development.

**SLEEP** - Please remember to take the child's development into account when rating this item. This rating describes how difficult it is for a child to fall asleep, resists going to sleep and/or wakes frequently during the night. Any disruption of a full night of sleep would be rated here. When rating an infant, it is important to rate actual sleep issues which are outside the realm of typical infancy sleep issues. Sleep disturbances maybe caused by medical or trauma concerns and would be rated in both domains.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the child appear tired?</i>	0	No evidence of sleep disturbance and/or child gets a full night's sleep each night.
<i>Is the child having difficulty concentrating or staying awake during the day?</i>	1	Child has some problems sleeping. Generally, the child gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
	2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep.
	3	Child is generally sleep deprived. Sleeping is difficult for the child and they are not able to get a full night's sleep.

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

Certainly, **Anorexia**, **Bulimia**, and **Obesity** would be rated in this category. In addition food hoarding and pica (a craving for something not normally regarded as nutritive) should also be included. A ‘3’ would describe an eating disturbance that was placing the child in physical jeopardy.

Rate within the last **30 DAYS**

Questions to Consider	Ratings	Anchor Definitions
<p><i>How does the child feel about his/ her body?</i></p> <p><i>Does the child seem to be overly concerned about their weight?</i></p> <p><i>Does the child ever refuse to eat, binge eat, or hoard food?</i></p> <p><i>Has the child ever been hospitalized for eating related issues?</i></p>	0	No evidence of eating disturbances.
	1	There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight.
	2	Moderate level of eating disturbance. This could include a pica, hording, or refusal to eat, or a .more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa).
	3	More severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day), or pica issues include the child ingesting hazardous materials.

**SELF-CARE**– This item refers to the child’s ability to perform hygiene and daily living skills at an age appropriate level. The item should be scored according to their ability to perform these tasks as compared to other children of their age group or developmental level. Hygiene and daily living skills include the child’s mobility and ability to: bathe, dress themselves, brush teeth, perform toileting skills, feed themselves, self-administer medications, avoid health hazards, perform age appropriate tasks, etc.

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

Questions to Consider	Ratings	Anchor Definitions
<p><i>Can the child perform self-care and daily living skills at a level consistent with other children of the same age?</i></p> <p><i>Does the child require help, supervision, and/or monitoring beyond what other children of their same age would require in order to perform self-care and daily living skills?</i></p>	0	Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.
	1	Child requires verbal prompting on self-care tasks or daily living skills.
	2	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., eating, bathing, dressing, and toileting).
	3	Child requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, and toileting). Severe encopresis or enuresis are rated here.

**CHILD RISK BEHAVIORS\*** - The Child Risk Behaviors outline the *child's own behaviors* that create serious threats of harm to the child or others. Note that these items will not replace a detailed risk assessment.

Child Risk Behaviors include: Suicide Risk, Self-Mutilation, Other Self-Harm, Danger to Others, Sexual Aggression, (Sexual Reactivity is NOT rated here) Runaway, Delinquency, Judgment/Decision Making, Fire Setting and Sanction Seeking Behavior.

Please rate the highest level in the **past 30 days**.

**IF THIS ITEM SCORES A 2 OR 3, THE BREAKOUT MODULE MUST BE FILLED OUT. (pgs. 42-47)**

Questions to Consider	Ratings	Anchor Definitions
<i>Has the child ever talked about a wish or plan to hurt him/herself?</i>	0	Indicates there is no evidence of any needs.
<i>Does the child get into physical fights?</i>	1	Indicates there is a history or suspicion of any child risk behaviors, but no recent ideation or gesture.
<i>Has the child ever been accused of being sexually aggressive with another child?(perpetration not experimentation)</i>	2	Indicates there is the presence of recent moderate child risk behaviors that require the identified need(s) to be addressed.
<i>Does the child seem to purposely get in trouble by making parents or other adults angry with them</i>	3	Indicates there is current severe child risk behaviors and <u>immediate</u> or <u>intensive</u> action is required to address the identified need(s)

Remember some rebellion is normal during adolescence; this assessment is rating when a child is acting out in a way that it is negatively impacting not only the child but also the family dynamic.



Consider the following:

- Does this child have positive outlets for energy?
- Do this child's behaviors put them directly in harm's way?
- Does this child act out more than their peers or siblings?

**EDUCATION\*** - This item takes in to consideration the following:

School Behavior – evidence of behavioral issues when the child is in school

School Achievement – evidence of problems in the child’s school achievement, including academic progress

School attendance – evidence of problems with school attendance

Learning Disability – evidence of a learning disability that is not being addressed, is there an IEP and is the IEP addressing the learning disability successfully. If the child has an IEP, this item would receive a rating of “1” or higher.

Educational Agency Involvement – is the family involved with the educational services for the child

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

**IF THIS ITEM SCORES A 2 OR 3, THE BREAKOUT MODULE MUST BE FILLED OUT. (pgs. 48-49)**

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is the child’s school an active partner in figuring out how to best meet the child’s needs?</i>	0	No evidence of problems in school behavior, achievement, attendance, or learning disability.
<i>Does the school have the resources to care for the needs of the child?</i>	1	Evidence or history of educational needs, but the needs are being successfully addressed.
<i>Does the child like school?</i>	2	Evidence of moderate problems addressing the educational needs of the child such as an underpowered IEP, increasing absences, escalating behavioral issues, or the child is failing in some core subjects. The school and parents are not working together to address the educational needs of the child and/or school placement changes have been disruptive to the educational progress of the child
<i>Has there been at least one year in which the child did well in school?</i>	3	There are severe problems addressing the educational needs of the child, conflict between the parents and the school, no current or an outdated IEP, truancy issues, child is failing most subjects or child is more than one year behind, or behaviors frequently disruptive and school placement is in jeopardy and/or child is not currently enrolled.
<i>When has the child been at their best in school?</i>		

**BEHAVIORAL/EMOTIONAL NEEDS\*** - This domain relates information regarding a child’s behavioral and emotional issues. Diagnosis is not required in rating these items, as you are only rating symptoms and behaviors. When rating these items, it is important to take the child’s development into account. Remember we are rating the “What” not the “Why”. This means for the purpose of this assessment you are looking at what is, what you can see, what is known, evidence of behavior, but not trying to identify why some behavior is present.

This includes: psychosis, impulsivity/hyperactivity, depression, anxiety, oppositional, conduct, anger control, and substance use.

If a child has ever been diagnosed with any of the above or associated disorders and the symptoms are under control it would rate a ‘1’ if the symptoms are

**IF THIS ITEM SCORES A 2 OR 3, THE BREAKOUT MODULE MUST BE FILLED OUT. (pgs. 50-54)**

Questions to Consider	Ratings	Anchor Definitions
<i>Does child have a thought disorder or a psychotic condition?</i>	0	Indicates there is no evidence of behavioral/emotional needs.
<i>Does the child report feeling compelled to do something despite negative consequences?</i>	1	The child has a history of behaviors associated with or has been diagnosed with any of the above or associated disorders and the symptoms are under control
<i>Do parents feel that the child is depressed, irritable, anxious or fearful?</i>	2	The child has the behaviors or diagnoses of an emotional/behavioral need and the symptoms are unresolved.
<i>Does the child appear defiant or overly argumentative?</i>	3	The child has the behaviors or diagnoses of an emotional/behavioral need and the symptoms are currently escalating, more severe and chronic.

Engaging children can be difficult work. Children can be very friendly or extremely shy. Gaining the trust of the children you are working with is critical as they are able to speak to how the family

functions when you are not in the home.

Try:



- Getting on their level, play on the floor.
- Be willing to play “show me your favorite toy”.
- With teenagers ask them what they are into and don’t pretend to like it if you don’t, they can tell.
- Keep your promises! Be at appointments when you say you will.

**DEVELOPMENTAL\*** - This item rates only the presence of any Developmental Disabilities. It includes mental retardation (MR), IQ and issues on the Pervasive Developmental Disorder (PDD) spectrum. It does not refer to broader issues of healthy development.

A rating of '1' would be used to describe a child with mild developmental delays or suspected delays. Asperger's Syndrome would likely receive a rating of '2,' while Autism would receive a rating of '3.'

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

**IF THIS ITEM SCORES A 2 OR 3, THE BREAKOUT MODULE MUST BE FILLED OUT. (pgs. 55-56)**

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the child's growth and development seem healthy?</i>	0	No evidence of developmental delay and/or child has no developmental problems.
<i>Has the child reached appropriate developmental milestones (such as, walking, talking)?</i>	1	Child has some problems with immaturity, or there are concerns about possible developmental delay. Child may have low IQ.
<i>Has the child been screened for any developmental problems?</i>	2	Child has developmental delays or mild mental retardation.
	3	Child has severe and pervasive developmental delays or profound mental retardation.

**ADJUSTMENT TO TRAUMA\*** - This item is used to describe an individual who is having difficulties **adjusting** to a traumatic experience. Please note that to rate this item a traumatic event is not required to meet the DSM-IV TR definition of trauma, but rather an event defined as traumatic by individual e.g. changing schools could be viewed as traumatic. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

A rating of '0' would describe a person who has not experienced any trauma or whose traumatic experiences no longer impact their functioning. A rating of '1' would indicate a person who is making progress learning to adapt to a trauma or a person who recently experienced a trauma where the impact on their well-being is not yet known. A rating of '2' would indicate significant problems with adjustment or the presence of an acute stress reaction. A rating of '3' would indicate a professional diagnosis of **Post Traumatic Stress Disorder (PTSD)**.

**Items rated a '2' or a '3' need to be reported to a mental health professional.**

**IF THIS ITEM SCORES A 2 OR 3, THE BREAKOUT MODULE MUST BE FILLED OUT. (PGS. 36-41)**

	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Has individual experienced a traumatic event?</i>	0	No evidence of problems associated with traumatic life events.
<i>Does the individual experience frequent nightmares?</i>	1	There is a history or suspicion of, or mild problems associated with traumatic life event/s.
<i>Is the individual troubled by flashbacks?</i>	2	Clear evidence of symptoms of Adjustment Disorder associated with traumatic life event/s. Adjustment is interfering with the child's functioning in at least one life domain.
<i>Is the individual unusually afraid of being alone, or of participating in normal activities?</i>	3	Diagnosis of Post-Traumatic Stress Disorder.

# UFACET

## Breakout Sections:

# Cultural Consideration:

*Understanding cultural conflict can aid a caseworker in identifying important informal supports for the family as well as inform therapist and other team members about underlying stressors.*

**LANGUAGE** - This item looks at whether the child and family need help to communicate with others in English. This item includes spoken, written, and even sign language. Family members and friends should not be included as potential translators/interpreters. Whether the family uses the child regularly to translate or communicate should also be taken into account, as this can be problematic and inappropriate e.g. in a situation that is beyond the level of the child’s maturity.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does the child or significant family members have any difficulty communicating (either because English is not their first language or due to another communication issue such as the need to use/learn sign language)?</i></p>	0	No evidence that there is a need for bilingual, translator or interpreter services and/or child and family speak English well.
	1	Child and family speak some English, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
	2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention; a qualified individual can be identified within the family’s natural support system (not the child).
	3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, but no such individual is available from among family’s natural support system.

**IDENTITY** - Cultural identity refers to the child’s struggle with his or her membership in a specific cultural group. The struggle is usually caused by significant differences between the child’s cultural group and the prevailing culture in the community. This cultural group may be defined by a number of factors including race, religion, ethnicity, sexual orientation or identity, geography, lifestyle or other groups associated with adolescent subculture.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Do the child and family have a sense of belonging to a specific cultural group?</i>	0	No evidence of issues with membership in a group and/or the family has clear and consistent cultural identity and is connected to others who share the family’s cultural identity.
<i>Does the family have role models, friends and community who share the family’s sense of culture?</i>	1	The family is experiencing some confusion or concern regarding cultural identity.
<i>Does the child struggle with who they are inasmuch that it is affecting their functioning?</i>	2	The family has significant struggles with their own cultural identity or may have cultural identity, but does not have connections with others who share this culture, or feels alienated and/or judged in their own identified culture.
	3	The family has no cultural identity or is experiencing significant problems due to conflict regarding cultural identity.

**RITUAL** - Cultural rituals are activities and traditions, including the celebration of culturally specific holidays or may also include daily activities that are culturally specific (e.g. praying toward Mecca at certain times of day, eating specific foods, access to media). This item seeks to identify whether barriers exist for a child to engage in rituals relevant to the child’s culture.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is the child able to celebrate with others (friends, family, and community) who share their traditions and customs?</i>	0	No evidence that the child and family are unable to practice rituals that are consistent with their cultural identity.
	1	Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles in the performance of these rituals.
	2	Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.
	3	Child and family are unable to practice rituals consistent with their cultural identity.

**CULTURAL STRESS** – Cultural stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual’s own cultural identity and the predominant culture in which they live. This need reflects things such as racism, discrimination, or harassment because of sexual orientation, religion, appearance, or background. Stressors that should be considered include the cultural stress that the family experiences as a result of the child’s needs. Cycles of violence or poverty are reflected in this item.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does the child or family express feelings of being discriminated against by the dominant community?</i></p> <p><i>Does the child or family’s behaviors perpetuate a cycle such as violence, or neglect?</i></p> <p><i>How does the family feel that their child’s unique needs create problems for them in the community?</i></p>	0	No evidence of stress between individual’s cultural identity and current living situation.
	1	Some mild or occasional stress resulting from friction between the individual’s cultural identity and their current living situation.
	2	The individual’s identified culture is causing problems of functioning in daily living; the difference between the individual or family’s culture is a source of stress for the individual and their family as it may be the cause of continual conflict with the predominant culture’s expectations.
	3	The individual’s identified culture is making functioning in any life domain difficult under the present circumstances and may be resulting in ongoing referrals to DCFS.

# Trauma

## (Caregiver and Child as needed):

*Traumatic experiences can change the way a person perceives the world. Approaches to helping people with trauma histories are different than traditional therapy. Having an accurate trauma history is vital to appropriate services being identified and often makes the difference whether a case is successful.*

**SEXUAL ABUSE** – This item refers to trauma experienced by the individuals as a result of sexual abuse. This item includes: incest, rape, exploitation, sodomy, molestation and the individual’s reaction to the abuse.

Please rate **within the lifetime**.

Questions to Consider	Ratings	Anchor Definitions
<p><i>Has the person been a victim of touching, penetration, or sodomy?</i></p> <p><i>Has the person felt threatened by action or comments of a sexual nature?</i></p> <p><i>Has the person been involve in rape or incest?</i></p>	0	There is no evidence that the individual has experienced sexual abuse.
	1	Individual has experienced one episode of sexual abuse or there is a suspicion that individual has experienced sexual abuse but no confirming evidence.
	2	Individual has experienced repeated sexual abuse.
	3	Individual has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

**PHYSICAL ABUSE** – This item refers to trauma experienced by the individuals as a result of physical abuse. Physical abuse refers to non-accidental harm. Physical harm includes: physical injury, serious physical injury, and/or threatened physical injury. Please rate **within the lifetime**.

Questions to Consider	Ratings	Anchor Definitions
<p><i>Does the individual repeat a cycle of physical violence they learned previously?</i></p> <p><i>Does the individual fear the use of physical force during routine conflict?</i></p> <p><i>Has the individual experience serious injury from physical abuse in their lifetime?</i></p>	0	There is no evidence that the individual has experienced physical abuse.
	1	The individual has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence
	2	The individual has experienced repeated physical abuse.
	3	The individual has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

**EMOTIONAL ABUSE** – This item refers to trauma experienced by the individuals as a result of emotional abuse. Emotional abuse includes: demeaning or derogatory remarks that effects the individual’s development of self and social competence, or threatening harm, rejecting, isolating, terrorizing, ignoring or corrupting the individual. *Please rate **within the lifetime**.*

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the individual struggle with self-worth due to a pattern of emotional abuse?</i>	0	There is no evidence that the individual has experienced emotional abuse.
	1	The individual has experienced mild emotional abuse.
<i>Has the individual failed to form healthy emotional relationships due to past emotional abuse?</i>	2	The individual has experienced emotional abuse over an extended period of time (at least one year).
	3	The individual has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

**NEGLECT** – This item refers to trauma experienced by the individuals as a result of neglect. Neglect refers to a lack of proper caregiver care by reason of the fault or habits of the caregiver. Neglect includes: failure of the caregiver to provide proper or necessary sustenance, education, medical care, and/or supervision.

*Please rate **within the lifetime**.*

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Has the individual experienced periods of time where their basic need for food, clothing or shelter was not provided?</i>	0	There is no evidence that the individual has experienced neglect.
	1	The individual has experienced mild neglect
<i>Has the individual had a medical or educational need that was not or has not been met?</i>	2	The individual has experienced neglect over an extended period of time (at least one year).
	3	The individual has experienced severe and chronic neglect over an extended period of time (at least one year).
<i>Does the individual have physical characteristics such as rotten teeth due to episodes of neglect that now affects the way the individual functions?</i>		

**MEDICAL TRAUMA** – This item refers to trauma experienced by the individuals as a result of medical trauma. Medical traumatic stress refers to a set of psychological and physiological responses of the individual related to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences. Please rate *within the lifetime*.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does the individual avoid needed medical treatment as a reaction to previous medical experiences?</i></p> <p><i>Has the individual ever been hospitalized for an extended period of time?</i></p>	0	There is no evidence that the individual has experienced any medical trauma.
	1	The individual has experienced mild medical trauma including minor surgery (e.g., stitches, bone setting).
	2	The individual has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
	3	The individual has experienced life threatening medical trauma.

**NATURAL OR MAN-MADE DISASTER** – This item refers to trauma experienced by the individuals as a result of a natural or man-made disaster. These disasters include: earthquakes, epidemics, fires, floods, hurricanes, tornados, tsunamis, car wrecks, or other major accidents, ect. Please rate *within the lifetime*.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Has the individual ever lost their home do to a disaster?</i></p> <p><i>Has the individual ever lost a loved one in a disaster?</i></p>	0	There is no evidence that the individual has experienced any disaster.
	1	The individual has been indirectly affected by disaster.
	2	The individual has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a person may observe a caregiver who has been injured in a car accident or fire or watch his neighbor’s house burn down. The individual may have lost a family member who served in the military overseas.
	3	The individual has been directly exposed to a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption to the individual due to the disaster. These events are having a negative impact on the individuals daily functioning.

**WITNESS TO COMMUNITY VIOLENCE (INCLUDING SCHOOL VIOLENCE)** – This item refers to trauma experienced by the individuals as a result witnessing community violence. This item rates any act of violence in the community in which the individual lives, school violence such as fights and bullying, and gang violence Please rate *within the lifetime*.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Has the individual experienced bullying, either to themselves or witnessed suicide of a peer caused by bullying?</i></p> <p><i>Is the community in which the individual lives a high crime area?</i></p>	0	There is no evidence that the individual has witnessed violence in the community or school.
	1	The individual has witnessed fighting or other forms of violence in the community or in school.
	2	The individual has witnessed the significant injury of others in their community or school.
	3	The individual has witnessed the death of another person in their community or school.

**WITNESS/VICTIM OF CRIMINAL ACTIVITY**— This item refers to trauma experienced by the individuals as a result of witnessing or being a victim of a single or multiple criminal acts. *Please rate within the lifetime.*

*If the perpetrator is an immediate caregiver this item rates a 2 or a 3.*

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Was the individual present at a time a crime was committed?</i></p> <p><i>Has the individual's caregivers committed a crime in their presence?</i></p> <p><i>Has the victimization caused the individual to be fearful and anxious in social settings?</i></p>	0	There is no evidence that the individual has been victimized or witness criminal activity.
	1	The individual is a witness of criminal activity where the individual is not familiar with the victim and/or there are no direct consequences to the individual or their family members
	2	The individual is a direct victim of criminal activity or witnessed the victimization of a family or friend and/or there are some consequences to the individual or their family members.
	3	The individual is a victim of criminal activity that was life threatening or caused significant physical harm or the individual witnessed the death of a loved one and/or there are severe consequences to the individual or their family members.

**WITNESS TO FAMILY VIOLENCE** – This item refers to trauma experienced by the individuals as a result of witnessing violence in the individual's family. Family violence includes any act that creates an atmosphere of intimidation and powerlessness in the home. Verbal arguing, physical harm, sexual harm between family members would rate here. *Please rate within the lifetime.*

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Has the individual witnessed a loved one be injured by another member of the family?</i></p> <p><i>Does the individual identify violence as their family's culture?</i></p>	0	There is no evidence that the individual has witnessed family violence.
	1	The individual has witnessed one episode of family violence.
	2	The individual has witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.
	3	The individual has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

**WAR/TERRORISM AFFECTED** – This item refers to trauma experienced by the individuals as a result of war or terrorism. This item includes direct contact with acts of war, such as being a refugee from a war torn nation, being a returning soldier from war and/or has been a victim of acts of foreign or domestic terrorism. Please rate *within the lifetime*.

Questions to Consider	Ratings	Anchor Definitions
<i>Has the individual relocated due to war, political or religious persecution in their native country?</i>	0	There is no evidence that the individual has been victimized or witness war or terrorism activity.
	1	The individual is a witness of significant war or terrorism activity.
	2	The individual is a direct victim of war or terrorism, or witnessed the victimization of a family or friend.
<i>Has the individual lost a loved one due to terroristic actions or war?</i>	3	The individual is a victim of war or terrorism that was life threatening or caused significant physical harm or the individual witnessed the death of a loved one.

**DISRUPTION IN CAREGIVER**– This item refers to trauma experienced by the individuals as a result of disruption in primary caregiver. Disruptions in caregiver includes: a sudden change in the individual’s primary caregiver(s) due to death, incarceration, DCFS removal, deployment, parental abandonment and etc.

Concerns related to attachment should be considered in this item. This item rates impact on life functioning due to the disruption in caregiver and is not necessarily based on the duration of the separation.

Please rate *within the lifetime*.

Questions to Consider	Ratings	Anchor Definitions
<i>Has the individual had multiple changes in primary caregiver that has affected their ability to bond?</i>	0	There is no evidence that the individual experienced a disruption in significant caregivers.
	1	The individual has spent time away from their primary caregivers but they show little to no negative effects of this time away.
<i>Are the individuals current relationships strained dues to fear and anxiety that the relationship may suddenly end?</i>	2	The individual had one significant disruption in primary caregiver such as a previous foster care placement or sudden abandonment. The individual is now more resistant to making new relationships.
	3	The individual has experienced two or more significant disruptions in caregiver, or has been diagnosed with an attachment disorder.
<i>Has the individual been diagnosed with an attachment disorder?</i>		

**GRIEF AND LOSS** – This item refers to trauma experienced by the individuals as a result of grief due to the loss of someone or something to which the individual formed a bond. This may include death, divorce, incarceration, termination of parental rights, and separation from siblings. Grief or Loss can be experienced from disruptions in social ties such as a change in schools or peer groups. Age and developmental level need to be taken into account. *Please rate **within the lifetime**.*

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is the individual currently grieving a person place or thing, such as a pet or previous school?</i>	0	There is no evidence that individual has experienced grief or separation from significant others or things.
	1	The individual is experiencing some level of grief that is appropriate to age, and developmental level due to the death or loss of a significant person or thing.. These symptoms do not have a significant impact on life functioning.
<i>Has the individual experienced a death of a loved one?</i>	2	The individual is experiencing a moderate level of grief due to death or loss of a significant person or thing in a manner that impacts life functioning. This could include frequent crying and withdrawal or isolation from others.
<i>Has the individual had to make major changes to their peer group to maintain sobriety or mental stability, but still has emotional connections to those relationships?</i>	3	The individual is experiencing significant grief reactions. The individual exhibits impaired functioning in daily living activities. These behaviors have lasted for a significant period of time following the loss or separation. These actions have resulted in possible loss of employment, social relationships and/or failure in school.

**OTHER'S RECOGNITION OF TRAUMA** – This item rates whether people in the individual's life recognize the presence of trauma symptoms and acknowledge the role that trauma has played in the individual's life.. *Please rate **within the lifetime**.*

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is the individual targeted at school or in the community due to traumatic experience</i>	0	The individual's support system is aware of the trauma and supportive of the individual coming forward with the description of their traumatic experience.
<i>Does the community accept the traumatic experience occurred and offer support for the individual?</i>	1	Majority of the individual's support system are aware of the trauma and supportive of the individual for coming forward. One or two individuals may be less supportive but the individual has the support they need.
<i>Does the parent blame the child, minimize, or fail to believe the traumatic experience occurred?</i>	2	Significant split among the individual's support system in terms of the reaction to the individual coming forward with the description of their traumatic experience. The individual's caregivers may be experiencing anxiety/depression/guilt regarding abuse.
<i>Is the individual made to feel guilt or shame for disclosing the traumatic experience?</i>	3	Significant lack of support or negative reaction from key members of the individual's support system for coming forward with the description of their traumatic experience. Significant relationship (e.g., parent, caregiving grandparent) is threatened.

# Child Risk Behaviors:

*When a child in the home is engaging in high risk behaviors it is a source of stress for the entire family, caregivers, siblings and extended family. Knowing what risky behaviors a child engages in assists treatment providers in helping the child and the family dynamic as a whole.*

**SUICIDE RISK** - This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This item rates overt and covert thoughts and efforts on the part of an individual to end his/ her life. Other indications of self-destructive behavior are rated elsewhere.

Since a history of suicidal ideation and gestures is a predictor of future suicide, any history of suicidal behavior or thoughts means a child or adolescent should at least receive a rating of '1.' A '0' is reserved for children and adolescents with no current suicidal thoughts, ideation or behavior, nor any history of such behavior. A '2' is used to describe a child or adolescent who has recently been suicidal, but who is not currently planning to kill him/herself. Thus, a youth who was thinking about suicide but was able to safety plan or seek help would be rated a '2.' A '3' is used to identify an individual who has either attempted suicide during the rating period, or who during this time has an active intention and plan to commit suicide.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Has the child ever talked about a wish or plan to die or to kill themselves?</i>	0	No evidence of suicide ideation.
	1	There is a history or suspicion of, but no recent ideation or gesture.
<i>Has the child ever tried to commit suicide?</i>	2	Recent ideation or gesture but not in past 24 hours.
	3	Current ideation and/or intent, or command hallucinations that involve self-harm.

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

Carving and cutting on the arms or legs would be common examples of self-mutilation behavior. Giving oneself tattoos also would be an example. Repeatedly piercing one’s skin is another example. Professional tattoos or body piercing would not be classified as self-mutilation.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Has the child ever talked about a wish or plan to hurt him/herself?</i>  <i>Does the child ever purposely hurt themselves (e.g. cutting)?</i>	0	No evidence of self-mutilating behavior.
	1	There is a history, suspicion or mild degree of self-mutilation.
	2	Engaged in self-mutilation that does not require medical attention.
	3	Engaged in self-mutilation that requires medical attention.

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

Evaluation of the child’s potential for self-harm is an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, cliff jumping, serious binge drinking etc). If the child frequently exhibits significantly poor judgment that has the potential to place him or her in danger, but has yet to actually place him- or herself in such a position, a rating of ‘1’ might be used to indicate the need for preventive action. To rate a ‘3,’ the child or adolescent must have placed him- or herself in significant physical jeopardy during the rating period.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Has the child ever talked about or acted in a way that might be dangerous for their safety (e.g. reckless behavior such riding on top of cars, reckless driving, climbing bridges, promiscuity)?</i>	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, suspicion or mild behavior (other than suicide or self-mutilation) that places child at risk of physical harm such as reckless and risk-taking behavior that may endanger the child.
	2	Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places him/her in danger of physical harm.
	3	Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places him/her at immediate risk of death.

**DANGER TO OTHERS** - This item rates the child or adolescent's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.

Reckless behavior that may cause physical harm to others is not rated on this item. Thus a '0' is used to indicate no history of and no current violent or aggressive behavior. A rating of '1' indicates a history of violence or aggression toward others, but no recent occurrence (as defined in the criteria of the tool used). A rating of '2' indicates recent, but not immediately occurring indications of violent or aggressive behavior toward others. A '3' is reserved for a youth who is acutely dangerous to others at the time of the rating (generally within the past 24 hours). **For example**, a boy who threatens his mother with a knife would be a '3' at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain a '3.' If on the other hand, he calms down and feels bad about his earlier threats, he would be reduced to a '2' and then a '1' with the passage of time, so long as no other violent behavior is observed or plans are stated.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Has the child ever injured someone on purpose?</i></p> <p><i>Does the child get into physical fights?</i></p> <p><i>Has the child ever threatened to kill or seriously injure another person?</i></p>	0	No evidence of behavior that could be dangerous to others.
	1	There is a history, suspicion of, or acts of aggressive or threatening behavior.
	2	Recent aggressive or threatening behavior: e.g. homicidal ideation, physically harmful aggression, or dangerous fire setting, but not within past 24 hours.
	3	Acute homicidal ideation with a plan, physically harmful aggression, command hallucinations that involve harm to others, or the child set a fire that placed others at significant risk of harm.

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

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Has the child ever played with matches, or intentionally set a fire? If so, what happened?</i></p> <p><i>Did the fire setting behavior destroy property or endanger the lives of others?</i></p>	0	No evidence of fire setting.
	1	There is a history or suspicion of fire setting but not within the past six months.
	2	Recent fire setting behavior (during the past six months) but not of the type that endangered the lives of others, or repeated fire-setting behavior over a period of at least two years, even if not within the past six months.
	3	Acute or immediate threat of fire setting (now or in the future) and/or has intentionally set fire that endangered the lives of others (e.g. attempting to burn down a house).

**SEXUAL AGGRESSION** - This item is intended to describe both aggressive sexual behavior and sexual behavior in which the child or adolescent takes advantage of a younger (chronologically or developmentally) or less powerful child. Behavior that is experimental in nature in which both parties participate (sexual reactivity) should not be classified as sexual aggression.

The severity and recentness of the behavior provide the information needed to rate this item. Recent sexually aggressive behavior at the level of molestation, penetration, or rape would lead to a rating of a '3.' Any behavior of this nature within the past year, but not in the last 30 days would result in a rating of '2.' Several situations could result in a rating of '1'; for example, a history of sexually aggressive behavior but not within the past year, or persistent harassment of others using sexual language would be rated as a '1.'

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Has the child ever been accused of being sexually aggressive with another child? What happened after that?</i></p> <p><i>Are there concerns that the child has engaged in grooming other children?</i></p>	0	No evidence of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent
	1	There is a history or suspicion of sexually aggressive behavior (but not within past year) and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public excessive masturbation.
	2	Child has engaged in sexually aggressive behavior within the past year but not in the past 30 days.
	3	Child has engaged in sexually aggressive behavior within the past 30 days.

**RUNAWAY** - This item describes the risk of running away, threats of running away, or actual runaway behavior.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Has the child ever run away from home, school or any other place?</i></p> <p><i>If so, where did they go?</i></p> <p><i>How long did they stay away?</i></p> <p><i>How was s/he found?</i></p> <p><i>Does s/he ever threaten to run away?</i></p>	0	No evidence of runaway ideation or behavior.
	1	There is a history or suspicion of running away from home, or other settings, involving at least one overnight absence more than 30 days ago.
	2	Recent runaway behavior or ideation but not within the past 7 days.
	3	Acute threat to run away, as manifest by either recent attempts or significant ideation about running away, or the child is currently a runaway.

**DELINQUENCY** - This item refers to criminal behavior (law breaking behavior and juvenile justice issues) for which the youth may or may not have been caught. If the youth has not been caught or formally charged, but child and family team members are aware of the behavior, it should be rated. Rating are not dependent on if a charge is filed. If the child has been criminally charged with something other than a status offense (an action prohibited to the youth due to their age, such as drinking, smoking, truancy, etc), the rating should be at least a '2'. Examples include: destruction of property, assault, and theft.

When rating delinquency for a child with criminal charges, consideration should be given to the type and severity of the delinquent act regardless of what it is plead down to. The following is a list of the classification of criminal charges in Utah from least severe to most severe: Class C misdemeanor, Class B misdemeanor, Class A misdemeanor, Third Degree Felony, Second Degree Felony, First Degree Felony, and Capital Felony. Consideration should also be given to the quantity of charges the youth has. For example, in terms of risk, a youth with multiple misdemeanor charges may be comparable to a youth with only one felony charge.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Do you know if the child has exhibited criminal behavior (even if they have not been charged or caught)?</i>	0	No evidence of delinquency.
<i>Has the child ever been arrested? Has the child been charged with a crime?</i>	1	There is a history or suspicion of delinquency, but no acts of delinquency within past 30 days. This may include status offenses such as smoking tickets, curfew violations, underage drinking, etc.
	2	Recent acts of delinquency.
	3	Severe recent acts of delinquency, which place others at risk of significant loss or injury, or place child at risk of adult sanctions.

**JUDGMENT / DECISION MAKING** - This item is intended to describe the youth's ability to make decisions.

If the child shows poor decision-making that places them or others at risk of physical harm, then a rating of '3' is indicated. For example, engagement in 'dare-devil' behavior would receive a rating of '3.' A rating of '2' indicates evidence of poor decision-making that can lead to functional impairment or problems with a child's development or well-being. A '1' is used either for a history of problems that haven't been fully resolved or concern about decision-making that might require monitoring or further assessment. For example, hanging out with a group of children who are shoplifting would represent this level of problem with judgment. A '0' is used to describe a youth with no known decision making problems within the context of normal development.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>How is the child's judgment and ability to make good decisions?</i>	0	No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.
<i>Does the child typically make good choices?</i>	1	There is a history or suspicion of problems with judgment in which the child makes decisions that are in some way harmful to their development and/or well-being.
<i>Do the child's choices ever result in harm to themselves or others?</i>	2	Problems with judgment in which the child makes decisions that are in some way harmful to their development and/or well-being.
	3	Problems with judgment that place the child at risk of significant physical harm.

**SANCTION SEEKING BEHAVIOR** - This item refers to instigating behaviors with the intention of being sanctioned by adults. This can be obnoxious behavior that force adults to sanction the child. These behaviors occur in such a way that the child or youth is intentionally seeking sanctions and negative attention, or acting out, or the behavior could also be seen as a cry for help. Behavior that is “sneaky” where the youth is trying to avoid getting caught is the opposite of sanction seeking behavior and would not be rated here.

Making comments to strangers would be rated as a ‘1.’ Cursing frequently and loudly in public would be rated a ‘2.’ Behavior such as acting out with suicidal gestures to get the attention of the parents or therapist would be rated a ‘3.’

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the child intentionally do or say things to upset parents or other adults?</i>	0	No evidence of problematic instigating behavior and/or child does not engage in behavior that forces adults to sanction him/her.
<i>Has the child sworn at adults or done other behavior that was insulting, rude or obnoxious in order to seek attention?</i>	1	There is a history, suspicion or mild level of problematic instigating behavior with the intention of being sanctioned. This might include occasional inappropriate behaviors that force adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.
<i>Does the child seem to purposely get in trouble by making parents or other adults angry with them?</i>	2	Moderate level of problematic instigating behavior with the intention of being sanctioned. This behavior causes problems in the child’s life. Child may be intentionally getting in trouble in school or at home.
	3	Severe level of problematic instigating behavior with the intention of being sanctioned. This level would be indicated by frequent serious instigating behavior that forces adults to seriously and/or repeatedly sanction the child. These behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion from school, removal from the community).

## Education:

*When a child is struggling in school it may be a symptom of other issues at home or it may be the cause of stress in the home.*

**SCHOOL BEHAVIOR** - This item rates the child's behavior in school and is rated independently from attendance.

Sometimes children are frequently truant, but when they are in school they behave appropriately. If a child's school placement is in jeopardy due to behavior, this would receive a rating of '3.'

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>How is the child behaving in school?</i>	0	No evidence of behavioral issues while in school and/or child is behaving well in school.
<i>Has he/she had any reported behavioral problems such as being a bully?</i>	1	Child is behaving adequately in school, although some behavior problems exist.
<i>Has the teacher or other school personnel called parents or caregivers to talk about child's behavior?</i>	2	Child is having moderate behavioral problems at school. Child is disruptive and may have received sanctions including suspensions.
	3	Child is having severe problems with behavior in school. Child is frequently disruptive or severely disruptive. School placement may be in jeopardy due to the child's behaviors.

**SCHOOL ACHIEVEMENT** - This item rates the child's grades or level of academic achievement.

A child having moderate problems with achievement and failing some subjects would receive a rating of '2.' A child failing most subjects or one who is more than one year behind their peers would receive a rating of '3.'

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>How is the child doing academically in school?</i>	0	No evidence of issues in school achievement and/or child is doing well in school.
<i>Is the child having difficulty with any subjects?</i>	1	Child is doing adequately in school although some problems with achievement exist.
<i>Is the child at risk of failing any classes? Of being left back?</i>	2	Child is having moderate problems with school achievement and may be failing some subjects.
<i>Has the teacher or other school personnel spoke to parents or caregivers about child's performance?</i>	3	Child is having severe achievement problems and has failed most subjects, or is more than one year behind same age peers in school achievement.

**SCHOOL ATTENDANCE** - This items rates issues of tardiness and/or truancy. Children refusing to attend school due to bullying and/or fear of harm should be rated a '2' here and also scored on the social functioning.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Has the child had any difficulty with getting to or staying in school?</i></p> <p><i>Has the teacher or other school personnel called parents or caregivers about child's attendance?</i></p> <p><i>Has the child had truancy issues that were referred to court?</i></p>	0	Child attends school regularly.
	1	Child has some problems attending school but generally goes to school. May miss up to one day per week on average, or may have had moderate to severe problem during the past six months, but has been attending school regularly during the past month.
	2	Child is having problems with school attendance and is missing at least two days each week on average.
	3	Child is generally truant, or refuses to go to school.

**LEARNING DISABILITY** - This item rates the limitations that impact academic learning.

A history or suspicion of, or evidence of mild learning disability would receive a rating of '1.' Learning disabilities would be rated as a '2' or '3' depending on their severity. These conditions require special educational strategies to ensure that the child is in an environment where he or she can learn.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<p><i>Does child have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information?</i></p> <p><i>Has the child ever been tested for or diagnosed with a learning disability?</i></p> <p><i>Are there concerns that child may have a learning disability?</i></p>	0	No evidence of learning disability.
	1	History, suspicion or mild learning disability.
	2	Moderate learning disability. Child is struggling to learn, and unless challenges are addressed learning will remain impaired.
	3	Severe learning disability. Child is currently unable to learn. Current challenges are preventing any learning.

# Child Behavioral/Emotional Needs:

*When a child is experiencing mental illness, the entire family needs to understand the illness, be supportive to the child and be supported in learning to appropriately meet the child's needs.*

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

Questions to Consider	Ratings	Anchor Definitions
<i>Has the child ever talked about hearing, seeing or feeling something that was not actually there?</i>	0	No evidence of psychotic symptoms.
<i>Has the child ever done strange or bizarre things that made no sense?</i>	1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
<i>Does the child have strange beliefs about things?</i>	2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
<i>Does child have thought disorder or a psychotic condition?</i>	3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder, which places the child or others at risk of physical harm.

### Supplemental Information

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

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is the child unable to sit still for any length of time?</i>	0	No evidence of symptoms of hyperactivity or impulse control.
<i>Does the child have trouble paying attention for more than a few minutes?</i>	1	There is a history, suspicion or some mild problems with impulsive, distracted or hyperactive behavior place the child at risk of future difficulty in functioning.
<i>Is the child able to control themselves?</i>	2	Clear evidence of problems with impulsive, distracted or hyperactive behavior that interferes with the child’s ability to function in at least one life domain.
<i>Does the child report feeling compelled to do something despite negative consequences?</i>	3	Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child at risk of physical harm.

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

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Do parents feel that the child is depressed or irritable?</i>	0	No evidence of problems with depression.
<i>Has the child withdrawn from normal activities?</i>	1	History, suspicion, or mild depression associated with a recent negative life event with minimal impact on life domain functioning.
<i>Does the child seem lonely or not interested in others?</i>	2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered with the child’s ability to function in at least one life domain.
	3	Clear evidence of depression that is disabling for the child in multiple life domains.

**Supplemental Information**

Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among children, particularly young children. The main difference between depression in children and adolescents and depression in adults is that among children and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression. **Major Depression** is characterized by the individual exhibiting multiple symptoms including depressed mood, significant diminished interest in daily activities, weight loss or gain, sleep difficulties, loss of energy, feeling worthless, indecisiveness, or recurrent thoughts of death during the same two-week period, as representing a change from that person’s prior emotional state.

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

A rating of ‘1’ is used to indicate a child or adolescent who has some problems with anxiety or worrying or may have had a single panic attack in the past six months. A rating of ‘2’ would indicate a child who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder. A rating of ‘3’ would indicate such a level of anxiety as to put the child at some physical risk.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the child have any problems with anxiety or fearfulness?</i>	0	No evidence of anxiety symptoms.
<i>Is the child avoiding normal activities out of fear?</i>	1	There is a history, suspicion, or mild anxiety associated with a recent negative life event.
<i>Does the child act frightened or afraid?</i>	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.
<i>Does the child worry a lot?</i>	3	Clear evidence of a debilitating level of anxiety that is disabling in multiple life domains.

**Supplemental Information**

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

**OPPOSITIONAL** - This item describes the child or adolescent’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 or youth. A rating of ‘1’ is used to indicate a problem that has started recently (within past six months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention. A rating of ‘2’ would be used to indicate a child or adolescent whose behavior is consistent with **Oppositional Defiant Disorder (ODD)**. A rating of ‘3’ should be used only for children and adolescents whose oppositional behavior put them at some physical peril.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Does the child follow her/his parents’ rules?</i>	0	No evidence of oppositional behaviors.
<i>Have teachers or other adult reported that child does not follow rules or directions?</i>	1	There is a history or mild level of defiance towards authority figures that has not yet begun to cause functional impairment
<i>Does the child argue with adults when they try to get her/him to do something?</i>	2	Clear evidence of oppositional and/or defiant behavior towards authority figures which is currently interfering with the child’s functioning in at least one life domain.
	3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

**Supplemental Information**

Criteria for **ODD** include the following displayed frequently and occurring regularly: loses temper, argues with adults, actively defies or refuses to comply with adults’ requests or rules, deliberately annoys people, blames others for his or her mistakes or misbehavior, touchy or easily annoyed by others, angry and resentful, or spiteful and vindictive.

**CONDUCT** - This item is used to describe the degree to which a child or adolescent engages in behavior that is consistent with the presence of a **Conduct Disorder**.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Is the child seen as dishonest?</i>	0	No evidence of serious violations of others or laws.
<i>How does the child handle telling the truth/lies?</i>	1	There is a history or suspicion of problems associated with antisocial behavior including but not limited to pathological lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals.
<i>Has the child been part of any criminal behavior?</i>	2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
<i>Has the child ever shown violent or threatening behavior towards others?</i>	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.

### Supplemental Information

Although the actual prevalence is not known, it is believed that Conduct Disorder occurs in 1% to 3% of children and adolescents. This is the disorder that is the childhood equivalent to **Antisocial Personality Disorder** in adults. For an adult to be diagnosed with Antisocial Personality Disorder, that person must have had a Conduct Disorder as a youth. However, most youth with Conduct Disorders do not grow up to be adults with Antisocial Personalities.

**Conduct Disorder** behaviors include aggression toward people and animals, destruction of property, deceitfulness or theft, or serious violations of rules/ laws.

**ANGER CONTROL** - This item describes the child and adolescent's ability to manage their emotions. It describes affect dysregulation.

Loss of control of emotions can be a symptom of trauma, head injury, stroke, and bipolar disorder among other conditions. A labile (free and uncontrolled) mood and / or extreme mood swings, even over fairly short periods of time have been observed.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>How does the child control their emotions?</i>	0	No evidence of any emotional control problems.
<i>Does the child get upset or frustrated easily?</i>	1	There is a history or suspicion of, or mild problems controlling emotions. Peers and family may be aware of and may attempt to avoid stimulating outbursts.
<i>Does the child overreact if someone criticizes or rejects them?</i>	2	Moderate emotional control problems. Child's labile mood and/or extreme mood swings have gotten him/her in significant trouble with peers, family and/or school. Others are likely quite aware of unstable emotions.
<i>Does the child seem to have dramatic mood swings?</i>	3	Severe emotional control problems. Child is unable to regulate their emotions. Others likely fear him/her.

### Supplemental Information

Problems with anger control are included in this category of emotional control. In the case of young people, this can sometimes be classified as **Intermittent Explosive Disorder**.

**SUBSTANCE USE** - This item rates the severity of the child’s substance use which includes alcohol, illegal drugs and inappropriate use of prescription medications.

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Has the youth used alcohol or any kind of drugs on more than an experimental basis?</i>	0	No evidence of substance use.
	1	There is a history or suspicion of, or mild use of substances.
<i>Do you suspect that the youth may have an alcohol or drug use problem?</i>	2	Clear evidence of substance abuse that interferes with functioning in any life domain.
<i>Has anyone reported that they think the youth might be using alcohol or drugs?</i>	3	Child is diagnosed with Substance Dependence.

**Supplemental Information**

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

# Developmental Needs:

(only complete for children over 5)

*It is crucial that any assessment or treatment takes into account the developmental level of the child they are working with.*

**COGNITIVE** – This item refers to the cognitive or intellectual functioning of the child. Cognitive functions include the child’s ability to comprehend ideas and involve aspects of perception, thinking, reasoning, remembering, awareness, and judgment. Cognitive functioning is most often measured through an IQ test. If the child does not have an identified IQ test score, please use available information in order to score the item, including input from child and family team members.

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

Questions to Consider	Ratings	Anchor Definitions
Does the child have an identified IQ score?	0	Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.
If there is no evidence, do team members have suspicions that the child has deficits in cognitive functioning?	1	Child has low IQ (70 to 85) or has identified learning challenges.
	2	Child has mild mental retardation. IQ is between 55 and 70.
	3	Child has moderate to profound mental retardation. IQ is less than 55.

**DEVELOPMENTAL** – This item rates whether the child has a suspected or diagnosed developmental delay or disorder. Developmental delays are life-long disabilities attributable to mental and/or physical impairments and can include both psychological and/or physical disorders. Developmental delays or disorders may affect a single area of development (specific developmental disorders) or several (pervasive developmental disorders). If the child does not have an identified diagnosis or assessment regarding their developmental ability, please use available information in order to score the item, including input from child and family team members regarding the developmental level of the child.

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

Questions to Consider	Ratings	Anchor Definitions
Does the child have a diagnosed developmental delay or disorder?	0	Child's development appears within normal range. There is no reason to believe that the child has any developmental problems.
Do child and family team members suspect that the child has a developmental delay?	1	Evidence of a mild developmental delay, may or may not be diagnosed.
	2	Evidence of or diagnosis of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome, or other significant developmental delay.
	3	Evidence of or diagnosis of a severe developmental disorder.

**COMMUNICATION** – this item refers to the child’s ability to communicate at an age and developmentally appropriate level. Communication is made up of two parts: receptive and expressive communication. Receptive communication refers to the way a listener receives & understands a message. Expressive communication refers to how one conveys a message by gesturing, speaking, writing, or signing and includes how much meaning is relayed by using specific body language or vocal inflection. If the child does not have an identified assessment regarding their communication ability, please use available information in order to score the item, including input from child and family team members regarding the child’s ability to communicate. Please rate the highest level from the **past 30 days**

<b>Questions to Consider</b>	<b>Ratings</b>	<b>Anchor Definitions</b>
<i>Have any team members noticed or mentioned concerns regarding the child’s ability to understand what they are being told?</i>	0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
<i>Have any problems been identified regarding the child’s ability to communicate their needs and desires?</i>	1	Child has receptive communication skills but limited expressive communication skills
	2	Child has both limited receptive and expressive communication skills.
	3	Child is unable to communicate.

## **Quick Reference Guide:**

<b>Bullying:</b>	Social Functioning (23), Education (29), Trauma (31), Community Violence (38) School Attendance (49).
<b>Coaching:</b>	Parent Caregiver Collaboration (7)
<b>Custody Dispute:</b>	Parent Caregiver Collaboration (7), Family Conflict Resolution (7)
<b>Dirty Home:</b>	Physical Home Environment (12), Mental Health (20)
<b>Destruction of Property:</b>	Child Risk Behaviors (28); Delinquency (46)
<b>Failure to Protect:</b>	Family Role Appropriateness (9)
<b>Gambling Addiction:</b>	Mental Health (20), Financial Resources (12)
<b>Gang Involvement (Caregiver):</b>	Cultural Consideration (10), Trauma (21), Community Violence (38) Witness to Criminal Activity (39)
<b>Gang Involvement (Child):</b>	Child Risk Behaviors (28), Trauma (31), Community Violence (38) Witness to Criminal Activity (39).
<b>Homelessness:</b>	Residential Stability (13)
<b>Hoarding:</b>	Physical Home Environment (12), Mental Health (20), Trauma (21)

<b>Hoarding Food (Child):</b>	Eating Disturbance (27), Behavioral/Emotional Need (30)
<b>LGBTQ Identity Issues:</b>	Sexual Development (26), Cultural Consideration (10), Identity (34)
<b>Nightmares (Caregiver):</b>	Mental Health (20), Trauma (21)
<b>Nightmares (Child):</b>	Sleep (26), Behavioral Emotional Needs (30), Trauma (31)
<b>Organization (Caregiver):</b>	Investment in Services (16), Mental Health (20), Developmental (21)
<b>Parentified Child:</b>	Family Role Appropriateness (9)
<b>Polygamy:</b>	Complex Family Systems (8), Cultural Consideration (10); Cultural Stress (35)
<b>Pornography Addiction:</b>	Mental Health (20)
<b>Prostitution:</b>	Sexual Development (26)
<b>Sexually Acting Out:</b>	Sexual Development (26)
<b>Sexual Exploitation (Caregiver):</b>	Trauma (21), Sexual Abuse (36)
<b>Sexual Exploitation (Child):</b>	Trauma (31), Sexual Abuse (36)
<b>Sexual Perpetration:</b>	Child Risk Behavior (28), Sexual Aggression (45)

**Sexual Reactivity:** Sexual Development (26)

**Sibling Conflict:** Family Conflict Resolution (7)

**Targeted Child:** Family Conflict Resolution (7)

**Under aged Drinking (17-under):** Behavioral/Emotional Needs (30), Substance Use (54)

**Under aged Drinking (18-20):** Substance Use (20)