Indiana
Adult Needs & Strengths Assessment
Ages 18+

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2023
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Adult Needs and Strengths Assessment. This information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The ANSA is an open domain tool for use in multiple individual-serving systems that address the needs and strengths of individuals, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

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

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INTRODUCTION

THE ADULT NEEDS AND STRENGTHS ASSESSMENT (ANSA)

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

Six Key Principles of the ANSA

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.

2. **Each item uses a 4-level rating system designed to translate immediately into action levels.** Different action levels exist for needs and strengths. For a description of these action levels please see below.

3. **Rating should describe the individual, not the individual in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e. '2' or '3').

4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual's developmental and/or chronological age depending on the item.

5. **The ratings are generally "agnostic as to etiology."** In other words, this is a descriptive tool; it is about the "what" not the "why." While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the "why" is considered in rating these items.

6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the individual's present circumstances.** The ANSA is a communication tool and a measure of an individual's story. The 30-day timeframe should be considered in terms of whether an item is a need within the time frame within which the specific behavior may or may not have occurred. The action levels assist in understanding whether a need is currently relevant even when no specific behavior has occurred during the time frame.

HISTORY AND BACKGROUND OF THE ANSA

The Adult Needs and Strengths Assessment is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to

allow for the monitoring of outcomes of services. The ANSA was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

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

The ANSA is made of domains that focus on various areas in an individual's life, and each domain is made up of a group of specific items. There are domains that address how the individual functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family's beliefs and preferences, and about general family concerns that can be rated if relevant. The provider gives a number rating to each of these items. These ratings help the provider, individual and family understand where intensive or immediate action is most needed, and also where an individual has assets that could be a major part of the treatment or service plan.

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

History

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

The ANSA assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the individual and the parent/caregiver, looking primarily at the 30-day period prior to completion of the ANSA. It is a tool developed with the primary objective of supporting decision making at all levels of care: individuals and families, programs and agencies, individual serving systems. It provides for a structured communication and critical thinking about the individual and

their context. The ANSA is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual's progress. It can also be used as a communication tool that provides a common language for all individual-serving entities to discuss the individual's needs and strengths. A review of the case record in light of the ANSA assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

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

Measurement Properties

The ANSA was the first communimetric measure developed that now represent the suite of TCOM tools used for decision support, quality improvement and outcomes monitoring.   Originally called the Severity of Psychiatric Illness (SPI) and the Acuity of Psychiatric Illness (API), these tools were originally conceived for use in adult acute psychiatric services.   A body of research was developed that demonstrated that the SPI was a valid decision support for psychiatric hospitalization decision making (Lyons, Stutesman, Neme, Vessey, O'Mahoney, & Camper, 1997; George, Durbin, Sheldon, & Goering, 2002; Mulder, Koopman, & Lyons, 2005; Marten-Santos, et al., 2006) and in combination these tools could provide important information on the quality and outcomes of care in acute settings (Lyons, O'Mahoney, Miller, Neme, Kabot, & Miller, 1997; Lansing, Lyons, Martens, O'Mahoney, Miller, & Obolsky, 1997; Goodwin & Lyons, 2001; Foster, Lefauve, Kresky-Wolff, & Rickards, 2009). The individual items of the SPI were shown to have concurrent validity with more traditional psychometric measures of similar constructs (Lyons, Colletta, Devens, & Finkel, 1995).

The SPI and API evolved into the ANSA when strengths were added (Anderson & Lyons, 2001). While the strength movement was initiated within the child serving system, there is good reason to believe that strengths are equally important across the life span.   This may be particularly true for young people transitioning to adulthood (Cappelli, et al., 2014).   The vast majority of people with serious mental illness live full lives in the community without significant interaction with the public or private mental health system and there are reasons to believe that this functional capacity is related to the presence of strengths.   Much like with any chronic disease, it is how the individual learns to live with it that is the true outcome, not if it can be cured. Building and sustaining strengths for people with serious mental illness is likely an important outcome priority of the public health system.

Research has demonstrated that the individual item structure of the ANSA is valid and reliable (Lyons, et al., 1995; Anderson & Lewis, 2000; Nelson & Johnston, 2008).

In sum, there is solid evidence from multiple, independent research groups in the United States and Europe, along with ongoing field experience, that the ANSA is a reliable and valid clinical and functional assessment for adults with mental health and developmental challenges.

RATING NEEDS & STRENGTHS

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

★ Basic core items – grouped by domain - are rated for all individuals.

★ In some versions, a rating of 1, 2 or 3 on key core questions triggers extension modules and individual assessment module questions provide additional information in a specific area.

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

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, it should be used only in the rare instances where an item does not apply to that particular individual. To complete the ANSA, an ANSA trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each item and then record the appropriate rating on the ANSA form (or electronic record).

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

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

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

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

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

HOW IS THE ANSA USED?

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

It is an Assessment Strategy

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

It Guides Care and Treatment/Service Planning

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

It Facilitates Outcomes Measurement

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

It is a Communication Tool

When a client leaves a treatment program, a closing ANSA may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing ANSA, much like a discharge summary integrated with ANSA ratings, provides a picture of how much progress has been made, and allows for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our client and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the ANSA and guide you in filling it out in an accurate way that helps you make good clinical decisions.

ANSA: A STRATEGY FOR CHANGE

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

It is a good idea to know the ANSA and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the individual and family (if relevant). This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The ANSA domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life

Functioning or Behavioral/Emotional Needs, Risk Behaviors or Individual Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

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

Making the Best Use of the ANSA

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

Listening Using the ANSA

Listening is the most important skill that you bring to working with the ANSA. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes," "and"—things that encourage people to continue.

★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking "if I were this person, I would do X" or "that's just like my situation, and I did X." But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you

summarize information correctly. All of this demonstrates to the individual that you are with them.

★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "does that make sense to you"? Or "do you need me to explain that in another way?"

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

Redirect the Conversation to One's Own Feelings and Observations

Often, people will make comments about other people's observations such as "well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "So your mother feels that when he does X, that is obnoxious. What do YOU think?"

Acknowledge Feelings

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

Wrapping it Up

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

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a "total picture" of the individual and family, and offer them the opportunity to change any ratings. Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

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

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ANSA BASIC STRUCTURE

CORE ITEMS

The Indiana Adult Needs and Strengths Assessment items are noted below.

Life Functioning Domain
Medical/Physical
Family Functioning
Employment Functioning
Social Functioning
Recreational
Developmental/Intellectual
Sexuality
Independent Living Skills
Residential Stability
Legal
Sleep
Self-Care
Decision Making
Involvement in Recovery
Transportation
Medication Involvement
Parental/Caregiving Role

Strengths Domain
Family Strengths
Social Connectedness
Optimism
Talents and Interests
Educational/Vocational Setting
Volunteering
Job History
Spiritual/Religious
Community Connection
Cultural Identity
Natural Supports
Resilience

Cultural Factors Domain
Language
Traditions and Cultural Rituals
Cultural Stress

Behavioral/Emotional Needs Domain
Psychosis
Impulse Control
Depression
Anxiety
Interpersonal Problems
Antisocial Behavior
Adjustment to Trauma
Anger Control
Substance Use
Eating Disturbances

Risk Behaviors Domain
Suicide Risk
Danger to Others
Non-Suicidal Self-Injurious Behavior
Other Self-Harm (Recklessness)
Victimization/Exploitation
Gambling
Addictive Behaviors
Sexual Aggression
Criminal Behavior

LIFE FUNCTIONING DOMAIN

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

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

> For the **Life Functioning Domain,** use the following categories and action levels:
>
> 0   No evidence of any needs; no need for action.
>
> 1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
>
> 2   Action is required to ensure that the identified need is addressed; need is interfering with functioning.
>
> 3   Need is dangerous or disabling; requires immediate and/or intensive action.

MEDICAL/PHYSICAL
This item includes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider:
- Does the individual have anything that limits their physical activities?
- How much does this interfere with the individual's life?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
   No evidence that the individual has any medical or physical problems, and/or they are healthy.

---

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
   Individual has mild, transient, or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma. [continues]

MEDICAL/PHYSICAL continued

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual has *serious* medical or physical problems that require medical treatment or intervention. Or individual has a *chronic* illness or a physical challenge that requires *ongoing* medical intervention.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual has *life-threatening* illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to individual's safety, health, and/or development.

FAMILY FUNCTIONING

This item evaluates and rates the individual's relationships with those who are in their family: spouse/partner, children and other family members. It is recommended that the description of family should come from the individual's perspective (i.e., who the individual describes as family). In the absence of this information, consider biological and adoptive relatives and significant others with whom the individual is still in contact. When rating this item, take into account the relationship the individual has with their family as well as the relationship of the family as a whole.

Questions to Consider:

- How does the individual get along with the family?
- Are there problems/conflicts between family members?
- Has there ever been any violence in the family?
- What is the relationship like between the individual and their family?

Ratings and Descriptions

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

   No evidence of problems in relationships with spouse/partner, children and/or other family members, and/or individual is doing well in relationships with family members.

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

   History or suspicion of problems, and/or individual is doing adequately in relationships with spouse/partner, children and/or other family members, although some problems may exist. For example, some family members may have problems in their relationships with the individual. Arguing may be common but does not result in major problems.

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

   Individual is having problems with spouse/partner, children and/or other family members that are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

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

   Individual is having severe problems with spouse/partner, children and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

Supplemental Information: Family Functioning should be rated independently of the problems the individual experienced or stimulated by the individual currently being assessed.

EMPLOYMENT FUNCTIONING

If the individual is working, this item describes their functioning in a job setting. This can include issues of behavior, attendance or productivity.

Questions to Consider:
- Is the individual able to meet expectations at work?
- Do they have regular conflict at work?
- Are they timely and able to complete responsibilities?

Ratings and Descriptions

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

No evidence of any problems in work environment. Individual is excelling in a job environment.

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

Individual has a history of problems with work functioning, or individual may have some problems in the work environment that are not interfering with work functioning or other functional areas. The individual is functioning adequately in a job environment. An individual that is not currently working, but is motivated and is actively seeking work, could be rated here.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Some problems at work including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with their work performance. OR although not working, the individual seems interested in doing so, but may have problems with developing vocational or prevocational skills.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual has problems at work in terms of attendance, performance, or relationships. Individual may have recently lost a job. Work problems are placing the individual or others in danger including aggressive behavior toward peers or superiors or severe attendance problems are evidenced. Individual may be recently fired or at very high risk of firing (e.g., on notice). OR the individual has a long history of unemployment.

NA   Individual is a homemaker, student or retired.

SOCIAL FUNCTIONING

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

Questions to Consider:

- Currently, how well does the individual get along with others?
- Has there been an increase in conflicts with others?
- Do they have unhealthy relationships?
- Does the individual tend to change friends frequently?

Ratings and Descriptions

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

No evidence of problems and/or individual has age-appropriate social functioning.

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

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

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

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

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

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

RECREATIONAL
This item is intended to reflect the individual's access to and use of leisure time activities.

Questions to Consider:
- What does the individual do in their leisure time?
- Does the individual engage in healthy activities during their leisure time?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
     Individual has and enjoys positive recreational activities on an ongoing basis.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
     Individual is doing adequately with recreational activities although some problems may exist.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
     Individual is having moderate problems with recreational activities. Individual may experience some problems with effective use of leisure time.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
     Individual has no access to or interest in recreational activities. Individual has significant difficulties making positive use of leisure time.

DEVELOPMENTAL/INTELLECTUAL

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

Questions to Consider:
- Does the individual have any developmental or intellectual challenges?
- Has the individual been screened for any developmental problems?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of developmental delay and/or individual has no developmental problems or intellectual disability.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There are concerns about possible developmental delay. Individual may have low IQ, a documented delay, or documented borderline intellectual disability (i.e., FSIQ 70-85). Mild deficits in adaptive functioning are indicated.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior) causing functional problems in one or more settings and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

Supplemental Information: All developmental disabilities occur on a continuum; an individual with Autism Spectrum Disorder may be designated a '0', '1', '2', or '3' depending on the significance of the disability and the impairment. Learning disability is not rated in this item. An individual with suspected low IQ or developmental delays and who has not been previously diagnosed and/or assessed would be rated here and a referral for assessment would be recommended.

SEXUALITY

This item looks at broad issues of sexuality including sexual behavior or sexual concerns, and the reactions of others to any of these factors. The individual's sexual orientation, gender identity and expression (SOGIE) could be rated here <u>only</u> if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Questions to Consider:
- Are there concerns about the individual's sexual development?
- Is the individual sexually active?

Ratings and Descriptions

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

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

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

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
    Problems with sexuality that interfere with the individual's life functioning in other life domains. Multiple partners with limited relationships or high-risk sexual behavior is rated here.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
    Problems with sexuality place individual at risk of physical or emotional harm. This would include very frequent risky sexual behavior or victim of sexual exploitation.

INDEPENDENT LIVING SKILLS

This item focuses on the presence or absence of short- or long-term risks associated with impairments in independent living abilities.

Questions to Consider:
- Does the individual have impairments that impact their ability to live independently?
- What are some skills that the individual still needs to build?

Ratings and Descriptions

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

Individual is fully capable of independent living. No evidence of any deficits or barriers that could impede the development of skills to maintain one's own home.

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

This level indicates an individual with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems are generally addressable with training or supervision.

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

This level indicates an individual with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing self when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.

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

This level indicates an individual with profound impairment of independent living skills. This individual would be expected to be unable to live independently given current status. Problems require a structured living environment.

RESIDENTIAL STABILITY

This item is used to rate the individual's current and likely future housing circumstances. If the individual lives independently, their history of residential stability can be rated.

Questions to Consider:
- Does the individual have a stable living situation?
- Where is the individual living?

Ratings and Descriptions

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

There is no evidence of residential instability. The individual has stable housing for the foreseeable future.

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

The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, some concern regarding residential instability if living independently, characterized by the potential loss of housing due to the individual's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
The individual has moved multiple times in the past year. This level also includes a moderate degree of residential instability if the individual is living independently, characterized by recent and temporary lack of permanent housing.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
The individual has experienced periods of homelessness in the past six months. This level also includes a significant degree of residential instability if the individual is living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

LEGAL

This item indicates the individual's level of involvement with the justice system.

Questions to Consider:

- Has the individual ever admitted that they have broken the law?
- Has the individual ever been arrested?
- Has the individual ever been incarcerated?

Ratings and Descriptions

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

Individual has no known legal difficulties or involvement with the legal system.

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

Individual has a history of legal problems but currently is not involved with the legal system, or there is immediate risk of involvement with the legal system.

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

Individual has some legal problems and is currently involved in the legal system due to moderate delinquent or criminal behaviors.

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

Individual has serious current or pending legal difficulties that place them at risk for incarceration.

SLEEP

This item rates the individual's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much.

Questions to Consider:
- Does the individual appear rested?
- Are they often sleepy during the day?
- Do they have frequent nightmares or difficulty sleeping?
- How many hours does the individual sleep each night?

Ratings and Descriptions

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

No evidence of problems with sleep. Individual gets a full night's sleep each night and feels rested.

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

Individual has some problems sleeping. Generally, individual gets a full night's sleep but at least once a week problems arise. This may include occasionally having difficulties falling asleep or awakening early or in the middle of the night. Sleep is not restful for the individual.

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

Individual is having problems with sleep. Sleep is often disrupted, and individual seldom obtains a full night of sleep and doesn't feel rested. Difficulties in sleep are interfering with their functioning in at least one area of their life.

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

Individual is generally sleep deprived. Sleeping is almost always difficult, and the individual is not able to get a full night's sleep and does not feel rested. Individual's sleep deprivation is dangerous and places them at risk.

SELF-CARE

This item aims to describe the individual's ability and motivation to engage in developmentally-appropriate self-care tasks such as bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.

Questions to Consider:

- Is the individual able to care for themselves?

- Does the individual groom on a regular basis?

- Does the individual bathe appropriately?

Ratings and Descriptions

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

There is no evidence of self-care impairments. This is characterized by the ability to independently complete all activities of daily living such as bathing, grooming, dressing.

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

A degree of impairment with self-care is indicated. This is characterized by self-care difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well-being.

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

Impairment in self-care is characterized by an extreme disruption in one self-care skill or moderate disruption in more than one self-care skill. Self-care does not represent an immediate threat to the person's safety but has the potential for creating significant long-term problems if not addressed.

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

Impairment in self-care is evidenced by extreme disruptions in multiple self-care skills. Self-care abilities are sufficiently impaired that they represent an immediate threat to themself and requires 24-hour supervision.

DECISION MAKING

This item describes the individual's decision-making process and understanding of choices and consequences. This item should reflect the degree to which an individual can focus on issues, think through decisions, anticipate consequences of decisions, and follow through on decisions.

Questions to Consider:
- How is the individual's decision-making process and ability to make good decisions?
- Does the individual typically make good choices?

Ratings and Descriptions

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

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

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

There is a history or suspicion of problems with decision making in which the individual makes decisions that are in some way harmful to their development and/or well-being. Individual may have some challenges with thinking through problems or concentrating.

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

Problems with judgment in which the individual makes decisions that are in some way harmful to their development and/or well-being. Individual may be struggling with thinking through problems, anticipating consequences or concentrating that results in impairment in their functioning.

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

Individual makes decisions that would likely result in significant physical harm to self or others, or individual is unable to make decisions.

INVOLVEMENT IN RECOVERY

This item focuses on the level of the individual's active participation in treatment and self-management of behavioral health needs.

Questions to Consider:
- Does the individual participate in their treatment?

Ratings and Descriptions

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

   Individual is fully involved in their recovery. They have identified treatment choices and fully participate.

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

   Individual is generally involved in their recovery. They participate in treatment but do not actively exercise choice.

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

   Individual is marginally involved in their recovery. They are minimally involved in treatment.

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

   Individual is uninvolved in their recovery. They are currently not making efforts to address needs.

TRANSPORTATION

This item is used to rate the level of transportation required to ensure that the individual could effectively participate in their own treatment and in other life activities. Only unmet transportation needs should be rated here.

Questions to Consider:

- Does the individual have daily transportation needs?
- Does the individual have a personal vehicle?
- Can the individual independently navigate a public transit system?

Ratings and Descriptions

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

Individual has no unmet transportation needs.

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

Individual has occasional unmet transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support, for example, assistance with bus routes or provision of a bus card.

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2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily) that do not require a special vehicle but access to transportation is difficult.

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3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual requires frequent (e.g., daily) transportation in a special vehicle or is completely reliant on others for transportation.

MEDICATION INVOLVEMENT
This item focuses on the level of the individual's willingness and participation in taking prescribed medications.

Questions to Consider:
- Is the individual prescribed medication?
- Is the individual prescribed psychotropic medication?
- Has the individual ever had trouble remembering to take medication?
- Has the individual ever refused to take prescribed medication?
- Has the individual ever overused medication to get "high" or as an attempt to harm themselves?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
    This level indicates an individual who takes any prescribed medications as prescribed and without reminders, or an individual who is not currently on any prescribed medication.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
    This level indicates an individual who usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); they may benefit from reminders and checks to consistently take medications.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
    This level indicates an individual who takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; they may benefit from direct supervision of medication.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
    This level indicates an individual who has refused to take prescribed medications for the management of underlying medical conditions and their underlying medication conditions are not well controlled. An individual may also misuse their medication to a significant degree (i.e., overdosing or over-using medications to a dangerous degree).

PARENTAL/CAREGIVING ROLE

This item is intended to rate the individual in any parenting or caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

Questions to Consider:

- Does the individual have children or care for an elderly parent?
- Is the individual pregnant?
- Does the individual have trouble caring for children or parents?
- Are parenting responsibilities keeping the individual from going to school or work?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
    The individual has a parenting/caregiving role and they are functioning appropriately in that role.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
    The individual has responsibilities as a parent/caregiver but occasionally experiences difficulties with this role.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
    The individual has responsibilities as a parent/caregiver and either the individual is struggling with these responsibilities or these issues are currently interfering with the individual's functioning in other life domains.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
    The individual has responsibilities as a parent/caregiver and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function in other life domains.

NA   Individual is not a caregiver/parent.

STRENGTHS DOMAIN

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

NOTE: When you have no information/evidence about a strength in this area, use a rating of '3.'

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

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

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

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

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

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

FAMILY STRENGTHS

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

Questions to Consider:
- Does the individual have good relationships with any family member?
- Is there potential to develop positive family relationships?
- Is there a family member that the individual can go to in time of need for support? That can advocate for the individual? [continues]

FAMILY STRENGTHS continued

Ratings and Descriptions

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

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

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

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

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

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

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

Family needs significant assistance in developing relationships and communications, or individual has no identified family. Individual is not included in normal family activities.

SOCIAL CONNECTEDNESS

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

Questions to Consider:
- Does the individual have the trait ability to make friends?
- Does the individual have relationships that are mutual and healthy?

Ratings and Descriptions

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

Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships.

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

Individual has good interpersonal skills and has shown the ability to develop healthy friendships.

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

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

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

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

OPTIMISM

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

Questions to Consider:
- Does the individual have a generally positive outlook on things; have things to look forward to?
- How does the individual see themselves in the future?
- Is the individual forward looking/sees themselves as likely to be successful?

Ratings and Descriptions

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

Individual has a strong and stable optimistic outlook for their future.

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

Individual is generally optimistic about their future.

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

Individual has difficulty maintaining a positive view of themselves and their life. Individual's outlook may vary from overly optimistic to overly pessimistic.

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

There is no evidence of optimism at this time and/or individual has difficulties seeing positive aspects about themselves or their future.

TALENTS AND INTERESTS

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

Questions to Consider:
- What does the individual do with free time?
- What does the individual enjoy doing?
- Is the individual engaged in any pro-social activities?
- What are the things that the individual does particularly well?

Ratings and Descriptions

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

Individual has a talent that provides pleasure and/or self-esteem. An individual with significant creative/artistic/athletic strengths would be rated here.

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

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

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

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

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

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

EDUCATIONAL/VOCATIONAL SETTING

This item is used to evaluate the nature of the school or vocational program's relationship with the individual and family, as well as the level of support the individual receives from the school setting. Rate according to how much the educational setting is an effective partner in promoting the individual's functioning and addressing the individual's needs in school/vocational program.

Questions to Consider:

- Is the training program or school an active partner in the individual's education?
- Does the individual like the school or training program?
- Has there been at least one year in which the individual did well in school or in the program?
- When has the individual been at their best in the training program or school?

Ratings and Descriptions

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

The educational/vocational setting works closely with the individual to identify and successfully address the individual's educational needs, OR individual is in school or a training program and is involved with an educational plan or work environment that appears to exceed expectations.

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

Educational/vocational setting works with the individual to address the individual's educational needs OR the individual likes school/vocational program.

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

The educational/vocational setting is currently unable to adequately address the individual's academic or behavioral support needs.

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

There is no evidence of the educational/vocational setting working to identify or successfully address the individual's needs at this time, and/or it is unable and/or unwilling to work to identify and address the individual's needs, or there is no educational/vocational setting to partner with at this time.

VOLUNTEERING

This item describes the degree to which an individual is involved in volunteer activities that give back to the community.

Questions to Consider:
- Does the individual volunteer?
- Do they find value or purpose in giving back to the community?

Ratings and Descriptions

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

Individual understands the importance of giving back to others and actively seeks out and engages in volunteer activities on a regular basis (e.g., at least once a month).

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

Individual understands the importance of giving back to others, but does not actively seek out volunteer activities. The individual may engage in volunteer activities sporadically (e.g., once or twice per year).

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

Individual is starting to understand the importance of giving back to others. The individual has never engaged in any volunteer activities.

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

There is no evidence of individual's involvement in volunteer activities, or individual is not interested in pursuing volunteer activities at this time.

JOB HISTORY

This item describes the individual's experience with paid employment.

Questions to Consider:

- Does the individual have any job history?
- Is the job history positive?
- Is the job history relevant?

Ratings and Descriptions

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

Individual has significant job history with positive outcomes.   Individual is currently employed as a valued employee.

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

Individual has held jobs for a reasonable period of time and has former employers willing to recommend them for future employment.

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

Individual has some work history.

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

Individual has no work history.

SPIRITUAL/RELIGIOUS

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

Questions to Consider:
- Does the individual have spiritual beliefs that provide them comfort?
- Is the individual involved in any religious community? Is their family?
- Is the individual engaged in any pro-social activities?
- Is the individual interested in exploring any spirituality or religious practice?

Ratings and Descriptions

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

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

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

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

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

Individual has expressed some interest in spiritual or religious belief and practices.

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

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

COMMUNITY CONNECTION

This item reflects the individual's connection to people, places, or institutions in their community. This connection is measured by the degree to which the individual is involved with institutions of that community which might include (but are not limited to) community centers, religious or other groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the individual live in the same neighborhood.

Questions to Consider:
- Does the individual feel like they are part of a community?
- Are there activities that the individual does in the community?

Ratings and Descriptions

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

Individual is well integrated into their community. The individual is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.

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

Individual is somewhat involved with their community. This level can also indicate an individual with significant community ties although they may be relatively short term.

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

Individual has an identified community but has only limited, or unhealthy, ties to that community.

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

There is no evidence of an identified community of which individual is currently a member.

CULTURAL IDENTITY

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

Questions to Consider:
- Does the individual identify with any racial/ethnic/cultural group?
- Does the individual find this group a source of support?

Ratings and Descriptions

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

The individual has defined a cultural identity and is connected to others who support their cultural identity.

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

The individual is developing a cultural identity and is seeking others to support their cultural identity.

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

The individual is searching for a cultural identity and has not connected with others.

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

The individual does not express a cultural identity.

NATURAL SUPPORTS

This item refers to unpaid helpers in the individual's natural environment. These include individuals who provide social support to the individual and family. All family members and paid caregivers are excluded.

Questions to Consider:
- Who does the individual consider to be a support?
- Does the individual have non-family members in their life that are positive influences?

Ratings and Descriptions

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

Individual has significant natural supports that contribute to helping support their healthy development.

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

Individual has identified natural supports that provide some assistance in supporting their healthy development.

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

Individual has some identified natural supports; however, these supports are not actively contributing to their healthy development.

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

Individual has no known natural supports (outside of family and paid caregivers).

RESILIENCE

This item refers to the individual's ability to recognize their internal strengths and use them in managing daily life.

Questions to Consider:

- What does the individual do well?

- Is the individual able to recognize their skills as strengths?

- Is the individual able to use their strengths to problem solve and address difficulties or challenges?

Ratings and Descriptions

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

Individual can both identify and use strengths to better themselves and successfully manage difficult challenges.

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

Individual can identify most of their strengths and is able to partially utilize them.

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

Individual can identify strengths but is not able to utilize them effectively.

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

Individual is not yet able to identify personal strengths.

CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, find therapist who speaks family's primary language, and/or ensure that an individual in an out-of-home setting can participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that individuals may experience or encounter because of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

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

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

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

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

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

LANGUAGE

This item looks at whether the individual needs help with communication to obtain the necessary resources, supports and accommodations (e.g., translator). This item includes spoken, written and sign language as well as issues of literacy.

Questions to Consider:
- What language does the individual speak at home?
- Is there an individual interpreting for the individual in situations that may compromise the individual's care?
- Does the individual have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?

Ratings and Descriptions

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

   No evidence that there is a need or preference for an interpreter and/or the individual speaks and reads the primary language where they live.

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

   Individual speaks or read the primary language where they live, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

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

   Individual does not speak the primary language where they live. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.

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

   Translator or individual's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

TRADITIONS AND CULTURAL RITUALS

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

Questions to Consider:
- What holidays does the individual celebrate?
- What traditions are important to the individual?
- Does the individual fear discrimination for practicing their traditions and rituals?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
    The individual is consistently able to practice traditions and rituals consistent with their cultural identity.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
    The individual is generally able to practice traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
    The individual experiences significant barriers and is sometimes prevented from practicing traditions and rituals consistent with their cultural identity.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
    The individual is unable to practice traditions and rituals consistent with their cultural identity.

CULTURAL STRESS

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

Questions to Consider:
- Has the individual experienced any problems with the reaction of others to their cultural identity?
- Has the individual experienced discrimination?

Ratings and Descriptions

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

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

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

Some occasional stress resulting from friction between the individual's cultural identify and their current environment or living situation.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
The individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. The individual needs support to learn how to manage culture stress.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
The individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. The individual needs immediate plan to reduce culture stress.

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

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

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

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

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

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

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

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

PSYCHOSIS (THOUGHT DISTURBANCE)

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

Questions to Consider:
• Does the individual exhibit behaviors that are unusual or difficult to understand?
• Does the individual engage in certain actions repeatedly?
• Are the unusual behaviors or repeated actions interfering with the individual's functioning?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
    No evidence of psychotic symptoms. Thought processes and content are within normal range. [continues]

PSYCHOSIS (THOUGHT DISTURBANCE) continued

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

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

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

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

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

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

IMPULSE CONTROL

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Disruptive and Impulse-Control Disorders as indicated in the DSM.

Questions to Consider:
- Does the individual's impulsivity put them at risk?
- How has the individual's impulsivity impacted their life?
- Is the individual able to control themselves?
- Does the individual report feeling compelled to do something despite negative consequences?

Ratings and Descriptions

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

   No evidence of symptoms of loss of control of behavior.

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

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

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
   Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual's functioning in at least one life domain. This indicates an individual with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, employers, etc.). An individual who often intrudes on others and often exhibits aggressive impulses would be rated here.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
   Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the individual at risk of physical harm. This indicates an individual with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The individual may be impulsive on a nearly continuous basis. The individual endangers themselves or others without thinking.

Supplemental Information: Individuals with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), and sexual behavior, fire-starting or stealing.

DEPRESSION

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

Questions to Consider:
- Is individual concerned about possible depression or chronic low mood and irritability?
- Has the individual withdrawn from normal activities?
- Does the individual seem lonely or not interested in others?

Ratings and Descriptions

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

     No evidence of problems with depression.

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

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

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
     Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in individual's ability to function in at least one life domain.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
     Clear evidence of disabling level of depression that makes it virtually impossible for the individual to function in any life domain. This rating is given to an individual with a severe level of depression. This would include an individual who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school or work, friendship groups or relationships with others, or family life. Disabling forms of depressive diagnoses would be rated here.

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

Questions to Consider:
- Does the individual have any problems with anxiety or fearfulness?
- Is the individual avoiding normal activities out of fear?
- Does the individual act frightened or afraid?

Ratings and Descriptions

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

     No evidence of anxiety symptoms.

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

     History, suspicion, or evidence of some anxiety. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
     Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the individual's ability to function in at least one life domain.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
     Clear evidence of debilitating level of anxiety that makes it virtually impossible for the individual to function in any life domain.

INTERPERSONAL PROBLEMS

This item identifies problems with functioning and behaving due to a rigid and consistent pattern of perceiving and relating to situations and people which negatively impacts the individual's relationships, social activities, and their behavior at work and other settings. These behaviors are consistent with personality disorders.

Questions to Consider:
- Does the individual exhibit inflexible and maladaptive emotional and/or behavioral day-to-day traits?
- Does the individual have difficulties relating to other people?
- Is the individual socially isolated?

Ratings and Descriptions

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

No evidence of symptoms of a personality disorder.

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

Evidence of some interpersonal challenges. For example, mild but consistent dependency in relationships might be rated here, or some evidence of antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.

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

Evidence of sufficient degree of interpersonal problems. Individual's relationship problems may warrant a related DSM diagnosis.

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

Evidence of a severe interpersonal problem that has significant implications for the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently.

ANTISOCIAL BEHAVIOR (NON-COMPLIANCE WITH SOCIETY'S RULES)

This item rates the degree to which an individual engages in behaviors that show a disregard for and violation of the rights of others such as stealing, lying, vandalism, cruelty to animals, and assault.

Questions to Consider:
- How does the individual handle telling the truth/lies?
- Is the individual seen as dishonest?
- Has the individual ever tortured animals?
- Has the individual ever been arrested?
- Is the individual on probation?
- Has the individual ever been incarcerated?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.*
	No evidence of serious violations of others or laws.

1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
	History, suspicion, or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The individual may have some difficulties at or work and home behavior. Problems are recognizable but not notable for age, sex, and community.

2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. An individual rated at this level will likely meet criteria for a diagnosis of Antisocial Personality Disorder.

3	*Need is dangerous or disabling; requires immediate and/or intensive action.*
	Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the individual or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

ADJUSTMENT TO TRAUMA

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

Questions to Consider:
- Has the individual experienced any trauma?
- How is the individual adjusting to the trauma?

Ratings and Descriptions

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

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

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

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

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

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

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

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

ANGER CONTROL

This item captures the individual's ability to identify and manage their anger when frustrated.

Questions to Consider:

- How does the individual control their emotions?
- Do they get upset or frustrated easily?
- Do they overreact if someone criticizes or rejects them?
- Does the individual seem to have dramatic mood swings?

Ratings and Descriptions

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

No evidence of any anger control problems.

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

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

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual's difficulties with controlling anger are impacting functioning in at least one life domain. Individual's temper has resulted in significant trouble with peers, family, co-workers and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual's temper or anger control problem is dangerous. Individual frequently gets into fights that are often physical. Others likely fear the individual.

SUBSTANCE USE

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

Questions to Consider:
- Has the individual used alcohol or drugs on more than an experimental basis?
- Do you suspect that the individual may have an alcohol or drug use problem?
- Has the individual been in a recovery program for the use of alcohol or illegal drugs?

Ratings and Descriptions

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

Individual has no notable substance use difficulties at the present time.

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

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

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

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

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

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

EATING DISTURBANCES

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

Questions to Consider:

- Does the individual have any issues with eating?
- Is the individual overly picky?
- Does the individual have any eating rituals?

Ratings and Descriptions

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

This rating is for an individual with no evidence of eating disturbances.

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

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

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

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

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
This rating is for an individual with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

RISK BEHAVIORS DOMAIN

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

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

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

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

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

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

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

SUICIDE RISK

This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of an individual to end their life. A rating of '2' or '3' would indicate the need for a safety plan.

Questions to Consider:
- Has the individual ever talked about a wish or plan to die or to kill themselves?
- Has the individual ever tried to commit suicide?

Ratings and Descriptions

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

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
   History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
   Recent, but not acute, suicidal ideation or gesture.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
   Current suicidal ideation and intent OR command hallucinations that involve self-harm.

DANGER TO OTHERS

This item rates the individual's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.

Questions to Consider:
- Has the individual ever injured another person on purpose?
- Does the individual get into physical fights?
- Has the individual ever threatened to kill or seriously injure others?

Ratings and Descriptions

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

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

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

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

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

Occasional or moderate level of aggression towards others. Individual has made verbal threats of violence towards others.

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

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

Supplemental Information: Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others, or an individual setting a fire that placed others at significant risk of harm would be rated a '3.' Reckless behavior that may cause physical harm to others is <u>not</u> rated on this item.

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

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

Questions to Consider:
- Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?
- Does the individual use self-injurious behavior as a release?
- Does the individual ever purposely hurt themselves (e.g., cutting)?

Ratings and Descriptions

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

   No evidence of any forms of self-injury.

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

   A history or suspicion of self-injurious behavior.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
   Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
   Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the individual's health at risk.

Supplemental Information: Suicidal behavior is not self-mutilation. Carving and cutting on the body are common examples of self-mutilation behavior. Generally, body piercings and tattoos are not considered a form of self-injury. Repeatedly piercing or scratching one's skin would be included. Self-mutilation in this fashion is thought to have addictive properties since generally the self-harm behavior results in the release of endorphins that provide a calming feeling.

OTHER SELF-HARM (RECKLESSNESS)

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the individual or others in some jeopardy. **Suicidal or self-mutilative behaviors are not rated here**.

Questions to Consider:
- Does the individual ever put themselves in dangerous situations?
- Has the individual ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?

Ratings and Descriptions

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

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

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

There is a history or suspicion of or some reckless or risk-taking behavior (other than suicide or self-mutilation) that placed the individual at risk of physical harm.

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

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

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

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

Supplemental Information: This item provides an opportunity to identify other potentially self-destructive behaviors (e.g., reckless driving, subway surfing, unprotected sex, substance use, etc.). If the individual frequently exhibits significantly poor judgment that has the potential to place themselves in danger, but has yet to actually do so, a rating of '1' might be used to indicate the need for prevention. A rating of '3' is used for an individual that has placed themselves in significant physical jeopardy during the rating period.

VICTIMIZATION/EXPLOITATION

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

Questions to Consider:
- Has the individual ever been bullied or the victim of a crime?
- Has the individual traded sexual activity for goods, money, affection, or protection?
- Has the individual been a victim of human trafficking?

Ratings and Descriptions

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

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

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

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

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
Individual has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, or sexual activity) or living in an abusive relationship.

GAMBLING

This item includes all forms of gambling—legal and illegal, organized and social.

Questions to Consider:
- Does the individual enjoy gambling?
- Does the individual know when to stop?
- Does the individual have a gambling problem?
- Has the individual ever lost a significant amount of money due to gambling?

Ratings and Descriptions

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

Individual has no evidence of any problem with gambling.

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

Individual has either a history or suspicion of problems with gambling; however, currently gambling behavior is not known to impact their functioning.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
Individual has problems with gambling that impact their functioning and/or well-being.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual has problems with gambling that dramatically impact their life and make functioning difficult or impossible in more than one life domain.

ADDICTIVE BEHAVIORS

This item describes behavior, or a stimulus related to a behavior, that is both rewarding and reinforcing to an individual and leads to an addiction. The presence of an addictive behavior requires evidence of loss of control over the behavior, craving to engage in the behavior, withdrawal symptoms when the behavior is unavailable, and a need for an increasing frequency or intensity in the behavior. Addictive behaviors rated here include (but are not limited to) sex, gaming, social media, food, etc. Addictions related to drugs or alcohol are rated in the Substance Use item. Addictions related to gambling are rated in the Gambling item.

Questions to Consider:
- Does the individual have a problem with gaming, sex, social media, food, etc.?
- Does the individual know when to stop engaging in this behavior?

Ratings and Descriptions

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

No evidence that the individual experiences any behaviors that might be considered addictive.

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

Individual has a history of engaging in specific behaviors that were addictive for that individual, OR there is suspicion that the individual is experiencing an addiction to a specific behavior.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
Individual is engaging in addictive behaviors that are interfering with their functioning in at least one life domain.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual is engaging in addictive behaviors that are either very dangerous or that prevent functioning in more than one life domain.

SEXUAL AGGRESSION

This item describes sexual behavior that could result in charges being made against the individual. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. The severity and recency of the behavior provide the information needed to rate this item.

Questions to Consider:

- Has the individual ever been accused of being sexually aggressive or being a sexual predator?
- Has the individual ever been accused of sexually harassing others or using sexual language?
- Has the individual had sexual contact with minors?

Ratings and Descriptions

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

1	*Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate non-physical behavior in the past year that troubles others such as harassing talk or language. For example, occasional inappropriate sexually aggressive/harassing language or behavior.

2	*Action is required to ensure that the identified need or risk behavior is addressed.*
	Individual engages in sexually aggressive behavior that impairs their functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching).

3	*Intensive and/or immediate action is required to address the need or risk behavior.*
	Individual engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

CRIMINAL BEHAVIOR

This item includes both criminal behavior and status offenses that may result from the individual failing to follow required behavioral standards. If caught, the individual could be arrested for this behavior. While this item does not include any drug use, it does include drug sales and other drug related activities. Sexual offenses should be included as criminal behavior.

Questions to Consider:
- Do you know of laws that the individual has broken (even if they have not been charged or caught)?
- Has the individual ever been arrested?
- Is the individual on probation?
- Has the individual ever been incarcerated?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
    No evidence or history of delinquent or criminal behavior.

1   *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
    History or suspicion of delinquent or criminal behavior, but none in the recent past. Status offenses would generally be rated here.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
    Individual has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community (e.g., vandalism, shoplifting, etc.).

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
    Serious recent acts of criminal activity that place others at risk of significant loss or injury. Examples include car theft, residential burglary, rape, armed robbery, and assault.