
Santa Clara County

Adult Needs & Strengths

Assessment

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2025
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

Many individuals have collaborated in the development of the Adult Needs and Strengths Assessment. This information integration tool is designed to support individual care planning and the planning and evaluation of service systems. The ANSA is an open domain tool for use in 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 required 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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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
TABLE OF CONTENTS	3
INTRODUCTION.....	5
THE ADULT NEEDS AND STRENGTHS ASSESSMENT (ANSA).....	5
SIX KEY PRINCIPLES OF THE ANSA	5
HISTORY AND BACKGROUND OF THE ANSA.....	6
HISTORY	6
MEASUREMENT PROPERTIES	7
RATING NEEDS & STRENGTHS.....	8
HOW IS THE ANSA USED?	10
IT IS AN ASSESSMENT STRATEGY.....	10
IT GUIDES CARE AND TREATMENT/CARE PLANNING.....	10
IT FACILITATES OUTCOMES MEASUREMENT	10
IT IS A COMMUNICATION TOOL	10
ANSA: A STRATEGY FOR CHANGE.....	10
MAKING THE BEST USE OF THE ANSA	11
LISTENING USING THE ANSA.....	11
REDIRECT THE CONVERSATION TO ONE’S OWN FEELINGS AND OBSERVATIONS	12
ACKNOWLEDGE FEELINGS	12
WRAPPING IT UP.....	12
REFERENCES.....	14
ANSA BASIC STRUCTURE	16
CORE INDICATORS	16
MODULES.....	17
LIFE FUNCTIONING DOMAIN.....	18
STRENGTHS DOMAIN.....	40
CULTURAL FACTORS DOMAIN	53
TRAUMA EXPERIENCES DOMAIN	58
BEHAVIORAL/EMOTIONAL NEEDS DOMAIN.....	67
[A] TRAUMATIC STRESS SYMPTOMS MODULE	76
[B] SUBSTANCE USE DISORDER MODULE	87
RISK BEHAVIORS DOMAIN	95
[C] CRIME MODULE.....	105

PARENTING ROLE DOMAIN.....109
CAREGIVER RESOURCES & NEEDS DOMAIN.....116

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 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. Indicators were selected because they are each relevant to service/treatment planning.**
An indicator exists because it might lead you down a different pathway in terms of planning actions.
- 2. Each indicator uses a 4-level rating system 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 indicator.
- 5. The ratings are generally “agnostic as to etiology.”** In other words, this is a descriptive tool; it is about the “what” not the “why.” While most indicators are purely descriptive, there are a few indicators that consider cause and effect; see individual indicator descriptions for details on when the “why” is considered in rating these indicators.
- 6. A 30-day window is used for ratings in order to make sure assessments stay relevant to the 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 indicator 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 care. The ANSA was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized care 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 individuals 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 care plan. The ANSA also helps identify strengths, which can be the basis of a treatment or care 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 care plan that addresses an individual's strengths and needs while building strong engagement.

The ANSA is made up of domains that focus on various areas in an individual's life, and each domain is made up of a group of specific indicators. 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 indicators. 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 care 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 care. To assess the appropriate use of psychiatric hospital and residential treatment care, 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 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 care 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 indicators 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 indicator 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 care system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the individual and family.

- a. Basic core indicators – grouped by domain - are rated for all individuals.
- b. 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 indicator with specific anchored definitions. These indicator level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of 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 indicators under specified circumstances (see reference guide descriptions). For those indicators where the ‘N/A’ rating is available, it should be used only in the rare instances where an indicator does not apply to that

particular 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 indicator and then record the appropriate rating on the ANSA form (or electronic record).

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

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at care/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 care or treatment plan. A rating of '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' is a strength that might be the focus of strength-building activities. It is important to remember that when developing care 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 indicators that are initially rated a '2' or '3' are monitored over time to determine the percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing indicators within each of the domains (Behavioral/Emotional Needs, 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 annual certification. There is a community of people who use versions of the ANSA and share experiences, additional indicators, 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 (if relevant), this guide can be helpful in ensuring that all the information required is gathered. Most indicators include “Questions to Consider” which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before treatment or care planning and beginning therapy or other care.

IT GUIDES CARE AND TREATMENT/CARE PLANNING

When an indicator 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 care 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 indicators 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 indicators. 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 indicators 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 indicators, as well as how the actionable indicators will be used in treatment or serving planning. When possible, share with the individual and family the ANSA domains and indicators (see the ANSA Core Indicator list on page 16) and encourage them to look over the indicators 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:

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

2. **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.
3. **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.
4. **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?”
5. **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

The Santa Clara County ANSA expands depending upon the needs of the individual. Basic core indicators are rated for all adults. Individualized Assessment Modules are triggered by key core indicators (see italics below). Additional questions are required for the decision models to function.

CORE INDICATORS

Life Functioning Domain

Family Functioning
Medical/Physical
Employment/School Functioning
Social Functioning
Recreational
Developmental
Cognitive
Sexual Behavior/Concerns
Sexual Relationship Structure
Independent Living Skills
Residential Stability
Legal
Sleep
Basic Activities of Daily Living
Medication Adherence
Transportation
Living Situation
Decision Making
Involvement in Recovery
Parenting/Caregiving Role
Hoarding

Strengths Domain

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

Cultural Factors Domain

Language and Literacy
Traditions and Cultural Rituals
Cultural Stress
Gender Identity and Expression

Trauma Exposures Domain

Sexual Abuse
Physical Abuse
Neglect
Emotional Abuse
Medical Trauma
Natural or Manmade Disaster
Family Violence
Community/School Violence
War/Terrorism Affected
Criminal Activity
Parental Criminal Behavior
Disruptions in Caregiving/Attachment Losses

Behavioral/Emotional Needs Domain

Psychosis (Thought Disturbance)
Impulse Control
Depression
Mood Fluctuation
Anxiety
Interpersonal Problems
Antisocial Behavior
Adjustment to Trauma [A]
Anger Control
Substance Use [B]
Eating Disturbances

Risk Behaviors Domain

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

Parenting Role Domain

Knowledge of Needs
 Supervision
 Involvement with Care
 Organization
 Marital/Partner Violence in the Home
 Safe Parenting/Caregiving

Caregiver Resources & Needs

Knowledge
 Social Resources
 Financial Literacy
 Residential Stability
 Medical/Physical
 Behavioral Health
 Developmental
 Safety
 Family Stress
 Caregiver Organization

MODULES**[A] Traumatic Stress Symptoms**

Emotional and/or Physical Dysregulation
 Intrusions/Re-experiencing
 Numbing
 Dissociation
 Avoidance
 Hypervigilance
 Attachment Difficulties
 Traumatic Grief & Separation

[B] Substance Use Disorder

Severity of Use
 Duration of Use
 Stage of Recovery
 Environmental Influences
 Recovery Support in Community
 Acute Intoxication
 Withdrawal History
 Awareness of Relapse Triggers
 Withdrawal Risks

[C] Crime Module

Seriousness
 Crime History
 Arrests
 Crime Planning
 Community Safety
 Legal Compliance
 Crime Peer Influences
 Crime Environmental Influences

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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

FAMILY FUNCTIONING

This indicator 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 indicator, 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:

- Does the individual have contact with any family members?
 - 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 between all family members including siblings but does not result in major problems.

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

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

MEDICAL/PHYSICAL

This indicator 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?
 - Does the individual have a current medical diagnosis or physical limitation?
-

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.

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

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.

Supplemental Information: If reproductive health is a concern in treatment, it can be rated here. If the individual is pregnant or planning to become pregnant, any issues with reproductive health can be captured in this indicator.

[Return to Table of Contents] [Return to Core Indicator List]

EMPLOYMENT/SCHOOL FUNCTIONING

If the individual is working or in school, this indicator describes their functioning in that setting. This can include issues of behavior, attendance, achievement, or productivity.

Questions to Consider:

- Is the individual able to meet expectations at work?
 - Do they have regular conflict at school or work?
 - Are they timely and able to complete responsibilities?
 - Has the individual ever lost a job because of their performance?
 - Is the individual experiencing problems at school relating to academic progress or attendance?
-

Ratings and Descriptions

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

No evidence of any problems in work or school environment. Individual is excelling in this 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 or school functioning, or individual may have some problems in the work or school environment that are not interfering with work/school functioning or other functional areas. An individual that is not currently working, but is motivated and is actively seeking work, could be rated here. An individual enrolled in a special academic program may be rated here.

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

Individual has some problems at work or school including disruptive behavior and/or difficulties with performing required work. Supervisors or teachers likely have warned individual about problems with their performance. OR although not working or in school, the individual seems interested in doing so, but may have problems with developing vocational or prevocational skills. Individual may be on academic probation.

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

Individual has problems at work or school in terms of attendance, performance, or relationships. Individual may have recently lost a job or been suspended from school. 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 suspended or expelled from school. OR the individual has a long history of unemployment.

Supplemental Information: In addition to traditional employment, this can include supported employment, sheltered workshops, long term volunteer experiences and internships.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

SOCIAL FUNCTIONING

This indicator 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

RECREATIONAL

This indicator 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?
 - Are the barriers to participation in extracurricular activities?
-

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

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

DEVELOPMENTAL

This indicator describes the individual's development as compared to standard developmental milestones and rates the level of developmental delay or disorders that are present (e.g., motor, social, speech).

Questions to Consider:

- Is the individual progressing developmentally in a way similar to peers of the same age?
 - Has the individual been diagnosed with a developmental disorder?
-

Ratings and Descriptions

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

Individual's development appears within normal range. There is no reason to believe that the individual has any developmental problems.

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

Evidence of a mild developmental delay.

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

Evidence of a pervasive developmental disorder including Autism Spectrum Disorder, Tourette's, Down's Syndrome, or other significant developmental delay.

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

Severe developmental disorder is evident. Individual is at risk without intervention.

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. An individual with suspected developmental delays and who has not been previously diagnosed and/or assessed would be rated here and a referral for assessment would be recommended.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

COGNITIVE

This indicator rates the individual's IQ and cognitive functioning.

Questions to Consider:

- Does the individual have an intellectual disability or delay?
 - Has the individual displayed any signs or received a diagnosis of dementia or Alzheimer's disease?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Individual's intellectual functioning appears to be in normal range. There is no reason to believe that the individual has any problems with intellectual functioning.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Individual has low IQ (70 to 85) or has identified learning challenges.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual has mild intellectual disability. IQ is between 55 and 70.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Individual has moderate to profound intellectual disability. IQ is less than 55.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

SEXUAL BEHAVIOR/CONCERNS

This indicator looks at broad issues of sexual behavior including problematic sexual behavior or sexual concerns, and the reactions of others to any of these factors.

Questions to Consider:

- Are there concerns about the individual's sexual behavior?
-

Ratings and Descriptions

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

No evidence of issues with sexual behavior.

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

History or suspicion of problems with sexual behavior but does not interfere with functioning in other life domains.

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

Problems with sexual behavior that interfere with the individual's life functioning in other life domains. These problems may include high-risk sexual behaviors.

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

Problems with sexual behavior place individual at risk of physical or emotional harm. This could include very frequent risky sexual behavior or being a victim of sexual exploitation or trafficking.

[Return to Table of Contents] [Return to Core Indicator List]

SEXUAL RELATIONSHIP STRUCTURES

This indicator rates the individual's stress and/or concerns related to the structure of their sexual relationships, including monogamy, open relationships, and polyamory/consensual non-monogamy.

Questions to Consider:

- Does the individual have concerns about their sexual relationship(s)?
 - Are they experiencing any level of stress or conflict regarding their sexual relationship(s)?
-

Ratings and Descriptions

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

No evidence of issues related to sexual relationships.

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

Individual is experiencing some confusion or is struggling with issues related to their sexual relationship(s).

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

Individual has significant struggles with their sexual relationship(s).

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

Individual is experiencing significant problems due to their sexual relationship(s) that are preventing functioning in at least one life domain (e.g., school, family/home, etc.). This conflict may be internal and/or may be attributed to, or exacerbated by, external factors within their community, home, or school environment.

[Return to Table of Contents] [Return to Core Indicator List]

INDEPENDENT LIVING SKILLS

This indicator 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 any skills that would aid in their living abilities?
 - Is the individual able to clean, cook, manage money, keep a home, and balance living?
 - Is the individual capable of living alone, without any assistance?
 - Can the individual live with support?
-

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

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

RESIDENTIAL STABILITY

This indicator 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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.

Supplemental Information: When rating this indicator, consider access to basic necessities such as water and heat. Also consider temporary homelessness or living in a camper or car as unstable.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

LEGAL

This indicator 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Individual has some legal problems and is currently involved in the legal system due to current 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.

[Return to Table of Contents] [Return to Core Indicator List]

SLEEP

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

Questions to Consider:

- Does the individual get a full night's sleep according to their needs? Do they appear rested?
 - Does the individual feel they get enough sleep to function properly the next day?
 - Do they have frequent nightmares or difficulty getting to sleep or staying asleep?
 - Does the individual report not sleeping or over-sleeping for long periods of time?
-

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, or sleeping too much. Sleep is not restful for the individual.

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

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, including sleeping too much, 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 or excessive sleep is dangerous and places them at risk.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

BASIC ACTIVITIES OF DAILY LIVING (BADLs)

This indicator 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?
 - Does the individual choose not to do basic ADLs?
-

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

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 impairment 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 themselves and require 24-hour supervision.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

MEDICATION ADHERENCE

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

Questions to Consider:

- Is the individual prescribed 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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).

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

TRANSPORTATION

This indicator is used to rate the level of transportation required to ensure that the individual can 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 that is working? Do they have a driver's license?
 - Is there a transportation service in the area?
 - Can the individual independently navigate a public transit system?
 - Does the individual have friends or family who are able to help with transportation needs?
-

Ratings and Descriptions

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

Individual has no unmet transportation needs.

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; individual has a valid driver's license and access to a working vehicle; friends or family members or others are available who can typically provide transportation.

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

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. The individual has a valid driver's license but no access to a working vehicle; only one friend, family member or others who can provide transportation on rare occasions.

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. The individual does not have a valid driver's license or anyone who can assist with transportation.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

LIVING SITUATION

This indicator refers to how the individual is functioning in their current living arrangement, which could be with a relative, in a structured setting, etc. (If individual is living with the family, ratings for Family Functioning and Living Situation would be the same).

Questions to Consider:

- How is the individual functioning in their current living situation?
 - Where is the individual currently living?
 - Is the individual's current living situation at risk because of their behavior?
-

Ratings and Descriptions

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

No evidence of problem with functioning in current living environment. Individual and those they live with (including caregivers, if relevant) feel comfortable dealing with issues that come up in day-to-day life.

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

Individual experiences mild problems with functioning in current living situation. Those that the individual lives with (including caregivers, if relevant) express some concern about individual's behavior in living situation, and/or individual and those they live with have some difficulty dealing with issues that arise in daily life.

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

Individual has moderate to severe problems with functioning in current living situation. Individual's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Individual and those they live with (including caregivers, if relevant) have difficulty interacting effectively with each other much of the time.

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

Individual has profound problems with functioning in current living situation. Individual is at immediate risk of being asked to leave or be removed from living situation due to problematic behaviors.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

DECISION MAKING

This indicator describes the individual's decision-making process and understanding of choices and consequences. This indicator 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?
 - Is there evidence of negative consequences based on individual's decision making?
-

Ratings and Descriptions

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

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

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

There is a history or suspicion of problems with 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

INVOLVEMENT IN RECOVERY

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

Questions to Consider:

- Does the individual actively participate in their treatment?
 - How involved is the individual in their recovery and treatment plan?
-

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

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

PARENTING/CAREGIVING ROLE

This indicator 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. An adult whose children are in the custody of child welfare but who retain parental rights would be rated on this indicator.

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 but can maintain safety.

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

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

HOARDING

This indicator describes the degree to which an individual collects material with limited to no actual value within their living environment. Ratings of '2' or higher require evidence that the hoarding behavior is limiting or preventing functioning in at least one life domain.

Questions to Consider:

- Does the individual collect material that has limited or no value?
 - To what degree is the individual's collection of materials interfering with their functioning?
 - Is the individual's collection of materials impacting their living space? To what degree?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Individual has no evidence of any problems with hoarding behavior.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Some hoarding of items that have limited or no value, but this behavior does not directly interfere with functioning beyond others in their life commenting or complaining about the behavior.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual keeps a significant amount of material that has limited or no value. This hoarding behavior limits functioning in at least one life domain. Individual is actively resistant to any effort to remove hoarded materials.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
The hoarding behavior results in the collection of an amount of material that has limited or no value to the degree that there is nearly no available living space. The hoarding behavior is disabling (e.g., lost relationships, unable to leave home) or dangerous.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

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 indicators the 'best' assets and resources available to the individual are rated based on how accessible and useful those strengths are. These are the only indicators that use the Strength Rating Scale with action levels.

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**, use the following categories and action levels:

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

FAMILY STRENGTHS

This indicator refers to the presence of a sense of family identity as well as love and communication among family members. All family members with whom the individual remains in contact, along with others in relationships with these family members, are considered when rating this indicator.

Questions to Consider:

- Who does the individual consider as family?
 - Does the family support each other emotionally?
-

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.

[Return to Table of Contents] [Return to Core Indicator List]

INTERPERSONAL/SOCIAL CONNECTEDNESS

This indicator 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 friends?
 - Does the individual have relationships that are mutual and healthy?
 - Is the individual able to develop friendships?
-

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: they are well-liked by others and have significant ability to form and maintain positive relationships. The individual has multiple close friends and is friendly with others.

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. They have formed positive relationships with peers. The individual may currently have no friends but has a history of making and maintaining friendships with others.

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

OPTIMISM

This indicator 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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

JOB HISTORY

This indicator 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.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

TALENTS AND INTERESTS

This indicator 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 able to use their talents or interests in a positive way?
-

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

SPIRITUAL/RELIGIOUS

This indicator refers to the individual's experience of receiving comfort and support from religious or spiritual involvement. This indicator rates the presence of beliefs that could be useful to the 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? Do they use their beliefs in a positive manner?
 - Is the individual involved in any religious community?
 - 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.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

COMMUNITY CONNECTION

This indicator 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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

NATURAL SUPPORTS

This indicator 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).

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

RESILIENCY

This indicator refers to the individual's ability to recognize both their internal and external 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?
 - Does the individual know what resources are available to help them meet their needs?
 - Do they feel confident in their ability to find and access resources?
 - 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 internal and external strengths to better themselves and successfully manage difficult challenges.

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

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

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

Individual can identify strengths but is not able to utilize them effectively. Individual may be able to identify either internal strengths or external strengths but not both, or may identify both types of strengths but only utilize one type.

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 either internal or external personal strengths.

[Return to Table of Contents] [Return to Core Indicator List]

VOLUNTEERING

This indicator 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 actively seeks out and engages in volunteer activities on a regular basis (e.g., at least once a month).
-
- 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 does not actively seek out volunteer activities. The individual may engage in volunteer activities sporadically (e.g., once or twice per year).
-
- 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 interest in volunteering but has never engaged in any volunteer activities.
-
- 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.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

EDUCATIONAL/VOCATIONAL

This indicator 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 that 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 the 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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

CULTURAL IDENTITY

Cultural identity 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, or sexual orientation, gender identity and expression (SOGIE) and relationship structure.

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.

[Return to Table of Contents] [Return to Core Indicator List]

CULTURAL FACTORS DOMAIN

These indicators 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). Indicators 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 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 indicators 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

LANGUAGE AND LITERACY

This indicator looks at whether the individual needs help with communication to obtain the necessary resources, supports and accommodations (e.g., translator). This indicator 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Individual does not speak the primary language where they live. Translator or individual'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.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

TRADITIONS AND CULTURAL RITUALS

This indicator 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:

- Does the individual participate in any traditions or cultural rituals?
 - What holidays does the individual celebrate?
 - What traditions are important to the individual?
-

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

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

CULTURAL STRESS

This indicator 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/or relationship structure 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 identity and their current environment or living situation.

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

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.

Supplemental Information: Stressors that arise for individuals in relation to a SOGIE identity and/or relationship structure are often in response to negative experiences because of systemic anti-trans and anti-queer bias, prejudice, harassment, discrimination, invalidation, and burdening, not to the identities themselves. The external (or distal) experience and stressors are included in this indicator.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

GENDER IDENTITY AND EXPRESSION

This indicator describes broad issues of gender identity and expression, including the individual being affirmed or experiencing difficulties linked to being discriminated against because of their gender identity or expression.

Questions to Consider:

- Is the individual being affirmed for who they are?
 - Is the individual experiencing discrimination related to their gender identity or expression?
 - Does the individual have any supports that are affirming and who advocate for them?
-

Ratings and Descriptions

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

Individual has an awareness of their gender identity. An individual who is comfortable with their self-perceived gender would be rated here. Individual is affirmed for who they are regardless of their gender identity or how they express themselves.

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

Individual is experiencing some concerns about gender identity. Individual may not be affirmed for who they are in relation to their gender identity or expression.

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

Individual is experiencing confusion and distress about gender identity. Individual is experiencing stress due to not feeling like they can be who they are in relation to their gender identity or expression. Individual is experiencing discrimination or non-affirmation of their gender identity. This stress is impacting their functioning.

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

Individual is being discriminated against because of their gender identity or expression, placing them at considerable risk of physical or emotional harm (from self or others) or is preventing functioning in multiple life domains (e.g. school, family/home).

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

TRAUMA EXPERIENCES DOMAIN

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

Question to Consider for this Domain: Has the individual experienced adverse life events?

For the **Trauma Experiences**, use the following categories and action levels:

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

Rate the following indicators within the individual's lifetime.

SEXUAL ABUSE

This indicator describes whether or not the individual has experienced sexual abuse.

Questions to Consider:

- Has the individual disclosed sexual abuse?
 - How often did the abuse occur?
 - Did the abuse result in physical injury?
-

Ratings and Descriptions

NO There is no evidence that the individual has experienced sexual abuse.

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

[Return to Table of Contents] [Return to Core Indicator List]

PHYSICAL ABUSE

This indicator describes whether or not the individual has experienced physical abuse.

Questions to Consider:

- Was physical discipline used in the home? What forms?
 - Has the individual ever received bruises, marks, or injury from another person?
-

Ratings and Descriptions

NO There is no evidence that the individual has experienced physical abuse.

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

[Return to Table of Contents] [Return to Core Indicator List]

NEGLECT

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

Questions to Consider:

- Did the individual receive adequate supervision?
 - Were the individual's basic needs for food and shelter being met?
 - Was the individual allowed access to necessary medical care? Education?
-

Ratings and Descriptions

NO There is no evidence that the individual has experienced neglect.

YES Individual has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., individual left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision of the individual); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

EMOTIONAL ABUSE

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

Questions to Consider:

- How did their caregiver(s) talk to/interact with the individual?
 - Was there name calling or shaming in the home?
-

Ratings and Descriptions

NO There is no evidence that individual has experienced emotional abuse.

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

MEDICAL TRAUMA

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

Questions to Consider:

- Has the individual had any broken bones, stitches or other medical procedures?
 - Has the individual had to go to the emergency room, or stay overnight in the hospital?
 - Did the individual find this medical experience to be overwhelming and/or are they having a traumatic reaction to the experience?
-

Ratings and Descriptions

NO There is no evidence that the individual has experienced any medical trauma.

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

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

NATURAL OR MANMADE DISASTER

This indicator describes the individual's exposure to either natural or manmade disasters.

Questions to Consider:

- Has the individual been present during a natural or manmade disaster?
-

Ratings and Descriptions

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

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

[Return to Table of Contents] [Return to Core Indicator List]

FAMILY VIOLENCE

This indicator describes exposure to violence within the individual's home or family.

Questions to Consider:

- Is there frequent fighting in the individual's family?
 - Does the fighting ever become physical?
-

Ratings and Descriptions

NO There is no evidence the individual has witnessed family violence.

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

[Return to Table of Contents] [Return to Core Indicator List]

COMMUNITY/SCHOOL VIOLENCE

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

Questions to Consider:

- Does the individual live in a neighborhood with frequent violence?
 - Has the individual witnessed or directly experienced violence at their educational/work setting?
-

Ratings and Descriptions

NO There is no evidence that the individual has witnessed violence in the community or their educational/work setting.

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

WAR/TERRORISM AFFECTED

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

Questions to Consider:

- Has the individual or their family lived in a war-torn region?
 - How close were they to war or political violence, torture or terrorism?
 - Was the family displaced?
-

Ratings and Descriptions

NO There is no evidence that the individual has been exposed to war, political violence, torture or terrorism.

YES Individual has experienced, or there is suspicion that they have experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the individual may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the individual; individual may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; individual may have been directly injured, tortured, or kidnapped in a terrorist attack; individual may have served as a soldier, guerrilla, or other combatant in their home country. Also included is an individual who did not live in a war or terrorism-affected region or refugee camp, but whose family was affected by war.

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

[Return to Table of Contents] [Return to Core Indicator List]

CRIMINAL ACTIVITY

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

Questions to Consider:

- Has the individual or someone in their family ever been the victim of a crime?
 - Has the individual seen criminal activity in the community or home?
-

Ratings and Descriptions

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

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

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

PARENTAL CRIMINAL BEHAVIOR

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

Questions to Consider:

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

Ratings and Descriptions

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

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This indicator documents the extent to which an individual has had one or more major changes in caregivers or caregiving, potentially resulting in disruptions in attachment.

Questions to Consider:

- Has the individual lost a spouse or partner to separation or death?
 - Has the individual lost a parent/caregiver or other significant family member to death?
-

Ratings and Descriptions

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

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

Supplemental Information: Individuals who had disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Individuals who had stays in foster care, residential treatment facilities or justice settings can be rated here. Short-term hospital stays or brief detention stays where the individual's caregiver remained the same would not be rated here.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the individual. While the ANSA 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

PSYCHOSIS (THOUGHT DISTURBANCE)

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

Questions to Consider:

- Does the individual display any signs of psychosis? Does the individual have any hallucinations?
 - Is the individual diagnosed with a psychotic disorder?
 - Does the individual exhibit behaviors that are unusual or difficult to understand?
 - Does the individual engage in certain actions repeatedly?
-

Ratings and Descriptions

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

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

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

Evidence of disruption in thought processes or content. 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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.

Supplemental Information: 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.

[Return to Table of Contents] [Return to Core Indicator List]

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?
 - Does the individual report a current or past diagnosis of ADHD or an Impulse Control Disorder?
-

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

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. Failure to resist a temptation, urge or impulse, or having the inability to not speak on a thought is also rated in this indicator.

[Return to Table of Contents] [Return to Core Indicator List]

DEPRESSION

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

Questions to Consider:

- Does the individual display any symptoms of depression?
 - Is individual concerned about possible depression or chronic low mood and irritability?
 - Does the individual have a diagnosis of depression?
 - 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

MOOD FLUCTUATION

This indicator captures problems related to fluctuating mood. Mood fluctuations may present as episodes or cycles of depressive and hypomanic or manic symptoms. This could include a cycle of depression followed by mania, or one episode of depression followed by multiple episodes of mania or hypomania, or episodes of mania followed by episodes of depression.

Questions to Consider:

- Does the individual experience mood fluctuations?
 - Do mood swings include symptoms of depression (e.g., sadness, lack of energy, lack of interest in people and activities) and symptoms of mania or hypomania (e.g., increase in energy, decrease in sleep, racing thoughts)?
 - Is the individual's functioning impaired due to their fluctuating mood?
-

Ratings and Descriptions

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

Individual Has no problems with fluctuating mood. No evidence or history of episodes or cycles of depressive and hypomanic or manic symptoms.

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

Individual has a history of fluctuating mood, but not currently. Or there is suspicion of fluctuating mood even though the individual is currently presenting with depression or mania/hypomania. Or, there is some evidence of fluctuating mood (episodes of depression and hypomania or mania) that is not yet impacting the individual's functioning.

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

Individual has problems with mood fluctuations that currently impact functioning. Individual's episodes of depression followed by hypomania/mania (or hypomania/mania followed by depression) interfere with functioning. Individual's symptoms may impact their social functioning, school or work attendance or participation, leisure time or home life.

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

Individual has problems with mood fluctuations that are dangerous or disabling. Individual's symptoms may cause them to receive consequences from school or work due to behavior or may lead to involvement with the justice system. Symptoms may result in increased risk of suicide or reckless behavior that may lead to self-harm or harm to others.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

ANXIETY

This indicator 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 avoid situations?
 - Is the individual diagnosed with an anxiety disorder?
-

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

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

INTERPERSONAL PROBLEMS

This indicator 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?
 - Has the individual been diagnosed with a personality disorder?
-

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

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

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

This indicator 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:

- Does the individual vandalize or steal?
 - Is the individual violent?
 - Is the individual diagnosed with Antisocial Personality Disorder?
-

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

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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

ADJUSTMENT TO TRAUMA*

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

Questions to Consider:

- Has 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

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).

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

[A] TRAUMATIC STRESS SYMPTOMS MODULE

The traumatic stress symptoms describe dysregulated reactions or symptoms that individuals may exhibit to any of the variety of traumatic experiences.

EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This indicator rates the individual's ability to respond to the demands of experience with a range of emotions in a way that is socially appropriate, flexible enough to allow for spontaneous reaction and able to delay reaction as necessary. Consider both facial affect, physical movement and physiological processes here.

Questions to Consider:

- Does the individual have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?
 - Does the individual have extreme or unchecked emotional reactions to situations?
-

Ratings and Descriptions

- 0 Individual has no problems with emotional or physical regulation. Emotional responses and energy level are appropriate to the situation.
-
- 1 History or evidence of difficulties with affect/physiological regulation. The individual could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). The individual may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
-
- 2 Individual has problems with affect/physiological regulation that are impacting their functioning in some life domains but is able to control affect at times. The individual may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The individual may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). The individual may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g., silly behavior, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking). [continues]
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

EMOTIONAL AND/OR PHYSICAL DYSREGULATION continued

3 Individual is unable to regulate affect and/or physiological responses. The individual may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). Alternately the individual may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally 'shut down'). The individual may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

Supplemental Information: This indicator is a core symptom of trauma and is particularly notable among individuals who have experienced complex trauma (or chronic, interpersonal traumatic experiences). This indicator refers to an individual's difficulty in identifying and describing internal emotional states, problems labeling or expressing feelings, difficulty or inability in controlling or modulating their emotions, and difficulty communicating wishes and needs. **Physical dysregulation** includes difficulties with regulation of body functions, including disturbances in sleeping, eating and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The individual's behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities. **Emotional dysregulation** is triggered by exposure to trauma cues or reminders where the individual has difficulty modulating arousal symptoms and returning to baseline emotional functioning or restoring equilibrium. This symptom is related to trauma but may also be a symptom of bipolar disorder and some forms of head injury and stroke. An elevation in emotional dysregulation will also likely accompany elevations in Anger Control.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

INTRUSIONS/RE-EXPERIENCING

This indicator describes intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.

Questions to Consider:

- Does the individual think about the traumatic event when they do not want to?
 - Do reminders of the traumatic event bother the individual?
-

Ratings and Descriptions

- 0 There is no evidence that the individual experiences intrusive thoughts of trauma.
-
- 1 History or evidence of some intrusive thoughts of trauma but it does not affect the individual's functioning. An individual with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.
-
- 2 Individual has difficulties with intrusive symptoms/distressing memories or intrusive thoughts that interfere with their ability to function in some life domains. For example, the individual may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions, or memories of traumatic events. The individual may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.
-
- 3 Individual has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This individual may exhibit trauma-specific reenactments that include sexually or physically traumatizing others. This individual may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the individual to function.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

NUMBING

This indicator describes the individual's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Questions to Consider:

- Does the individual experience a normal range of emotions?
 - Does the individual tend to have flat emotional responses?
-

Ratings and Descriptions

- | | |
|---|--|
| 0 | Individual has no evidence of numbing responses. |
| 1 | Individual exhibits some problems with numbing. The individual may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness). |
| 2 | Individual's difficulties with numbing responses impact their functioning. The individual may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience. |
| 3 | Individual's difficulties with numbing are dangerous and place them at risk. Individual may have significant numbing responses or multiple symptoms of numbing. The individual may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future. |
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

DISSOCIATION

This indicator includes symptoms such as daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.

Questions to Consider:

- Does the individual seem to lose track of the present moment or have memory difficulties?
 - Is the individual frequently forgetful or caught daydreaming?
-

Ratings and Descriptions

- 0 Individual shows no evidence of dissociation.
- 1 Individual has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
- 2 Individual exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization.
- 3 Individual exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Individual is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Individual shows rapid changes in personality or evidence of distinct personalities.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

AVOIDANCE

This indicator describes efforts to avoid stimuli associated with traumatic experiences.

Questions to Consider:

- Does the individual make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?
-

Ratings and Descriptions

- 0 Individual exhibits no avoidance symptoms.
-
- 1 Individual may have history of or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
-
- 2 Individual exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the individual may also avoid activities, places, or people that arouse recollections of the trauma.
-
- 3 Individual's avoidance symptoms are debilitating. Individual may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

HYPERVIGILANCE

This indicator describes a state of heightened alertness accompanied by behavior that aims to prevent danger. Behaviors may include being easily startled and jumpy at things they hear or see suddenly; overreacting to things happening around them in a way that may seem hostile; finding crowded or noisy environments overwhelming; overanalyzing situations and believing them to be worse than they are; being overly sensitive to people's tone or expressions, taking them personally; and/or having trouble getting to sleep or staying asleep.

Questions to Consider:

- Does the individual feel jumpy or on alert more than is usual?
 - Does the individual have difficulty relaxing?
 - Are the individual's sensitivities around staying safe impacting their relationships at home or at work?
-

Ratings and Descriptions

- | | |
|---|--|
| 0 | Individual has no evidence of hypervigilance. |
| 1 | Relevant history or evidence of hypervigilance that does not interfere with daily functioning. Individual may occasionally manifest distress-related behaviors. |
| 2 | Individual's hypervigilant behaviors impact their functioning including: obsessive behavior patterns, physical and mental exhaustion, difficulty in relationships, problems in the workplace, and/or avoidance of social situations. |
| 3 | Individual's hypervigilant behaviors impact their functioning in ways that are dangerous or debilitating to them, such as: being at risk of losing their relationships or their job. |
-

Supplemental Information: People who are experiencing hypervigilance can seem similar to paranoia. There are, however, some important differences between these two mental states:

- People experiencing hypervigilance do not have any fixed beliefs about a specific thing happening but are just on alert. People with paranoia hold specific, untrue beliefs that certain people or things are out to get them.
- In hypervigilance, people are on guard in anticipation of something bad happening in the future. In paranoia, people have a delusional belief that someone or something is trying to harm them.
- In paranoia, people will not be aware that they are suffering from an illness and may believe that their delusions are true. In hypervigilance, people often have an awareness that there is no objective reason to be on edge, but find it hard to relax, nonetheless.

From: Medical News Today. <https://www.medicalnewstoday.com/articles/319289#what-is-hypervigilance>

[Return to Table of Contents] [Return to Core Indicator List]

ATTACHMENT DIFFICULTIES

This indicator rates the individual's ability to form and/or maintain an emotional bond in order to establish a sense of security and safety. This indicator should be rated within the context of the individual's significant interpersonal relationships.

Questions to Consider:

- Does the individual have the ability to make healthy attachments to others or are their relationships marked by intense fear or avoidance?
 - Does the individual have difficulty making and maintaining relationships?
-

Ratings and Descriptions

- 0 No evidence of attachment problems. Interpersonal relationships with significant others are characterized by mutual satisfaction of needs and the individual's development of a sense of security and trust.
-
- 1 Some history or evidence of insecurity within the individual's relationships with significant others. Individual may have some problems with separation (e.g., anxious behaviors in the absence of obvious cues of danger) or individual may have minor difficulties with appropriate physical/emotional boundaries with others. This could involve either problems with separation or problems with detachment. Boundaries may seem inappropriate with others.
-
- 2 Problems with attachment that interfere with the individual's functioning in at least one life domain and require intervention. Individual may have ongoing difficulties with separation or may consistently avoid contact with others.
-
- 3 Individual is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in relationships) or individual presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Individual is considered at ongoing risk due to the nature of their attachment behaviors.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

TRAUMATIC GRIEF & SEPARATION

This indicator describes the level of traumatic grief the individual is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

Questions to Consider:

- Is the trauma reaction of the individual based on a grief/loss experience?
 - How much does the individual's reaction to the loss impact their functioning?
-

Ratings and Descriptions

- 0 There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant others. Either the individual has not experienced a traumatic loss (e.g., death of a loved one) or the individual has adjusted well to separation.
-
- 1 Individual is experiencing traumatic grief due to death or loss/separation from a significant other in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.
-
- 2 Individual is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
-
- 3 Individual is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g., interpersonal relationships, school or work) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

End of the Traumatic Stress Symptoms Module

ANGER CONTROL

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

Questions to Consider:

- How does the individual deal with anger?
 - Does the individual get violent when angry?
-

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

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.

[Return to Table of Contents] [Return to Core Indicator List]

SUBSTANCE USE*

This indicator describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by an individual. This rating is consistent with DSM Substance-Related and Addictive Disorders. This indicator 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.

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

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.

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

[Return to Table of Contents] [Return to Core Indicator List]

[B] SUBSTANCE USE DISORDER MODULE

SEVERITY OF USE

This indicator rates the frequency and severity of the individual's current substance use.

Questions to Consider:

- Is the individual currently using substances? If so, how frequently?
 - Is there evidence of physical dependence on substances?
-

Ratings and Descriptions

- 0 Individual is currently abstinent and has maintained abstinence for at least six months.
-
- 1 Individual is currently abstinent but only in the past 30 days or individual has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
-
- 2 Individual actively uses alcohol or drugs but not daily.
-
- 3 Individual uses alcohol and/or drugs on a daily basis.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

DURATION OF USE

This indicator identifies the length of time that the individual has been using drugs or alcohol.

Questions to Consider:

- How long has the individual been using drugs and/or alcohol?
-

Ratings and Descriptions

- 0 Individual has begun use in the past year.
-
- 1 Individual has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the individual did not have any use.
-
- 2 Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.
-
- 3 Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

STAGE OF RECOVERY

This indicator identifies where the individual is in their recovery process.

Questions to Consider:

- In relation to stopping substance use, at what stage of change is the individual?
-

Ratings and Descriptions

- 0 Individual is in maintenance stage of recovery. Individual is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
-
- 1 Individual is actively trying to use treatment to remain abstinent.
-
- 2 Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
-
- 3 Individual is in denial regarding the existence of any substance use problem.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

ENVIRONMENTAL INFLUENCES

This indicator rates the impact of the individual's community environment on their alcohol and drug use.

Questions to Consider:

- Are there factors in the individual's community that impact their alcohol and drug use?
-

Ratings and Descriptions

- 0 No evidence that the individual's environment stimulates or exposes them to any alcohol or drug use.
-
- 1 Suspicion that individual's environment might expose them to alcohol or drug use.
-
- 2 Individual's environment clearly exposes them to alcohol or drug use.
-
- 3 Individual's environment encourages or enables them to engage in alcohol or drug use.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

RECOVERY SUPPORT IN COMMUNITY

This indicator describes the individual's participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community-based.

Questions to Consider:

- Does the individual participate in community-based recovery programs?
 - Are there factors that prevent the individual from participation in recovery programs?
-

Ratings and Descriptions

- | | |
|---|---|
| 0 | No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups and meetings regularly. |
| 1 | Problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly. |
| 2 | Individual struggles with maintaining social connectivity through recovery support groups or activities. Individual has attended recovery support groups in the past but is no longer attending meetings. |
| 3 | Individual is unable to maintain social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities. |
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

ACUTE INTOXICATION

This indicator describes reversible, substance-related, maladaptive psychological or behavioral changes causing physiological effects of the central nervous system by recent ingestion of or exposure to a substance: alcohol, illicit drug, medication, or toxin (Medical Dictionary.com).

Questions to Consider:

- Is there evidence of acute intoxication (e.g., withdrawal symptoms)?
 - Are substance intoxication difficulties interfering with functioning?
-

Ratings and Descriptions

- 0 Individual has no identified substance intoxication difficulties at the present time.
-
- 1 Individual has occasional intoxication which requires preventive activities. History of occasional intoxication and/or withdrawal symptoms without evidence of current problems would be rated here.
-
- 2 Evidence of acute intoxication interferes with individual's ability to function with moderate risks, requiring preventive or withdrawal management services.
-
- 3 Individual has a substance use problem with complications that may result in danger to self or detoxification (e.g., managing acute alcohol poisoning after binge drinking, overdose, or significant risk of withdrawal symptoms, seizures, or medical complications based on withdrawal history and substance use: amount, frequency, duration, and recent discontinuation).
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

WITHDRAWAL HISTORY

Withdrawal refers to a psychological and/or physical syndrome caused by abruptly stopping or reducing substance use in a habituated person. Specific symptoms and risks differ based on the substance. Withdrawal history, important in assessing current risk and planning care, considers past substance use and withdrawal experience.

Questions to Consider:

- Is there evidence of withdrawal symptoms related to substance use?
 - Do they impact functioning or affect the individual's health?
-

Ratings and Descriptions

- | | |
|-------|--|
| 0 | No evidence of prior withdrawal symptoms related to substance use, medications, or toxins. |
| <hr/> | |
| 1 | History of occasional acute withdrawal symptoms following substance use (e.g., mild nausea, mild tactile disturbances or sensitivity to light, slight headache, cannot do serial additions or uncertain about date, mild anxiety or irritability, chills or flushing, restless). |
| <hr/> | |
| 2 | History of withdrawal symptoms after decreasing or discontinuing substance use or medications (e.g., anxiety, nausea, fever, tremor) that impact the individual's functioning. OR, chronic physical health problems could be worsened by withdrawal symptoms. |
| <hr/> | |
| 3 | History of significant withdrawal symptoms after decreasing or discontinuing substance use or medications (e.g., seizures, delirium tremens, rapid heartbeat). Individual may have medical condition which could be worsened due to withdrawal. |
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

AWARENESS OF RELAPSE TRIGGERS

Relapse refers to resuming substance use after a period of recovery. This indicator refers to the individual's awareness of potential triggers (emotional stresses or circumstances: exposure to rewarding substances and behaviors, environmental cues for use) that increase the likelihood of using substances.

Questions to Consider:

- Is individual aware of what triggers their return to using substances?
 - If so, does individual use strategies to manage challenges?
-

Ratings and Descriptions

- 0 Individual is aware of potential relapse triggers and actively uses recovery strategies (e.g., developed resilience and support to cope with stressors and manage challenges: craving, behavioral control, problems in relationships).
-
- 1 Individual is aware of relapse triggers and usually engages recovery strategies to address recovery challenges but requires some effort to maximize and sustain efforts. Awareness might be used and built upon in treatment.
-
- 2 Individual is aware of some, but not all, relapse triggers or seldom uses recovery strategies to address challenges.
-
- 3 Individual is unaware of relapse triggers and does not use recovery strategies to address challenges.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

WITHDRAWAL RISKS

This item describes the current risk of withdrawal from alcohol and/or other substance use and need for withdrawal management services. Severity of withdrawal risk varies by type of substance(s) used, duration and frequency of use, withdrawal history, concurrent mental and/or physical health conditions, involvement in recovery, and family/natural and environmental supports. Higher risks occur with withdrawal from alcohol and benzodiazepines or the use of multiple substances.

Questions to Consider:

- How does individual manage withdrawal symptoms?
 - Is individual's health or safety at risk from the withdrawal symptoms?
-

Ratings and Descriptions

- 0 The individual is fully functioning. Individual is able to tolerate and deal with mild withdrawal discomfort.
-
- 1 Individual has minimal risk of severe withdrawal. Sustained withdrawal management services without evidence of current problems could be rated here. Examples include an individual using alcohol or benzodiazepines with mild withdrawal symptoms (anxiety, sweating, and insomnia, but no tremors); not withdrawing from another substance; previously stopped using in the past year without severe withdrawal symptoms; no more than mild, stable physical health conditions; motivated to complete the withdrawal process; understands and willing to engage in treatment, and has a positive support system with safe housing.
-
- 2 Evidence of moderate level of withdrawal risks includes symptoms (sweating, anxiety, nausea, fever, and tremor), current physical symptoms (nausea or vomiting at no more than moderate intensity); no withdrawal from other substances; no more than mild, stable mental or physical health conditions; understanding, commitment, and cooperation in withdrawal management process; and at least minimally supportive family/friends and access to safe housing OR withdrawal symptoms with no tremor, but barrier to effective withdrawal management related to history of severe withdrawal symptoms, moderate or unstable mental or physical health condition(s), limited commitment, high relapse risk, or unsupportive friends/family.
-
- 3 Individual has significant or severe risk of withdrawal symptoms, seizures, or medical complications. Significant withdrawal risk is characterized by significant anxiety with moderate to severe tremor; possible concurrent withdrawal from other substances; OR moderate symptoms and not withdrawing from another substance, but with other problems that complicate withdrawal management (history of severe withdrawal symptoms, moderate to severe physical or mental health conditions, high relapse risk, questionable cooperation, significant others not supportive of the process or inadequate housing). Severe risk of withdrawal is characterized by confusion; new onset of hallucinations; seizure; or inability to understand OR severe anxiety; moderate to severe tremor; concurrent withdrawal from another substance; and either history of seizure or delirium tremens; severe, unstable physical health condition(s); uncooperative; or requiring more than hourly medical monitoring.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Item List\]](#)

End of the Substance Use Disorder Module

EATING DISTURBANCES

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

Questions to Consider:

- Does the individual have any issues with eating?
 - Is the individual overly picky?
 - How does the individual feel about their body?
 - Does the person seem to be overly concerned about their weight?
 - Does the person ever refuse to eat, binge eat, or hoard food?
-

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

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 (Anorexia or Bulimia Nervosa).

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).

[Return to Table of Contents] [Return to Core Indicator List]

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 Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

SUICIDE RISK

This indicator is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This indicator rates overt and covert thoughts and efforts on the part of an individual to end their life.

Questions to Consider:

- Has the individual ever talked about suicide?
 - Does the individual have a history of suicide attempts?
 - Has the individual ever attempted 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 *Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Recent, but not acute, suicidal ideation or gesture.

3 *Need or risk behavior is dangerous or disabling. 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.

Supplemental Information: A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This indicator 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:

- Has the individual ever performed self-harming behaviors?
 - Does the individual have any physical injuries from self-harming behavior?
 - 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 *Need or risk behavior is interfering with functioning. 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 *Need or risk behavior is dangerous or disabling. 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.

[Return to Table of Contents] [Return to Core Indicator List]

OTHER SELF-HARM (RECKLESSNESS)

This indicator 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 *Need or risk behavior is interfering with functioning. 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 *Need or risk behavior is dangerous or disabling. 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 indicator 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.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

VICTIMIZATION/EXPLOITATION

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

Questions to Consider:

- Has the individual ever been exploited?
 - Is the individual currently being exploited?
 - Has the individual traded sexual activity for goods, money, affection or protection?
-

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 *Need or risk behavior is interfering with functioning. 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 *Need or risk behavior is dangerous or disabling. 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, sexual activity) or living in an abusive relationship.

Supplemental Information: Sexual exploitation includes any situation, context, or relationship where the individual receives something (e.g., food, accommodations, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing sexual activities, and/or others performing sexual activities on the individual. This includes commercial sexual exploitation in which a third party receives payment for the sexual exploitation of the individual. [continues]

[Return to Table of Contents] [Return to Core Indicator List]

VICTIMIZATION/EXPLOITATION continued

West Virginia's signs of trafficking include but are not limited to:

- Person pressured to perform sexual acts/photos for money, favors, shelter, food or gifts.
- Person stripped of identifying documents such as passport or driver's license.
- Person denied basic needs and social contacts in order to keep others from realizing they were being trafficked.
- Person trafficking threatened to report adult to authorities or to harm the individual's family if they did not do what they were told.
- Person is from another country and reports owing someone who helped them get into the country.
- Person forced to work jobs in which they would be compensated, but the money goes to someone else.
- Person's medical care withheld when injury or illness occurred.
- Person asked to lie about age.
- Person felt like they could not leave the job or situation they were in due to threats from the trafficker.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

DANGER TO OTHERS

This indicator 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 been violent with a sibling, peer or other adult?
 - 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 *Need or risk behavior is interfering with functioning. 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 *Need or risk behavior is dangerous or disabling. 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 not rated on this indicator.

[Return to Table of Contents] [Return to Core Indicator List]

ADDICTIVE BEHAVIORS

This indicator 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 indicator.

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 Need or risk behavior is interfering with functioning. 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 Need or risk behavior is dangerous or disabling. 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.

[Return to Table of Contents] [Return to Core Indicator List]

SEXUAL AGGRESSION

This indicator 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.

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

2 *Need or risk behavior is interfering with functioning. 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 of others). Frequent disrobing would be rated here only if it was sexually provocative.

3 *Need or risk behavior is dangerous or disabling. 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.

Supplemental Information: This indicator includes all sexual offenses against adults or children 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, such as rape. An adult who sexually abuses a child or youth would be rated here.

[Return to Table of Contents] [Return to Core Indicator List]

CRIMINAL BEHAVIOR*

This indicator 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 indicator 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? Incarcerated?
 - Is the individual on probation?
-

Ratings and Descriptions

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

No evidence or history of 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 criminal behavior, but none in the recent past. Status offenses would generally be rated here.

2 *Need or risk behavior is interfering with functioning. 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 *Need or risk behavior is dangerous or disabling. 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.

Supplemental Information: Reckless behavior that may cause physical harm to others is not rated on this indicator.

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

[C] CRIME MODULE

SERIOUSNESS

This indicator rates the seriousness of the individual's criminal offenses. Please rate the highest level in the last 30 days.

Questions to Consider:

- What are the behaviors/actions that got the individual involved in the criminal justice system?
-

Ratings and Descriptions

- 0 Individual has had no criminal offenses in the last 30 days.
-
- 1 Individual has engaged in misdemeanor criminal behavior.
-
- 2 Individual has engaged in felony criminal behavior.
-
- 3 Individual has engaged in criminal behavior that places others at risk of significant physical harm.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

CRIME HISTORY

This indicator rates the individual's history of criminal behavior.

Questions to Consider:

- How many criminal behaviors has the individual engaged in?
 - Are there periods of time in which the individual did not engage in criminal behaviors?
-

Ratings and Descriptions

- 0 Current criminal behavior is the first known occurrence.
-
- 1 Individual has engaged in multiple criminal acts in the past year.
-
- 2 Individual has engaged in multiple criminal acts for more than one year but has had periods of at least 3 months where they did not engage in criminal behavior.
-
- 3 Individual has engaged in multiple criminal acts for more than one year without any period of at least 3 months where they did not engage in criminal behavior.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

ARRESTS

This indicator rates the individual's history of arrests in the criminal justice sector. Please rate the highest level from the past 30 days.

Questions to Consider:

- Has the individual ever been arrested?
 - How many times and when?
-

Ratings and Descriptions

- 0 Individual has no known arrests.
-
- 1 Individual has history of arrests, but none in the last 30 days.
-
- 2 Individual has had 1 arrest in the last 30 days.
-
- 3 Individual has more than 1 arrest in the last 30 days.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

CRIME PLANNING

This indicator rates the premeditation or spontaneity of the criminal acts. Please rate the highest level in the last 30 days.

Questions to Consider:

- Does the individual engage in preplanned or spontaneous or impulsive criminal acts?
-

Ratings and Descriptions

- 0 No evidence of any planning. Criminal behavior appears opportunistic or impulsive.
-
- 1 Evidence suggests that individual places themselves into situations where the likelihood of criminal behavior is enhanced.
-
- 2 Evidence of some planning of criminal behavior.
-
- 3 Considerable evidence of significant planning of criminal behavior. Behavior is clearly premeditated.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

COMMUNITY SAFETY

This indicator rates the level to which the criminal behavior of the individual puts the community's safety at risk. Please rate the highest level in the last 30 days.

Questions to Consider:

- Is the behavior violent in nature?
 - Does the individual commit violent crimes against people or property?
-

Ratings and Descriptions

0 Individual presents no risk to the community. The individual could be unsupervised in the community.

1 Individual engages in behavior that represents a risk to community property.

2 Individual engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the individual's behavior.

3 Individual engages in behavior that directly places community members in danger of significant physical harm.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

LEGAL COMPLIANCE

This indicator refers to the individual's compliance with any current court orders and sanctions. Please rate the highest level in the last 30 days.

Questions to Consider:

- Does the individual follow the orders of a court or meet the expectations of their probation (e.g., paying fines, completing community service, or reporting to probation officer)?
 - Have they missed any appointments or violated probation or court orders?
-

Ratings and Descriptions

0 Individual is in full compliance with court orders and sanctions and does not miss any appointments.

1 Individual is in general compliance with court orders and sanctions (e.g., occasionally misses appointments).

2 Individual is in partial compliance with standing court orders and sanctions (e.g., individual is going to school, but not completing community service).

3 Individual is in noncompliance with standing court orders and sanctions (e.g., probation violations).

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

CRIME PEER INFLUENCES

This indicator rates the level to which the individual's peers engage in criminal behavior.

Questions to Consider:

- Do the individual's friends also engage in criminal behavior?
 - Are the members of the individual's peer group involved in the criminal justice system or on parole/probation?
-

Ratings and Descriptions

- 0 Individual's primary peer social network does not engage in criminal behavior.
-
- 1 Individual has peers in their primary peer social network who do not engage in criminal behavior but has some peers who do.
-
- 2 Individual predominantly has peers who engage in criminal behaviors.
-
- 3 Individual is part of a peer group whose membership encourages or requires illegal behavior.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

CRIME ENVIRONMENTAL INFLUENCES

This indicator rates the influence of community criminal behavior on the individual's criminal behavior.

Questions to Consider:

- Does the individual live in a neighborhood/community with high levels of crime?
 - Is the individual a frequent witness or victim of such crime?
-

Ratings and Descriptions

- 0 No evidence that the individual's environment stimulates or exposes the individual to any criminal behavior.
-
- 1 Suspicion that the individual's environment might expose the individual to criminal behavior.
-
- 2 Individual's environment clearly exposes the individual to criminal behavior.
-
- 3 Individual's environment encourages or enables the individual to engage in criminal behavior.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

End of the Crime Module

PARENTING ROLE DOMAIN

The following items focus on specific issues for individuals related to providing care to a child or adult in their care. This domain should be completed for all individuals in a parenting or caregiving role.

Questions to Consider for this Domain: What are the resources and needs of the individual who is in a parenting or caregiving role?

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

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

KNOWLEDGE OF NEEDS

This indicator identifies the individual’s knowledge of the specific strengths of the child or adult in their care and any needs experienced by the child or adult, and the individual’s ability to understand the rationale for the treatment or management of those needs.

Questions to Consider:

- How does the individual understand the needs of the child or adult in their care?
 - Does the individual have the necessary information to meet the needs of the child or the adult they are caring for?
-

Ratings and Descriptions

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

No evidence of knowledge issues. Individual is fully knowledgeable about the psychological strengths and needs and limitations of the child or adult in their care.

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

Individual, while being generally knowledgeable about the child or adult in their care, has some mild deficits in knowledge or understanding of the psychological condition or skills and assets of this child or adult.

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

Individual does not know or understand well the child or adult in their care. Significant deficits exist in the individual's ability to relate to the problems and strengths of this child or adult.

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

Individual has little or no understanding of the condition of the child or adult in their care. Individual’s lack of knowledge about the strengths and needs of the child or adult in their care places child/adult at risk of significant negative outcomes.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

SUPERVISION

This indicator describes the individual's capacity to provide the level of monitoring and discipline needed by the child or adult in their care. Discipline is defined in the broadest sense and includes all of the things that parents/caregivers can do to promote positive behavior with the child/youth in their care.

Questions to Consider:

- Does the individual set appropriate limits on the child/youth?
 - Does the individual provide appropriate support to the child/adult being cared for?
 - Does the individual think they need some help with these issues?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child or adult.*
No evidence individual needs help or assistance in monitoring or disciplining the child or adult in their care, and/or individual has good monitoring and discipline skills.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*
Individual generally provides adequate supervision but is inconsistent. Individual may need occasional help or assistance.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Individual's supervision and monitoring are very inconsistent and frequently absent. Individual needs assistance to improve supervision skills.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Individual is unable to monitor or discipline the child or adult in their care. Individual requires immediate and continuing assistance. Child or adult is at risk of harm due to absence of supervision or monitoring.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

INVOLVEMENT WITH CARE

This indicator describes the level of involvement and follow-through the individual has in the planning and provision of behavioral health, child welfare, educational, and medical services on behalf of the child or adult in their care.

Questions to Consider:

- Is the individual actively involved in helping to set services for the child/adult in their care?
 - Is the individual willing to follow up on recommendations for the child/adult?
 - Is the individual uninterested or unwilling to become involved in the child/adult's care?
-

Ratings and Descriptions

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

No evidence of problems with involvement in services or interventions, and/or individual is actively involved in the planning and/or implementation of services and can be an effective advocate on behalf of the child or adult in their care.

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

Individual is consistently involved in the planning and/or implementation of services for the child/adult in their care but is not an active advocate on their behalf. Individual is open to receiving support, education, and information.

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

Individual is minimally involved in the care of the child or adult in their care. Individual may visit the child/adult when in temporary out-of-home care but does not become involved with service planning and implementation.

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

Individual is uninvolved with the care of the care or adult in their care. Individual may want child/adult to be removed from their care or may fail to visit when child/adult is in out-of-home care.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

ORGANIZATION

This indicator is used to rate the individual's ability to participate in or direct the organization of the household, services, and related activities.

Questions to Consider:

- Does the individual need or want help with managing their home?
 - Do they have difficulty getting to appointments or managing a schedule?
 - Is the individual prepared for meetings or commitments, remembering to bring anything they needed or promised?
-

Ratings and Descriptions

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

Individual is well organized and efficient.

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

History or evidence of some difficulty with organizing and maintaining household to support needed services that does not interfere with the ability to provide care. For example, individual may be forgetful about appointments or occasionally fails to return calls from service providers.

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

Individual has moderate difficulty with organizing and maintaining household to support needed services.

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

Individual is unable to organize household to support needed services. Help is needed.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

MARITAL/PARTNER VIOLENCE IN THE HOME

This indicator describes the degree of difficulty or conflict in the individual's partner relationship and the impact on providing care.

Questions to Consider:

- How does the individual and their spouse/partner manage conflict between them?
 - How are power and control handled in the individual and their spouse/partner's relationship with each other?
 - Does the individual and their spouse/partner's conflict escalate to verbal aggression, physical attacks or destruction of property?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child or adult.*
Individual and their spouse/partner appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*
History of marital difficulties and partner arguments. Or individual's marital difficulties and partner arguments are generally able to be kept to a minimum when child or adult being cared for is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Individual's marital difficulties and/or partner conflicts, including frequent arguments, often escalate to verbal aggression, the use of verbal aggression by one partner to control the other, and/or significant destruction of property which the child/adult being cared for often witnesses.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Individual's marital or partner difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate the difficulties experienced by the child or adult being cared for, placing them at greater risk.
-

Supplemental Information: Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregiver partners.

[Return to Table of Contents] [Return to Core Indicator List]

SAFE PARENTING/CAREGIVING

This indicator describes the individual's ability to maintain the safety within the household of the child or adult in their care. It does not refer to the safety of other family or household members based on any danger presented by the child or adult being cared for.

Questions to Consider:

- Is the individual able to protect the child/adult being cared for from harm in the home?
 - Are there individuals living in the home or visiting the home that may be abusive to the child or adult being cared for?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child or adult.*
No evidence of safety issues. Household is safe and secure. Child or adult being cared for is not at risk from others.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Household is safe but concerns exist about the safety of the child/adult being cared for due to history or others who might be abusive.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Child or adult being cared for is in some danger from one or more individuals with access to the home.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Child or adult being cared for is in immediate danger from one or more persons with unsupervised access.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

CAREGIVER RESOURCES & NEEDS DOMAIN

Caregiver refers to a parent(s) or other adult with primary care-taking responsibilities for the individual. This includes caregivers who manage the physical, medical and/or financial oversight of individuals with developmental needs, physical, or cognitive limitations, for example. This domain should be completed if the individual being assessed has one or more caregivers, and the indicators are rated for that caregiver or caregiving unit.

The indicators in this section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for the individual.

Questions to Consider for this Domain: What are the resources and needs of the individual's caregiver(s)?

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

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

KNOWLEDGE

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

Questions to Consider:

- Does the caregiver understand the individual's current mental health diagnosis and/or symptoms?
 - Does the caregiver's expectations of the individual reflect an understanding of the individual's mental or physical challenges?
-

Ratings and Descriptions

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

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

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

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

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

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

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

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

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

SOCIAL RESOURCES

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

Questions to Consider:

- Does family have extended family or friends who provide emotional support?
 - Can they call on social supports to watch the individual occasionally?
-

Ratings and Descriptions

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

Caregiver has significant social and family networks that actively help with caregiving.

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

Caregiver has some family, friends or social network that actively helps with caregiving.

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

Work needs to be done to engage family, friends, or social network in helping with caregiving.

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

Caregiver has no family or social network to help with caregiving.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

FINANCIAL LITERACY

This indicator is used to describe the caregiver's understanding of money.

Questions to Consider:

- Does the caregiver have money management skills (e.g., pay bills, check balances, understand a budget)?
 - Are training or services needed in order to help the caregiver manage their finances?
-

Ratings and Descriptions

0 *No current need; no need for action. This might be a resource for the individual.*

No evidence of problems and/or caregiver has solid money management skills. Caregiver manages money independently. Caregiver appears to understand the relationship between income and expenditures and can keep expenditures within budget.

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

There is a history or suspicion of problems in financial literacy. Caregiver may have some challenges with aspects of money management (e.g., over spending, losing small amount of money) but these challenges do not have a notable impact on their ability to provide care.

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

Caregiver is having some problems with their financial literacy that interferes with functioning in other life domains or their ability to provide care. Caregiver has some limited money management skills and needs assistance in managing some financial tasks.

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

Caregiver has no financial literacy. Caregiver has no money management skills which is dangerous to disabling to them or the individual to which they provide care.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

RESIDENTIAL STABILITY

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

Questions to Consider:

- Is the family's current housing situation stable?
 - Are there concerns that they might have to move in the near future?
 - Has family lost their housing?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver has stable housing with no known risks of instability.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has moved multiple times in the past year. Housing is unstable.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Family is homeless or has experienced homelessness in the recent past.
-

[Return to Table of Contents] [Return to Core Indicator List]

MEDICAL/PHYSICAL

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

Questions to Consider:

- How is the caregiver's health?
 - Does the caregiver have any health problems that limit their ability to care for the individual?
-

Ratings and Descriptions

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

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

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

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

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

Caregiver has medical/physical problems that interfere with the capacity to provide support or attendant care to the individual.

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

Caregiver has medical/physical problems that make providing support or attendant care to the individual currently impossible.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

BEHAVIORAL HEALTH

This indicator describes developmental, mental health and substance use challenges faced by the caregiver(s) that impact the caregiver's ability to provide support or attendant care to the individual.

Questions to Consider:

- Does the caregiver have any behavioral health issues?
 - Does the caregiver have any substance use issues?
 - Do the caregiver's behavioral health issues interfere with their caregiving ability?
-

Ratings and Descriptions

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

The caregiver(s) has no behavioral health limitations and no evidence of substance use issues that impact their ability to provide support or attendant care to the individual.

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

The caregiver(s) has some behavioral health limitations, suspicion or mild use of substances, and/or is in recovery from substance use difficulties that do not interfere with their ability to provide support or attendant care to the individual.

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

The caregiver(s) has significant behavioral health limitations and/or substance abuse difficulties that interfere with their ability to provide support to the individual or that make attendant care difficult.

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

The caregiver(s) has behavioral health limitations and/or substance use difficulties that prevent them from being able to provide any support or attendant care to the individual.

[Return to Table of Contents] [Return to Core Indicator List]

DEVELOPMENTAL

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

Questions to Consider:

- Does the caregiver have developmental challenges that make parenting/caring for the individual difficult?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the individual.*
No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has developmental challenges that interfere with the capacity to provide support or attendant care to the individual.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has severe developmental challenges that make it currently impossible to provide support or attendant care to the individual.
-

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)

SAFETY

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

Questions to Consider:

- Is the caregiver able to protect the individual from harm in the home?
 - Are there individuals living in the home or visiting the home that may be abusive to the individual?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the individual.*
No evidence of safety issues. Household is safe and secure. Individual is not at risk from others.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Household is safe but concerns exist about the safety of the individual due to history or others who might be abusive.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Individual is in some danger from one or more individuals with access to the home.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Individual is in immediate danger from one or more persons with unsupervised access.
-

[Return to Table of Contents] [Return to Core Indicator List]

FAMILY STRESS

This indicator reflects the degree of stress or burden experienced by the family as a result of the individual's needs as described elsewhere in the assessment.

Questions to Consider:

- Do the individual's needs cause stress on the family?
 - Is the family able to cope with the stress?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the individual.*
Caregiver is able to manage the stress of the individual's needs.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver has some problems managing the stress of the individual's needs but it does not impact their ability to provide support or attendant care to the individual.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has notable problems managing the stress of the individual's needs. This stress interferes with their ability to provide support or attendant care to the individual.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver is unable to manage the stress associated with the individual's needs. This stress prevents caregiver from providing support or attendant care to the individual.
-

[Return to Table of Contents] [Return to Core Indicator List]

CAREGIVER ORGANIZATION

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

Questions to Consider:

- Do caregivers need or want help with managing their home?
 - Do they have difficulty getting to appointments or managing a schedule?
 - Do they have difficulty getting the individual to appointments or other commitments?
-

Ratings and Descriptions

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

Caregiver is well organized and efficient.

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

Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.

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

Caregiver has moderate difficulty organizing and maintaining household to support needed services.

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

Caregiver is unable to organize household to support needed services.

[\[Return to Table of Contents\]](#) [\[Return to Core Indicator List\]](#)