
Contra Costa
Behavioral Health Services

**Adult Needs and Strengths
Assessment - Brief (ANSA-B)**

Ages 21+

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REFERENCE
GUIDE**

ACKNOWLEDGEMENTS

The Crisis Assessment Tool (CAT) is a crisis subset of the Child and Adolescent Needs and Strengths (CANS) and the Adult Needs and Strengths Assessment (ANSA) tools and is an update to the Childhood Severity of Psychiatric Illness tool (CSPI). The CAT is designed to provide additional information on assessing individuals across the lifespan who are experiencing a behavioral health crisis.

Along with the various Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) versions for mental health, developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CAT is an open domain tool for use in service delivery systems that address the mental health of children, adolescents, adults 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.”

This manual is adapted from the Crisis Assessment Tool, Lifespan version developed by the Praed Foundation (1999, 2017, 2019) after review by multiple staff from Contra Costa Behavioral Health Services Division (CCBHSD). The version of the ANSA used by CCBHSD was selected by the Contra Costa Behavioral Health Services Division’s ANSA Implementation Team – a multidisciplinary planning body – to ensure quality care.

For specific permission to use please contact the Praed Foundation. For more information on the ANSA contact:

John S. Lyons, PhD
Director
Center for Innovation in Population Health
Professor, Health, Management & Policy
University of Kentucky
College of Public Health
John.Lyons@uky.edu

April D. Fernando
Associate Director, Workforce Development
Center for Innovation in Population Health
Assistant Professor, Health, Behavior & Society
University of Kentucky
College of Public Health
April.Fernando@uky.edu

Praed Foundation
<http://praedfoundation.org>
info@praedfoundation.org

Claire Battis
Contra Costa Behavioral Health Services
Planner/Evaluator
cbattis@cchealth.org





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INTRODUCTION

THE ADULT NEEDS AND STRENGTHS ASSESSMENT - BRIEF

The Adult Needs and Strengths Assessment-Brief (ANSA-B) is a decision support and communication tool to allow for the rapid and consistent communication of the needs of individuals experiencing a crisis that threatens their safety or well-being or the safety of the community. It is composed of a subset of items from the Adult Needs and Strengths Assessment (ANSA) tools. The ANSA-B is intended to be completed by those who are directly involved with the individual. At CCBHS, the ANSA-B is to be completed for clients that are only receiving medication supports. The form serves as both a decision support tool and as documentation of the identified needs of the individual served along with the decisions made with regard to treatment and placement at the time of the crisis.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

The ANSA-B is a communimetric tool, and there are six key principles that should be considered when completing the ratings.

1. **Items impact service planning.** Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Items ratings translate into Action Levels.** Each item uses a four level ('0'-'3') rating system. An item rated '2' or '3' requires action.
3. **Consider culture and development.** Culture and development must be considered before establishing the action level for each item.
4. **Agnostic as to etiology.** It is a descriptive tool. Rate the "what" and not the "why." The ANSA-B describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
5. **It's about the individual, not the service.** Ratings should describe the individual, not the individual in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., '2' or '3').
6. **Specific ratings window (e.g. 30 days) can be overridden based on action levels.** Keep the information fresh and relevant to the individual's present circumstances. Don't get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action levels override timeframes – if it requires action and should be on your treatment or safety plan, rate it higher!

RATING SCALE

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

As a communimetric tool, the indicators on the ANSA-B are selected to represent the key information needed in order to decide the best intervention strategy for an individual during a time of crisis.

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

In order to enhance the reliability of the ANSA-B, anchor points have been designed to facilitate the translation of levels of each indicator into the four action levels described above. It should be noted that these anchor points represent guidelines. Since it is not feasible to exhaustively define all circumstances that might fit a particular level, the assessor may use some clinical judgment to determine the rating when no clear choice is obvious. This judgment should be guided by a decision on the appropriate level of action required for the specific indicator.

A primary goal of this tool is to further communicate with both the individual and family and for the individual's system of care. As such, consistency and reliability in the use of this tool is important. Therefore, formal training is required prior to any staff completing this tool based on an actual crisis assessment. Annual certification on the tool is also required.

Please note that a 30-day window is used. This window is just to remind the rater that the interest is in describing the individual's immediate needs in this regard. The use of the word 'history' in many of the ratings of 1 refers to lifetime history. In other words, if an individual attempted suicide five years ago but is not actively suicidal, a rating of 1 would be appropriate.

The ANSA-B includes items regarding substance use. Individual and family responses to questions about these items may suggest the likelihood of a co-occurring substance use disorder or may suggest that the individual is presenting signs, symptoms, and behaviors influenced by co-occurring issues. The purpose for these questions is not to establish the presence or specific type of a substance abuse disorder, but to alert clinicians to the impact substance use may have on the individual's crisis.

ANSA-BRIEF STRUCTURE

The Contra Costa County Adults Needs and Strengths Assessment-Brief items are noted below.

Life Functioning Domain

1. Social Functioning
2. Developmental/Intellectual
3. Decision Making/Judgement
4. School/Employment
5. Legal
6. Sleep
7. Medication Compliance

Risk Behaviors Domain

8. Danger to Self
9. Non-Suicidal Self-Injurious Behavior
10. Danger to Others
11. Other Self Harm (Recklessness)
12. Sexual Aggression
13. Criminal Behavior
14. Community Safety

Behavioral/Emotional Needs Domain

15. Psychosis (Thought Disorder)
16. Impulse Control
17. Depression
18. Anxiety
19. Conduct/Antisocial Behavior
20. Anger Control
21. Adjustment to Trauma
22. Substance Use

OPTIONAL DOMAINS

Caregiver Resources & Needs

23. Supervision
24. Involvement with Care
25. Social Resources

Caregiver Resources & Needs cont'd

26. Residential Stability
27. Health/Behavioral Health
28. Family Stress

Adult Protection

29. Living Situation
30. Abuse/Neglect
31. Marital/Partner Violence

LIFE FUNCTIONING DOMAIN

This section focuses on 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, work and community realms?

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

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

1. SOCIAL FUNCTIONING

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

Questions to Consider

- Does the individual have any friends?
- Does the individual get along well with their friends?
- Are the individual's friendships healthy?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of problems and/or individual has developmentally appropriate social functioning.

- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history or suspicion of problems in social relationships. Individual is having some difficulty interacting with others and building and/or maintaining relationships.

- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual is having some problems with 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.

Supplemental Information: Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the individual is doing currently. Strengths are longer-term assets.

2. DEVELOPMENTAL/INTELLECTUAL

This item describes the individual's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Does the individual have any developmental or intellectual challenges?	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of developmental delay and/or individual has no developmental problems or intellectual disability.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There are concerns about possible developmental delay. Individual may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.</p>

Supplemental Information: This item includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

3. DECISION MAKING/JUDGEMENT

This item describes the individual's ability to make decisions and understanding of choices and consequences. This rating should reflect the degree to which an individual can concentrate on an issue, think through decisions, anticipate consequences of decisions, and follow through on decisions.

Questions to Consider	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with judgment or poor decision-making that result in harm to development and/or well-being.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is some history or suspicion of problems with judgment in which the individual makes decisions that are in some way harmful to their development and/or well-being.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with judgment in which the individual makes decisions that are in some way harmful to their development and/or well-being. As a result, more supervision is required.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Problems with judgement that place the individual at risk of significant physical harm. Individual is currently unable to make decisions. Therefore, individual requires intense and constant supervision.

4. SCHOOL/EMPLOYMENT

This item rates the performance of the individual in school and work settings. This performance can include issues of behavior, attendance or productivity.

Questions to Consider	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems at school or work. Individual is gainfully employed, or progressing academically.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Problems with work or school functioning. Individual may have some problems in work or school environment but this not impacting performance or productivity.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Work or school problems including disruptive behavior and/or difficulties with performing or completing required work. Supervisors or teachers likely have warned individual about problems with their work performance or grades.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> School or work problems including aggressive behavior toward peers or superiors or severe attendance problems. Individual may be recently fired or at very high risk of firing (e.g. on notice) or failing school.

5. LEGAL

This item rates only the individual's involvement with the legal system.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual have any legal issues?• Has the individual ever been arrested?• Is the individual on probation?• Has the individual ever been incarcerated?	<p>0 <i>No evidence of any needs; no need for action.</i> Individual has no known legal difficulties.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual has a history of legal problems but currently is not involved with the legal system.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual has some legal problems and is currently involved in the legal system.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual has serious current or pending legal difficulties that place them at risk for incarceration.</p>

6. SLEEP

This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep or sleeping too much.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual get a full night's sleep?• Does the individual get enough sleep to function properly the next day?• Does the individual have any problems when they sleep such as awakening early or nightmares, etc.	<p>0 <i>No evidence of any needs; no need for action.</i> There is no evidence of problems with sleep. Individual gets a full night's sleep each night.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual is generally sleep deprived. Sleeping is almost always difficult and the individual is not able to get a full night's sleep.</p>

7. MEDICATION COMPLIANCE

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

	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> This level indicates an individual who takes psychotropic medications as prescribed and without reminders, or an individual who is not currently on any psychotropic medication.</p>
<p>Questions to Consider</p> <ul style="list-style-type: none">• Is the individual prescribed any medications?• Does the individual take the medications as prescribed?	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> This level indicates an individual who will take psychotropic medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This level indicates an individual who is somewhat non-compliant. Individual may be resistant to taking psychotropic medications or may tend to overuse their medications. They might comply with prescription plans for periods of time (1-2 weeks) but generally do not sustain taking medication in prescribed dose or protocol.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This level indicates an individual who has refused to take prescribed psychotropic medications during the past 30-day period or who has abused their medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree).</p>

RISK BEHAVIORS DOMAIN

This section focuses on factors that can increase an individual’s likelihood of mental health and other difficulties developing as well as current behaviors that place the individual at risk. 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 have any behaviors that pose a risk to themselves or to others?

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

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

8. DANGER TO SELF

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

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

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

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

9. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This item rates 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.).

<p>Questions to Consider</p> <ul style="list-style-type: none">• Has the individual ever performed self-harm?• Does the individual have any physical injuries from self-harming behavior?	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any forms of self-injury.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> A history or suspicion of self-injurious behavior.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> 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.</p>

10. DANGER TO OTHERS

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

<p>Questions to Consider</p> <ul style="list-style-type: none">• Has the individual ever been aggressive towards others?• Does the individual have homicidal ideation?	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Occasional or moderate level of aggression towards others. Individual has made verbal threats of violence towards others.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Individual is an immediate risk to others.</p>

Supplemental Information: A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.

11. OTHER SELF HARM (RECKLESSNESS)

This item rates reckless and dangerous behaviors that, while not intended to harm self or others, place the individual or others in some jeopardy.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence of behaviors (other than suicide or self-mutilation) that place the individual at risk of physical harm.
	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places individual at risk of physical harm.
	2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual in danger of physical harm.
	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> 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: Suicidal or self-injurious behaviors are not rated here.

12. SEXUAL AGGRESSION

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence of sexually aggressive behavior.
	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> 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	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Has the individual ever been arrested? • Is the individual on probation? • Has the individual ever been incarcerated? 	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> No evidence or history of criminal behavior.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> A history of criminal behavior but none in the past year.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> 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. Examples would include vandalism and shoplifting.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual has been engaged in violent criminal activity during the past year which represent a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault.</p>
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Supplemental Information: A rating of '2' or '3' would indicate the need for a safety plan.

14. COMMUNITY SAFETY
This item rates the level to which the criminal behavior of the individual puts the community's safety at risk. Please rate the highest level from the past 30 days.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Is the criminal behavior violent in nature? • Does the individual commit violent crimes against people or property? 	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> Individual presents no risk to the community. Individual may function unsupervised in the community.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual engages in behavior that represents a risk to community property.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> 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.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual engages in behavior that directly places community members in danger of significant physical harm.</p>
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BEHAVIORAL/EMOTIONAL NEEDS

The ratings in this section identify 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 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.

Please Note: Information on DSM-5 diagnoses is provided for informational and descriptive purposes only. The ANSA is not intended to be used for diagnostic purposes, and an individual does not have to have a specific diagnosis or meet diagnostic criteria in order to be rated actionable (a '2' or '3' on an item).

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

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

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

15. PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual display any signs of psychosis? • Does the individual have any hallucinations? • Is the individual diagnosed with a psychotic disorder? 	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> No evidence of psychotic symptoms. Both thought processes and content are within normal range.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of disruption in thought processes or content. 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 an individual who is below the threshold for one of the DSM diagnoses listed above.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Evidence of disturbance in thought process or content that may be impairing the 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. [continues]</p>
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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.

16. IMPULSE CONTROL

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

Ratings and Descriptions

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

No evidence of symptoms of loss of control of behavior.

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

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

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

Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual's functioning in at least one life domain. This indicates an individual with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, 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 self or others without thinking.

Questions to Consider

- Does the individual act impulsively?
- Does the individual display hyperactive behaviors?
- Does the individual have a diagnosis of ADHD?

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

17. DEPRESSION

This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities.

Questions to Consider

- Does the individual display any symptoms of depression?
- Does the individual have a diagnosis of depression?

Ratings and Descriptions

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

No evidence of problems with depression.

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

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

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

Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in 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, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

Supplemental Information: This dimension can be used to rate symptoms of the depressive disorders as specified in DSM-5.

18. ANXIETY

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

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual worry?• Does the individual have excessive fear?• Does the individual avoid situations?• Is the individual diagnosed with an anxiety disorder?	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> 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.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of anxiety that makes it virtually impossible for the individual to function in any life domain.</p>

19. ANTISOCIAL BEHAVIOR/CONDUCT

This item rates the degree to which an individual engages in behavior that is consistent with the presence of an Antisocial Personality Disorder.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual vandalize?• Does the individual steal?• Is the individual violent?• Is the individual diagnosed with an antisocial personality disorder?	<p>0 <i>No evidence of any needs; no need for action.</i> Individual shows no evidence of antisocial behavior.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The individual may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> 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.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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.</p>

20. ANGER CONTROL

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How does the individual deal with anger?• Does the individual get violent when angry?	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any anger control problems.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History, suspicion of, or evidence of some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual's difficulties with controlling anger are impacting functioning in at least one life domain. Individual's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual's temper or anger control problem is dangerous. Individual frequently gets into fights that are often physical. Others likely fear the individual.</p>

21. ADJUSTMENT TO TRAUMA

This item is used to describe the individual who is having difficulties adjusting to a traumatic experience, as defined by the individual.

Questions to Consider

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

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence that individual has experienced a traumatic life event, OR individual has adjusted well to traumatic/adverse experiences.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
The individual has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Individual may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
-
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. 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 PTSD).

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

22. SUBSTANCE USE

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by an individual.

	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> Individual has no notable substance use difficulties at the present time.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> 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.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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.</p>
Questions to Consider	
<ul style="list-style-type: none">• Does the individual misuse any substances?• Does the individual take medications as prescribed?	

Supplemental Information: This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.

CAREGIVER RESOURCES & NEEDS DOMAIN (OPTIONAL)

Caregiver refers to parent(s) or other adult with primary care-taking responsibilities for the individual. This dimension would not be applicable to an individual living in an institutionalized setting, but would apply to someone living in group homes.

The items 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 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.

23. SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring needed by the individual.

Questions to Consider

- How does the caregiver feel about their ability to keep an eye on the individual?
- Does the caregiver need some help with these issues?

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the individual.*
No evidence caregiver needs help or assistance in monitoring the individual, and/or caregiver has good monitoring 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.*
Caregiver generally provides adequate supervision, but is inconsistent. Caregiver 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.*
Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.

- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver is unable to monitor the individual. Caregiver requires immediate and continuing assistance. Individual is at risk of harm due to absence of supervision or monitoring.

24. INVOLVEMENT WITH CARE

This item is used to rate the level of involvement the caregiver(s) has in the planning and provision of mental health related services.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Is the caregiver involved with the individual's care?• Is the caregiver participating in the individual's treatment?	<p>Ratings and Descriptions</p>
	<p>0 <i>No current need; no need for action. This may be a resource for the individual.</i> No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for the individual.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver is consistently involved in the planning and/or implementation of services for the individual but is not an active advocate on behalf of the individual. Caregiver is open to receiving support, education, and information.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver is not actively involved in the individual's services and/or interventions intended to assist the individual.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver wishes for individual to be removed from their care.</p>

25. SOCIAL RESOURCES

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

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual have any social resources that can help with the care of the individual?	<p>Ratings and Descriptions</p>
	<p>0 <i>No current need; no need for action. This may be a resource for the individual.</i> Caregiver has significant social and family networks that actively help with caregiving.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has some family or friends or social network that actively helps with caregiving.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Work needs to be done to engage family, friends or social network in helping with caregiving.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has no family or social network to help with caregiving.</p>

26. RESIDENTIAL STABILITY

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

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the caregiver have a stable living situation?• Where is the caregiver living?	Ratings and Descriptions	
	0	<i>No current need; no need for action. This may be a resource for the individual.</i> Caregiver has stable housing with no known risks of instability.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> 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	<i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has moved multiple times in the past year. Housing is unstable.
	3	<i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Family is homeless, or has experienced homelessness in the recent past.

27. HEALTH/BEHAVIORAL HEALTH

This item attempts to identify any developmental disability, medical, physical, mental health or substance use-related problems that the caregiver may be experiencing that limit or prevent their ability to provide care for the individual.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the caregiver have any medical, physical, mental health or substance use needs that make providing care difficult?• Does the caregiver have any developmental needs or disabilities that impact their ability to provide care to the individual?	Ratings and Descriptions	
	0	<i>No current need; no need for action. This may be a resource for the individual.</i> The caregiver is healthy.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver is in recovery from medical, physical, mental health or substance use problems, or has controlled health problems that have the potential to complicate parenting.
	2	<i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has medical, physical, mental health or substance use problems that interfere with their caregiving role.
	3	<i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has medical, physical, mental health or substance use problems that make it impossible for them to provide care at this time.

28. FAMILY STRESS

This item 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.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual's needs cause stress on the family?• Is the family able to cope with the stress?	<p>0 <i>No current need; no need for action. This may be a resource for the individual.</i> Caregiver is able to manage the stress of the individual's needs.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has some problems managing the stress of the individual's needs.</p>
	<p>2 <i>Need is interfering with the provision of care; requires action or intervention to ensure that the need is addressed.</i> Caregiver has notable problems managing the stress of the individual's needs. This stress interferes with their capacity to give care.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to manage the stress associated with the individual's needs. This stress prevents caregiver from providing care.</p>

ADULT PROTECTION DOMAIN (OPTIONAL)

The items in this section represent potential areas of need regarding the safety and well-being of adults. This is an optional domain.

Questions to Consider for this Domain: What are the needs regarding the individual’s safety?

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

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

29. LIVING SITUATION

This item 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.)

<p>Questions to Consider</p> <ul style="list-style-type: none"> • 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? 	<p>Ratings and Descriptions</p> <ul style="list-style-type: none"> 0 <i>No evidence of any needs; no need for action.</i> No evidence of problem with functioning in current living environment. Individual and caregivers feel comfortable dealing with issues that come up in day-to-day life. 1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual experiences mild problems with functioning in current living situation. Caregivers express some concern about individual’s behavior in living situation, and/or individual and caregiver have some difficulty dealing with issues that arise in daily life. 2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> 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 caregivers have difficulty interacting effectively with each other much of the time. 3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual has profound problems with functioning in current living situation. Individual is at immediate risk of being removed from living situation due to problematic behaviors.
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30. ABUSE/NEGLECT

This item refers to physical, emotional, sexual, or fiduciary abuse occurring or at risk of occurring in the individual's living situation, and/or the failure to provide adequate supervision and expectations and access to the basic necessities of life, including food, shelter, clothing, and medical care.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Has the caregiver or individual disclosed current sexual or physical abuse? Fiduciary abuse (taking advantage of an individual's finances)?• Is the individual receiving adequate supervision and care?• Are the individual's basic needs for food, shelter, access to medical care and education being met?• Is there name calling or shaming in the home?	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of emotional, physical, sexual or fiduciary abuse, or neglect.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of some emotional abuse. No sexual, physical or fiduciary abuse. OR, some neglect of caretaker responsibilities, such as failure to provide adequate expectations or supervision to individual.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Evidence of emotional abuse and/or forms of physical punishment, and some suspicion of fiduciary abuse. OR, evidence of neglect, including some supervision and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action. Individual is at risk of abuse or neglect; Adult Protective Services must be contacted.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Evidence of emotional or physical abuse with intent to do harm and/or actual physical harm or any form of sexual abuse, regular beatings with physical harm and frequent and ongoing emotional assaults, clear fiduciary abuse, OR evidence of severe neglect, including prolonged absences by adults with minimal supervision, and failure to provide basic necessities of life on a regular basis. Individual is at immediate risk of abuse or neglect and requires immediate protection.</p>

31. MARITAL/PARTNER VIOLENCE IN THE HOME

This item describes the degree of difficulty or conflict in the caregivers' relationship and the impact providing care. This item could also apply to the individual within their own relationship.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• How are power and control handled in the caregivers' relationship with each other?• How frequently does the individual witness caregiver conflict?• Does the caregivers' conflict escalate to verbal aggression, physical attacks or destruction of property?	0 <i>No evidence of any needs; no need for action.</i> Individual does not have a caregiver OR parents/caregivers 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 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of marital difficulties and partner arguments. Parents/caregivers are generally able to keep arguments to a minimum when individual is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which individual often witnesses.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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 individual's difficulties or put the individual at greater risk.

Supplemental Information: Since marital/partner violence is a risk factor for abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The individual's past exposure to marital/partner violence with current or other caregivers is rated a '1'. This item would be rated a '2' if the individual is exposed to marital/partner violence in the household and protective services must be called; a '3' indicates that the individual is in danger due to marital/partner violence in the household and requires immediate attention.