
Contra Costa
Behavioral Health Services
Adults Needs and Strengths
Assessment (ANSA)

Ages 21+

Praed Foundation
1999, 2016, 2020

2020
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Adult Needs and Strengths Assessment. Along with the CANS versions for 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 ANSA is an open domain tool for use in multiple individual-serving systems that address the needs and strengths of individuals, adolescents, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

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

This manual is adapted from the Standard ANSA Comprehensive Reference Guide developed by the Praed Foundation (1999, 2017) 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



TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
INTRODUCTION	4
The ANSA.....	4
Six Key Principles of the ANSA	4
History and Background of the ANSA.....	4
History.....	5
Measurement Properties.....	5
Rating Needs & Strengths	6
How is the ANSA Used?.....	7
It is an Assessment Strategy	7
It Guides Care and Treatment/Service Planning	8
It Facilitates Outcomes Measurement.....	8
It is a Communication Tool	8
ANSA: A Strategy for Change.....	8
Making the Best use of the ANSA	8
Listening Using the ANSA.....	9
Redirect the Conversation to One’s Own Feelings and Observations.....	9
Acknowledge Feelings.....	9
Wrapping it Up.....	9
REFERENCES	11
Contra Costa County ANSA Basic Structure	12
Core Items.....	12
STRENGTHS DOMAIN	13
LIFE FUNCTIONING DOMAIN.....	20
[A] Health Module.....	26
RISK BEHAVIORS DOMAIN.....	33
[B] Dangerousness Module.....	35
[C] Crime Behavior Module.....	40
CULTURAL FACTORS DOMAIN.....	45
BEHAVIORAL/EMOTIONAL NEEDS DOMAIN.....	48
[D] Trauma Module.....	55
[E] Substance Use Disorder Module	59
CAREGIVER RESOURCES & NEEDS DOMAIN (Optional)	62
ADULT PROTECTION DOMAIN (Optional)	67
[F] Older Adult Module.....	70

INTRODUCTION

THE ANSA

The ANSA is a multiple purpose information integration tool that is designed to be the output of an assessment process.¹ The purpose of the ANSA is to accurately represent the shared vision of the individual serving system—individuals and families. As such, completion of the ANSA is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the ANSA is designed based on communication theory rather than using psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the ANSA.

SIX KEY PRINCIPLES OF THE ANSA

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system designed to translate immediately into action levels.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the individual, not the individual in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or young adult regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the individual’s developmental age.
5. **The ratings are generally “agnostic as to etiology.”** In other words this is a descriptive tool; it is about the “what” not the “why.” While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the “why” is considered in rating these items.
6. **A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the individual’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE ANSA

The Adult Needs and Strengths Assessment is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The ANSA was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The ANSA gathers information on individuals and parents/caregivers’ (if relevant) needs and strengths. 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 their families with whom they work and to understand their strengths and needs. The ANSA helps care providers decide which of an individual’s needs are the most important to address in a treatment or service plan. The ANSA also helps identify strengths, which can be the basis of a treatment or service plan. By working with the individual and family during the assessment process and talking together about the ANSA, care providers can

¹ At CCBHS, for clients only receiving medication support the ANSA-Brief is completed.

develop a treatment or service plan that addresses an individual's strengths and needs while building strong engagement.

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

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

HISTORY

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

The ANSA assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the individual and the parent/caregiver, looking primarily at the 30-day period prior to completion of the ANSA. It is a tool developed with the primary objective of supporting decision making at all levels of care: individuals and families, programs and agencies, individual serving systems. It provides for a structured communication and critical thinking about the individual and their context. The ANSA is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual's progress. It can also be used as a communication tool that provides a common language for all individual-serving entities to discuss the individual's needs and strengths. A review of the case record in light of the ANSA assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

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

MEASUREMENT PROPERTIES

The ANSA was the first communimetric measure developed that now represents 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, & Miller, 1997; Lansing, Lyons, Martens, O'Mahoney, Miller, & Obolsky, 1997; Goodwin & Lyons, 2001; Foster, Lefauve, Kresky-Wolff, & Rickards, 2009). The individual items of the SPI were shown to have concurrent validity with more traditional psychometric measures of similar constructs (Lyons, Colletta, Devens, & Finkel, 1995).

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

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

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

RATING NEEDS & STRENGTHS

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

- ★ Basic core items – grouped by domain - are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area

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

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

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

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

The ANSA is an information integration tool, intended to include multiple sources of information (e.g., individual and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the ANSA supports the belief that individuals and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with the individual and their families 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 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) support effective services for individuals and families.

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

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

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

HOW IS THE ANSA USED?

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

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful in 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 service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

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

IT FACILITATES OUTCOMES MEASUREMENT

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

IT IS A COMMUNICATION TOOL

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

ANSA: A STRATEGY FOR CHANGE

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

It is a good idea to know the ANSA and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the individual and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The ANSA domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Functioning or Behavioral/Emotional Needs, Risk Behaviors or Strengths,—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

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

MAKING THE BEST USE OF THE ANSA

Individuals often have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the ANSA and how it will be used. The description of the ANSA should include teaching the individual and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or service planning. When possible, share with the individual and family the ANSA domains and items (see the ANSA Core Item List, page 12) and encourage them to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with them. Individuals and families often feel respected as partners when they are prepared for a meeting or a process. A copy

of the completed ANSA ratings should be reviewed with each individual and family. Encourage them to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE ANSA

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

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes”, “and”—things that encourage people to continue
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did “X”. But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the individual that you are with them.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? Or “do you need me to explain that in another way?”
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The ANSA is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

REDIRECT THE CONVERSATION TO ONE’S OWN FEELINGS AND OBSERVATIONS

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

ACKNOWLEDGE FEELINGS

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

WRAPPING IT UP

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

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

So 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. . .”

REFERENCES

- Anderson, R.L., & Lewis, D. (2000). Quality of life of persons with severe mental illness living in an intermediate care facility. *Journal of Clinical Psychology*, 56, 575-581.
- Anderson, R.L., & Lyons, J.S. (2001). Needs-based planning for persons with serious mental illness residing in intermediate care facilities. *Journal of Behavioral Health Services Research*, 28, 104-110.
- Cappelli, M., Davidson, S., Racek, J., Leon, S., Vloet, M., Tataryn, K., & Lowe, J. (2014). Transitioning youth into adult mental health and addiction services: An outcomes evaluation of the Youth Transition Project. *The Journal of Behavioral Health Services & Research*, 43(4), 597-610. <https://doi.org/10.1007/s11414-014-9440-9>
- Foster, S., Lefauve, C., Kresky-Wolff, M., & Rickards, L. D. (2009). Services and supports for individuals with co-occurring disorders and long-term homelessness. *The Journal of Behavioral Health Services & Research*, 37(2), 239-251. <https://doi.org/10.1007/s11414-009-9190-2>
- George, L., Durbin, J., Sheldon, T., & Goering, P. (2002). Patient and contextual factors related to the decision to hospitalize patients from emergency psychiatric services. *Psychiatric Services*, 53, 1586-1591.
- Goodwin, R., & Lyons, J.S. (2001). Feasibility and effectiveness of an emergency housing program as an alternative to inpatient treatment for persons with severe and persistent mental illness. *Psychiatric Services*, 52, 92-95.
- Lansing, A.E., Lyons, J.S., Martens, L.C., O'Mahoney, M.T., Miller, S.I., & Obolsky, A. (1997). The treatment of dangerous patients in managed care: Psychiatric hospital utilization and outcome. *General Hospital Psychiatry*, 19, 112-118.
- Lyons, J.S. (2009). *Communitics: A communication theory of measurement in human service settings*. New York: Springer.
- Lyons, J.S., Colletta, J., Devens, M., & Finkel, S.I. (1995). The validity of the Severity of Psychiatric Illness in a sample of inpatients on a psychogeriatric unit. *International Psychogeriatrics*, 7, 407-416.
- Lyons, J.S., O'Mahoney, M., Doheny, K., Dworkin, L., & Miller, S. (1995). The prediction of short-stay psychiatric inpatients. *Administration and Policy in Mental Health*, 23, 17-25.
- Lyons, J.S., O'Mahoney, M., Miller, S.I., Neme, J., Kabot, J., & Miller, F. (1997). Predicting readmission to the psychiatric hospital in a managed care environment: Implications for quality indicators. *American Journal of Psychiatry*, 154, 397-400.
- Lyons, J.S., Stutesman, J., Neme, J., Vessey, J.T., O'Mahoney, M.T., & Camper, H.J. (1997). Predicting psychiatric emergency admissions and hospital outcomes. *Medical Care*, 35, 792-800.
- Martin-Santos, R., Domingo-Salvany, A., Gines, J.M., Imaz, M.L., Navines, R., Pascual, J.C., & Torrens, M. (2006). Dual diagnosis in the psychiatric emergency room in Spain. *European Journal of Psychiatry*, 20, 1-7.
- Mulder, C.L., Koopmans, G.T., & Lyons, J.S. (2005). The admission process untangled: Determinants of indicated versus actual level of care in psychiatric emergency services. *Psychiatric Services*, 56, 452-457.
- Nelson, C., & Johnston, M. (2008). Adult Needs and Strengths Assessment—Abbreviated Referral Version to specify psychiatric care needed for incoming patients: exploratory analysis. *Psychological Reports*, 102, 131-143.

CONTRA COSTA COUNTY ANSA BASIC STRUCTURE

The Contra Costa County Adults Needs and Strengths Assessment basic core items are noted below.

CORE ITEMS

Strengths Domain

1. Family Strengths
2. Interpersonal/Social Connectedness
3. Talents and Interests
4. Cultural Identity
5. Spiritual/Religious
6. Job History/Volunteering
7. Community Connections
8. Natural Supports
9. Optimism/Hopefulness
10. Resiliency
11. Resourcefulness

Life Functioning Domain

12. Family Functioning
13. Residential Stability
14. Social Functioning
15. Developmental/Intellectual
16. Decision Making/Judgement
17. School/Employment
18. Legal
19. Medical/Physical*
20. Sleep
21. Sexuality
22. Intimate Relationships
23. Parental/Caregiving Roles
24. Self-Care

Life Functioning Domain continued

25. Independent Living Skills
26. Medication Compliance
27. Involvement in Recovery
28. Transportation

Risk Behaviors Domain

29. Danger to Self
30. Non-Suicidal Self-Injurious Behavior
31. Danger to Others*
32. Other Self Harm (Recklessness)
33. Victimization/Exploitation
34. Sexual Aggression
35. Criminal Behavior*
36. Community Safety
37. Addictive Behavior

Cultural Factors Domain

38. Language
39. Traditions and Rituals
40. Cultural Stress

Behavioral/Emotional Needs Domain

41. Psychosis (Thought Disorder)
42. Impulse Control
43. Depression

Behavioral/Emotional Needs cont'd

44. Anxiety
45. Mood Disturbance
46. Antisocial Behavior/Conduct
47. Anger Control
48. Interpersonal Problems
49. Eating Disturbance
50. Adjustment to Trauma*
51. Substance Use*

<p>OPTIONAL DOMAINS</p> <p>Caregiver Resources and Needs</p> <ol style="list-style-type: none"> 52. Supervision 53. Involvement with Care 54. Knowledge 55. Social Resources 56. Residential Stability 57. Health/Behavioral Health 58. Family Stress 59. Safety <p>Adult Protection</p> <ol style="list-style-type: none"> 60. Living Situation 61. Abuse/Neglect 62. Marital/Partner Viol. in the Home
--

** A rating of '1,' '2,' or '3' on this item triggers the completion of specific individualized assessment modules. **

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 the individual’s needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the ‘best’ assets and resources available to the individual are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

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

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

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

1. FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members.

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 the focus of 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 is able to 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 are able to enjoy each other’s company. There is at least one family member who has a strong, loving relationship with the individual and is able to 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 are able to 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.
[continues]

FAMILY STRENGTHS continued

Supplemental Information: Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Relationships, the definition of family comes from the individual's perspective (i.e., who the individual describes as their family). If you do not know this information, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the individual is still in contact.

2. INTERPERSONAL/SOCIAL CONNECTEDNESS

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

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual have friends?• Are the individual's friendships healthy?• Is the individual able to develop friendships?	<p>0 <i>Well-developed, centerpiece strength; may be used as the focus of an intervention/action plan.</i> Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Individual has good interpersonal skills and has shown the ability to develop healthy friendships.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> 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.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of observable interpersonal skills or healthy friendships at this time and/or individual requires significant help to learn to develop interpersonal skills and healthy friendships.</p>

Supplemental Information: This strength indicates an ability to make and maintain long-standing relationships.

3. TALENTS AND INTERESTS

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

Ratings and Descriptions	
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual have any talents or interests?• Is the individual able to use their talents or interests in a positive way?	<p>0 <i>Well-developed, centerpiece strength; may be used as the focus of an intervention/ action plan.</i></p> <p>Individual has a talent that provides pleasure and/or self-esteem. Individual with significant creative/artistic/athletic strengths would be rated here.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>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.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>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 the individual with any benefit.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>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.</p>

4. 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, sexual orientation or gender identity and expression (SOGIE).

Ratings and Descriptions	
<p>Questions to Consider</p> <ul style="list-style-type: none">• What culture does the individual identify with?• Is the individual's culture a source of stress?	<p>0 <i>Well-developed, centerpiece strength; may be used as the focus of an intervention/ action plan.</i></p> <p>The individual has defined a cultural identity and is connected to others who support the individual's cultural identity.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>The individual is developing a cultural identity and is seeking others to support the individual's cultural identity.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>The individual is searching for a cultural identity and has not connected with others.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>The individual does not express a cultural identity.</p>

5. SPIRITUAL/RELIGIOUS

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual have any spiritual/religious beliefs? • Does the individual use their beliefs in a positive manner? 	<p>Ratings and Descriptions</p> <p>0 <i>Well-developed, centerpiece strength; may be used as the focus of an intervention/ action plan.</i> 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.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Individual is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Individual has expressed some interest in spiritual or religious belief and practices.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of identified spiritual or religious beliefs, nor does the individual show any interest in these pursuits at this time.</p>
---	--

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual have any job history or volunteering? • Is the job history or volunteering positive? • Is the job history relevant? 	<p>Ratings and Descriptions</p> <p>0 <i>Well-developed, centerpiece strength; may be used as the focus of an intervention/ action plan.</i> Individual finds meaning and takes pleasure in their work or volunteering. Individual is currently engaged in work or volunteering.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Individual has a history of meaningful work or volunteering but is currently not working or is not currently experiencing pleasure or meaning from work/volunteering.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Individual has experienced little pleasure or meaning from their work or volunteering.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual takes no pleasure or meaning from work or volunteering. May have very negative feelings associated with work based on past experiences.</p>
--	---

7. COMMUNITY CONNECTIONS

This item reflects the individual's connection to people, places or institutions in their community.

Questions to Consider	Ratings and Descriptions	
	0	<p><i>Well-developed, centerpiece strength; may be used as the focus of an intervention/ action plan.</i></p> <p>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 (e.g. Girl or Boy Scout leader) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>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.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Individual has an identified community but has only limited, or unhealthy, ties to that community.</p>
• Is the individual connected to their community?	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of an identified community of which individual is a member at this time.</p>

8. NATURAL SUPPORTS

This item refers to unpaid helpers in the individual's natural environment. All family members and paid caregivers are excluded.

Questions to Consider	Ratings and Descriptions	
	0	<p><i>Well-developed, centerpiece strength; may be used as the focus of an intervention/ action plan.</i></p> <p>Individual has significant natural supports that contribute to helping support the individual's healthy development.</p>
	1	<p><i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Individual has identified natural supports that provide some assistance in supporting the individual's healthy development.</p>
	2	<p><i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Individual has some identified natural supports, however those supports are not actively contributing to the individual's healthy development.</p>
• Does the individual have any one in their life that supports them (other than family and paid supports)?	3	<p><i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Individual has no known natural supports (outside of family and paid caregivers).</p>

9. OPTIMISM/HOPEFULNESS

This item refers to the individual's orientation toward the future.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual have a generally optimistic outlook?• Is the individual optimistic at one moment and then pessimistic the next?	<p>0 <i>Well-developed, centerpiece strength; may be used as the focus of an intervention/ action plan.</i> Individual has a strong and stable optimistic outlook for their future.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Individual is generally optimistic about their future.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Individual has difficulty maintaining a positive view of themselves and their life. Individual's outlook may vary from overly optimistic to overly pessimistic.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of optimism at this time and/or individual has difficulties seeing positive aspects about themselves or their future.</p>

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Is the individual able to recognize their skills as strengths?• Is the individual able to use their strengths to problem solve and address difficulties or challenges?	<p>0 <i>Well-developed, centerpiece strength; may be used as the focus of an intervention/ action plan.</i> Individual is able to both identify and use strengths to better themselves and successfully manage difficult challenges.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Individual is able to identify most of their strengths and is able to partially utilize them.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Individual is able to identify strengths but is not able to utilize them effectively.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual is not yet able to identify personal strengths.</p>

11. RESOURCEFULNESS

This item refers to the individual's ability to identify and use external/environmental strengths in managing daily life.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none">• Does the individual have external or environmental strengths?	<p>0 <i>Well-developed, centerpiece strength; may be used as the focus of an intervention/ action plan.</i></p> <p>Individual is quite skilled at finding the necessary resources required to aid them in managing challenges.</p>
<ul style="list-style-type: none">• Does the individual use their external or environmental strengths to aid in their well-being?	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Individual has some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Individual has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Individual has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.</p>

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, work, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

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

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

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

12. FAMILY FUNCTIONING

This item evaluates and rates the individual’s relationships with those who are in their family. It is recommended that the description of family should come from the individual’s perspective (i.e. who the individual describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the individual is still in contact.

Questions to Consider

- Who does the individual consider as family?
- Does the individual get along well with their family?
- Are there any problems between any of the family members?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of problems in relationships with 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. Individual might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with individual. Arguing may be common but does not result in major problems.

- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Individual is having problems with parents, siblings and/or other family members that are impacting the individual’s 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 parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

Supplemental Information: When rating this item, take into account the relationship the individual has with their family as well as the relationship of the family as a whole.

13. RESIDENTIAL STABILITY

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

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual have a stable living situation?• Where is the individual living?	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> There is no evidence of residential instability. The individual has stable housing for the foreseeable future.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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, potential residential instability if living independently 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.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The individual has moved multiple times in the past year. Also, current residential instability if the individual is living independently, characterized by recent and temporary lack of permanent housing.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The individual has experienced periods of homelessness in the past six months. Also, acute residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.</p>

14. SOCIAL FUNCTIONING

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

	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems and/or individual has developmentally appropriate social functioning.
Questions to Consider <ul style="list-style-type: none">• Does the individual have any friends?• Does the individual get along well with their friends?• Are the individual's friendships healthy?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems in social relationships. Individual is having some difficulty interacting with others and building and/or maintaining relationships.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual is having some problems with social relationships that interfere with functioning in other life domains.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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.

15. 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.

16. 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	
	<ul style="list-style-type: none">Does the individual make decisions that are harmful to their well-being?	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.

17. 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	
	<ul style="list-style-type: none">Is the individual employed or attending school?Does the individual have any behavioral, attendance, or productivity problems at work or school?Does the individual get to work or school on time?	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 is 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.

18. 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>

19. MEDICAL/PHYSICAL*

This item includes both health problems and chronic/acute physical conditions.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual have any physical or medical conditions?• Is the individual able to manage their physical or medical conditions?	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence that the individual has any medical or physical problems, and/or the individual is healthy.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The individual has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like hypertension or asthma.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The individual has medical or physical problems that require treatment or intervention. Or individual has chronic illness or physical challenge that requires ongoing medical intervention.</p> <hr/>
<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The individual has a life threatening illness or medical/physical condition. Immediate or intensive action should be taken due to imminent danger to individual's safety or health.</p>	

*A rating of '1', '2' or '3' on this item triggers the completion of the [A] Health Module.

[A] HEALTH MODULE

This module is to be completed when the Medical/Physical item is rated '1,' '2' or '3'.

HM1. MANAGEMENT OF HEALTHCARE

This item focuses on the individual's awareness of co-occurring behavioral and physical health care needs and the individual's ability to handle both.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual understand their co-occurring medical and behavioral health conditions?• Are they aware of their physical health risk factors?• Do they receive services for either or both conditions?• Do they need assistance with accessing services or managing these conditions?	<p>0 There is no evidence that the person has any co-occurring physical health and mental health conditions or physical health risk factors (antipsychotic medications, depression, lifestyle risks – smoking, obesity, and inactivity, -- transportation issues, negative symptoms, or financial barriers to health care). Individual recognizes physical and behavioral health issues, and risk factors, and manages them successfully.</p>
	<p>1 Individual is aware that they require both physical healthcare and behavioral healthcare, but occasionally has difficulty managing symptoms, and health regimens, or making lifestyle changes. They occasionally miss scheduled appointments; individual may benefit from reminders and checks to consistently keep appointments, and monitor symptoms.</p>
	<p>2 Individual has difficulty managing physical or behavioral healthcare. Individual may not consistently follow mental health or physical health care plans or routinely see a primary care physician; may frequently miss scheduled appointments, has interpersonal problems with health care team, or faces barriers to accessing comprehensive, coordinated health care (lack of transportation, long wait for appointments, does not understand treatment plans, is not screened for lifestyle risks), or does not make needed lifestyle changes. OR, side effects and related risk factors for poor physical health are not monitored. OR, individual has visited the ER in the last year.</p>
	<p>3 Individual is not managing their healthcare, risking serious or life-threatening complications. Individual may not have a primary health care provider who was seen within the last year. OR, individual uses the ER for primary health care. OR, individual refuses or is unable to participate in either physical or behavioral healthcare, is experiencing an exacerbation of the physical or behavioral health condition, or may be experiencing complications due to multiple health care conditions. OR, external barriers prevent the individual from receiving physical and/or mental health care. OR, individual has been hospitalized within the last year.</p>

HM2. COORDINATION OF HEALTHCARE

This item focuses on the need for coordination of physical and mental health for individuals with chronic or acute physical health conditions and behavioral health diagnoses.

Questions to Consider

- Does the individual receive services for physical and mental health conditions?
- Is the individual managing coordination well, or there a need for coordination of care?
- Is there a need for services but the individual is not receiving them and needs assistance to access services?

Ratings and Descriptions

- 0 There is no evidence of a need for coordination of physical and mental health care. Both mental and physical health care are well-coordinated and managed by the individual and/or health care team, resulting in stable, healthy functioning.
- 1 Mental and physical health care coordination issues occasionally occur. Such issues are resolved by the individual or health care team.
- 2 Evidence of problems with mental and physical care coordination. For example, the individual has frequent outpatient or urgent care visits over the past three months in order to stabilize or treat their acute or chronic physical condition or behavioral health condition. OR, individual requires support and coordination of medical and behavioral health issues to increase and maintain stability. OR, individual may not be able to communicate across multiple medical/behavioral health providers. OR, physical health care providers may not understand the individual's mental health needs, attribute physical symptoms to psychological issues, not measure and monitor lifestyle risks, or provide vague treatment instructions.
- 3 Significant care coordination challenges for individual with mental and physical health needs may result in dangerous or disabling mental or physical health care outcomes or institutional placement. The individual experiences reoccurring problems with limited periods of stability. OR, the individual has any ER visits or inpatient hospitalization within the last year. OR, the individual does not have a primary health care provider or has not seen the primary health care provider within the last year. A state hospital or nursing home admission has been considered. External barriers prevent access to physical health care.

End of Health Module

20. 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.

Questions to Consider	Ratings and Descriptions
<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>

21. SEXUALITY

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual have any issues with sexual development?• Does the individual's sexual development interfere with their life functioning?	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of issues with sexual development.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the individual's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with sexual development that interfere with the individual's life functioning in other life domains.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Problems with sexual development that are dangerous or disabling. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.</p>

Supplemental Information: Sexually abusive behaviors are rated elsewhere. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.

22. INTIMATE RELATIONSHIPS

This item is used to rate the individual's current status in terms of romantic/intimate relationships.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Is the individual in a romantic partnership or relationship at this time?What is the quality of this relationship?Does the individual see the relationship as a source of comfort/strength or source of distress/conflict?	0 <i>No evidence of any needs; no need for action.</i> Individual has a strong, positive, adaptive partner relationship with another; or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual has a generally positive partner relationship with another person. They may have had a problematic partner relationship in the past.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual's partner relationship interferes with their functioning.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual is currently involved in a negative or unhealthy relationship with another person. This relationship is either dangerous or disabling to the individual.

23. PARENTAL/CAREGIVING ROLES

This item focuses on an individual in any parental/caregiving role.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">Does the individual have younger siblings, minor children, or dependent adults to whom they are providing significant caregiving responsibilities?Is individual able to effectively meet caregiving responsibilities or are they struggling or feeling overwhelmed and requiring significant external supports at this time?	0 <i>No evidence of any needs; no need for action.</i> Individual has a parenting or caregiving role, and they are functioning appropriately in that role. An individual that does not have a parental or caregiving role would be rated here.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual has responsibilities as a parent/caregiver, and they currently struggle to meet these responsibilities; these responsibilities are currently interfering with the individual's functioning in other life domains.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual has responsibilities as a parent/caregiver and is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the individual to function in other life domains. The individual has the potential of abuse or neglect in their parenting/caregiving role.

24. SELF-CARE

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the individual able to care for themselves?• Does the individual groom on a regular basis?• Does the individual bathe appropriately?	<p>0 <i>No evidence of any needs; no need for action.</i></p> <p>Individual's self-care and daily living skills appear developmentally-appropriate. There is no reason to believe that the individual has any problems performing the basic activities of daily living.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>Individual requires verbal prompting on self-care tasks or daily living skills, or individual is able to use adaptations and supports to complete self-care.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Individual requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., eating bathing, dressing, toileting).</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Individual requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, and toileting).</p>

25. INDEPENDENT LIVING SKILLS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• 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?	<p>0 <i>No evidence of any needs; no need for action.</i></p> <p>This level indicates an individual who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>This level indicates an individual with an impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>This level indicates an individual with an impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>This level indicates an individual with an impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.</p>

26. MEDICATION COMPLIANCE

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

Questions to Consider	Ratings and Descriptions	
	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.
	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.
	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.

Questions to Consider

- Is the individual prescribed any medications?
- Does the individual take the medications as prescribed?

Ratings and Descriptions

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

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.

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

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.

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

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.

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

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).

27. INVOLVEMENT IN RECOVERY

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

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> Individual is fully involved in their recovery. They have identified treatment choices and fully participate.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual is generally involved in their recovery. They participate in treatment but do not actively exercise choice.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual is marginally involved in their recovery. They are minimally involved in treatment.

Questions to Consider

- Does the individual participate in their treatment?

Ratings and Descriptions

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

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

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

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

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

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

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

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

28. TRANSPORTATION

This item is used to rate the level of transportation required to ensure that the individual could effectively participate in their own treatment.

Questions to Consider	Ratings and Descriptions
• Does the individual have any transportation needs?	0 <i>No evidence of any needs; no need for action.</i> The individual has no transportation needs.
• How often?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.
• Does the individual need a special vehicle?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

RISK BEHAVIORS DOMAIN

This section focuses on factors that can increase an individual’s likelihood of mental health and other difficulties developing and 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.



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.

30. 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>

31. 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.

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

[B] DANGEROUSNESS MODULE

This module includes items that focus on different elements/issues that are salient when working with individuals who have committed acts of violence against others. This module is to be completed when the Danger to Others item is rated '1,' '2' or '3.'

DAN1. FRUSTRATION MANAGEMENT

This item describes the individual's ability to manage their own anger and frustration tolerance.

Questions to Consider

- How does the individual control their temper?
- Does the individual get upset or frustrated easily?
- Does the individual become physically aggressive when angry?
- Does the individual have a hard time managing anger if someone criticizes or rejects them?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Individual appears to be able to manage frustration well. No evidence of problems of frustration management. |
| 1 | Individual has some mild problems with frustration. The individual may anger easily when frustrated; however, the individual is able to calm self down following an angry outburst. |
| 2 | Individual has problems managing frustration. The individual's anger when frustrated is causing functioning problems in school, at home, or with peers. |
| 3 | Individual becomes explosive and dangerous to others when frustrated. The individual demonstrates little self-control in these situations and others must intervene to restore control. |

DAN2. HOSTILITY

This item rates the perception of others regarding the individual's level of anger and hostility.

Questions to Consider

- Does the individual seem hostile frequently or in inappropriate environments/situations?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Individual appears to not experience or express hostility except in situations where most people would become hostile |
| 1 | Individual appears hostile but does not express it. Others experience individual as being angry. |
| 2 | Individual expresses hostility regularly. |
| 3 | Individual is almost always hostile either in expression or appearance. Others may experience individual as 'full of rage' or 'seething' |

DAN3. PARANOID THINKING

This item rates the existence/level of paranoid thinking experienced by the individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the individual seem suspicious? Is there any evidence of paranoid thinking/beliefs? Is the individual very guarded? 	0 Individual does not appear to engage in any paranoid thinking.
	1 Individual is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
	2 Individual believes that others are 'out to get' them. Individual has trouble accepting that these beliefs may not be accurate. Individual at times is suspicious and guarded but at other times can be open and friendly.
	3 Individual believes that others plan to cause them harm. Individual is nearly always suspicious and guarded.

DAN4. SECONDARY GAINS FROM ANGER

This item is used to rate the presence of anger to obtain additional benefits.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> What happens after the individual gets angry? Does the individual get anything in return? Does the individual typically get what the individual wants from expressing anger? 	0 Individual either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.
	1 Individual unintentionally has benefited from angry behavior; however, there is no evidence that individual intentionally uses angry behavior to achieve desired outcomes.
	2 Individual sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, supervisors or peers.
	3 Individual routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers. Others in individual's life appear intimidated.

DAN5. VIOLENT THINKING

This item rates the level of violence and aggression in the individual's thinking.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the individual report having violent thoughts? Does the individual verbalize their violent thoughts either specifically or by using violent themes? 	0 There is no evidence that individual engages in violent thinking.
	1 Individual has some occasional or minor thoughts about violence.
	2 Individual has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
	3 Individual has specific homicidal ideation or appears obsessed with thoughts about violence. For example, an individual who spontaneously and frequently draws only violent images may be rated here.

DAN6. AWARENESS OF VIOLENCE POTENTIAL

This item rates the individual's insight into their risk of violence.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Is the individual aware of the risks of their potential to be violent? Is the individual concerned about these risks? Can the individual predict when/where/for what reason they will get angry and/or possibly become violent? 	<p>Ratings and Descriptions</p> <p>0 Individual is completely aware of their level of risk of violence. Individual knows and understands risk factors. Individual accepts responsibility for past and future behaviors. Individual is able to anticipate future challenging circumstances. An individual with no violence potential would be rated here.</p> <hr/> <p>1 Individual is generally aware of their potential for violence. Individual is knowledgeable about the individual's risk factors and is generally able to take responsibility. Individual may be unable to anticipate future circumstances that may challenge the individual.</p> <hr/> <p>2 Individual has some awareness of their potential for violence. Individual may have tendency to blame others but is able to accept some responsibility for the individual's actions.</p> <hr/> <p>3 Individual has no awareness of their potential for violence. Individual may deny past violent acts or explain them in terms of justice or as deserved by the victim.</p>
---	--

DAN7. RESPONSE TO CONSEQUENCES

This item rates the individual's reaction when they receive consequences for violence or aggression.

<p>Questions to Consider</p> <ul style="list-style-type: none"> How does the individual react to consequences given for violent or aggressive behavior? 	<p>Ratings and Descriptions</p> <p>0 Individual is clearly and predictably responsive to identified consequences. Individual is regularly able to anticipate consequences and adjust behavior.</p> <hr/> <p>1 Individual is generally responsive to identified consequences; however, not all appropriate consequences have been identified or the individual may sometimes fail to anticipate consequences.</p> <hr/> <p>2 Individual responds to consequences on some occasions but sometimes does not appear to care about consequences for their violent behavior</p> <hr/> <p>3 Individual is unresponsive to consequences for their violent behavior.</p>
--	---

DAN8. COMMITMENT TO SELF-CONTROL

This item rates the individual's willingness and commitment to controlling aggressive and/or violent behaviors.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the individual want to change their behaviors? Is the individual committed to such change? 	<p>Ratings and Descriptions</p> <p>0 Individual is fully committed to controlling their violent behavior.</p> <hr/> <p>1 Individual is generally committed to control their violent behavior; however, individual may continue to struggle with control in some challenging circumstances.</p> <hr/> <p>2 Individual is ambivalent about controlling their violent behavior.</p> <hr/> <p>3 Individual is not interested in controlling their violent behavior at this time.</p>
--	--

DAN9. TREATMENT INVOLVEMENT

This item rates the individual and/or family's involvement in their treatment.

Questions to Consider

- Is the individual on medication or have a treatment plan?
- Does the individual and family know what the plan is?

Ratings and Descriptions

- 0 Individual is fully involved in their own treatment. Family supports treatment as well.
- 1 Individual or family is involved in treatment but not both. Individual may be somewhat involved in treatment, while family members are active or individual may be very involved in treatment while family members are unsupportive.
- 2 Individual and family are ambivalent about treatment involvement. Individual and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
- 3 Individual and family are uninterested in treatment involvement. An individual with treatment needs who is not currently in treatment would be rated here.

End of Dangerousness Module

32. 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

- Has the individual ever put themselves into a dangerous situation?
- Has injury ever resulted from the individual's recklessness?

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 mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places individual at risk of physical harm.
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual in danger of physical harm.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual at immediate risk of death.

Supplemental Information: Suicidal or self-injurious behaviors are not rated here.

33. VICTIMIZATION/EXPLOITATION

This item describes an individual who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the 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?

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 but not in the recent past, and no pattern of victimization exists. Individual is not presently at risk for re-victimization or exploitation.
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Individual has a prior pattern of victimization or exploitation, but the individual has not been victimized to any significant degree in the past year. Individual is not presently at risk for re-victimization or exploitation.
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Individual has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, sexual activity) or living in an abusive relationship.

34. SEXUAL AGGRESSION

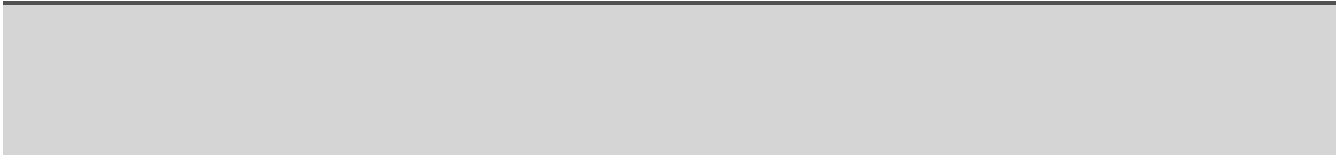
This item is intended to describe both aggressive sexual behavior and sexual behavior in which the individual takes advantage of a younger or less powerful individual. The severity and recency of the behavior provide the information needed to rate this item.

Questions to Consider

- Is the individual sexually aggressive towards others?
- Is the individual sexually aggressive towards those younger or less powerful than them?

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 *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 *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.



<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>
--	--

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.

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

[C] CRIME BEHAVIOR MODULE

This module is to be completed when the Criminal Behavior item is rated '1', '2' or '3'.

<p>CB1. HISTORY This item rates the individual's history of criminal behavior/delinquency.</p>	
<p>Questions to Consider</p> <ul style="list-style-type: none"> • How recently or for how long has the individual been engaged in criminal behaviors? 	<p>Ratings and Descriptions</p> <p>0 Current criminal behavior is the first known occurrence.</p> <hr/> <p>1 Individual has engaged in multiple criminal acts in the past year.</p> <hr/> <p>2 Individual has engaged in multiple criminal acts for more than 1 year, but has had periods of at least 3 months in which individual did not engage in criminal behavior.</p> <hr/> <p>3 Individual has engaged in multiple criminal acts for more than 1 year without any period of at least 3 months where they did not engage in criminal behavior.</p>

CB2. SERIOUSNESS

This item rates the seriousness of the individual's criminal offenses. Please rate the highest level from the past 30 days.

Questions to Consider

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

Ratings and Descriptions

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

CB3. ARRESTS

This item 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. |

CB4. PLANNING

This item rates the premeditation or spontaneity of the criminal acts. Please rate the highest level from the past 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 indicates some planning of criminal behavior. |
| 3 | Considerable evidence indicates significant planning of criminal behavior. Behavior is clearly premeditated. |

CB5. LEGAL COMPLIANCE

This item rates the individual's compliance with the rules of the court and probation. Please rate the highest level from the past 30 days.

Questions to Consider

- Is the individual involved in the legal system?
- Does the individual comply with mandates?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Individual is fully compliant with all responsibilities imposed by the court (e.g. work attendance, treatment, restraining orders), or no court orders are currently in place. |
| 1 | Individual is in general compliance with responsibilities imposed by the court (e.g. occasionally does not follow court order). |
| 2 | Individual is in partial noncompliance with court orders (e.g. individual is not attending court-ordered treatment). |
| 3 | Individual is in serious noncompliance with court orders (e.g., parole violations). |

CB6. PEER INFLUENCES

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

Questions to Consider

- Does the individual's peer group's criminal behavior impact their own criminal behavior?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Individual's primary peer social network does not engage in criminal behavior. |
| 1 | Individual has peers in their primary peer network who do not engage in criminal behavior, but has secondary peers and/or acquaintances who do. |
| 2 | Individual's peers predominantly engage in criminal behavior. |
| 3 | Individual's peers are predominantly members of a group, organization or system that encourages illegal behavior and/or requires such behavior as an aspect of membership. |

CB7. IMMEDIATE FAMILY CRIMINAL BEHAVIOR INFLUENCES

This item rates the level to which the individual's immediate family engages in criminal behavior.

Questions to Consider

- Does the individual's immediate family's criminal behavior impact their own criminal behavior?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Individual's immediate family does not engage in criminal behavior. |
| 1 | Individual's immediate family does not engage in criminal behavior, but individual has extended family who do. |
| 2 | Individual's immediate family engages in criminal behavior. |
| 3 | Individual's immediate family are predominantly members of a group organization or system that encourages illegal behavior and/or requires such behavior as an aspect of membership. |

CB8. ENVIRONMENTAL INFLUENCES

This item rates the influence of community criminal behavior on the individual. Please rate the environment around the individual's living situation.

Questions to Consider

- Are there factors in the individual's community that impact their criminal behavior?

Ratings and Descriptions

- 0 No evidence that the individual's environment stimulates or exposes the individual to any criminal behavior.
- 1 Suspicion that 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.

End of Criminal Behavior Module

36. 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.

Questions to Consider

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

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Individual presents no risk to the community. Individual may function unsupervised in the community.
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Individual engages in behavior that represents a risk to community property.
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*
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 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual engages in behavior that directly places community members in danger of significant physical harm.

37. ADDICTIVE BEHAVIORS

This item describes behaviors, 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, gambling, gaming, social media, food, etc. Addictions related to drugs or alcohol are rated in the Substance Use item.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual have a problem with gambling, gaming, sex, social media, food, etc.? • Does the individual know when to stop engaging in this behavior? • Has the individual ever lost a significant amount of money due to gambling? 	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> No evidence that the individual experiences any behaviors that might be considered addictive.</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 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.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual is engaging in addictive behaviors that are interfering with their functioning.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Individual is engaging in addictive behaviors that are either very dangerous or that prevent functioning in at least one life domain.</p>
--	--

CULTURAL FACTORS DOMAIN

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

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 items and creating a treatment or service plan.

Question to Consider for this Domain: How does the individual’s membership in a particular cultural group impact their stress and wellbeing?

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

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

38. LANGUAGE

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> • What language does the individual speak? • Is the individual able to speak/communicate with the primary language in their area? 	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> No evidence that there is a need or preference for an interpreter and/or the individual and family speak and read the primary language where the individual or family lives.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual and/or family speak or read the primary language where the individual or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family’s native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports. [continues]</p>
---	--

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
 Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

39. TRADITIONS AND RITUALS

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the individual participate in any traditions or rituals? 	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> Individual and/or family are consistently able to practice their chosen traditions and rituals consistent with their cultural identity.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual and/or family are generally able to practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.</p>

40. CULTURAL STRESS

This item identifies circumstances in which the individual and family's (if relevant) 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 sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual experience any cultural stress?	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of stress between the individual's cultural identity and current environment or living situation.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some mild or occasional stress resulting from friction between the individual's cultural identity and current environment or living situation.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual is experiencing cultural stress that is causing problems of functioning in at least one life domain. Individual needs support to learn how to manage culture stress.</p> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Individual needs immediate plan to reduce culture stress.</p>

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.

41. 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>
--	--

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.

42. 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.

43. 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/occupational 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, work, 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.

44. 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.

<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>Ratings and Descriptions</p>
	<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>

45. MOOD DISTURBANCE

This item captures problems related to mood, including symptoms of depressed mood, hypomania, or mania.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual experience mood swings?• Is the individual's functioning impaired by emotional/mood problems?	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> Individual with no prolonged emotional/mood problems. No evidence of depression, hypomania, or mania.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual with prolonged emotional/mood problems. Evidence of depression, irritability, or other issues of mood, including mood swings with some evidence of hypomania. These problems are not yet impacting the individual's functioning.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual with mood disturbance problems that interfere with their functioning. This would include episodes of mania, depression, social withdrawal, school/work avoidance, or inability to experience happiness.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual with mood disturbance problems that are dangerous or disabling. This would include an individual whose emotional symptoms prevent appropriate participation in school, work, friendship groups, or family life.</p>

46. 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.

<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>Ratings and Descriptions</p>
	<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>

47. ANGER CONTROL

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

<p>Questions to Consider</p> <ul style="list-style-type: none">• How does the individual deal with anger?• Does the individual get violent when angry?	<p>Ratings and Descriptions</p>
	<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/work. 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>

48. INTERPERSONAL PROBLEMS

This item identifies problems with relating to other people including significant manipulative behavior, social isolation, or significant conflictual relationships. The presence of any DSM personality disorder may be rated here.

Questions to Consider <ul style="list-style-type: none">• Does the individual have any manipulative behaviors?• Does the individual socially isolate themselves?• Is the individual diagnosed with personality disorders?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> No evidence of notable interpersonal problems identified.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or evidence of some interpersonal problems; behavior is probably sub-threshold for the diagnosis of personality disorder. Mild but consistent antisocial or narcissistic behavior is rated here.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual's relationship problems are beginning to interfere with their life functioning and may warrant a DSM personality disorder diagnosis.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual's interpersonal problems have a significant impact on the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently.

49. EATING DISTURBANCE

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

Questions to Consider <ul style="list-style-type: none">• Does the individual have any issues with eating?• Is the individual overly picky?• Does the individual have any eating rituals?	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> This rating is for an individual with no evidence of eating disturbances.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> This rating is for an individual with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is for an individual with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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).

50. 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.

Ratings and Descriptions

Questions to Consider

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

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.

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

[D] TRAUMA MODULE

The items in this module focus on identifying traumatic stress symptoms. This module is to be completed when the Adjustment to Trauma item is rated '1,' '2' or '3.'

Rate the following items within the last 30 days.

T1. EMOTIONAL/PHYSICAL DYSREGULATION

This item describes the individual's difficulties with arousal regulation or expressing emotions and energy states.

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 difficulties regulating emotional or physiological responses. 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).
-
- 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).

Supplemental Information: This item is a core symptom of trauma and is particularly notable among individuals who have experienced complex trauma (or chronic, interpersonal traumatic experiences). This item 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.

T2. INTRUSIONS/RE-EXPERIENCING

This item describes intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and dreams or preoccupations 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, 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 re-enactments 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 re-enactments 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.

Supplemental Information: Intrusion and re-experiencing symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

T3. ATTACHMENT DIFFICULTIES

This item should be rated within the context of the individual's significant interpersonal relationships.

Questions to Consider

- Does the individual approach or attach to strangers in indiscriminate ways?
- Does the individual have the ability to make healthy attachments to others or are their relationships marked by intense fear or avoidance?

Ratings and Descriptions

- 0 No evidence of attachment problems. Interpersonal relationships are characterized by satisfaction of needs, and the individual's development of a sense of security and trust.
- 1 Some history or evidence of insecurity in relationships. 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.
- 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, 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.

T4. TRAUMATIC GRIEF/SEPARATION

This item 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 functioning?

Ratings and Descriptions

- 0 There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant figures. 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 person 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) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

T5. AVOIDANCE

This item describes efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

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 has no evidence of avoidance symptoms.
- 1 Individual exhibits some problems with avoidance. The individual may exhibit one primary avoidant symptom, including efforts to try and avoid thoughts, feelings or conversations associated with the trauma.
- 2 Individual with symptoms of avoidance that impact their functioning. 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 exhibits significant or multiple avoidant symptoms that place them at risk. The individual may avoid thoughts and feelings as well as situations and people associated with the trauma and have an inability to recall important aspects of the trauma.

T6. NUMBING

This item 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.

T7. DISSOCIATION

This item 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. This rating would be used for someone who meets criteria for Dissociative Disorders or another diagnosis that is specified "with dissociative features" (see Supplemental Information below).
- 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. Individual who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

Supplemental Information: This item may be used to rate Dissociative Disorders (e.g., Dissociative Identity Disorder, Dissociative Amnesia, Other Specified Dissociative Disorder, Unspecified Dissociative Disorder) but can also exist when other diagnoses are primary (e.g. PTSD with Dissociative Symptoms, Acute Stress Disorder, Depressive Disorders).

End of Trauma Module

51. 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.

Questions to Consider	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> Individual has no notable substance use difficulties at the present time.
	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.
	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.
	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.

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.

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

[E] SUBSTANCE USE DISORDER MODULE

The items in this module focus on different elements/issues related to using substances. This module is to be completed when the Substance Use item is rated '1,' '2' or '3.'

Rate the following items within the last 30 days unless specified by anchor descriptions.

SUD1. SEVERITY OF USE

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

Questions to Consider	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.

SUD2. DURATION OF USE

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> How long has the individual been using drugs and/or alcohol? 	<p>Ratings and Descriptions</p> <p>0 Individual has begun use in the past year.</p> <hr/> <p>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.</p> <hr/> <p>2 Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.</p> <hr/> <p>3 Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.</p>
---	--

SUD3. STAGE OF RECOVERY

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> In relation to stopping substance use, at what stage of change is the individual? 	<p>Ratings and Descriptions</p> <p>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.</p> <hr/> <p>1 Individual is actively trying to use treatment to remain abstinent.</p> <hr/> <p>2 Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.</p> <hr/> <p>3 Individual is in denial regarding the existence of any substance use problem.</p>
--	--

SUD4. PEER INFLUENCES

This item identifies the impact that the individual's social group has on their substance use.

<p>Questions to Consider</p> <ul style="list-style-type: none"> What role do the individual's peers play in their alcohol and drug use? 	<p>Ratings and Descriptions</p> <p>0 Individual's primary peer social network does not engage in alcohol or drug use.</p> <hr/> <p>1 Individual has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do.</p> <hr/> <p>2 Individual predominantly has peers who engage in alcohol or drug use but they are not a member of a gang.</p> <hr/> <p>3 Individual is a member of a peer group that consistently engages in alcohol or drug use.</p>
--	---

SUD5. ENVIRONMENTAL INFLUENCES

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Are there factors in the individual's community that impact their alcohol and drug use? 	<p>Ratings and Descriptions</p> <p>0 No evidence that the individual's environment stimulates or exposes them to any alcohol or drug use.</p> <hr/> <p>1 Suspicion that individual's environment might expose them to alcohol or drug use.</p> <hr/> <p>2 Individual's environment clearly exposes them to alcohol or drug use.</p> <hr/> <p>3 Individual's environment encourages or enables them to engage in alcohol or drug use.</p>
--	--

SUD6. RECOVERY SUPPORT GROUP PARTICIPATION

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Is the individual currently attending or have they ever been involved with a recovery support group? 	<p>Ratings and Descriptions</p> <p>0 No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups and meetings regularly.</p> <hr/> <p>1 Problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.</p> <hr/> <p>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.</p> <hr/> <p>3 Individual is unable to maintain social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.</p>
---	---

End of the Substance Use Disorder Module

CAREGIVER RESOURCES & NEEDS DOMAIN (OPTIONAL)

Caregiver refers to parent(s) or other adults 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 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.

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

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> • How does the caregiver feel about their ability to keep an eye on the individual? • Does the caregiver need some help with these issues? 	<p>0 <i>No current need; no need for action. This may be a resource for the individual.</i> No evidence caregiver needs help or assistance in monitoring the individual, and/or caregiver has good monitoring skills.</p> <hr/> <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 generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> 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.</p>

53. 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>

54. KNOWLEDGE

This item 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.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Is the caregiver knowledgeable about the individual's needs?	<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 caregiver knowledge issues. Caregiver is fully knowledgeable about the individual's psychological strengths and weaknesses, talents and limitations.</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, 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.</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 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.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> 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 the individual at risk of significant negative outcomes.</p>

55. 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.

Questions to Consider	Ratings and Descriptions	
	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.
	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.
	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.
<ul style="list-style-type: none">Does the individual have any social resources that can help with the care of the individual?	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.

56. 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.

Questions to Consider	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.
<ul style="list-style-type: none">Does the caregiver have a stable living situation?Where is the caregiver living?	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.

57. 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.

	Ratings and Descriptions
<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?	<p>0 <i>No current need; no need for action. This may be a resource for the individual.</i> The caregiver is healthy.</p> <hr/> <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 in recovery from medical, physical, mental health or substance use problems, or has controlled health problems that have the potential to complicate parenting.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; requires action 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.</p> <hr/> <p>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.</p>

58. 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> <hr/> <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> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified 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> <hr/> <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>

59. SAFETY

This item is used to refer to the safety of the assessed individual. It does not refer to the safety of other family or household members. The presence of an individual (family or stranger) that presents a safety risk to the individual should be rated. This item does not refer to the safety of the physical environment in which the individual lives (e.g., a broken or loose staircase).

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the caregiver provide a safe space for the individual?• Are there other people in the area that could pose a safety risk to 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> No evidence of safety issues. Household is safe and secure. Individual is not at risk from others.</p> <hr/> <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> Household is safe but concerns exist about the safety of the individual due to history or others who might be abusive.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Individual is in some danger from one or more individuals with access to the home.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Individual is in immediate danger from one or more individuals with unsupervised access.</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.

60. 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.)

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 caregivers 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. 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 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
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 *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 removed from living situation due to problematic behaviors.

61. 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>

62. 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.

[F] OLDER ADULT MODULE

The items in this section represent potential areas of need for older adults. This domain is to be completed for individuals 60 years of age and older.

OA1. SOMATIZATION

This item identifies the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Does the individual have any physical complaints? Do these physical complaints have a physical or medical cause? • Does the individual's physical symptoms recur and cause disturbance in their functioning? Are they dangerous or disabling to the individual? 	<p>0 No evidence of somatic symptoms.</p>
	<p>1 There is a history or suspicion of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), or joint, limb or chest pain without medical cause that do not interfere with the individual's functioning.</p>
	<p>2 Somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches) that interfere with the individual's functioning. This individual may meet criteria for a somatoform disorder. Additionally, they could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).</p>
	<p>3 Somatic symptoms cause significant disturbance in work, social or another area of functioning and could be dangerous or disabling to the individual. This could include significant and varied symptomatic disturbance without medical cause.</p>

OA2. COGNITION

This item rates any needs related to the cognitive or intellectual functioning of the individual. Cognitive functions include the individual's understanding and awareness of the world around them and their ability to learn, think and remember.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Are there any concerns about the individual's cognitive functioning? • How does the individual do with picking up routines and recognizing familiar people? 	<p>0 The individual has no apparent cognitive delays.</p>
	<p>1 Individual has some indicators that cognitive skills are not appropriate for age or are at the upper end of age expectations. Individual may seem unaware of surroundings at times. They may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time.</p>
	<p>2 Individual has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time.</p>
	<p>3 Individual has significant delays in cognitive functioning that are seriously interfering with their functioning. Individual is completely reliant on caregiver to function.</p>

OA3. MEMORY

This item refers to an individual’s ability to encode, store and retrieve information when needed.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the individual have difficulties with their memory more than what is expected for their age? Do the individual’s memory problems impact their functioning? 	<p>0 Individual’s long- and short-term memory are intact.</p> <hr/> <p>1 Individual has some challenges with memory that are within age appropriate limits.</p> <hr/> <p>2 Individual’s memory problems interfere with their ability to function.</p> <hr/> <p>3 Individual’s memory problems are dangerous or disabling, OR individual has no short-term memory.</p>

OA4. PLANNING

This item refers to an individual’s ability to manage current or future tasks by setting goals, establishing and prioritizing the steps needed to complete the task.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the individual have any difficulty in planning? This could include planning routine activities or tasks. Is the individual’s disorganization and inability to plan impacting their functioning? 	<p>0 Individual is able to plan activities.</p> <hr/> <p>1 Individual has some challenges in planning activities that may be age-appropriate, but is generally able to plan.</p> <hr/> <p>2 Individual has problems with planning that interfere with their ability to function.</p> <hr/> <p>3 Individual’s planning difficulties are disabling and place them in danger. Individual is too disorganized to effectively plan activities.</p>

OA5. VISUAL-SPATIAL ABILITIES

This item refers to the individual’s capacity to understand, reason and remember the spatial relations among objects or space. Visual-spatial abilities include understanding one’s own body parts, and being able to tell how far objects are from oneself and from each other.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the individual have any challenges with determining distance between objects, fitting objects into boxes or spaces, or navigating spaces to avoid falling or bumping into furniture? 	<p>0 Individual has intact visual-spatial abilities.</p> <hr/> <p>1 Individual has challenges with visual-spatial abilities but is able to manage them.</p> <hr/> <p>2 Individual’s visual-spatial abilities are interfering with their ability to function.</p> <hr/> <p>3 Individual’s visual-spatial problems are disabling and pose a danger to the individual.</p>

OA6. MOTOR SKILLS

This item describes the individual's ability to coordinate movements with the hands, fingers, feet, etc., and requires the cooperation of the muscular, skeletal and neurological systems.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the individual have difficulty coordinating their bodily movement? Does the individual complain of often dropping things? 	0 Individual has intact motor skills.
	1 Individual has some challenges with their motor skills but is able to manage on their own.
	2 Individual's motor skills problems interfere with their functioning.
	3 Individual's motor skills problems are disabling and pose a danger to the individual.

OA7. MOBILITY

This item refers to the individual's ability to move around, and could include unsteadiness while walking, difficulty getting in and out of a chair, or falls.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the individual have difficulties in getting around? Does the individual complain of frequently tripping or falling? Does the individual have balance issues or become unsteady when walking? 	0 Individual's mobility is intact.
	1 Individual has some challenges with their mobility but is able to manage on their own.
	2 Individual's mobility problems interfere with their functioning.
	3 Individual's mobility problems are disabling and pose a danger to the individual.

OA8. MONITORING

This item is used to rate the level of monitoring needed to address the safety and functioning needs of the individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the individual have any monitoring needs? Does the individual require 24-hour awake monitoring? 	0 The individual has no monitoring needs.
	1 The individual has some monitoring needs. For example, a caregiver would need to check on the individual during awake hours but not during asleep hours.
	2 Individual's monitoring needs are impacting their functioning. For example, a caregiver would need to be in the same room or nearby most of the time during awake hours and nearby during asleep hours.
	3 Individual's monitoring needs are disabling and poses a danger to them. The individual needs 24-hour awake monitoring.

OA9. SERVICE PERMANENCE

This item is used to rate the stability of the service providers who have worked with the individual or family.

Questions to Consider

- Have the individual's service providers changed in the past year?

Ratings and Descriptions

- 0 Service providers have been consistent for more than the past two years. This level also is used to rate an individual/family who is initiating services for the first time or re-initiating services after an absence from services of at least one year.
- 1 Service providers have been consistent for at least one year, but changes occurred during the prior year.
- 2 Service providers have been changed recently after a period of consistency.
- 3 Service providers have changed multiple times during the past year.