

2/03/2008

Adult Needs and Strengths (ANSA)

Multi-system Comprehensive Version

## **GLOSSARY OF ITEMS**

## **GLOSSARY FOR THE ANSA**

The decision support and information management tools support communication in a complex environment. They serve to integrate information from whatever sources are available.

### **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. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
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, that is factored into the rating and would result in the rating of an 'actionable' need (i.e. '2' or '3').
4. Consider culture and development before establishing an action level.
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'. Only two items, Adjustment to Trauma and Social Behavior, have any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay 'fresh' and relevant to the individual present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

### **Action Levels for Need Items:**

**0 – no evidence** – This rating indicates that there is no reason to believe that a particular need exists. It does not state that the need categorically does not exist, it merely indicates that based on current assessment information there is no reason to address this need. e.g. does Johnny smoke weed? He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

**1 - watchful waiting/prevention** – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse. e.g. a individual who has been

suicidal in the past. We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we'd want to keep an eye on it from a preventive point of view.

**2 - action needed** – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the individual or family's life in a notable way.

**3 - immediate/intensive action** – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A individual who is not attending school at all or a acutely suicidal individual would be rated with a '3' on the relevant need.

On the Needs Assessment there are "U's" for unknowns – on the CANS there are none as by the time we are doing service planning, we should have enough information about the individual and family to be able to develop a rating. Thus not knowing key information is not acceptable when doing service planning.

## **RISK BEHAVIORS**

### **Danger to Self/Others**

This item rates the individual or violent or aggressive behavior to either self or others. a '1' is reserved for history of significant suicidal behavior, violence or dangerous aggressiveness. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior also should be intentional. Reckless behavior that may cause physical harm to others is not rated on this item.

Thus a '0' is used to indicate neither history nor any current suicidal, violent or aggressive behavior.

A '1' indicates history but not recent (as defined in the criteria of the tool used).

A '2' indicates recent but not immediate.

A '3' is reserved for a individual who is acutely dangerous to others at the time of the rating (generally within the past 24 hours). A man who threatens himself or his wife with a knife would be a '3' at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain a '3'. If on the other hand, he calms down and feels bad about his earlier threats, he would be reduced to a '2' and then a '1' with the passage of time so long as no other violent behavior or plans are observed.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Dangerousness Module.***

### **Self-Mutilation**

This item is used to describe repetitive behavior that results in physical injury to the individual. Carving and cutting on the arms or legs would be common examples of self-mutilation behavior. Generally body piercing and tattoos are not considered a form of self mutilation. Repeatedly piercing or scratching one's skin would be included. Self mutilation is thought to have addictive properties since generally the self abusive behavior results in the release of endorphins (naturally produced morphine-like substances) that provide a calming feeling.

### **Other Self Harm**

This item is used to describe behavior not covered by either Suicide Risk or Self-Mutilation that places a individual at risk of physical injury. This item could be called "Recklessness." Any behavior that the individual engages in has significant potential to place the individual in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, subway surfing). If the individual frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually place themselves in such a position, a rating of '1' might be used to indicate the need for prevention. To rate a '3', the individual must have placed himself or herself in significant physical jeopardy during the rating period.

### **Sexual Aggression**

This item is intended to describe sexually aggressive (or abusive) behavior. Only perpetrators of sexual behavior are rated here. The severity and recency of the behavior provide the information needed to rate this item. If sexually aggressive behavior is at the level of molestation, penetration, or rape that would lead to a rating of a '3'. Any of this behavior in the past year, but not in the rating window would result in a rating of '2'.

Several situations could result in a rating of '1'. A history of sexually aggressive behavior but not in the past year or harassment of others using sexual language would be rated as a '1'.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Sexually Aggressive Behavior Module**.*

### **Criminal behavior**

This relates to criminal behavior for which the individual may or may not have been caught (thus may not have any legal involvement).

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Crime Module**.*

## ***LIFE DOMAIN FUNCTIONING***

Life domains are the different arenas in a individual and family's life. These areas were selected from New Jersey's model of wraparound.

### **Physical/Medical**

This items is used to identify any physical limitations and could include chronic conditions such a limitations in vision, hearing or difficulties with fine or gross motor or his/her medical status. Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g. diabetes, severe asthma, HIV) would be as a '2'. The rating of '3' is reserved for life threatening medical conditions

### **Family**

This item rates who the individual is functioning within his/her family. We recommended that the definition of family should come from the individual's perspective (i.e. who the individual describes as his/her family). If you do not know this information, then we recommended a definition of family that includes biological relatives and their significant others with whom the individual is still in contact.

### **Employment**

This item is a combination of three factors. An actionable level on *any* of these factors would justify a ratings of a '2' or '3'

#### **Job Attendance**

This item assesses the degree to which the individual goes to work.

#### **Job Relations**

This item assesses how the individual gets along with supervisors and co-workers on the job

#### **Job Performance**

This item rates how well the individual is doing his/her job. A '0' would indicate no concerns about job performance. Someone suspended or recently fired due to performance problems would be rated a '3'.

**Note:** for the school items, if the individual is receiving special vocational services, rate the individual's performance and behavior relative to their peer group. If it is planned for the individual to work in the regular economy, rate the individual's school functioning relative to that peer group.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Employment Module**.* For modules, if a rating of '1' or higher is given, then the module should be completed.

### **Social Functioning**

This item rates the individual social skills and relationship functioning. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the individual/individual is doing currently. Strengths are longer term assets. A individual with friends may be struggling to get along with them currently.

### **Recreational**

This item rates the degree to which a individual has identified and utilizes positive leisure time activities. A '0' would be used to indicate a individual who makes full use of leisure time activities to pursue recreational activities that support his/her healthy development and enjoyment.

### **Intellectual/Developmental**

This item rates the presence of Mental Retardation or Developmental Disabilities only and does not refer to broader issues of healthy development. A '1' would be a low IQ individual. Asperger's Syndrome would likely be rated a '2' while Autism would be rated a '3'.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Developmental Needs Module**.*

The Developmental Module specifies the type of developmental problem and associated cognition, communication, and development.

### **Sexuality**

This item refers to all aspects of sexual behavior. Issues of sexual identity would be rated only if they are worrying the individual or if significant others have concerns regarding these issues that are interfering with functioning.

### **Living Skills**

This item is used to describe the individual's ability to do relevant activities of daily living. Independent living skills include money management, cooking, transportation, etc. If consideration of independent living is not in the current planning process, this item can be rated "Not Applicable".

### **Residential Stability**

Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. An individual having difficulty paying utilities, rent or a mortgage might be rated as a '1'.

**Legal**

This item indicates the individual's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.

**Sleep**

This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep. Bedwetting and nightmares should be considered a sleep issue.

**Self Care**

This item is used to describe an individual's ability to perform basic self care activities such as bathing, grooming, feeding, and toileting. Problems are rated regardless of the cause of them.

**Decision-Making**

This item is intended to describe the individual's ability to make decisions. If the individual shows poor decision making that places he/she or others at risk of physical harm, then a rating of '3' indicated. For example, engaging in risky behavior like subway surfing, or other sorts of 'dare-devil' behavior would be rated as '3'.

A '2' is used to indicate poor decision-making that can lead to functional impairment or problems with development or well being. For example, hanging out with a group of other individual who are shoplifting would suggest this level of judgment problem.

A '1' is used either for a history of problems that haven't been fully resolved or concern about decision making that might require monitoring or further assessment.

A '0' is used to describe a individual with no known decision making problems within the context of normal development.

**Involvement in Recovery**

This item describes the individuals participation in his/her recovery process. This may include (but is not limited to) treatment and service planning participation, educational and vocational planning, and other aspects of the recovery process.

**Transportation**

This item is used to describe *unmet* transportation needs. If the individual has access and can afford all necessary transportation, he/she would be rated a '0'.

## ***INDIVIDUAL STRENGTHS***

**NOTE:** Think about how the trumps work in a strength-based direction when rating strengths for the **individual, the caregiver and acculturation categories**.

A "0" would indicate that this is a significant and functional strength that could become the centerpiece in service planning. For example, a individual with a significant interest and involvement in different sports or dance activities and who feels good about his/her involvement.

A "1" would indicate that the strength is clearly exists and could become part of the service plan.

A "2" would indicate that a potential strength has been identified but requires building and development to become useful to the individual. For example a teen who loves animals but has no vocational interest or experience. A plan could be developed that explores combining the teen's interest to develop prevocational and vocational experience in their area of interest.

A "3" would indicate that no strength has been identified at this time. A rating at this level would suggest that in this area the effort would be towards identifying and building strengths that can become useful to the individual. For example a teen with no identified areas of vocational interest. A planning focus may be to work with the teen to begin to identify possible areas of interest and educate them about different kinds of jobs.

***Remember that strengths are NOT the opposite of needs. Increasing strengths while addressing behavioral/emotional needs leads to better functioning and outcomes than just focusing on the needs. Identifying areas where strengths can be built is an important element of service planning.***

### **Family**

This item refers to the presence of a family identify and love and communication among family members. Even families who are struggling often have a bedrock 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.

### **Social Connectedness**

This item is used to identify a individual's social and relationship skills. This is rated independent of Social Functioning because an individual can have skills but be struggling in their relationships at a particular point in time. Thus this strength indicates long standing relationship making and maintaining skills.

**Optimism**

This refers to the individual's sense of future orientation. There is a strong literature that indicates that kids with a solid sense of themselves and their future have better outcomes than individual who do not. A "1" would be a individual who is generally optimistic. A "3" would be a individual who has difficulty seeing any positives about her/himself or his/her future.

**Talents/Interests**

This item refers to hobbies, skills, artistic interests and talents that are positive ways that kids can spend time and also gives them pleasure and a positive sense of themselves. A young adult who likes to collect car stereos without paying for them may need some assistance in developing other interests such as learning to fix his friends' car stereos.

**Educational**

Certainly a individual who loves and excels at school would be rated as having this strength. However, this item predominantly refers more to the nature of the school's relationship to the individual and family and the level of support the individual is receiving from the school. A rating of "0" would be given if the school was an active participant with the individual and family. A rating of "2" would be given if the school was not able to address the individual's needs.

**Vocational**

Vocational Strengths are rated independently of functioning (a individual can have considerable strengths but not be doing well at the moment). Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life. A "1" would indicate that the individual has some vocational skills or work experience. A "3" would indicate that the individual needs significant assistance in developing those skills. Working to build such skills would become an important part of a service plan for a teen.

**Job History**

This strength describes the individual's history with competitive employment regardless of his/her current employment status. An individual with a strong job history is in a better position when seeking employment than an individual with no established history of competitive employment.

**Spiritual/Religious**

This item refers to the individual (and family's) experience of receiving comfort and support form religious or spiritual involvement.

This is the most controversial item in the category of individual strengths in terms of peoples' comfort levels. For example, one DYFS worker took the individual she worked with to her church, while another refused to even discuss the topic as she thought it was not her business. A "0" on this item indicates

that the individual's and families' spiritual/religious beliefs and practices are a comfort and significant source of support. For example, a individual who is very involved in her church individual group and gives her a source of belonging and in which she has many friends.

### **Community Connection**

This item reflects the individual's connection to their community. Adults with a sense of belonging and a stake in their community do better than kids who don't. Individual who have moved a lot or who have been in group home settings may have lost this sense of connection to community life and so might be rated a "3".

### **Natural Supports**

To be a Natural Support one has to be an unpaid individual who has demonstrated the willingness to become involved in the individual's life in a positive and helpful manner. Family members who provide support are rated under Family Strengths, so these supports should be restricted to non-family.

### **Resiliency**

This is a 'meta-strength'. In this model, resiliency refers to one's ability to recognize one's internal or personal strengths (e.g. talents) and use them to promote healthy development. A person who uses a talent to make a career would be resilient. A person who meditates or prays when stress is resilient.

### **Resourcefulness**

This is also a 'meta-strength'. In this model, resourcefulness refers to one's ability to recognize one's external or environmental strengths (e.g. Family, Social Connection) and use them to promote healthy development. A person who relies on family or friends to help them sort out important decisions would be described as 'resourceful'.

## ***ACCULTURATION***

### **Language**

This item looks at whether the individual and family need help in communication with you or others in their world. In immigrant families, the individual(ren) often becomes the translator. While in some instances, this might work well, it may become a burden on the individual, or the individual, say in a juvenile justice situation might not translate accurately, and so assessing this item depends on the particular circumstances.

### **Identity**

This item refers to whether the individual is experiencing any difficulties or barriers to their connection to their cultural identity. Can the individual be with others who share a common culture? A newly immigrated Indian individual living

in a predominantly Caucasian neighborhood and attending a predominantly Caucasian school may be rated a "1" or a "2."

### **Ritual**

This item looks to identify whether barriers exist for a individual to engage in rituals relevant to his/her culture. For example, can a Buddhist individual in a residential setting have place to chant? Can a Muslim individual pray in the direction of Mecca at the requisite times during the day?

### **Cultural Stress**

This item identifies circumstances in which the individual's cultural identify is met with hostility or other problems within his/her environment due to differences in the attitudes, behaviors, or beliefs of others. Racism is a form of cultural stress as are all forms of discrimination.

## **BEHAVIORAL/EMOTIONAL NEEDS**

### **Psychosis**

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

While the growing evidence suggests that schizophrenia can start as early as age nine, schizophrenia is more likely to begin to develop in the teenage years. Even young individual can have psychotic disorders, most often characterized by hallucinations. Posttraumatic stress disorder secondary to sexual or physical abuse can be associated with visions of the abuser when they are falling asleep

or waking up. These would not be rated as hallucinations unless they occur during normal waking hours.

### **Impulse Control**

This item is designed to allow for the description of the individual's level of impulsiveness or hyperactivity. The key to this item is the loss of control over the behavior. The types of disorders included within this item are Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control.

Individual with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.

According to DSM-IV, ADHD is characterized by the following:

1. Either of the following:
  - a. six or more of the following symptoms of inattention to a degree that it causes functioning problems over a six month period:
    1. often fails to give close attention to details or makes careless mistakes
    2. often has difficulty sustaining attention in tasks or play activities
    3. often does not seem to listen when spoken to directly
    4. often does not follow through on instruction and fails to finish tasks
    5. often has difficulty organizing tasks and activities
    6. often avoids, dislikes, or is reluctant to engage in tasks that require sustained attention
    7. often loses things necessary for tasks or activities
    8. is often easily distracted by extraneous stimuli
    9. is often forgetful in daily activities
  - b. six or more of the following symptoms of hyperactivity or impulsivity to a degree that it causes functioning problems over a 6 month period:
    1. often fidgets with hands or feet or squirms in seat
    2. often leaves seat in classroom or in other situations in which remaining seated is expected
    3. often runs about or climbs excessively in inappropriate situations
    4. often has difficulty playing or engaging in leisure activities quietly
    5. is often 'on the go' or often acts as if 'driven by a motor'

6. often talks excessively
7. often blurts out answers before questions have been completed
8. often has difficulty waiting turn
9. often interrupts or intrudes on others

## **Depression**

Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults although it might be somewhat less common among individual, particularly young individual. The following provides the DSM-IV diagnostic criteria for the presence of a Major Depressive Episode. The main difference between depression in individual and depression in adults is that among individual it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression.

*The person exhibiting five or more of the following symptoms during the same two-week period and representing a change from prior status characterizes Major Depression:*

1. depressed or irritable mood most of the day, nearly every day
2. markedly diminished interest or pleasure in all or almost all activities, most of the day, nearly every day
3. significant weight loss or gain (not a growth spurt)
4. sleep difficulties or too much sleep nearly every night.
5. agitation or retardation in movement nearly everyday
6. fatigue or loss of energy nearly everyday
7. feelings of worthlessness or excessive or inappropriate guilt
8. diminished ability to think or concentrate or indecisiveness, nearly every day
9. recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide

*Dysthymic Disorder* is a chronic condition in which the individual must have a depressed or irritable mood most of the time for at least one year. The level of symptoms may be lower to qualify for this condition, but the duration must be at least one year.

## **Anxiety**

Anxiety disorders are characterized by either a constant sense of worry or dread or 'out-of-the blue' panic attacks in which the individual becomes terrified of losing control, dying, or becoming crazy.

A '1' is used to indicate a individual who has some problems with anxiety or worrying or may have had a single panic attack in the past six months. A '2' would indicate a individual who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder.

A '3' would indicate such a level of anxiety as to put the individual at some physical risk.

In DSM-IV the symptoms of **Generalized Anxiety Disorder** are the following

1. Excessive worrying lasting for at least six months
2. Anxiety and worry are associated with at least three of the following (note: individual only need one of these symptoms)
  - a. restlessness or feeling keyed up
  - b. being easily fatigued
  - c. difficulty concentrating or mind going blank
  - d. irritability
  - e. muscle tension
  - f. sleep disturbance
3. The anxiety or worry is not about other psychiatric conditions
4. The anxiety or worry causes significant functioning impairment or distress

### **Interpersonal Problems**

Some individuals struggle with their relationships with others. When the nature of these struggles becomes persistent and predictable, we sometimes describe them as personality disorders. These types of problems are rated here. Chronic dependency or the interpersonal challenges associated with borderline personality disorder would be rated here.

### **Antisocial Behavior**

This item is used to describe the degree to which a individual engages in behavior that is consistent with the presence of an Antisocial Personality Disorder (APD). Although the actual prevalence is not known, it is believe that APD occurs in 1% to 3% of individuals. Although for an adult to have an Antisocial Personality it requires that they had a Conduct Disorder as a individual, most individual with Conduct Disorders do not grow up to be adults with Antisocial Personalities.

According to DSM-IV, at least three of the following four primary behaviors have been present in the past year, and at least one in the past 6 months:

1. Aggression to people and animals
  - a. bullies, threatens, and intimidates others
  - b. initiates physical fights

- c. has used a weapon that can cause serious physical harm
  - d. has been physically cruel to people
  - e. has been physically cruel to animals
  - f. has stolen while confronting a victim
  - g. has forced someone into sexual activity
2. Destruction of property
    - a. has deliberately engaged in fire setting
    - b. has deliberately destroyed others property (by means other than fire setting)
  3. Deceitfulness or theft
    - a. has broken into someone else's house, building, or car
    - b. often lies to obtain goods or favors or to avoid obligations
    - c. has stolen items of nontrivial value without confronting a victim
  4. Serious violations of rules
    - a. often stays out at night despite parental prohibitions, beginning before age 13
    - b. has run away from home overnight at least twice while living in parental or parental surrogate home
    - c. is often truant from school, beginning before age 13

### **Adjustment to Trauma**

This item is used to describe the individual who is having difficulties adjusting to a traumatic experience. If a individual has not experienced any trauma or if they have their traumatic experiences no long impact their functioning, then he/she would be rated a '0'.

A '1' would indicate a individual who is making progress learning to adopt to a trauma or a individual who recently experienced a trauma where they impact on his/her well-being is not yet known.

A '2' would indicate significant problems with adjustment or the presence of an acute stress reaction.

A '3' indicates ***Post Traumatic Stress Disorder (PTSD)***.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Trauma Module**.*

The trauma module was taken from the Trauma Experiences and Adjustment version of the CANS which was developed in collaboration with several sites of the National Individual Traumatic Stress Network. The module includes specification of traumatic experiences that can be associated with PTSD. In addition, specific trauma stress symptoms are described.

DSM-IV defines a traumatic event as one in which both of the following were present:

1. the person experience, witness, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others.
2. the person's response involved intense fear, helplessness, or horror. Or a individual reacted with disorganized or agitated behavior

According the DSM-IV the symptoms of PTSD include the following

1. The traumatic event is re-experienced in at least one of the following ways:
  - a. recurrent and intrusive recollections
  - b. recurrent distressing dreams of the event (individual may have nightmares and be unable to recall the theme)
  - c. acting or feeling as if the event were recurring or individual may re-enact the event.
  - d. Intense distress at exposure to either internal or external stimuli that reminds the person of the event.
  - e. Physiological reactivity to either internal or external stimuli that reminds the person of the event.
2. Persistent avoidance of stimuli associated with the trauma as indicated by three of more of the following:
  - a. efforts to avoid thoughts, feeling, or conversations associated with the event.
  - b. Efforts to avoid activities, places or people that arouse recollections of the events.
  - c. Inability to recall an important aspect of the event.
  - d. Markedly diminished interest or participation in significant activities.
  - e. Feeling or detachment or estrangement from others
  - f. Restricted range of affect (e.g. unable to have loving feelings)
  - g. Sense of foreshortened future (e.g. does not expect to finish school, have career, get married)
3. Marked arousal as indicated by:
  - a. difficulty falling asleep or staying asleep
  - b. irritability or outbursts of anger
  - c. difficulty concentrating
  - d. hypervigilance
  - e. exaggerated startle response

### **Anger Control**

This item describes the individual's ability to manage his/her anger and frustration tolerance.

The '0' level indicates a individual without problems on this dimension.

Everybody gets angry sometime, so this item is intended to identify individuals

who are more likely than average to become angry and that this control problem leads to problems with functioning.

A '1' level is occasional angry outbursts or a situation where the individual has begun to successfully exercise control over his/her temper.

A '2' level describes an individual who has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here.

A '3' level describes an individual whose anger control has put them in physical peril within the rating period.

According to DSM-IV, the criteria for ***Intermittent Explosive Disorder*** include the following:

1. Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property.
2. The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychological stressors.

### **Substance Use**

The main distinction in this rating is that if a individual s uses any alcohol or drugs, then he/she would be rated as at least a '1'.

If this use causes any functioning problems, then he/she would be rated as at least a '2'.

If the individual were dependent on a substance or substances, then he/she would be rated as a '3'.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Substance Use Module**.*

The Substance Use Module allows for a specification of the history and duration of substance use along with a clarification of the drug(s) of choice and stage of recovery.

In DSM-IV ***Substance Dependence*** is characterized by a pattern of maladaptive substance use, leading to significant impairment or distress as evidenced by at least three (or more) or the following occurring in a 12-month period:

1. tolerance to the substance, as defined as either
  - a. a need for a markedly increased amount to achieve intoxication;
  - or,
  - b. a markedly diminished effect of using the same amount
2. withdrawal, as defined as either
  - a. a characteristic withdrawal syndrome of a specific substance
  - b. the same substance taken to relieve or avoid symptoms of a withdrawal syndrome.

3. the substance is taken in larger amount over a longer period of time than intended
4. there is a persistent desire or unsuccessful efforts to cut down or control substance use
5. a great deal of time is spent in activities necessary to obtain the substance
6. important social, educational, or recreational activities are given up or reduced because of substance use
7. the substance use is continued despite knowledge of having a persistent or recurrent problem.

### **Eating Disturbance**

Anorexia and Bulimia nervosa would be rated here; however, this item also would be used to describe a number of other problems with eating including very picky eating, over-eating, and Pica. Food hoarding also would be rated here.

### ***Optional CAREGIVER STRENGTHS & NEEDS***

In general, we recommend that you rate the unpaid caregiver or caregivers with whom the individual is currently living. If the individual has been placed, then focus on the permanency plan caregiver to whom the individual will be returned. If it is a long term foster care or pre-adoptive placement, then rate that caregiver(s).

If the individual is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center then it may be more appropriate to rate the community caregivers where the individual will be placed upon discharge from congregate care. If there is NO community caregiver, this section might need to be left blank with an indication that no caregiver is identified.

In situations where there are multiple caregivers, we recommend making the ratings based on the needs of the set of caregivers as they affect the individual. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline may not be relevant to the ratings. Alternatively, if the father is responsible for the individual because he works the first shift and the mother works the second shift then his skills should be factored into the ratings.

### **Physical/Behavioral**

This item refers to medical, physical, mental health or substance-related problems that the caregiver(s) may be experiencing that limit or prevents their ability to parent the individual. For example a single parent who has recently

had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'.

A parent with serious mental illness would likely be rated a '2' or even a '3' depending on the impact of the illness. However, a parent whose mental illness is currently well controlled by medication might be rated a '1'. This item should be rated independently from substance use.

If substance use interferes with parenting a rating of '2' is indicated. If it prevents caregiving, a '3' would be used. A '1' indicates a caregiver currently in recovery or a situation where problems of substance use are suspected but not confirmed.

### **Involvement**

A '0' on this item is reserved for caregivers who are able to advocate for the individual. This requires both knowledge of their individual, their rights, options, and opportunities. A '1' is used to indicate caregivers who are willing participants with service provision, but may not yet be able to serve as advocates for the individual.

### **Knowledge**

This item is perhaps the one most sensitive to issues of cultural competence. It is natural to think that what you know, someone else should know and if they don't then it's a knowledge problem. In order to minimize the cultural issues, we recommend thinking of this item in terms of whether there is information that if you made available to the caregivers they could be more effective in working with the individual.

### **Social and Financial Resources**

If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item is used to rate the availability of these supports. This item is the caregiver equivalent to the Natural Supports items for individual and individual.

### **Family Stress**

This item refers to the impact the individual or individual's challenges place on the family system. A very high need individual or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress. Historically, this item was referred to a burden in that raising a individual with many needs can weigh on the family.

### **Safety**

This item describes whether individuals in the home present a danger to the individual. This item does ***not*** describe situations in which the caregiver is unable to prevent a individual from hurting him/herself despite well-intentioned efforts. A '2' or '3' on this item requires individual protective services involvement. This item is only an indicator of the need for individual protective services.