

Child and Adolescent Service Intensity Instrument (CASII)

Child Name: _____ Date Assessed: ____/____/____ Services Start Date: ____/____/____

Child ID: _____ D.O.B.: ____/____/____ Gender: M F

Rater Name: _____

CASII Administration: Entry into Service 6month Annual 18 months Exit Other

Dimension I. Risk of Harm (Circle the number below that best represents the child's or adolescent's current potential to be harmed by others or cause significant harm to self or others)

Low Risk of Harm (1)	Some Risk of Harm (2)	Significant Risk of Harm (3)	Serious Risk of Harm (4)*	Extreme Risk of Harm (5)**
<p>a. No indication of current suicidal or homicidal thoughts or impulses, with no significant distress, and no history of suicidal or homicidal ideation.</p> <p>b. No indication or report of physically or sexually aggressive impulses.</p> <p>c. Developmentally appropriate ability to maintain physical safety and/or use environment for safety.</p> <p>d. Low risk for victimization, abuse, or neglect</p> <p>e. Other:</p>	<p>a. Past history of fleeting suicidal or homicidal thoughts with no current ideation, plan, or intention and no significant distress.</p> <p>b. Mild suicidal ideation with no intent or conscious plan and with no past history.</p> <p>c. Indication or report of occasional impulsivity, and/or some physically or sexually aggressive impulses with minimal consequences for self or others.</p> <p>d. Substance use without significant endangerment of self or others.</p> <p>e. Infrequent, brief lapses in the ability to care for self and/or use environment for safety.</p> <p>f. Some risk for victimization, abuse, or neglect.</p> <p>g. Other:</p>	<p>a. Significant current suicidal or homicidal ideation with some intent and plan, with the ability of the child or adolescent and his/her family to contract for safety and carry out a safety plan. Child or adolescent expresses some aversion to carrying out such behavior.</p> <p>b. No active suicidal/homicidal ideation, but extreme distress and/or a history of suicidal/homicidal behavior.</p> <p>c. Indication or report of episodic impulsivity, or physically or sexually aggressive impulses that are moderately endangering to self or others (e.g. status offenses, impulsive acts while intoxicated; self-mutilation; running away from home or facility with voluntary return; fire setting; violence toward animals; affiliation with dangerous peer group).</p> <p>d. Binge or excessive use of alcohol or other drugs resulting in potentially harmful behaviors.</p> <p>e. Episodic inability to care for self and/or maintain physical safety in developmentally appropriate ways.</p> <p>f. Serious or extreme risk for victimization, abuse, or neglect.</p> <p>g. Other:</p>	<p>a. Current suicidal or homicidal ideation with either clear expressed intentions and/or past history of carrying out such behavior. Child or adolescent has expressed ambivalence about carrying out the safety plan and/or his/her family's ability to carry out the safety plan is compromised.</p> <p>b. Indication or report of significant impulsivity and/or physical or sexual aggression, with poor judgment and insight, that is/are significantly endangering to self or others (property destruction; repetitive fire setting or violence toward animals).</p> <p>c. Indication of consistent deficits in ability to care for self and/or use environment for safety.</p> <p>d. Recent pattern of excessive substance use resulting in clearly harmful behaviors with no demonstrated ability of child/adolescent or family to restrict use.</p> <p>e. Clear and persistent inability, given developmental abilities, to maintain physical safety and/or use environment for safety.</p> <p>f. Other:</p>	<p>a. Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behavior; without expressed ambivalence or significant barriers to doing so, or with a history of serious past attempts that are not of a chronic, impulsive, or consistent nature, or in presence of command hallucinations or delusions that threaten to override usual impulse control.</p> <p>b. Indication or report of repeated behavior, including physical or sexual aggression, that is clearly injurious to self or others (e.g., fire setting with intent of serious property destruction or harm to others or self, planned violence and/or group violence with other perpetrators) with history, plan or intent, and no insight and judgment (forcible and violent, repetitive sexual acts against others).</p> <p>c. Relentless engaging in acutely self endangering behaviors.</p> <p>d. A pattern of nearly constant and uncontrolled use of alcohol or other drugs, resulting in behavior that is clearly endangering.</p> <p>e. Other:</p>

Rationale/Comments:



* Requires level 5 independent of other dimensions

**Requires level 6, independent of other dimensions

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Dimension II. Functional Status (Circle the number below that best represents the child's or adolescent's current level of functioning)

Minimal Impairment (1)	Mild Impairment (2)	Moderate Impairment (3)	Serious Impairment (4)*	Severe Impairment (5)**
<p>a. Consistent functioning appropriate to age and developmental level in school behavior and/or academic achievement, relationships with peers, adults, and family, and self care/hygiene/control of bodily functions.</p> <p>b. No more than transient impairment in functioning following exposure to an identifiable stressor with consistent and normative vegetative status.</p> <p>c. Other:</p>	<p>a. Evidence of minor deterioration, or episodic failure to achieve expected levels of functioning, in relationships with peers, adults, and/or family (e.g., defiance, provocative behavior, lying/cheating/not sharing, or avoidance/lack of follow through); school behavior and/or academic achievement (difficulty turning in homework, occasional attendance problems), or biologic functions (feeding or elimination problems) but with adequate functioning in at least some areas and/or ability to respond to redirection/intervention.</p> <p>b. Sporadic episodes during which some aspects of self-care/hygiene/control of bodily functions are compromised.</p> <p>c. Demonstrates significant improvement in function following a period of deterioration.</p> <p>d. Other:</p>	<p>a. Conflicted, withdrawn, or otherwise troubled in relationships with peers, adults, and/or family, but without episodes of physical aggression.</p> <p>b. Self-care/hygiene deteriorates below usual or expected standards on a frequent basis.</p> <p>c. Significant disturbances in vegetative activities, (such as sleeping, eating habits, activity level, or sexual interest), that do not pose a serious threat to health.</p> <p>d. School behavior has deteriorated to the point that in-school suspension has occurred and the child is at risk for placement in an alternative school or expulsion due to their disruptive behavior. Absenteeism may be frequent. The child is at risk for repeating their grade.</p> <p>e. Chronic and/or variably severe deficits in interpersonal relationships; ability to engage in socially constructive activities, and ability to maintain responsibilities.</p> <p>f. Recent gains and/or stabilization in functioning have been achieved while participating in treatment in a structured, protected, and/or enriched setting.</p> <p>g. Other:</p>	<p>a. Serious deterioration of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive or abusive behaviors.</p> <p>b. Significant withdrawal and avoidance of almost all social interaction.</p> <p>c. Consistent failure to achieve self-care/hygiene at levels appropriate to age and/or developmental level.</p> <p>d. Serious disturbances in vegetative status such as weight change, disrupted sleep or fatigue, and feeding or elimination, which threaten physical functioning.</p> <p>e. Inability to perform adequately even in a specialized school setting due to disruptive or aggressive behavior. School attendance may be sporadic. The child or adolescent has multiple academic failures.</p> <p>f. Other:</p>	<p>a. Extreme deterioration in interactions with peers, adults, and/or family that may include chaotic communication or assaultive behaviors with little or no provocation, minimal control over impulses that may result in abusive behaviors.</p> <p>b. Complete withdrawal from all social interactions</p> <p>c. Complete neglect of, and inability to attend to self-care/hygiene/control of biological functions with associated impairment in physical status.</p> <p>d. Extreme disruption in vegetative function causing serious compromise of health and well being.</p> <p>e. Nearly complete inability to maintain any appropriate school behavior and/or academic achievement given age and developmental level.</p> <p>f. Other:</p>

Rationale/Comments:

* Requires level 5 independent of other dimensions

** Requires level 6, independent of other dimensions

** = independent criteria may be waived if sum of IVA and IVB scores equals 2

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Child Name: _____ Child ID: _____

Dimension III. Co-occurrence of Conditions: Developmental, Medical, Substance Use, and Psychiatric

No Co-Occurrence (1)	Minor Co-Occurrence (2)	Significant Co-Occurrence (3)	Major Co-Occurrence (4)*	Severe Co-Occurrence (5)**
<p>a. No evidence of medical illness, substance abuse, developmental disability, or psychiatric disturbances apart from the presenting problem.</p> <p>b. Past medical, substance use, developmental, or psychiatric conditions are stable and pose no threat to the child or adolescent's current functioning or presenting problem.</p> <p>c. Other:</p>	<p>a. Minimal developmental delay or disorder is present that has no impact on the presenting problem and for which the child or adolescent has achieved satisfactory adaptation and/or compensation.</p> <p>b. Self-limited medical problems are present that are not immediately threatening or debilitating and have no impact on the presenting problem and are not affected by it.</p> <p>c. Occasional, self-limited episodes of substance use are present that show no pattern of escalation, with no indication of adverse effect on functioning or the presenting problem.</p> <p>d. Transient, occasional, stress-related psychiatric symptoms are present that have no discernible impact on the presenting problem.</p> <p>e. Other:</p>	<p>a. Developmental disability is present that may adversely affect the presenting problem, and/or may require significant augmentation or alteration of treatment for the presenting problem or comorbid condition, or adversely affects the presenting problem.</p> <p>b. Medical conditions are present requiring significant medical monitoring (e.g., diabetes or asthma).</p> <p>c. Medical conditions are present that may adversely affect, or be adversely affected by, the presenting problem.</p> <p>d. Substance abuse is present, with significant adverse effect on functioning and the presenting problem.</p> <p>e. Recent substance use that has significant impact on the presenting problem and that has been arrested due to use of a highly structured or protected setting or through other external means.</p> <p>f. Psychiatric signs and symptoms are present and persist in the absence of stress, are moderately debilitating, and adversely affect the presenting problem.</p> <p>g. Other:</p>	<p>a. Medical conditions are present or have a high likelihood of developing that may require intensive, although not constant, medical monitoring (e.g., insulin-dependent diabetes, hemophilia).</p> <p>b. Medical conditions are present that will adversely affect, or be affected by, the presenting disorder.</p> <p>c. Uncontrolled substance use is present that poses a serious threat to health if unabated and impedes recovery from the presenting problem.</p> <p>d. Developmental delay or condition is present that will adversely affect the course, treatment, or outcome of the presenting condition.</p> <p>e. Psychiatric symptoms are present that clearly impair functioning, persist in the absence of stressors, and seriously impair recovery from the presenting problem.</p> <p>f. Other:</p>	<p>a. Significant medical condition is present that is poorly controlled and/or potentially life threatening in the absence of close medical management (e.g., severe alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).</p> <p>b. Medical condition acutely or chronically worsens or is worsened by the presenting problem.</p> <p>c. Substance dependence is present, with inability to control use, intense withdrawal symptoms and extreme negative impact on the presenting disorder.</p> <p>d. Developmental disorder is present that seriously complicates, or is seriously compromised by, the presenting condition.</p> <p>e. Acute or severe psychiatric symptoms are present that seriously impair functioning, and/or prevent voluntary participation in treatment for the presenting problem, or otherwise prevent recovery from the presenting problem.</p> <p>f. Other:</p>

Rationale/Comments:

* Requires level 5 independent of other dimensions

**Requires level 6, independent of other dimensions

* = independent criteria may be waived if sum of IVA and IVB scores equals 2

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Dimension IV. Recovery Environment: Environmental Stress

Absent (1)	Mild (2)	Moderate (3)	Serious (4)	Severe (5)
<p>a. Absence of significant or enduring difficulties in environment and life circumstances not expected to change significantly.</p> <p>b. Absence of recent transitions or losses of consequence (e.g., no change in school, residence, or marital status of parents, or no birth/death of family member).</p> <p>c. Material needs are met without significant cause for concern that they may diminish in the near future, with no significant threats to safety or health.</p> <p>d. Living environment is conducive to normative growth, development, and recovery.</p> <p>e. Role expectations are normative and congruent with child's or adolescent's age, capacities, and/or developmental level.</p> <p>f. Other:</p>	<p>a. Significant normative transition requiring adjustment, such as change in household members, or new school or teacher.</p> <p>b. Minor interpersonal loss or conflict, such as peer relationship ending due to change in residence or school, or illness or death of distant extended family member that has moderate effect on child and family.</p> <p>c. Transient but significant illness or injury (e.g., pneumonia, broken bone)</p> <p>d. Somewhat inadequate material resources or threat of loss of resources due to parental underemployment, separation, or other factor.</p> <p>e. Expectations for performance at home or school that create discomfort.</p> <p>f. Potential for exposure to substance use exists.</p> <p>g. Other:</p>	<p>a. Disruption of family/social milieu (e.g., move to significantly different living situation, absence or addition of parent or other primary care taker, serious legal or school difficulties, serious drop in capacity of parent or usual primary care taker due to physical, psychiatric, substance abuse, or other problem with expectation of return to previous functioning).</p> <p>b. Interpersonal or material loss that has significant impact on child and family.</p> <p>c. Serious illness or injury for prolonged period, unremitting pain, or other disabling condition.</p> <p>d. Danger or threat in neighborhood or community, or sustained harassment by peers or others.</p> <p>e. Exposure to substance abuse and its effects.</p> <p>f. Role expectations that exceed child or adolescent's capacity given age, status, and developmental level.</p> <p>g. Other:</p>	<p>a. Serious disruption of family or social milieu due to illness, death, divorce, or separation of parent and child or adolescent; severe conflict; torment and/or physical/sexual abuse or maltreatment.</p> <p>b. Threat of severe disruption in life circumstances, including threat of imminent incarceration, lack of permanent residence, or immersion in alien and hostile culture.</p> <p>c. Inability to meet needs for physical and/or material well-being.</p> <p>d. Exposure to endangering, criminal activities in family and/or neighborhood.</p> <p>e. Difficulty avoiding substance use and its effects.</p> <p>f. Other:</p>	<p>a. Traumatic or enduring and highly disturbing circumstances, such as 1) violence, sexual abuse or illegal activity in the home or community, 2) the child or adolescent is witness to or a victim of a natural disaster, 3) the sudden or unexpected death of a loved one, 4) unexpected or unwanted pregnancy.</p> <p>b. Political or racial persecution, immigration, social isolation, language barriers, and/or illegal alien status.</p> <p>c. Incarceration, foster home placement or re-placement, inadequate residence, and/or extreme poverty or constant threat of such.</p> <p>d. Severe pain, injury, or disability, or imminent threat of death due to severe illness or injury.</p> <p>e. Other:</p>
<p>Rationale/Comments:</p> <p><input type="checkbox"/></p>				

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Dimension IV. Recovery Environment: Environmental Support

Optimal (1)	Adequate (2)	Limited (3)	Minimal (4)	None (5)
<p>a. Family and ordinary community resources are adequate to address child or adolescent's developmental and material needs.</p> <p>b. Continuity of active, engaged primary care takers, with a warm, caring relationship with at least one primary care taker.</p> <p>c. Other:</p>	<p>a. Continuity of family or primary care takers is only occasionally disrupted, and/ or relationships with family or primary care takers are only occasionally inconsistent.</p> <p>b. Family/primary care takers are willing and able to participate in treatment if requested to do so and have capacity to effect needed changes.</p> <p>c. Special needs are addressed through successful involvement in systems of care (e.g., low level special education, tutoring, speech therapy).</p> <p>d. Community resources are sufficient to address child or adolescent's developmental and material needs.</p> <p>e. Other:</p>	<p>a. Family has limited ability to respond appropriately to child or adolescent's developmental needs and/or problems, or is ambivalent toward meeting these needs or addressing these problems.</p> <p>b. Community resources only partially compensate for unmet material and emotional needs and/or child or adolescent has limited or inconsistent access to network.</p> <p>c. Family or primary care takers demonstrate only partial ability to make necessary changes during the course of treatment.</p> <p>d. Other:</p>	<p>a. Family or primary care taker is seriously limited in ability to provide for the child or adolescent's developmental, material, and emotional needs.</p> <p>b. Few community supports and/or serious limitations in access to sources of support so that material, health, and/or emotional needs are mostly unmet.</p> <p>c. Family and other primary care takers display limited ability to participate in treatment and/or service plan (e.g., unwilling, inaccessible, cultural dissonance).</p> <p>d. Other:</p>	<p>a. Family and/or other primary care takers are completely unable to meet the child or adolescent's developmental, material, and/or emotional needs.</p> <p>b. Community has deteriorated so that it is unsafe and/or hostile to the needs of children and adolescents for education, recreation, constructive peer relations, and mentoring from unrelated adults.</p> <p>c. Lack of liaison and cooperation between child-servicing agencies.</p> <p>d. Inability of family or other primary care takers to make changes or participate in treatment.</p> <p>e. Lack of even minimal attachment to benevolent other, or multiple attachments to abusive, violent, and/or threatening others.</p> <p>f. Others:</p>

Rationale/Comments:



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Dimension V. Resiliency and/or Response to Services

Full Resiliency and/or Response to Services (1)	Significant Resiliency and/or Response to Services (2)	Moderate or Equivocal Resiliency and/or Response to Services (3)	Poor Resiliency and/or Response to Services (4)	Negligible Resiliency and/or Response to Services (5)
<p>a. Child/youth has demonstrated significant and consistent capacity to maintain development in the face of normal challenges, or to readily resume normal development following extraordinary challenges.</p> <p>b. Prior experience indicates that efforts in most types of services have been helpful in controlling the presenting problem in a relatively short period of time.</p> <p>c. There has been successful management of extended recovery with few and limited periods of relapse even in unstructured environments or without frequent services.</p> <p>d. Able to transition successfully and accept changes in routing without support; optimal flexibility.</p> <p>e. Other:</p>	<p>a. Child/youth has demonstrated average ability to deal with stressors and maintain developmental progress.</p> <p>b. Previous experience with services has been successful in controlling symptoms but more lengthy intervention is required.</p> <p>c. Significant ability to manage recovery has been demonstrated for extended periods, but has required structured settings or ongoing care and/or peer support.</p> <p>d. Recovery has been managed for short periods of time with limited support or structure.</p> <p>e. Able to transition successfully and accept changes in routine with minimal support.</p> <p>f. Other:</p>	<p>a. Child/youth has demonstrated an inconsistent or equivocal capacity to deal with stressors and maintain normal development.</p> <p>b. Previous experience with services at low level of intensity has not been successful in relief of symptoms or optimal control of symptoms.</p> <p>c. Recovery has been maintained for moderate periods of time, but only with strong professional or peer support or in structured settings.</p> <p>d. Developmental pressures and life changes have created temporary stress.</p> <p>e. Able to transition successfully and accept change in routine most of the time with a moderate intensity of support.</p> <p>f. Other:</p>	<p>a. Child/youth has demonstrated frequent evidence of innate vulnerability under stress and difficulty resuming progress toward expected developmental level.</p> <p>b. Previous services have not achieved complete remission of symptoms or optimal control of symptoms even with intensive and/or repeated interventions.</p> <p>c. Attempts to maintain whatever gains that can be attained in intensive services have limited success, even for limited time periods or in structured settings.</p> <p>d. Developmental pressures and life changes have created episodes of turmoil or sustained distress.</p> <p>e. Transitions with changes in routine are difficult even with a high degree of support.</p> <p>f. Other:</p>	<p>a. Child/youth has demonstrated significant and consistent evidence of innate vulnerability under stress, with lack of any resumption of progress toward expected developmental level.</p> <p>b. Past response to services has been quite minimal, even when treated at high levels of service intensity for extended periods of time.</p> <p>c. Symptoms are persistent and functional ability shows no significant improvement despite receiving services.</p> <p>d. Developmental pressures and life changes have created sustained turmoil and/or developmental regression.</p> <p>e. Unable to transition or accept changes in routine successfully despite intensive support.</p> <p>f. Other:</p>

Rationale/Comments:



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Child Name: _____

Child ID: _____

Dimension VI. Involvement in Services : Child or Adolescent

Optimal (1)	Adequate (2)	Limited (3)	Minimal (4)	Absent (5)
<p>a. Quickly forms a trusting and respectful positive therapeutic relationship with clinicians and other care providers.</p> <p>b. Able to define problem(s) and accepts others' definition of the problem(s), and consequences.</p> <p>c. Accepts age-appropriate responsibility for behavior that causes and/or exacerbates primary problem.</p> <p>d. Cooperates and actively participates in services.</p> <p>e. Other:</p>	<p>a. Able to develop a trusting, positive relationship with clinicians and other care providers.</p> <p>b. Unable to define the problem as developmentally appropriate, but accepts others' definition of the problem and its consequences.</p> <p>c. Accepts limited age-appropriate responsibility for behavior.</p> <p>d. Passively cooperates in services.</p> <p>e. Other:</p>	<p>a. Ambivalent, avoidant, or distrustful relationship with clinicians and other care providers.</p> <p>b. Acknowledges existence of problem, but has trouble accepting limited age-appropriate responsibility for development, perpetuation, or consequences of the problem.</p> <p>c. Minimizes or rationalizes problem behaviors and consequences.</p> <p>d. Unable to accept others' definition of the problem and its consequences.</p> <p>e. Frequently misses or is late for treatment appointments and/or does not follow the service plan.</p> <p>f. Other:</p>	<p>a. A difficult and unproductive relationship with clinician and other care providers.</p> <p>b. Accepts no age-appropriate responsibility role in development, perpetuation, or consequences of the problem.</p> <p>c. Frequently disrupts assessment and services.</p> <p>d. Other:</p>	<p>a. Unable to form therapeutic working relationship with clinicians or other care providers due to severe withdrawal, psychosis, or other profound disturbance in relatedness.</p> <p>b. Unaware of problem or its consequences.</p> <p>c. Unable to communicate with clinician due to severe cognitive delay or speech/language impairment.</p> <p>d. Other:</p>

Rationale/Comments:



Child and Adolescent Service Intensity Instrument (CASII)

Child Name: _____

Child ID: _____

Dimension VI. Involvement in Services : Parent and/or Primary Care taker

Optimal (1)	Adequate (2)	Limited (3)	Minimal (4)	Absent (5)
<p>a. Quickly and actively engages in a trusting and positive relationship with clinician and other service providers.</p> <p>b. Sensitive and aware of the child's or adolescent's needs and strengths as they pertain to the presenting problem.</p> <p>c. Sensitive and aware of the child's or adolescent's problems and how they can contribute to their child's recovery.</p> <p>d. Active and enthusiastic participation in services.</p> <p>e. Other:</p>	<p>a. Develops positive therapeutic relationship with clinicians and other primary care takers.</p> <p>b. Explores the problem and accepts others' definition of the problem.</p> <p>c. Works collaboratively with clinicians and other primary care takers in development of service plan.</p> <p>d. Cooperates with service plan, with behavior change and good follow-through on interventions.</p> <p>e. Other:</p>	<p>a. Inconsistent and/or avoidant relationship with clinicians and other care providers.</p> <p>b. Defines problem, but has difficulty creating a shared definition of development, perpetuation, or consequences of the problem.</p> <p>c. Unable to collaborate in development of service plan.</p> <p>d. Unable to participate consistently in service plan, with inconsistent follow-through.</p> <p>e. Other</p>	<p>a. A difficult and unproductive with clinician and other care providers.</p> <p>b. Unable to reach shared definition of the development, perpetuation, or consequences of problem.</p> <p>c. Able to accept child or adolescent's need to change, but unable or unwilling to consider the need for any change in other family members.</p> <p>d. Engages in behaviors that are inconsistent with the service plan.</p> <p>e. Other:</p>	<p>a. No awareness of problem.</p> <p>b. Not physically available.</p> <p>c. Refuses to accept child or adolescent', or other family members' need to change.</p> <p>d. Unable to form relationship with clinician or other care provider due to significant cognitive difficulties, psychosis, intoxication, or major mental illness or impairment.</p> <p>e. Other</p>

Rationale/Comments:

CASII WORKSHEET

Ratee Name _____

Date: _____

Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of service intensity using either the Placement Grid or the Decision Tree.

<p>I. Risk of Harm</p> <ol style="list-style-type: none"> 1. Low Potential for Risk of Harm 2. Some Potential for Risk of Harm 3. Significant Potential for Risk of Harm 4. Serious Potential for Risk of Harm 5. Extreme Potential for Risk of Harm <p style="text-align: right;">Score _____</p>	<p>IV. B. Recovery Environment - Environmental Support</p> <ol style="list-style-type: none"> 1. Optimal Supportive Environment 2. Adequate Supportive Environment 3. Limited Support in Environment 4. Minimal Supportive Environment 5. No Supportive Environment <p style="text-align: right;">Score _____</p>
<p>II. Functional Status</p> <ol style="list-style-type: none"> 1. Minimal Functional Impairment 2. Mild Functional Impairment 3. Moderate Functional Impairment 4. Serious Functional Impairment 5. Severe Functional Impairment <p style="text-align: right;">Score _____</p>	<p>V. Resiliency and/or Response to Services</p> <ol style="list-style-type: none"> 1. Full Resiliency and/or Response to Services 2. Significant Resiliency and/or Response to Services 3. Moderate or Equivocal Resiliency and/or Response to Services 4. Poor Resiliency and/or Response to Services 5. Negligible Resiliency and/or Response to Services <p style="text-align: right;">Score _____</p>
<p>III. Co-Occurrence: Developmental, Medical, Substance Use, and Psychiatric</p> <ol style="list-style-type: none"> 1. No Occurrence 2. Minor Occurrence 3. Significant Occurrence 4. Major Occurrence 5. Severe Occurrence <p style="text-align: right;">Score _____</p>	<p>VI. A. Child/Adolescent Involvement in Services</p> <ol style="list-style-type: none"> 1. Optimal 2. Adequate 3. Limited 4. Minimal 5. Absent <p style="text-align: right;">Score _____</p>
<p>IV. A. Recovery Environment - Environmental Stress</p> <ol style="list-style-type: none"> 1. Absent Stressful Environment 2. Mild Stressful Environment 3. Moderate Stressful Environment 4. Serious Stressful Environment 5. Severe Stressful Environment <p style="text-align: right;">Score _____</p>	<p>VI. B. Parent/Primary Caretaker Involvement in Services</p> <ol style="list-style-type: none"> 1. Optimal 2. Adequate 3. Limited 4. Minimal 5. Absent <p style="text-align: right;">Score: _____</p>
<p>Composite Score _____</p>	<p>Level of Service Intensity Recommendation _____</p>

LEVEL OF SERVICE INTENSITY COMPOSITE SCORE TABLE

<u>LEVEL</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
Zero	Basic Services for Prevention and Maintenance	7-9
One	Recovery Maintenance and Health Management	10-13
Two	Outpatient Services	14-16
Three	Intensive Outpatient Services	17-19
Four	Intensive Integrated Services Without 24-Hour Psychiatric Monitoring	20-22
Five	Non-Secure, 24-Hour Psychiatric Monitoring	23-27
Six	Secure, 24-Hour Psychiatric Management	28+

Strengths and Difficulties Questionnaire

S 11-17
(Self Report)

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name.....

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
1. I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I usually share with others, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I often offer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I get along better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Strengths and Difficulties Questionnaire

P or T 11-17
(Parent or Teacher Report)
ages 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other youth, for example books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent / Teacher / Other (Please specify):

Thank you very much for your help

Strengths and Difficulties Questionnaire

P or T¹¹⁻¹⁷
(Parent or Teacher Report)
 ages 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other youth, for example books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent / Teacher / Other (Please specify):

Thank you very much for your help

Strengths and Difficulties Questionnaire

P or T 4-10
(Parent or Teacher Report)
ages 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent / Teacher / Other (Please specify):

Thank you very much for your help

Strengths and Difficulties Questionnaire – Scoring Sheet (Self Report ages 11-17)

	Not True	Somewhat True	Certainly True
1. pro. soc.	0	1	2
2. hyper.	0	1	2
3. emot. probs.	0	1	2
4. pro. soc.	0	1	2
5. conduct	0	1	2
6. peer probs.	0	1	2
7. conduct	2	1	0
8. emot. probs.	0	1	2
9. pro. soc.	0	1	2
10. hyper.	0	1	2
11. peer probs.	2	1	0
12. conduct	0	1	2
13. emot. probs.	0	1	2
14. peer probs.	2	1	0
15. hyper.	0	1	2
16. emot. probs.	0	1	2
17. pro. soc.	0	1	2
18. conduct	0	1	2
19. peer probs.	0	1	2
20. pro. soc.	0	1	2
21. hyper	2	1	0
22. conduct	0	1	2
23. peer probs.	0	1	2
24. emot. probs.	0	1	2
25. hyper.	2	1	0

Results

Conduct

(sum of 5,7,12,18,22) _____ Normal (0-3) Borderline (4) Abnormal (5-10)

Hyperactive

(sum of 2,10,15,21,25) _____ Normal (0-5) Borderline (6) Abnormal (7-10)

Emotional Problems

(sum of 3,8,13,16,24) _____ Normal (0-5) Borderline (6) Abnormal (7-10)

Peer Problems

(sum of 6,11,14,19,23) _____ Normal (0-3) Borderline (4-5) Abnormal (6-10)

Pro Social

(sum of 1,4,9,17,20) _____ Normal (6-10) Borderline (5) Abnormal (0-4)

Total Difficulties

(sum of all scales except Pro Social) _____ Normal (0-15) Borderline (16-19) Abnormal (20-40)

Strengths and Difficulties Questionnaire – Scoring Sheet
(Informant ages 4-10 and ages 11-17)

	Not True	Somewhat True	Certainly True
1. pro. soc.	0	1	2
2. hyper.	0	1	2
3. emot. probs.	0	1	2
4. pro. soc.	0	1	2
5. conduct	0	1	2
6. peer probs.	0	1	2
7. conduct	2	1	0
8. emot. probs.	0	1	2
9. pro. soc.	0	1	2
10. hyper.	0	1	2
11. peer probs.	2	1	0
12. conduct	0	1	2
13. emot. probs.	0	1	2
14. peer probs.	2	1	0
15. hyper.	0	1	2
16. emot. probs.	0	1	2
17. pro. soc.	0	1	2
18. conduct	0	1	2
19. peer probs.	0	1	2
20. pro. soc.	0	1	2
21. hyper	2	1	0
22. conduct	0	1	2
23. peer probs.	0	1	2
24. emot. probs.	0	1	2
25. hyper.	2	1	0

Results

Conduct

(sum of 5,7,12,18,22) _____ Normal (0-2) Borderline (3) Abnormal (4-10)

Hyperactive

(sum of 2,10,15,21,25) _____ Normal (0-5) Borderline (6) Abnormal (7-10)

Emotional Problems

(sum of 3,8,13,16,24) _____ Normal (0-3) Borderline (4) Abnormal (5-10)

Peer Problems

(sum of 6,11,14,19,23) _____ Normal (0-2) Borderline (3) Abnormal (4-10)

Pro Social

(sum of 1,4,9,17,20) _____ Normal (6-10) Borderline (5) Abnormal (0-4)

Total Difficulties

(sum of scales except Pro Social) _____ Normal (0-13) Borderline (14-16) Abnormal (17-40)