
San Francisco County

**Adult/Older Adult Needs and
Strengths Assessment**

Age 18+
(SF A/O ANSA 5.0)

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REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Adult Needs and Strengths Assessment. 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, 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.”

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INTRODUCTION

THE ANSA

The ANSA is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the ANSA is to accurately represent the shared vision of the individual-serving system—individuals and families. As such, completion of the ANSA is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the ANSA is designed based on communication theory rather than 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.
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 their parents/caregivers’ needs and strengths (if relevant). Strengths are the individual’s assets: areas in life where they are doing well or have an interest or ability. Needs are areas where an individual requires help or serious intervention. Care providers use an assessment process to get to know the individual and families with whom they work and to understand their strengths and needs. The ANSA helps care providers decide which of an individual’s needs are the most important to address in a treatment or 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 (if relevant) during the assessment process and talking together about the ANSA, care providers can 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 that can be

rated if relevant. 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 assessed 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 for ANSA super users as experts of ANSA assessment administration, scoring, and use in the development of service or recovery plans.

FAQ: Do supervisors have to be certified annually?

All ANSA users and their supervisors are required to maintain annual certification.

MEASUREMENT PROPERTIES

The ANSA was the first communimetric measure developed that now represent the suite of TCOM tools used for decision support, quality improvement and outcomes monitoring. Originally called the Severity of Psychiatric Illness (SPI) and the Acuity of Psychiatric Illness (API), these tools were originally conceived for use in adult acute psychiatric services. A body of research was developed that demonstrated that the SPI was a valid decision support for psychiatric hospitalization decision making (Lyons, Stutesman, Neme, Vessey, O'Mahoney, & Camper, 1997; George, Durbin, Sheldon, & Goering, 2002; Mulder, Koopman, & Lyons, 2005; Marten-Santos, et al., 2006) and in combination these tools could provide important information on the quality and outcomes of care in acute settings (Lyons, O'Mahoney, Miller, Neme, Kabot, & Miller, 1997; Lansing, Lyons, Martens, O'Mahoney, Miller, & Obolsky, 1997; Goodwin & Lyons, 2001; Foster, Lefauve, Kresky-Wolff, & Rickards, 2009). The individual 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.

FAQ: How valid or stable is the ANSA?

Reliability and validity are traditional psychometric properties of assessment instruments. Given that the ANSA is a measure based on communimetrics theory, and has a variety of uses, evaluation of these properties are distinct depending on use. In numerous jurisdictions, the ANSA has been used to predict service utilization, costs, and to evaluate outcomes of clinical interventions and programs.

Strong evidence from multiple studies indicates that the ANSA can be completed reliably by individuals working with individuals and families. A number of individuals from different backgrounds have been trained and certified to use the ANSA assessment including health providers, mental health providers, child welfare case workers, probation officers, and family advocates. Certification with a reliability of at least .70 on a test case vignette is required for ethical use. In San Francisco City and County, re-certification is annual on tcomtraining.com.

A full discussion on the reliability and validity of the ANSA assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

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 'NA' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'NA' 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).

Please Note: The rating of 'ND' for 'no data' is an available option on all ANSA items for San Francisco County ANSA users. The rating of 'ND' implies that there were no data collected to determine an ANSA rating. This rating should only be used rarely, in those instances in which a full assessment was not able to be conducted.

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.

FAQ: Do we rate based on how I view them or how they view themselves?

Designed with communication in mind, obtaining client input on ratings is encouraged. However, the clinician ultimately must decide on a rating to enter. For example, clinician and client may disagree on whether there is evidence of need for treatment of psychosis. On the other hand, a client who is delusional but optimistic in that delusion may be rated as optimistic.

FAQ: How do we score a closing ANSA when a client has died?

If possible, the closing ANSA should be rated based on the last visit with the client.

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 individual and their families (if relevant) to discover individual and family functioning and strengths. Failure to demonstrate an individual's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on an individual's strengths instead of weaknesses with their families may result

in enhanced motivation and improved performance. Involving the family (if relevant) and individual in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the ANSA and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) supports effective services for individual 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 might be the focus of 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, community mental health, and justice 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 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 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 to use 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 client and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the ANSA and guide you in filling it out in an accurate way that helps you make good clinical decisions.

FAQ: What are the ANSA Reports being used for? How are the data used?

The ANSA was developed as a communication tool, used for communication between client and clinician, clinician and supervisor, and agency and wider system. BHS Quality Management has developed several reports to facilitate these different levels of communication. The ANSA Traffic Light report highlights change over time for any two finalized ANSAs within an episode, and the ANSA Treatment Planning report shows ANSA ratings for a single administration. Both reports are available to clinicians on-demand within Avatar. A third report, the Performance Objective A.2.a Report, shows how many clients within the A/OA System of Care and each individual agency have improved on at least 30% of their actionable ANSA items in the current fiscal year.

The performance objective report can be found here:
<https://www.sfdph.org/dph/comupg/oservices/mentalHlth/CBHS/>

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 (if relevant). This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the 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 Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Individual Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, “We can start by talking about what you feel that you need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

Some people may “take off” on a topic. Being familiar with the ANSA 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 serving planning. When possible, share with the individual and family the ANSA domains and items (see the ANSA Core Item list on 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.

You might close with a statement such as: “OK, now the next step is a ‘brainstorm’ where we take this information that we’ve organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So, let’s start. . .”

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ANSA BASIC STRUCTURE

The Adult Needs and Strengths Assessment basic core items are noted below.

CORE ITEMS

Behavioral Health Needs

- Psychosis
- Depression
- Anxiety
- Impulse Control
- Interpersonal Problems Due To Personality
- Adjustment to Trauma
- Mania
- Sleep Disturbance

Risk Assessment

- Danger to Self
- Danger to Others
- Grave Disability
- Self-Injurious Behavior
- Exploitation
- Command Hallucinations
- Hoarding

Life Domain Functioning

- Cultural Stress
- Family Functioning
- Living Skills
- Residential Stability
- Employment
- Social Functioning
- Loneliness
- Sexual Development

Substance Use

- Substance Use
- Stage of Recovery
- Severity of Use

Medical History

- Physical/Medical

Medications

- Medication Adherence

Criminal Justice History

- Criminal Behavior

Client Strengths

- Optimism/Hopefulness
- Community Connection
- Spiritual/Religious
- Involvement in Recovery
- Social Connectedness
- Resiliency
- Resourcefulness
- Family
- Talents and Interests

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BEHAVIORAL HEALTH 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 Health Needs**, 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.

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>ND No data is available.</p> <hr/> <p>0 <i>No evidence of any needs; no need for action.</i> No evidence of psychotic symptoms. Both thought processes and content are within normal range.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of disruption in thought processes or content. Individual may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes an individual with a history of hallucinations but none currently. Use this category for an individual who is below the threshold for one of the DSM diagnoses listed above.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Evidence of disturbance in thought process or content that may be impairing the individual's functioning in at least one life domain. Individual may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical. [continues]</p>
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PSYCHOSIS (THOUGHT DISORDER) continued

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.

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.

Ratings and Descriptions

ND No data is available.

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

No evidence of problems with depression.

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

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

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

Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in individual's ability to function in at least one life domain.

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

Clear evidence of disabling level of depression that makes it virtually impossible for the individual to function in any life domain. This rating is given to an individual with a severe level of depression. This would include an individual who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

Questions to Consider

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

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

ANXIETY

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

	Ratings and Descriptions
	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.
Questions to Consider	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.
<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?	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.
	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.

IMPULSE CONTROL

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

Questions to Consider

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

Ratings and Descriptions

ND No data is available.

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. 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.

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.

INTERPERSONAL PROBLEMS DUE TO PERSONALITY

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	Ratings and Descriptions
<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?• Is individual experiencing overwhelming anger or fear around others abandoning them? Or have relationships that are often very intense but not very stable?	ND No data is available.
	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.

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
	ND No data is available.
<p>Questions to Consider</p> <ul style="list-style-type: none">• Has the individual experienced any trauma?• How is the individual adjusting to the trauma?• Do they experience frequent nightmares?• Is the individual troubled by flashbacks?• Consider the impact of a chronic trauma (e.g., being raped by an alcoholic parent).	0 <i>No evidence of any needs; no need for action.</i> No evidence that individual has experienced a traumatic life event, OR individual has adjusted well to traumatic/adverse experiences.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> 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 in relationships with others. Adjustment is interfering with individual's functioning in at least one life domain.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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.

MANIA

This item identifies elevated/expansive mood, increase in energy, decrease in sleep, pressured speech, racing thoughts, and grandiosity that are characteristic of mania.

Questions to Consider

- Does the individual have periods of feeling super happy/excited for hours or days at a time? Have periods of feeling very angry/cranky for hours or days at a time?
- Does the individual have periods of time where they feel like they don't need to sleep or eat? Have extreme behavior changes?
- Has the individual been excessively involved with pleasurable activities that may be potentially damaging (e.g., unrestrained shopping sprees)?

Ratings and Descriptions

ND No data is available.

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

No evidence of mania or manic behavior.

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

Individual has a history of manic behavior, or individual with some evidence of hypomania or irritability, or that does not impact the individual's functioning.

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

Individual with manic behavior that impacts the individual's functioning or those around them.

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

Individual with a level of mania that is dangerous or disabling. For example, the individual may be wildly over-spending, rarely sleeping, or pursuing a special "mission" that only they can accomplish. The manic episode rated here could include psychotic symptoms.

SLEEP DISTURBANCE

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

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual get a full night's sleep?• Does the individual get enough sleep to function properly the next day?• Does the individual have any problems when they sleep such as awakening early or nightmares?	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i>
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i>
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>

RISK ASSESSMENT

This section focuses on factors that can increase an individual’s likelihood of mental health and other difficulties developing as well as current behaviors that place the individual at risk. Time frames in this section can change (particularly for ratings 1 and 3) away from the standard 30-day rating window.

Question to Consider for this Domain: Does the individual have any behaviors that pose a risk to themselves or to others?

For **Risk Assessment**, 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.

DANGER TO SELF

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

Ratings and Descriptions

ND No data is available.

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

No evidence of history of suicidal or self-injurious behaviors.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History but no recent intent, ideation or feasible plan. This individual has a history of suicidal or self-injurious behavior but none during the past 30 days.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*

Recent ideation, intention or plan that is feasible and/or history of a potentially lethal attempt. The individual has expressed suicidal ideation recently (last 30 days, though not today), or has engaged in suicidal behavior in the past 30 days (including today) but does not currently have a plan to complete the suicide attempt.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*

Current ideation or command hallucinations regarding self-harm, current intent, plan that is immediately accessible and feasible, and/or history of multiple potentially lethal attempts. This individual currently has suicidal ideation and a feasible plan to commit suicide, with or without the specific means to carry out the act. Acting upon command hallucinations that results in self-harm would also be rated here.

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?

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

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.

	Ratings and Descriptions
	ND No data is available.
Questions to Consider <ul style="list-style-type: none">• Has the individual ever been aggressive towards others?	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).
<ul style="list-style-type: none">• Does the individual have homicidal ideation?• Do they get into physical fights?• Have they ever threatened to kill or seriously injure another person?	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History but no recent gesture or ideation. A history of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days. A history of fire setting (not in the past year) would be rated here.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Recent homicidal ideation, physically harmful aggression or dangerous fire setting, but none in past 24 hours. Has plan to harm others that is feasible. Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression. This individual has expressed ideation about harming another recently (last 30 days). Individual may or may not have a specific plan, but the behavior being contemplated is feasible.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute homicidal ideation with an accessible, feasible plan of physically harmful aggression, or command hallucinations involving harm of others. Or intentionally set fire that placed others at significant risk of harm. This individual displays a significant level of aggression and articulates a plan to enact the aggressive behavior. Frequent or dangerous (significant harm) level of aggression to others. Individual may or may not currently have the means to carry out an attack. Any fire setting within the past year would be rated here. The individual is an immediate risk to others.

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

GRAVE DISABILITY

This rating refers to an individual's inability to provide for their basic personal needs (food, shelter, clothing) due to their mental illness.

Questions to Consider

- Can the individual provide for their basic needs?

Ratings and Descriptions

ND No data is available.

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

No evidence of behaviors that indicate the individual has difficulty providing for basic personal needs (e.g., food, shelter, clothing).

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History of difficulty providing for basic physical needs, or currently having minor difficulty providing for needs in one area (food, shelter, clothing) but not to the extent that harm is likely.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*

The individual has difficulty providing for basic physical needs. At risk of endangering themselves (e.g., eating rotten food, unable to feed self, unlivable housing, delusions about food or clothing, or too disorganized to feed or clothe self).

3 *Intensive and/or immediate action is required to address the need or risk behavior.*

Individual is currently unable to provide for food, clothing and shelter to the extent that they have endangered themselves and there is evidence of physical harm. Individual will not use provisions supplied by others due to delusions.

FAQ: How do we rate the grave disability item, if the client is dependent on us? How do we rate the physical/medical items for deaf and blind people who have assistance?

Ratings should describe the individual and not the individual in service. If an intervention is present that is masking a need but must stay in place, this should be factored into consideration and would result in a rating of an actionable need (i.e., '2' or '3').

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.).

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Has the individual ever performed self-harming behavior?• Does the individual have any physical injuries from self-harming behavior?	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i> No evidence of any forms of self-injury.
	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.
	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.
	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.

EXPLOITATION

This item describes an individual who has been victimized or exploited 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 exploited in other ways (e.g., being bullied, sexual abuse, sexual exploitation, etc.).

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Has the individual ever been exploited?• Is the individual currently being exploited?	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i> No evidence that the individual has experienced a pattern of victimization or exploitation. They may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Individual is not presently at risk for re-victimization or exploitation.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Individual has been recently victimized or exploited (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 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> 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.

COMMAND HALLUCINATIONS

This item describes hallucinations in which an individual with psychosis believes they are being commanded to perform an act that may result in harm to self or another

Questions to Consider	Ratings and Descriptions
	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i> No evidence of hallucinations, either command or otherwise.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of command hallucinations but not within past year, or commands are not compelling individual to act (e.g., easily ignored by client) or do not involve harm to self or others.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Recent command hallucinations that have threatening content, but which the individual is able to resist acting on.

	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Recent command hallucinations to which individual feels they are (or shortly will be) compelled to react. Enacting the commands would result in harm to individual or another.
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HOARDING

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

Questions to Consider	Ratings and Descriptions
	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i> Individual has no evidence of any problems with hoarding behavior.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some hoarding behavior. Individual holds on to material that has limited or no value but this behavior does not directly interfere with functioning beyond others in their life commenting or complaining about the behavior.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Hoarding behavior that limits functioning. Individual keeps a significant amount of material that has limited or no value. This hoarding behavior limits functioning in at least one life domain. Individual is actively resistant to any effort to remove hoarded materials.

	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Extreme hoarding behavior. The hoarding behavior results in the collection of an amount of material that has limited or no value to the degree that there is nearly no available living space. The hoarding behavior is disabling (e.g. lost relationships, unable to leave home) or dangerous.
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LIFE DOMAIN FUNCTIONING/ CULTURAL FACTORS

This section focuses on the different arenas of social interaction found in the lives of individuals and their families, including any specific cultural needs. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

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

For the **Life Domain Functioning/Cultural Factors**, 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.

CULTURAL STRESS

This item identifies circumstances in which the individual and family's cultural identity (if applicable) 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.

Ratings and Descriptions

ND No data is available.

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

No evidence of stress between the individual's cultural identity and current environment or living situation.

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

Some mild or occasional stress resulting from friction between the individual's cultural identity and current environment or living situation.

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

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.

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

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.

Questions to Consider

- Does the individual experience any cultural stress?

Supplemental Information: Cultural stress includes experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which they live.

FAQ: Should the cultural stress item be rated for situations such as transgender people having difficulty integrating into intolerant work or social environments?

Yes. The ANSA manual describes cultural stress as referring to “*experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual’s own cultural identity and the predominant culture in which they live.*” Racism, negativity toward sexual orientation, gender identity, and expression, and other forms of discriminations should be rated here.

FAMILY FUNCTIONING

This item evaluates and rates the individual’s relationships with those who are in their family: spouse/partner, children and other family members. It is recommended that the description of family should come from the individual’s perspective (i.e. who the individual describes as 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

ND No data is available.

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

No evidence of problems in relationships with spouse/partner, children and/or other family members, and/or individual is doing well in relationships with spouse/partner, children and/or other 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 spouse/partner, children and/or other family members, although some problems may exist. For example, spouse/partner, children and/or other 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 spouse/partner, children 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.

FAQ: How do I rate the family item for clients who have no identified families? What about for those who do not have a desire for one?

The description of family should come from the client’s perspective: who do they consider to be family? If this information is missing, consider biological and adoptive relatives and/or their significant others with which they are still in contact.

For clients who do not have a family or a desire for one, you would rate ‘0’ as a familial relationship is not present to evaluate.

LIVING SKILLS

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

	Ratings and Descriptions
	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i> This level indicates an individual who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.
Questions to Consider	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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.
<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?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> 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.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> 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.

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.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual have a stable living situation?• Where is the individual living?	ND No data is available.
	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.
	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, some concern regarding residential instability if living independently, characterized by the potential loss of housing due to the individual's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.
	2 <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. Residential instability may benefit from support if the individual is living independently, characterized by recent and temporary lack of permanent housing.
	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. Residential instability requires support if the individual is living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

FAQ: How would you rate the Residential Stability item for individuals currently in a shelter or stabilization short term housing?

Individuals who are currently in a shelter or stabilization short term housing may be rated here. Short term stay implies a need to secure other housing options in the near future, warranting an actionable rating.

EMPLOYMENT FUNCTIONING

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

	Ratings and Descriptions
	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems at work. Individual is gainfully employed.
Questions to Consider	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual experiences some problems with work functioning. Individual may have some problems in work environment involving attendance, productivity, or relations with others. OR the individual is not currently working, but is motivated and is actively seeking work.
<ul style="list-style-type: none">• Is the individual employed?• Does the individual have any behavioral, attendance, or productivity problems at work?• Does the individual get to work on time?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual experiences work problems including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with his/her work performance. OR although not working, the individual seems interested in doing so, but may have some anxiety about working.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Work problems are dangerous or disabling, including aggressive behavior toward peers or superiors or severe attendance problems is evidenced. Individual may be recently fired or at very high risk of firing (e.g. on notice). OR the individual has a long history of unemployment.
	NA Not applicable if the individual is a homemaker or retired.

Supplemental Information: For individuals who are not working, but could potentially do so, assess their willingness and motivation regarding employment.

- A rating of '2' includes individuals who, though not working, seems interested in doing so, though may have some anxiety about it. They may need support and/or training.
- A rating of '3' includes individuals who are unmotivated or uninterested in working even though they are capable of employment with support and/or training.
- Use an 'NA' rating for those who do not need to create employment (e.g., retired or homemaker).

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	
	ND No data is available.
	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.

LONELINESS

This item describes the individual's feelings or perception of loneliness. This is not exclusively a social isolation item as some individuals are comfortable with or seek out some level of social isolation that others might find uncomfortable.

Ratings and Descriptions	
	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i> There is no evidence that the individual is experiencing any loneliness.
Questions to Consider <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?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Individual experiences some loneliness but it does not interfere with their life, or an individual might be socially isolated but not reporting any feelings of loneliness.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual has expressed a level of loneliness that is interfering with functioning in at least one life domain.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual is expressing severe loneliness. This may be either a symptom of or a cause of depression or other mental health challenges. The individual's experience of loneliness is either disabling or so severe as to create worries about the individual's personal safety.

SEXUAL DEVELOPMENT

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

	Ratings and Descriptions
	ND No data is available.
	0 <i>No evidence of any needs; no need for action.</i> No evidence of issues with sexuality.
Questions to Consider	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 sexuality, but does not interfere with functioning in other life domains. May include the individual's concerns about their sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.
<ul style="list-style-type: none">• Does the individual have any issues with sexuality?• Does the individual's sexuality interfere with their life functioning?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with sexuality that interfere with the individual's life functioning in other life domains.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Problems with sexuality place individual at risk of physical or emotional harm. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.

Supplemental Information: This rating describes issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.

SUBSTANCE USE

For the **Substance Use** items, 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.

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

- Does the individual misuse any substances?
- Does the individual take medications as prescribed?

Ratings and Descriptions

ND No data is available.

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

Individual has no notable substance use difficulties at the present time.

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

Individual has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.

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

Individual has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.

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

Individual has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the individual.

A rating of '1', '2' or '3' triggers the completion of the Stage of Recovery and Severity of Use items, below.

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' describes an individual who has no notable substance use difficulties at the present time. If the person is in recovery for greater than 1 year they should be coded here.
- A rating of '2' describes an individual with a moderate substance abuse problem that both requires treatment and interacts with and exacerbates the psychiatric illness. A substance abuse problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
- A rating of '3' describes an individual with a severe substance dependence condition that presents a significant complication to the mental health management (e.g., need for detoxification) of the individual.

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>ND No data is available.</p>
	<p>0 <i>No evidence of any needs; no need for action.</i></p> <p>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>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>Individual is actively trying to use treatment to remain abstinent.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Individual is in denial regarding the existence of any substance use problem.</p>

SEVERITY OF USE

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

<p>Questions to Consider</p> <ul style="list-style-type: none"> Is the individual currently using substances? If so, how frequently? Is there evidence of physical dependence on substances? 	<p>Ratings and Descriptions</p> <p>ND No data is available.</p>
	<p>0 <i>No evidence of any needs; no need for action.</i></p> <p>Individual is currently abstinent and has maintained abstinence for at least six months.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>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.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Individual actively uses alcohol or drugs but not daily.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Individual uses alcohol and/or drugs on a daily basis.</p>

FAQ: How would you rate someone who has stopped meth, but is still drinking?

In some cases, clients will use multiple substances and the same rating cannot be applied across all substances. Consider the effects on functioning each substance has on the client. You would then enter the highest rating for the Substance Use item (and module).

FAQ: How would you rate someone who has not stopped drinking, but no longer drinks and drives?

If the client presents with additional problems related to drinking, you would most likely rate the substance use item (and module) as actionable (‘2’ or ‘3’ rating). If the client is drinking, but functioning is no longer affected, you would most likely rate ‘0’ or ‘1’.

MEDICAL HISTORY

For the **Medical History** item, 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.

PHYSICAL/MEDICAL

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

	Ratings and Descriptions
	<p>ND No data is available.</p> <hr/> <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> Individual has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual has serious medical or physical problems that require medical treatment or intervention. Or individual has a chronic illness or a physical challenge that requires ongoing medical intervention.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to individual's safety, health, and/or development.</p>
<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual have any physical or medical problems? • Is the individual able to control their physical and/or medical problems? 	

MEDICATIONS

For the **Medications** item, 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.

MEDICATION ADHERENCE

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

Ratings and Descriptions

ND No data is available.

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).

Questions to Consider

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

CRIMINAL JUSTICE HISTORY

For the **Criminal Justice History** item, 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.

CRIMINAL BEHAVIOR

This item includes both criminal behavior and status offenses that may result from the individual failing to follow required behavioral standards. This category does not include drug usage but it does include drug sales and other drug-related activities. Sexual offenses should be included as criminal behavior.

Ratings and Descriptions

ND No data is available.

0 *No evidence of any needs; no need for action.*
No evidence or history of criminal behavior.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
A history of criminal behavior but none in the past year.

2 *Action is required to ensure that the identified need or risk behavior is addressed.*
Individual has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Individual has been engaged in violent criminal activity during the past year which represents a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault.

Questions to Consider

- Has the individual ever been arrested?
- Is the individual on probation?
- Has the individual ever been incarcerated?

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.

CLIENT STRENGTHS

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

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

OPTIMISM/HOPEFULNESS

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

	Ratings and Descriptions
	ND No data is available.
Questions to Consider <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? 	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Individual has a strong and stable optimistic outlook for their future.
	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.
	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.
	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.

COMMUNITY CONNECTION

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

Ratings and Descriptions

ND No data is available.

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*

Individual is well integrated into their community. The individual is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (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.

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

Individual is somewhat involved with their community. This level can also indicate an individual with significant community ties although they may be relatively short term.

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

Individual has an identified community but has only limited, or unhealthy, ties to that community.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence of an identified community of which individual is a member at this time.

Questions to Consider

- Is the individual connected to their community?

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 individual.

	Ratings and Descriptions
<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?	ND No data is available.
	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in 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.
	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.
	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.
	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.

Supplemental Information: Consider individual's involvement in 12 Step programs when rating this item. This rating should be based on the individual's involvement in spiritual or religious beliefs and activities.

INVOLVEMENT IN RECOVERY/MOTIVATION FOR TREATMENT

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
	• Does the individual participate in their treatment?	ND No data is available.
	• Is the individual involved in their recovery?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i> Individual is fully involved in their recovery. They have identified treatment choices and fully participate.
		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 involved in their recovery. They participate in treatment but do not actively exercise choice.
		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 marginally involved in their recovery. They are minimally involved in treatment.
	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 uninvolved in their recovery. They are currently not making efforts to address needs.	

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	
	ND No data is available.
	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships.
Questions to Consider <ul style="list-style-type: none">• Does the individual have friends?• Are the individual's friendships healthy?• Is the individual able to develop friendships?	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.
	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.
	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.

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

RESILIENCE

This item refers to the individual's ability to recognize their internal strengths and use them in managing daily life.

Ratings and Descriptions	
	ND No data is available.
	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Individual is able to both identify and use strengths to better themselves and successfully manage difficult challenges.
Questions to Consider <ul style="list-style-type: none">• Is the individual able to recognize their internal strengths and use them manage life's challenges?• Does the individual recognize their strengths as skills?	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.
	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.
	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.

RESOURCEFULNESS

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

Ratings and Descriptions	
	ND No data is available.
	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Individual is quite skilled at finding the necessary resources required to aid them in managing challenges.
Questions to Consider <ul style="list-style-type: none">• Does the individual know what resources are available to help them meet their needs?• Do they feel confident in their ability to find resources?	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 some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
	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 limited skills at finding necessary resources required to aid them in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual has no skills at finding the necessary resources to aid them in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

FAMILY STRENGTHS/SUPPORT

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

Ratings and Descriptions

ND No data is available.

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*

Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the individual and is able to provide significant emotional or concrete support. Individual is fully included in family activities.

Questions to Consider

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

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.

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.

FAQ: How do I rate the family item for clients who have no identified families? What about for those who do not have a desire for one?

The description of family should come from the client's perspective: who do they consider to be family? If this information is missing, consider biological and adoptive relatives and/or their significant others with which they are still in contact.

For clients who do not have a family or a desire for one, you would rate '3' as a familial relationship is not present to evaluate.

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?	ND No data is available.
	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i>
	Individual has a talent that provides pleasure and/or self-esteem. Individual with significant creative/artistic/athletic strengths would be rated here.
	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 talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates an individual with a notable talent. For example, an individual who is involved in athletics or plays a musical instrument would be rated here.
2 <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 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.	
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 talents, interests or hobbies at this time and/or individual requires significant assistance to identify and develop talents and interests.	