Santa Cruz County Mental Health & Substance Abuse Services
Adult Needs and Strengths (ANSA)
Multi-system Comprehensive Version

GLOSSARY OF ITEMS
**Acknowledgements**

A large number of individuals have collaborated in the development of the ANSA. The Adult Needs and Strengths Assessment is an open domain tool for use in service delivery systems that address the mental health of young, middle, and older adults and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation.

Santa Cruz County’s ANSA Comprehensive tool and enhanced glossary are built on the work of several states and agencies. With a vision of using common assessment tools across state service systems to help improve communication and the quality of behavioral health services for youth and families, the Santa Cruz County Family & Social Service Administration, Division of Mental Health and Addiction (DMHA) has partnered with the Santa Cruz County Office of Medicaid Policy (OMPP) to integrate policies and practices and to create and support technology. The Santa Cruz County University School of Social Work, supported by DMHA, provides training, certification and technical assistance to support the use of the ANSA statewide. Ninety-two organizations, including community mental health centers, addiction providers and state hospitals use the ANSA; each has staff who have completed advanced training and certification to support the local integration of the tools into practice.

A special thanks to the Allegheny County, PA Department of Human Services, which has shared their ongoing work to enhance the communicative tools as recovery based instruments, creating supporting documents and providing practical tips to integrate resulting information into practice.

For more information on the ANSA-Comprehensive assessment tool contact:

**John S. Lyons, Ph.D.**
Chapin Hall at the
University of Chicago
jlyons@chapinhall.org

**Betty Walton, Ph.D.**
Santa Cruz County University School of
Social Work & Division of Mental Health
and Addiction
Santa Cruz Countypolis, IN
Betty.Walton@fssa.IN.gov

**Praed Foundation**
praedfoundation@yahoo.com
GLOSSARY FOR THE ANSA-Santa Cruz County

Overview

The decision support and information management tools (ANSA and CANS) support communication in a complex environment. They integrate information from whatever sources are available.

Six Key Principles of the ANSA

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.

2. Each item uses a 4-level rating system (0, 1, 2, 3). Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.

3. Ratings should describe the individual not the individual in services. If an intervention is present that is masking a need, but must stay in place, that is factored into the rating and would result in the rating of an “actionable” need (i.e., ‘2’ or ‘3’).

4. Consider culture and development before establishing an action level.

5. The ratings are generally ‘agnostic as to etiology’. In other words this is a descriptive tool. It is about the ‘what’ not the ‘why’. Only two items, Adjustment to Trauma and Self Injurious Behavior, have any cause-effect judgment.

6. A 30-day window is used for ratings in order to make sure assessments stay ‘fresh’ and relevant to the individual present circumstances. However, the action levels can be used to over-ride the 30-day rating period.
Rating Needs and Strengths:

The basic design for rating NEEDS* is:

A rating of a 0 reflects *no evidence of need*,
A rating of a 1 reflects *watch/prevent*,
A rating of a 2 reflects *action needed*,
A rating of a 3 reflects *immediate action*.

Another way to conceptualize these ratings is:

A 0 indicates no need for action,
A 1 indicates a need for watchful waiting to see whether action is needed (i.e. flag it for later review to see if any circumstances change),
A 2 indicates a need for action, and
A 3 indicates the need for either immediate or intensive action.

The basic design for rating STRENGTHS is:

A rating of 0 reflects a *centerpiece*,
A rating of 1 reflects that a *useful strength* is present,
A rating of 2 reflects that a *potential strength* is present,
A rating of 3 reflects that the strength has *not been identified, no evidence*.

For Strengths, a rating of 0 or 1 reflects a strength that can be used to build around, while a rating of 2 or 3 reflects a strength that needs to be developed or identified.

*Use the Needs rating design for all domains or dimensions, except strengths.

Conversation Starters

‘Conversation Starters’, respectful questions to engage individuals and gather information, have been developed by the Allegheny County, PA team, and shared with their permission. They are provided in this glossary to help assessors begin conversations about various topics with an individual and co-participants if the topic is not otherwise covered. The questions are not required.

For more than a year, the Pennsylvania Team, providers and individuals who receive services have refined the ANSA to be recovery focused. Look for their influence in this glossary.
STRENGTHS

Family Strengths
This item rates how the individual is functioning within his/her self-defined family/significant relationships.

Conversation Starters: Who do you define as your family or other significant relationships? How do you care about one another in your family? Is there usually good communication? Is this an area that you could use some help to develop?

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

Conversation Starters: Tell me about your long term relationships. Tell me about the people in your life.

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

Conversation Starters: Do you have a generally positive outlook on things or have things to look forward to? What do your plans for the future look like? How successful do you see yourself becoming?

Talents/Interests
This item refers to hobbies, skills, artistic interests and talents that are positive ways that individuals can spend time and also gives them pleasure and a positive sense of themselves. This rating should be based broadly on any talent, creative or artistic skills an individual may have including art, theater, music, athletics, and so forth. A young adult who likes to collect car stereos without paying for them may need some assistance in developing other interests such as learning to fix his friends’ car stereos.

Conversation Starters: What are your talents or interests? What are the things that you do particularly well?
Educational (Training)
An individual who pursues and is motivated for school/training would be rated as having this strength.

Conversation Starters: Are you engaged in plans for your future with your education/training? Do you have enough support in these plans? How is your education/training program helping you with your goals?

Do you have any educational goals for your future? How long have you had these goals? How confident are you about achieving these goals? What are your thoughts on educational planning?

Volunteering
This item describes the degree to which an individual is involved in volunteer activities that give back to the community.

Conversation Starters: Do you ever volunteer in your community? If so, why and how often? What are your experiences with volunteering? Would you consider yourself active in taking on volunteer opportunities?

Job History
This item describes the individual’s experience with paid employment regardless of his/her current employment status. An individual with a strong job history is in a better position when seeking employment than an individual with no established history of competitive employment.

Conversation Starters: Do you have previous work experience? Do you have previous employers that will be willing to recommend you?

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

Conversation Starters: Are you involved with a religious community? (Are you a member of a church, synagogue or mosque? Do you attend services? Did you as a child?) Do you have spiritual beliefs that provide comfort? Tell me a more about that.

Community Connection
This item reflects the individual’s connection to their community. Individuals with a sense of belonging and a stake in their community do better than individuals who don’t. This rating should be rated based on the individual’s level of involvement in community institutions such as sports teams, community centers, spiritual/religious institutions, friendship and extended family networks in the community, etc...
**Conversation Starters:** Would you say you are active in a community? Are you a member of a community organization or group? Do you feel that you are part of a community? What are some things that you do in your community?

**Natural Supports**
To be a Natural Support one has to be an unpaid individual who has demonstrated the willingness to become involved in the individual's life in a positive and helpful manner. Family members who provide support are rated under Family Strengths, so these supports should be restricted to non-family. Natural supports may include neighbors, friends, club or church members or individuals with whom a person works.

**Conversation Starters:** Do you have friends or mentors in the community who are there to support you in times of need? Tell me about any non-family members that make a significant impact on your life.

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

**Conversation Starters:** When you are presented with a challenge, are you able to bounce back? Can you tell me about a difficult situation you experienced in your life and how you dealt with it?

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

**Conversation Starters:** Who do you rely on for support? How confident are you in your ability to find your own resources? Do you know what resources are available to help you meet your needs? Can you tell how you have used resources in your life?
**LIFE FUNCTIONING**

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

- *Conversation Starters:* Do you have any medical or physical problems? Do you have to see a doctor regularly to treat any problems (such as asthma, diabetes, etc...)? When were you last seen by a medical doctor? Do you see a doctor? Who is your doctor? Where do you go when you are sick?
- *Are there any activities that you cannot do because of a physical or medical condition? How much does this interfere with your life?*

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

Conversation Starters: How is your relationship with your family? Who are the people you define as significant in your life? How do you get along with them? Are there typically frequent problems? How are you and [your family/significant relationships] getting along right now?

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

**Job Attendance**
This item assesses the degree to which the individual goes to work.

**Job Relations**
This item assesses how the individual gets along with supervisors and co-workers on the job.
Job Performance
This item rates how well the individual is doing his/her job. A ‘0’ would indicate no concerns about job performance. Someone suspended or recently fired due to performance problems would be rated a ‘3’.

Note: for the employment items, if the individual is receiving special vocational services, rate the individual’s performance and behavior relative to their peer group. If it is planned for the individual to work in the regular economy, rate the individual’s school functioning relative to that peer group. The ‘NA’ option applies only to individuals who have retired, are staying home to parent children or in school.

A rating of a ‘1’ or greater would result in the need for further specification of these needs through the completion of the Employment Module.

Conversation Starters: Are you currently employed? If you are, where do you work? Do you like your job? Are you struggling at all?

If you are unemployed, what was your last job? Are you looking for a job or are you in school or a job corps? What kind of work would you like to do?

Do you have any vocational goals for your future? How long have you had these goals? How confident are you about achieving these goals? What are your thoughts on vocational planning?

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

Conversation Starters: Let’s talk a little bit about your social life. Who do you hang out with? How are you at making friends? How are you at keeping friends?

Recreational
This item rates the degree to which an individual has identified and utilizes positive leisure time activities and/or participates in activities which are meaningful to the individual and provide a sense of positive self-esteem.

Conversation Starters: What are some things that you like to do with your free time such as hobbies/interests, things that give you pleasure? This can include activities that
are a positive use of your extra time and that may utilize your talents? Are you often bored or have nothing to do? Are there some things you’d like to do but can’t?

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

**Conversation Starters:** Does your growth and development seem healthy? Has anyone ever told you that you may have developmental delays or challenges? Have you developed like other individuals your age?

A rating of a ‘1’ or greater would result in the need for further specification of these needs through the completion of the **Intellectual Needs Module.** The Developmental Module specifies the type of developmental problem and associated cognition, communication, and development.

**Cognitive**
This item refers to the individual’s effectiveness in meeting the cognitive standards expected for his or her age by his or her cultural group. This item also rates learning disorders such as reading, math or written expression.

**Conversation Starters:** Have you ever had any IQ testing? Do you have a difficult time learning? Can you describe?

**Communication**
This item indicates the individual has difficulties with communication that interferes with academic or occupational achievement or with social communication.

**Conversation Starters:** Do people understand you when you are asking for something? Do you understand things better when they are written out or when someone tells you? Do people often ask you to repeat yourself?

**Developmental**
This item refers to any developmental disorders that the individual has. This can include Autism, Tourette’s Syndrome, Down’s Syndrome or any other significant developmental delay.

**Conversation Starters:** Has anyone ever told you that you have a developmental disorder or delay?
**Sexuality**
This item addresses both issues of sexual identity, development and behavior, including developmentally inappropriate sexual behaviors and problematic sexual behaviors. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties for the individual.

**Conversation Starters:** There are many different lifestyles and preferences in the world today. Some people may be troubled by this, while others may not be. Are there any issues of a sexual nature that are impacting how you feel about yourself?

**Independent Living Skills**
The independent living skill item is used to describe the individual’s ability to do relevant activities of daily living. Independent living skills include money management, cooking, transportation, etc. This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.

**Conversation Starters:** Do you live independently in the community? If so, do you feel that you are confident in your independent living skills? Have you faced or do you sometimes face challenges pertaining to independent living skills? How is this working for you?

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

**Conversation Starters:** Is your current housing situation stable? Are you concerned that you might have to move in the near future? What have your housing situations in the past looked like? Have you ever moved? If so, how many times and for what reasons?

**Legal**
This rating includes involvement in the criminal justice system.

**Conversation Starters:** Have you ever been arrested? Have you ever been convicted of a crime? Have you ever been incarcerated? If so, how recently?

**Sleep**
This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep. Nightmares should be considered a sleep issue. Not getting enough sleep due to overwork or a substance use challenge also would be rated here. Sleeping too much would also be rated here.
**Conversation Starters:** How many hours do you sleep each night on average? Is this the proper amount for you? How do you sleep? Do you have trouble falling asleep or staying asleep? Any nightmares or incontinence issues?

**Self Care**
This item is used to describe an individual’s current ability to perform basic self care activities such as bathing, grooming, feeding, and toileting. Problems are rated regardless of the cause of them. Trauma, poverty and physical impairment may complicate the issue of self-care.

**Conversation Starters:** Often, it can be a challenge to care for oneself. We may not have what we need (soap, water). Are there any challenges you have meeting your self-care needs? (ex: financial, emotional, organizational)?

**Decision-Making**
This item is intended to describe the individual’s judgment/ability to make good decisions. This item should reflect the degree to which an individual can concentrate on issues, think through decisions, and anticipate consequences and follow-through on decisions. This would include engaging in risk behavior.

**Conversation Starters:** Do you think you make good choices? Can you provide any examples? Are you generally able to anticipate the consequences of your behavior? Do you think through your decisions like others?

**Involvement in Recovery**
This rating focuses on the level of the individual’s active participation in treatment and self-management of his/her recovery. This item identifies whether the individual is an active partner in planning and implementing his/her treatment plan or service package. Like all ratings this should be done in a developmentally informed way.

**Conversation Starters:** Are you actively involved in your own treatment? Do you participate in treatment planning? Do you feel your voice is being heard? Do you feel you have the necessary skills to advocate or to participate in your treatment plan? Would you like any help to become more involved?

**Transportation**
This item is used to describe unmet transportation needs. This item is used to rate the level of transportation required to ensure that the individual can effectively participate in his/her own treatment and in other life activities.

**Conversation Starters:** Do you have an identified means of transportation to and from activities and appointments? Is that method of transportation easily available and reliable?
Medication Involvement
This item refers to the how well the individual is managing his/her physical and/or emotional medication supports. This includes how side effects may affect his/her functioning and general knowledge about the medications s/he takes.

Conversation Starters:
Are you taking any medications? What are they for? How often do you take them? Who prescribes your medicine? How do get refills? Do you have any problems getting refills? What kind of side effects do you experience from your medications? What are your concerns about side effects?

ACCULTURATION
Language
This item looks at whether the individual needs help to communicate with you or others in their world, in English. This item includes both written and spoken language, and American Sign Language.

Conversation Starters: Do you or anyone in your family or significant relationships or anyone you interact with speak a language other than English? If so, what languages? Which language(s) are you/they most comfortable with?

Cultural Identity
This item refers to the individual’s struggle with his/her membership in a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, sexual orientation or identity, geography, lifestyle or other groups associated with individual subculture.

Conversation Starters: How would you describe your culture? Do you need help identifying what your culture is? Do you feel you have an opportunity to express this background in your life? Do you need help around understanding or accepting your cultural identity? Do other people in your life have issues with your cultural identity?

Ritual
Cultural rituals are activities and traditions, including the celebration of culturally specific holidays, such as Kwanzaa, Cinco de Mayo, etc... or may also include daily activities that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, access to media). This item looks to identify whether barriers exist for an individual to engage in rituals relevant to his/her culture.

Conversation Starters: What cultural practices or traditions are important to you? What, if any, barriers do you currently experience when doing these things? What cultural practices or traditions are you interested in exploring that you currently are not able to explore?
**Cultural Stress**
This item refers 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 s/he lives. Racism is a form of cultural stress as are all forms of discrimination.

Conversation Starters: Do you ever feel discriminated against because of your culture, including race, ethnicity, religion, sexual orientation, etc...? Do you experience any stress in your life related to your culture, identity or rituals? Tell me a little more about that.

**CAREGIVER NEEDS**
Although most adults will not have a ‘caregiver’, young adults who live in their parents’ home and other adults may have family or friends in this role. This section could also be used to rate the strengths and needs of co-participants in treatment and support for an individual. Only unpaid caregivers are rated in this section. In situations where there are multiple co-participants, we recommend making the ratings based on the needs of the set of caregivers as they affect the individual. This module is optional in the ANSA.

**Physical/Behavioral Health**
Physical and Behavioral Health includes medical, physical, mental health, and substance abuse challenges faced by the individual who provides support or assistance to the individual receiving treatment.

This item refers to medical, physical, mental health or substance-related problems that the individual may be experiencing that limits or prevents his/her ability to provide support or assistance. For example a single parent who has recently had a stroke and has mobility or communication limitations might be rated a ‘2’ or even a ‘3’. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a ‘1’.

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

If substance use interferes with support or providing needed assistance a rating of ‘2’ is indicated. If it prevents support, a ‘3’ would be used. A ‘1’ indicates an individual currently in recovery or a situation where problems of substance use are suspected but not confirmed.

**Conversation Starters:** Can you tell me about any physical or behavioral concerns you have about yourself that could impact the wellbeing of [the individual]?
Involvement with Care
This item is used to rate the level of involvement the significant other has in the planning and provision of mental health related services. A '0' on this item is reserved for co-participants who are able to advocate for the individual. This requires both knowledge of their individual, their rights, options, and opportunities. A '1' is used to indicate those who are willing participants with service provision, but may not yet be able to serve as advocates for the individual.

Conversation Starters: How involved would you say you are in the planning and implementation of care for [the individual]? How would you describe your level of advocacy on his/her behalf?

Knowledge
This item is used to rate the caregiver's or co-participant's knowledge of the specific strengths of the individual and any problems experienced by the individual and their ability to understand the rationale for the treatment or management of these problems.

Conversation Starters: How well do you know [the individual]? Are there areas of his/her personality that you would like more information about?

Social Resources
This item is used to refer to the financial and social assets (extended family or other significant relationships) and resources that the caregiver or co-participant can bring to bear in addressing the multiple needs of the individual.

Conversation Starters: Are you confident in your ability to find resources? Do you know what resources are available to help you meet [the individual's] needs? Can you provide examples of these resources?

Family Stress
This item reflects the degree of stress or burden experienced by the co-participant as a result of the individual's needs as described elsewhere in the assessment. This should reflect the level of stress of the caregiver or co-participant.

Conversation Starters: How stressful would you say your life is? Could you tell me about what kinds of things cause you stress?

Safety
This item is used to refer to the safety of the assessed individual. It does not refer to the safety of other family or household members. The presence of an individual (family or stranger) that presents a safety risk to the individual should be rated here. This item does not refer to the safety of the physical environment in which the individual lives (e.g., a broken or loose staircase). A '2' or '3' on this item requires individual protective services involvement. This item is only an indicator of the need for individual protective services.
**Conversation Starters:** Is the individual’s household safe? Is there anything about his/her living situation that makes them feel unsafe? [If so], tell me a little more about that.

**BEHAVIORAL HEALTH NEEDS**

**Psychosis**
This item is used to rate symptoms of psychiatric disorders with a known neurological base. DSM-IV disorders included on this dimension are Schizophrenia, Schizoaffective and Major Mood Disorders with psychotic features. The common symptoms of these disorders include hallucinations, delusions, unusual thought processes, strange speech, and bizarre/idosyncratic behavior.

**Conversation Starters:** Are you troubled by hallucinations? (Hearing, feeling or seeing things that others don’t?) Are you bothered by doing things that don’t make sense to you? Do you have trouble telling the difference between what is really happening and what is a hallucination (visual or audio)? Are you experiencing an inability to talk to others or feel emotion?

**Cognition**
This item is used to rate symptoms of cognitive impairment such as delirium, dementia or traumatic brain injury.

Symptoms: poor/impaired memory; poor/impaired judgment; impulsiveness; difficulty tracking events or communication; thought disorganization

**Conversation Starters:** Are you troubled by frequent forgetfulness? Do you find yourself confused by activities in your environment? Do people tell you about things you have said, or your actions and you don’t recall the event? Do you have difficulty retrieving words you want to use?

**Impulse Control**
This item is designed to allow for the description of the individual’s level of impulsiveness or hyperactivity. The types of disorders included within this item are Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control. Symptoms of Impulse Control problems that might occur in a number of disorders including Mania, Intermittent Explosive Disorder or Borderline Personality Disorder would also be rated here.

**Conversation Starters:** Are you able to sit still for any length of time? Are you easily distracted? Do you have trouble paying attention? Tell me a little bit more about that. Have you ever put yourself or others at safety risk? Do you do things without thinking them through? Has anyone ever told you that you act impulsive?
**Depression**

Depression is a disorder that is thought to affect about 5% of the general population of the United States. The following provides the DSM-IV diagnostic criteria for the presence of a Major Depressive Episode.

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

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

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

**Conversation Starters:** Do you get depressed or irritable? Have you withdrawn from normal activities? Do you ever feel lonely or not interested in being around others?

**Anxiety**

Anxiety disorders are characterized by either a constant sense of worry or dread or 'out-of-the blue' panic attacks in which the individual becomes terrified of losing control, dying, or becoming crazy. A '1' is used to indicate an individual who has some problems with anxiety or worrying or may have had a single panic attack in the past six months. A '2' would indicate an individual who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder. A '3' would indicate such a level of anxiety as to put the individual at some physical risk.
In DSM-IV the symptoms of **Generalized Anxiety Disorder** are the following:

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

**Conversation Starters:** Do you experience and feelings of worry or fearfulness? Are you avoiding normal activities out of fear or anxious thoughts? Do you act frightened or afraid? Do you worry a lot?

**Mania**
Symptoms: include excessive activity; grandiosity; pressured speech; engaging in unusual, impulsive and high risk behaviors; lack of sleep for days at a time; tangential thoughts or speech; racing thoughts

Conversation Starters: How many hours of sleep do you need each night? Do you experience periods when you cannot sleep? Have you experienced periods of racing thoughts that you cannot slow down? Have you ever been concerned about engaging in activities that seemed excessive, such as an uncontrolled spending spree?

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

**Conversation Starters:** Do you have difficulty relating to others? Do you feel socially isolated?

**Antisocial Behavior**
This item is used to describe the degree to which an individual engages in behavior that is consistent with the presence of an Antisocial Personality Disorder (APD). Although the actual prevalence is not known, it is believe that APD occurs in 1% to 3% of individuals. Although for an adult to have an Antisocial Personality it requires that they had a Conduct Disorder as an individual, most individual with Conduct Disorders do not grow up to be adults with Antisocial Personalities.
According to DSM-IV, at least three of the following four primary behaviors have been present in the past year, and at least one in the past 6 months:

1. Aggression to people and animals
   a. bullies, threatens, and intimidates others
   b. initiates physical fights
   c. has used a weapon that can cause serious physical harm
   d. has been physically cruel to people
   e. has been physically cruel to animals
   f. has stolen while confronting a victim
   g. has forced someone into sexual activity

2. Destruction of property
   a. has deliberately engaged in fire setting
   b. has deliberately destroyed others property (by means other than fire setting)

3. Deceitfulness or theft
   a. has broken into someone else’s house, building, or car
   b. often lies to obtain goods or favors or to avoid obligations
   c. has stolen items of nontrivial value without confronting a victim

4. Serious violations of rules
   a. often stays out at night despite parental prohibitions, beginning before age 13
   b. has run away from home overnight at least twice while living in parental or parental surrogate home
   c. is often truant from school, beginning before age 13

**Conversation Starters:** Do you have a history of antisocial behaviors which may include shoplifting, lying, vandalism, cruelty to animals, or assault?

**Adjustment to Trauma**
This item is used to describe the individual who is having difficulties adjusting to a traumatic experience. This rating covers the reactions of individuals to a variety of traumatic experiences. This dimension covers both adjustment disorders and post traumatic stress disorder from DSM-IV.

This item is used to describe the individual who is having difficulties adjusting to a traumatic experience. If an individual has not experienced any trauma or if they have their traumatic experiences no long impact their functioning, then he/she would be rated a ‘0’. A ‘1’ would indicate a individual who is making progress learning to adopt to a trauma or a individual who recently experienced a trauma where they impact on his/her well-being is not yet known. A ‘2’ would indicate significant problems with adjustment or the presence of an acute stress reaction. A ‘3’ indicates Post Traumatic Stress Disorder (PTSD).

**Conversation Starters:** Have you experienced any crises/traumatic life events? If yes, how has this affected you? Do you have nightmares? Do you have troubling thoughts about the event? Are you anxious most of the time? Do you appear to be worried or scared?
A rating of a ‘2’ or greater would result in the need for further specification of these needs through the completion of the **Trauma Module.**

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

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

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

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

1. The traumatic event is re-experienced in at least one of the following ways:
   a. recurrent and intrusive recollections
   b. recurrent distressing dreams of the event (individual may have nightmares and be unable to recall the theme)
   c. acting or feeling as if the event were recurring or individual may re-enact the event.
   d. Intense distress at exposure to either internal or external stimuli that reminds the person of the event.
   e. Physiological reactivity to either internal or external stimuli that reminds the person of the event.

2. Persistent avoidance of stimuli associated with the trauma as indicated by three of more of the following:
   a. efforts to avoid thoughts, feeling, or conversations associated with the event.
   b. Efforts to avoid activities, places or people that arouse recollections of the events.
   c. Inability to recall an important aspect of the event.
   d. Markedly diminished interest or participation in significant activities.
   e. Feeling or detachment or estrangement from others
   f. Restricted range of affect (e.g. unable to have loving feelings)
   g. Sense of foreshortened future (e.g. does not expect to finish school, have career, get married)
3. Marked arousal as indicated by:
   a. difficulty falling asleep or staying asleep
   b. irritability or outbursts of anger
   c. difficulty concentrating
   d. hypervigilance
   e. exaggerated startle response

Trauma Extension Module items include:

Trauma Experiences:

General Conversation Starters: Trauma is different for everyone. What it is for me could be different from what it is for you. Many people have experienced some degree of trauma in their lives and that is something I would like to talk to you about. If you don’t feel comfortable talking about this right now, that’s perfectly okay. You might find this difficult to talk about, so just let me know if and when you are ready to discuss.

SEXUAL ABUSE

This includes all sexual abuse that could have or did result in charges being made against another individual. Sexual abuse includes being threatened with physical force or being taken advantage to engage in non-consenting sexual activity. Only victims of sexual abuse are rated here. The severity of the behavior as well as how recent it occurred provides the information needed to rate this item. Please rate within the lifetime.

Conversation Starters: Have you ever been sexually abused? By whom? How often? When was the last incident?

   Emotional Closeness to Perpetrator
   This item rates the relationship the individual had with the person who abused him/her.

   Conversation Starters: How close were you with the person who abused you?

   Frequency of Abuse
   This item rates how often the abuse occurred.

   Conversation Starters: How often did it occur?

   Duration
   This item rates the duration of the abuse.

   Conversation Starters: How long did the abuse go on?

   Force
   This item rates the level of force that was involved in the sexual abuse.

   Conversation Starters: Was there any physical force or threat of force involved?
Reaction to Disclosure
This item rates how others responded to the abuse and how supportive they were upon disclosure.

Conversation Starters: Who have you told about this? How did they respond?

Physical Abuse
This includes one or more episodes of aggressive behavior usually resulting in physical injury to the individual. It also includes contact that is intended to cause feelings of intimidation, pain, injury or other physical suffering or bodily harm. Please rate within the lifetime.

Conversation Starters: Have you ever been physically abused? By whom? How often? When was the last incident?

EMOTIONAL ABUSE
Also known as psychological abuse, emotional abuse is characterized by speaking in ways intended to demean, shame, threaten, blame, intimidate or unfairly criticize another. This can lead to serious conduct, cognitive, affective or other mental disorders. Please rate within the lifetime.

Conversation Starters: Have you ever been emotionally abused? By whom? How often? When was the last incident?

MEDICAL TRAUMA
Medical trauma refers to a set of psychological and physiological responses of an individual to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences. These responses may include symptoms of re-experiencing and/or avoidance. They may vary in intensity and can become disruptive to functioning. Please rate with in the lifetime.

Conversation Starters: Have you had any medical treatments that were particularly frightening or upsetting? Can you tell me more about what happened?

Natural Disaster
A natural disaster is the effect of a natural hazard (e.g. flood, tornado, volcanic eruption, hurricane, earthquake, or landslide) that causes great damage and may cause injuries, damage of property, and loss of life. Please rate within the lifetime.

Conversation Starters: Have you ever been traumatized by a natural disaster, such as a fire, flood, hurricane, earthquake, etc.? Describe the incident and when it occurred.
**Witness to Family Violence**
Also often referred to as domestic violence, this item refers to someone who has seen willful intimidation, assault, battery, sexual assault, or other abusive behavior perpetrated by a family member, household member, or intimate partner against another. Please rate within the lifetime.

**Conversation Starters:** Have you ever been a witness to violence by someone you’ve lived with? This could include a family member, household member or intimate partner. Who was involved in the violence? How recently did this occur?

**Community Violence**
This item refers to someone who has seen or been the target of acts of interpersonal violence committed by individuals who are not intimately related to the victim/witness. Some acts of community violence include sexual assault, burglary, use of weapons, muggings, the sounds of bullet shots, as well as social disorder issues such as the presence of gangs, drugs, and racial divisions. Please rate within the lifetime.

**Conversation Starters:** Have you ever witnessed violence in the community, such as gang fights, violence at school, etc.? How recently did this occur?

**War Affected**
This rating describes the degree of severity of exposure to war, political violence or torture. Violence or trauma related to terrorism is not included here. Please rate within the lifetime.

**Conversation Starters:** Have you ever been exposed to war, political violence, or torture? How did that impact you?

**Terrorism Affected** - This rating describes the degree to which an individual has been affected by terrorism. Terrorism is defined as “the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks). Please rate within the lifetime.

**Conversation Starters:** Have you ever been exposed to terrorist acts or terroristic events? If so, describe the incident and when it occurred. How did that impact you?

**Adjustment to Trauma Extension Module Items:**

**Affect Regulation**
This item rates an individual’s level of affect regulation and how it relates to his/her level of functioning.
**Conversation Starters:** How do you feel about this? Do you feel like you are able to handle your emotions when you think about this experience?

**Intrusions**
This item rates the presence of intrusive thoughts related to trauma and how it relates to his/her level of functioning.

**Conversation Starters:** Do you ever experience intrusive thoughts that are related to this experience?

**Attachment**
This item rates the level of attachment problems that the individual experiences.

**Conversation Starters:** Do you struggle with making and maintaining relationships?

**Dissociation**
This item rates the level of dissociation the individual experiences,

**Conversation Starters:** Do you ever feel out of sorts or disconnected from reality? Are there parts of your experience that you can’t remember?

**Anger Control**
This item describes the individual's ability to manage his/her anger and frustration tolerance. The '0' level indicates an individual without problems on this dimension. Everybody gets angry sometime, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning. A '1' level is occasional angry outbursts or a situation where the individual has begun to successfully exercise control over his/her temper. A '2' level describes an individual who has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here. A '3' level describes an individual whose anger control has put them in physical peril within the rating period.

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

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

**Conversation Starters:** How do you manage feelings of anger? Do you become physical when angry? Do you have a hard time if someone criticizes or rejects you?
**Substance Use**

This item includes use of alcohol and other drugs, the misuse of prescription medications and the inhalation of any substance, including household chemicals. This dimension is rated consistent with DSM-IV Substance Related Disorders. This item describes the individual’s current use of the above.

The main distinction in this rating is that if an individual uses any alcohol or drugs, then he/she would be rated as at least a ‘1’. Tobacco dependence can be rated as ‘1’. If the use of alcohol or drugs causes any functioning problems, then he/she would be rated as at least a ‘2’. If the individual were dependent on a substance or substances, then he/she would be rated as a ‘3’.

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

1. tolerance to the substance, as defined as either
   a. a need for a markedly increased amount to achieve intoxication; or,
   b. a markedly diminished effect of using the same amount
2. withdrawal, as defined as either
   a. a characteristic withdrawal syndrome of a specific substance
   b. the same substance taken to relieve or avoid symptoms of a withdrawal syndrome.
3. the substance is taken in larger amount over a longer period of time than intended
4. there is a persistent desire or unsuccessful efforts to cut down or control substance use
5. a great deal of time is spent in activities necessary to obtain the substance
6. important social, educational, or recreational activities are given up or reduced because of substance use
7. the substance use is continued despite knowledge of having a persistent or recurrent problem.

**Conversation Starters:** Tell me about your experience with alcohol and drugs. Are you concerned about your alcohol or drug use? Has anyone ever told you that they are concerned about your usage?

A rating of a ‘2’ or greater would result in the need for further specification of these needs through the completion of the **Substance Use Module**. The Substance Use Module allows for a specification of the history and duration of substance use along with a clarification of the drug(s) of choice and stage of recovery. Substance Use Module items include:
**Severity of Use**
This item rates how often the individual engages in substance use.

**Conversation Starters:** Can you describe how often you engage in substance use? When is the last time you used?

**Duration of Use**
This item rates how long the individual has been using and the consistency of substance use over time.

**Conversation Starters:** When did you first start using? Have there been periods of abstinence?

**Stage of Recovery**
This item reflects the stage of recovery that the individual is at during the last 30 days.

**Conversation Starters:** How do you feel about your substance use? What are your concerns about substance use? What are your feelings about quitting? Do you actively avoid triggers that might cause you to drink or relapse?

**Peer Influence**
This item refers to the individual’s peer social network and their level of substance use within the last 30 days.

**Conversation Starters:** What are your friends like? Do they engage in substance use?

**Environmental Influences**
This item rates the individual’s immediate environment and whether it is a risk factor for future substance use. Please rate the environment around the individual’s living situation.

**Conversation Starters:** Tell me about your everyday environment. Would you say your environment could potentially expose you to alcohol or drug use?

**Recovery Support in the Community**
This item rates the individual’s participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community based.

**Conversation Starters:** What kind of supports do you get from your community? Do you attend any recovery groups such as AA? If so, how often do you attend?
Eating Disturbance
Anorexia and Bulimia nervosa would be rated here; however, this item also would be used to describe a number of other problems with eating including very picky eating, over-eating, and Pica. Food hoarding also would be rated here.

Conversation Starters: Do you have any problems with eating? Do you hoard food or refuse to eat? Do you often feel you eat too much or too little? Does thinking about your weight affect your daily routine?

RISK BEHAVIORS

Danger to Self/Others
This item rates the individual or violent or aggressive behavior to either self or others. A '1' is reserved for history of significant suicidal behavior, violence or dangerous aggressiveness. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior also should be intentional. Reckless behavior that may cause physical harm to others is not rated on this item. History refers to past event (before the 30 day rating period that remains relevant to the individual’s current status).

Thus a '0' is used to indicate neither history nor any current suicidal, violent or aggressive behavior. A '1' indicates history but not recent (as defined in the criteria of the tool used). A '2' indicates recent but not immediate. A '3' is reserved for an individual who is acutely dangerous to others at the time of the rating (generally within the past 24 hours). A man who threatens himself or his wife with a knife would be a '3' at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain a '3'. If on the other hand, he calms down and feels bad about his earlier threats, he would be reduced to a '2' and then a '1' with the passage of time so long as no other violent behavior or plans are observed.

Conversation Starters: As you know, your safety and the safety of others is of the utmost importance—

Have you ever had any thoughts about killing yourself? Have you ever acted on those thoughts? Tell me more about that. When was the last time?

Have you ever injured another person on purpose? Do you get into physical fights? Have you ever threatened to kill or seriously injure another person?

A rating of a '2' or greater would result in the need for further specification of these needs through the completion of the Dangerousness Module. This extension module includes items about suicide risks and danger to others, including the potential for violence.
**Suicidal Ideation**
This item rates whether the individual has recently thought about hurting him/herself.

**Conversation Starters:** Are you or have you recently thought about hurting yourself? If so, can you talk about this a little bit?

**Suicidal Intent**
This item rates the level of intent the individual has of harming him/herself.

**Conversation Starters:** In the past 30 days, have you had any intentions to act on suicidal thoughts?

**Planning**
This item rates whether the individual has recently had a plan to commit suicide. Please rate the highest level from the past 30 days.

**Conversation Starters:** In the past 30 days, have you had an actual plan to kill yourself?

**Suicide History**
This item rates the suicide history of the individual.

**Conversation Starters:** In the past, have you ever attempted to kill yourself?

**Danger to Others items include:**

**Awareness of Violence Potential**
This item rates the individual’s awareness of how likely they will engage in violent behavior in the future and how s/he deals with that.

**Conversation Starters:** How likely is it that you think you will be violent in the future? Do you know what your triggers are? If so, how do you manage them? Do you actively avoid them?

**Ideation**
This item rates whether the individual has recently thought about hurting others.

**Conversation Starters:** Are you or have you recently thought about hurting others? If so, can you talk about this a little bit?

**Intent**
This item rates the level of intent the individual has of harming others.
**Conversation Starters:** In the past 30 days, have you had any intentions of acting on any violent thoughts?

**Planning**
This item rates whether the individual has recently had a plan to harm others.

**Conversation Starters:** In the past 30 days, have you had an actual plan to harm anyone?

**Violence History**
This item rates the violence history of the individual.

**Conversation Starters:** In the past, have you ever attempted to seriously hurt anyone else?

**Self-Injurious Behavior**
This rating includes repetitive physically harmful behavior that generally serves a self-soothing function with the individual and results in physical injury. Carving and cutting on the arms or legs would be common examples of self-mutilation behavior. Generally, body piercing and tattoos are not considered a form of self-mutilation. Repeatedly piercing or scratching one’s skin, burning, face-slapping, hair pulling, and head banging would be rated here.

**Conversation Starters:** Have you ever talked about a wish or plan to hurt yourself? Do you ever purposely hurt yourself (e.g. cutting, burning, face slapping, head banging, hair pulling)?

**Other Self Harm (Recklessness)**
This item is used to describe behavior not covered by either Suicide Risk or Self-Mutilation that places an individual at risk of physical injury. This item could be called “Recklessness.” Any behavior that the individual engages in has significant potential to place the individual in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, subway surfing). If the individual frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually place themselves in such a position, a rating of ‘1’ might be used to indicate the need for prevention. To rate a ‘3’, the individual must have placed himself or herself in significant physical jeopardy during the rating period.
Exploitation
This item rates an individual’s risk of being exploited, unfairly treated or used. Examples of exploitation include battered women, child labor, sexual exploitation, forced labor, human trafficking, debt bondage, prostitution and financial exploitation of older adults who are socially vulnerable.

As with other items, no evidence is rated '0' and a significant history or need for further assessment is rated '1'. If an individual is at risk of being as evidenced by having been exploited within the past year, but not in acute risk if re-exploitation, rate the risk as '2'. Intervention is needed. Examples include physical or sexual abuse, signification emotional abuse, extortion or a violence crime. Recent or current exploitation that places the individual at risk of re-exploitation is rated '3'. Examples include working as a prostitute or living in an abusive relationship.

Gambling
This item includes behaviors related to gambling and functioning associated with problem and pathological gambling.

If an individual has a significant history with problem gambling or if further assessment is needed, rate gambling as a '1'. If gambling causes functional problems (such as interpersonal, legal or financial), rate the need as a '2'. A rating of '2' on ANSA’s gambling item is consistent with a South Oaks Gambling Screen (SOGS) score of 3 or 4. The individual would be rated a '3' on the ANSA gambling risk if DSM diagnostic criteria is met for Pathological Gambling. An ANSA gambling rating of '3' is consistent with a SOGS score of 5 or more.

The criteria for Pathological Gambling from the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM- IV-TR) follow:

The Individual has experienced significant impairment in five (5) of the following areas during the course of the previous twelve (12) months:
   a. Is preoccupied with gambling;
   b. Needs to gamble with increasing amounts of money in order to achieve the desired excitement;
   c. Has repeated unsuccessful efforts to control, cut back, or stop gambling;
   d. Is restless or irritable when attempting to cut down or stop gambling;
   e. Gamblers as a way to escape problem or of relieving a dysphonic mood;
   f. After losing money gambling, often returns another day to get even;
   g. Lies to family members, therapist, or others to conceal the extent of involvement of gambling;
h. Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling;
i. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling;
j. Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Conversation Starters:
- Do you know that gambling involves risking something of value when you don’t know the outcome....such as the lottery, bingo, office pool, NCAA bracket, and card games?
- Have you ever done something like that? Recently?
- Do you know that gambling involves risking something of value when you don’t know the outcome....such as the lottery, bingo, office pool, NCAA bracket, and card games
- Have you ever done something like that? Recently?

Sexual Aggression
This item is intended to describe sexually aggressive (or abusive) behavior. Only perpetrators of sexual behavior are rated here. The severity and recency of the behavior provide the information needed to rate this item. If sexually aggressive behavior is at the level of molestation, penetration or rape, rate the item as a ‘3’. Any of this behavior in the past year, but not in the rating window would result in a rating of ‘2’. Several situations could result in a rating of ‘1’. A history of sexually aggressive behavior but not in the past year or harassment of others using sexual language would be rated as a ‘1’.

A rating of a “2” or greater would result in the need for further specification of these needs through the completion of the Sexually Aggressive Behavior Module.

Criminal Behavior
This relates to criminal behavior for which the individual may or may not have been caught (thus may not have any legal criminal involvement). 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. Rate the highest level from the past 30 days or, if the individual is in confinement, please rate the highest level 30 days prior to confinement.

A rating of a “2” or greater would result in the need for further specification of these needs through the completion of the Crime Module. Crime Extension Modules items include:

Seriousness
This item rates the severity of the crime committed by the individual.
**Conversation Starters:** What is the most serious crime you’ve committed?

**History**
This item rates the history of justice involvement by the individual.

**Conversation Starters:** What is your history of involvement in the criminal justice system like? Was this your first offense?

**Arrests**
This item rates the number of times the individual has been arrested.

**Conversation Starters:** How many times have you been arrested? When were the arrests?

**Planning**
This item rates the amount of planning that occurs or has occurred in the past related to crime committed.

**Conversation Starters:** What led up to the crime(s) you’ve committed? Was there any planning involved? Do you have any current plans for future delinquent behavior?

**Legal Compliance**
This item rates how compliant the individual is with legal/court orders.

**Conversation Starters:** How compliant are you with your legal duties?

**Peer Influences**
This item rates the individual’s social network and their level of involvement in justice related behavior.

**Conversation Starters:** What are your friends like? Do you ever feel pressured by your friends/peers to engage in risky/delinquent behaviors?

**Environmental Influences**
This item rates the individual’s immediate environment and whether it is a risk factor for future justice related behavior.

**Conversation Starters:** What is your home environment like? Is there anything about your current environment that exposes you to the potential for delinquent behavior?