

Targeted Care Coordination (TCC) Toolkit

Appendix A

Appendix A - CANS

- TCOM CANS User Tip Sheet
- TCOM Assessing for Strengths and Needs
- CANS Field Rating Sheet
- CANS Reference Guide
- ICANS FAQ and User Agreement

Child and Adolescent Needs and Strengths (CANS) USER TIP SHEET

The CANS is designed as a structured assessment strategy for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. It provides a common language for multidisciplinary settings for consensus building.

Guiding Principles

1. Items are included because they are relevant for planning and decision making.
2. Item ratings translate into action levels.
3. Focus is on the youth's needs, not interventions or services that could mask a need.
4. Consider culture and development before establishing action levels.
5. It's about the 'what,' not the 'why.' Don't explain away needs with what you think might be an underlying cause.
6. Specific ratings window (30-days) can be over ridden based on action levels.

Before rating an item, consider the following questions:

- Is there any evidence of a need or strength?
- Are you understanding the youth's behavior within normal development given her/his age?
- Have you considered the youth and family's culture? Does your approach to assessment and engagement communicate respect for the youth and family's culture?
- Is the need impacting the youth's functioning?
- How urgently is action required on a need? How useful is the youth/family strength in achieving targeted outcomes?
- Are you focused on describing the need or strength, and not the underlying cause?
- What services are already in place for the youth and/or family?



The majority of the CANS items are rated in the context of what is normative for the youth's age and developmental stage.

Item Rating: Action Levels

Rating Needs Domains

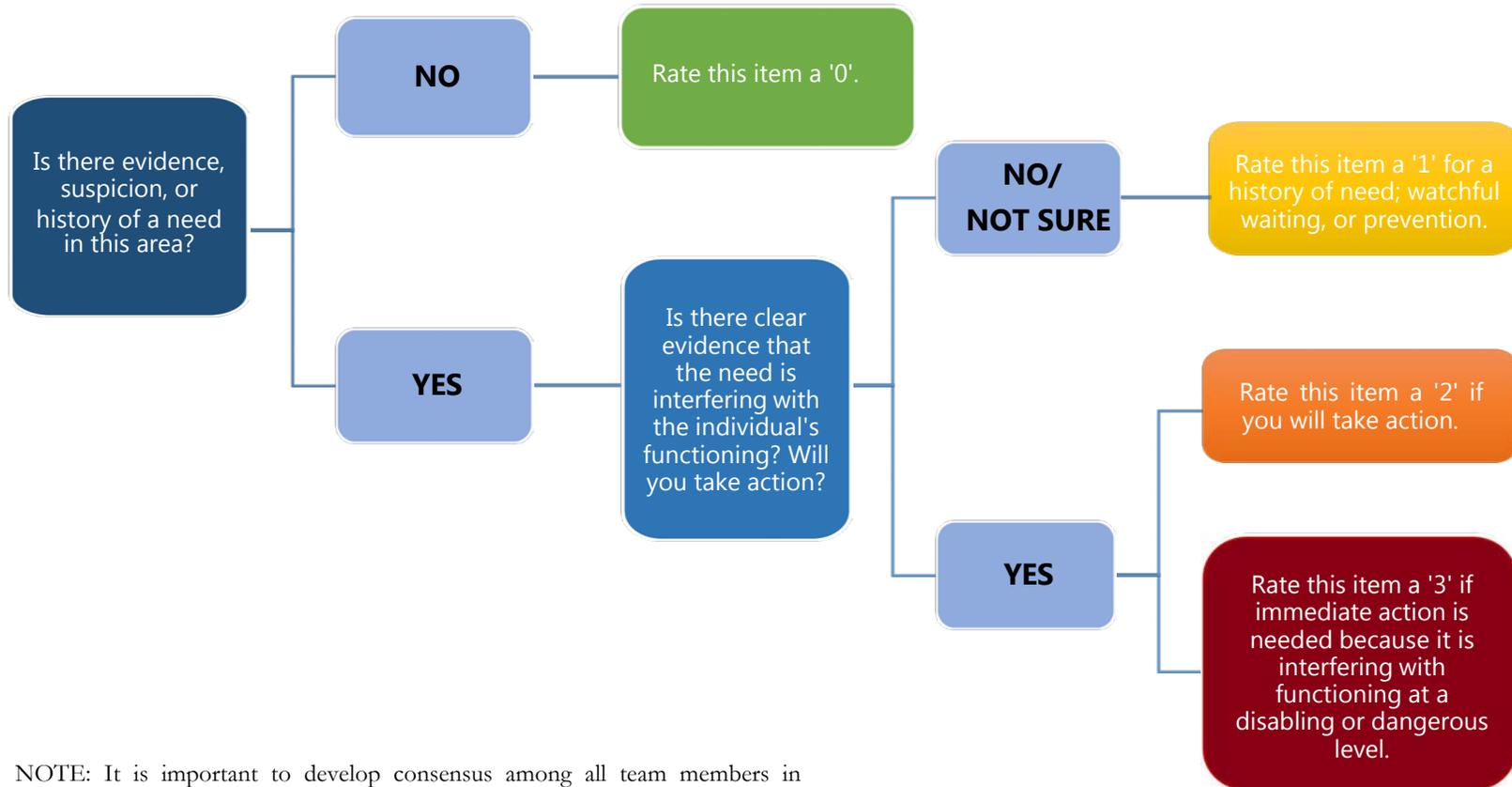
- | | |
|---|---|
| 0 | No evidence of need; no need for action. |
| 1 | History of or possible need; watchful waiting/prevention/additional assessment. |
| 2 | Need is interfering with functioning; action or intervention required. |
| 3 | Need is dangerous or disabling; immediate or intensive action required. |

Rating Strengths Domains

- | | |
|---|---|
| 0 | Centerpiece strength; central to planning. |
| 1 | Strength present; useful in planning. |
| 2 | Identified strength; consider strength building or development activities. |
| 3 | No strength identified; strength creation or identification may be indicated. |

ASSESSING FOR NEEDS

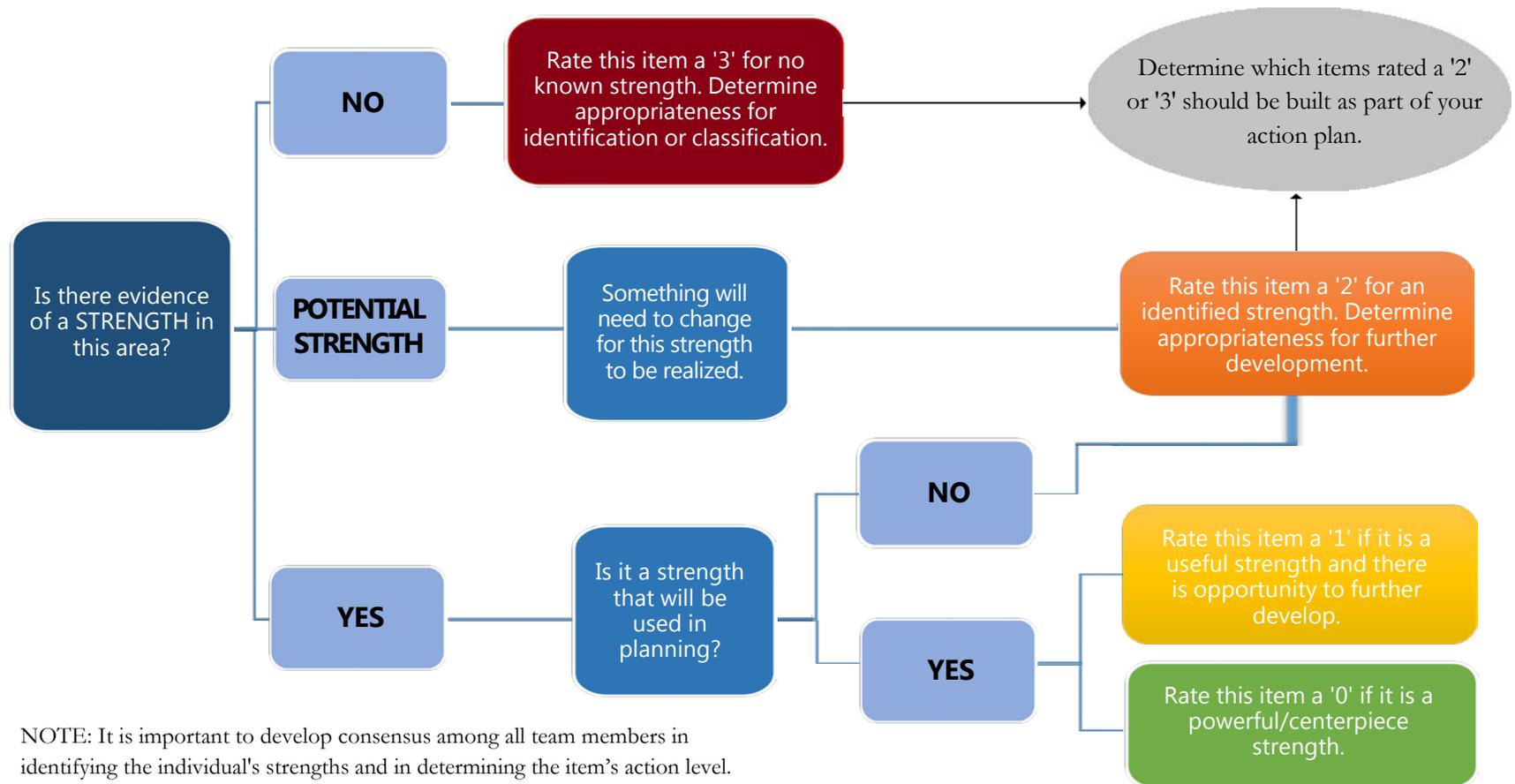
Decision of whether or not information represents a NEED



NOTE: It is important to develop consensus among all team members in identifying the individual's needs and in determining the item's action level.

ASSESSING FOR STRENGTHS

Decision of whether or not information represents a STRENGTH



NOTE: It is important to develop consensus among all team members in identifying the individual's strengths and in determining the item's action level.

Please identify appropriate use: Initial Update Discharge Date (dd/mm/yyyy) _____

M F T

Child’s Name _____ DOB (dd/mm/yyyy) _____ Gender _____ Race/Ethnicity _____

Caregiver Name _____ Relation to Child _____

Assessor (Print Name) _____ Assessor (Signature) _____

****Scores within the grey shaded areas indicate that the user must complete the relevant module – see page 5 for modules.****

Traumatic/Adverse Childhood Experiences Domain

Key for Traumatic/Adverse Childhood Experiences Domain:

- 0 = There is no evidence of any trauma of this type.
- 1 = Single incident of trauma occurred or suspicion exists of this trauma type.
- 2 = The individual has experienced multiple incidents or moderate degree of this trauma type.
- 3 = Repeated and severe incidents of trauma with medical/physical consequences.

	0	1	2	3	NA		0	1	2	3	NA
1. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9. Natural or Manmade Disasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		10. War Affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11. Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		12. Witness/Victim to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		13. Parental Criminal Behavior (Birth parents and legal guardians only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		14. Disruption in Caregiving/ Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Witness to Community Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		15. Systems Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Witness to School Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

16. Narrative (Evidence for Trauma Ratings):

Strengths Domain

Key for Strengths Domain:

- 0 = Well-developed centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
- 1 = Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
- 2 = Strengths have been identified, but require significant strength building efforts before they can be effectively utilized as part of a plan.
- 3 = An area in which no current strength is identified; efforts are needed to identify potential strengths.

	0	1	2	3	NA		0	1	2	3	NA
17. Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		25. Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		26. Relationship Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Educational Setting	<input type="checkbox"/>	27. Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
20. Vocational	<input type="checkbox"/>	28. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
21. Coping and Savoring Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		29. Use of Free Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		30. Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Talents and Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		31. Legal Permanency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		32. Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

33. Narrative (Evidence for Strength Ratings):

Life Functioning Domain

Key for Life Functioning Domain:

- 0 = No current need; no need for action or intervention.
- 1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

	0	1	2	3	NA		0	1	2	3	NA
34. Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		41. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		42. Sexual Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		43. Activities of Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		44. School Behavior	<input type="checkbox"/>				
38. Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		45. School Achievement	<input type="checkbox"/>				
39. Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		46. School Attendance	<input type="checkbox"/>				
40. Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		47. Legal Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

48. Narrative (Evidence for Life Functioning Ratings):

Culture Domain

Key for Culture Domain

- 0 = No current need; no need for action or intervention.
- 1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

	0	1	2	3	NA		0	1	2	3	NA
49. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
50. Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
51. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

52. Narrative (Evidence for Culture Ratings):

Behavioral/Emotional Needs Domain

Key for Behavioral/Emotional Needs Domain:

- 0 = No current need; no need for action or intervention.
- 1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

	0	1	2	3	NA		0	1	2	3	NA
53. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		62. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. Emotional/Physical Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		63. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
55. Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		64. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56. Attention/Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		65. Eating Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57. Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		66. Behavioral Regressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		67. Somatization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

59. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Oppositional Behavior (Compliance with Authority)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. Mood Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Triangulation/Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. Traumatic Grief & Separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

71. Narrative (Evidence for Behavioral/Emotional Needs Ratings):

Risk Behaviors Domain

Key for Risk Behaviors Domain:

- 0 = No current need; no need for action or intervention.
- 1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

	0	1	2	3	NA		0	1	2	3	NA
72. Suicide Watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		80. Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73. Non-Suicidal Self-Injurious Behavior (Self-Mutilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		81. Intentional Misbehavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
74. Other Self-Harm (Recklessness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		82. Sexually Reactive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75. Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		83. Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76. Sexual Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		84. Victimization/Exploitation	<input type="checkbox"/>				
77. Runaway/Flight Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		85. Bullied by Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
78. Delinquency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		86. Cruelty to Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
79. Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

87. Narrative (Evidence for Risk Behaviors Ratings):

Transition to Adulthood Domain

Key for Transition to Adulthood Domain

- 0 = No current need; no need for action or intervention.
- 1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

	0	1	2	3	NA		0	1	2	3	NA
88. Independent Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		94. Educational Attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
89. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		95. Job Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
90. Parenting Roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		96. Transition to Adult Service System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
91. Intimate Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		97. Accessibility to Child care and/or Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
92. Medication Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		98. Financial Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
93. Treatment Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		99. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

100. Narrative (Transition to Adulthood Ratings):

Caregiver Resources & Needs

Key for Caregiver Resources & Needs Domain

0 = No current need; no need for action or intervention.

1 = History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

2 = Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

3 = Problems are dangerous or disabling; requires immediate and/or intensive action.

	0	1	2	3	NA		0	1	2	3	NA
101. Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		111. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
102. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		112. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
103. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		113. Marital/Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
104. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		114. Caregiver Post-Traumatic Reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
105. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		115. Financial Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
106. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		116. Family Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
107. Culture Congruence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		117. Accessibility to Child Care Resources and/or Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
108. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		118. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
109. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		119. Parental Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
110. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

120. Narrative (Caregiver Resources & Needs Ratings):

Modules are to be completed if there is a ‘2’ or ‘3’ in subsequent areas. Complete all modules based on case circumstances.

Developmental/Intellectual Module

	0	1	2	3	NA		0	1	2	3	NA
a. Temperament Emotional Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		m. Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		n. Regulatory: Body Control/ Emotional Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		o. Repetitive Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Classroom/Daycare Behavior	<input type="checkbox"/>	p. Restricted Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
e. Non-Classroom Behavior	<input type="checkbox"/>	q. Explorative (Strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
f. Special Education	<input type="checkbox"/>	r. Persistence (Strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
g. Adaptation to Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		s. Creativity/Imagination (Strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		t. Solitary Playfulness (Strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		u. Playfulness with Others (Strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Autonomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		v. Self-Expression (Strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		w. Resourcefulness (Strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Substance Use Module

	0	1	2	3		0	1	2	3
a. Severity of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Peer Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Duration of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Parental/Caregiver Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stage of Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Environmental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify Substance-Related Diagnosis: _____

DRUG	ROUTE OF ADMIN	AGE AT 1 st USE	FREQUENCY OF USE (circle response)				PAST 48 HRS? (circle response)		MONTHLY COST FOR DRUG USE
			Daily	Weekly	Monthly	Yearly	Yes	No	
			Daily	Weekly	Monthly	Yearly	Yes	No	
			Daily	Weekly	Monthly	Yearly	Yes	No	

Suicide Module

	0	1	2	3
a. Accessible Firearm/Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Suicide History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Runaway Module

	0	1	2	3
a. Frequency of Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistency of Destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Safety of Destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Involvement in Illegal Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Likelihood of Return on Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IDAHO CHILDREN'S MENTAL HEALTH

Child and Adolescent Needs and Strengths

Birth – 18 Years of Age

Praed Foundation
1999, 2017

2017
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, youth, 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.

For specific permission to use please contact the Praed Foundation. For more information on the CANS contact:

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ChapinHall at the University of Chicago
Policy research that benefits children, families, and their communities



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INTRODUCTION

THE CANS

The **Child and Adolescent Needs and Strengths (CANS)** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. As such, completion of the CANS 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 CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS.

SIX KEY PRINCIPLES OF THE CANS

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 that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the youth, not the youth 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 youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. **The ratings are generally “agnostic as to etiology.”** In other words this is a descriptive tool; it is about the “what” not the “why.” Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

The CANS 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 CANS is 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 CANS gathers information on the child/youth’s and parents/caregivers’ needs and strengths. Strengths are the child/youth’s assets: areas in life where he or she is doing well or has an interest or ability. Needs are areas where a child/youth requires help or intervention. Care providers use an assessment process to get to know the child or youth and the families with whom they work and to understand their strengths and needs. The CANS helps care providers decide which of a child/youth’s needs are the most important to address in treatment or service planning. The CANS also helps identify strengths, which can be the basis of a treatment or service plan. By working with the child/youth and family during the assessment process and talking together about the CANS, care providers can develop a treatment or service plan that addresses a child/youth’s strengths and needs while building strong engagement.

The CANS is made up of domains that focus on various areas in a child/youth’s life, and each domain is made up of a group of specific items. There are domains that address how the child/youth 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 domain that asks about the family’s beliefs and preferences, and about general family concerns. The care

provider, along with the child/youth and family as well as other stakeholders, gives a number rating to each of these items. These ratings help the provider, youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

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

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. 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 CANS 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 child/youth and the caregiver, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, child/youth-serving systems. It provides for a structured communication and critical thinking about children/youth and their context. The CANS 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 child/youth's progress. It can also be used as a communication tool that provides a common language for all child/youth-serving entities to discuss the child/youth's needs and strengths. A review of the case record in light of the CANS 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 CANS and their supervisors. Additional training is available for CANS super users as experts of CANS assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children/youth's and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons,

2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children, youth 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 youth 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 CANS rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level descriptions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

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

Basic Design for Rating Strengths

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

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, it should be used only in the rare instances where an item does not apply to that particular youth.

To complete the CANS, a CANS 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 CANS form (or electronic record). This process should be done collaboratively with the child/youth, family and other stakeholders.

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 and the action level ratings should be the primary rating descriptions considered (see page 6). The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS supports the belief that children, youth, 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 children/youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on the child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth 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 CANS assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus of strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy children and youth 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 child and youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS can be used to monitor outcomes. This can be accomplished in two ways. First, CANS items that are initially rated a '2' or '3' are monitored over time to determine the percent 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 (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

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

HOW IS THE CANS USED?

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

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 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 CANS 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 CANS is often completed every 6 months to measure change and transformation. We work with children, youth, 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 CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary integrated with CANS ratings, provides a picture of how much progress has been made, and allows for recommendations for future care which ties to current needs. And finally, it allows for a shared language to talk about our child/youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A BEHAVIOR HEALTH CARE STRATEGY

The CANS is an excellent strategy in addressing children and youth’s 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 CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the child/youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS 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 Child/Youth 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 and your child/youth 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 CANS items can help in having more natural conversations. So, if the family is talking about situations around the youth’s anger control and then shift into something like---“you know, he only gets angry when he is in Mr. S’s classroom,” you can follow that and ask some questions about situational anger, and then explore other school related issues.

MAKING THE BEST USE OF THE CANS

Children and youth 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 CANS and how it will be used. The description of the CANS should include teaching the child/youth 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 youth and family the CANS domains and items (see the CANS Core Item list on page 11) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. 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 child or youth that you are with him/her.
- **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 CANS 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 PARENTS’/CAREGIVERS’ 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?” The CANS is a tool to organize all points of observation, but the parent or caregiver’s perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

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 their young person, and if there is anything that they would like to add. This is a good time to see if there is anything “left over”—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

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

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CANS BASIC STRUCTURE

The Child and Adolescent Needs and Strengths basic core items are noted below.

CORE ITEMS

Traumatic/Adverse

Childhood Experiences

1. Sexual Abuse
2. Physical Abuse
3. Emotional Abuse
4. Neglect
5. Medical Trauma
6. Witness to Family Violence
7. Witness to Community Violence
8. Witness to School Violence
9. Natural or Manmade Disasters
10. War Affected
11. Terrorism Affected
12. Witness/ Victim to Criminal Activity
13. Parental Criminal Behavior (Birth parents and legal guardians only)
14. Disruption in Caregiving/ Attachment Losses
15. Systems Involvement
16. Narrative (Traumatic/A.C.E)

Strengths Domain

17. Family
18. Interpersonal
19. Educational Setting
20. Vocational
21. Coping and Savoring Skills
22. Optimism
23. Talents and Interests
24. Spiritual/Religious
25. Community life
26. Relationship Permanence
27. Resilience
28. Involvement with Care
29. Use of Free Time
30. Peer Influences
31. Legal Permanency
32. Cultural Identity
33. Narrative (Strengths)

Life Functioning Domain

34. Family
35. Living Situation
36. Social Functioning
37. Developmental/ Intellectual*
38. Recreational
39. Medical
40. Physical
41. Sleep
42. Sexual Development
43. Activities of Daily Living
44. School Behavior
45. School Achievement
46. School Attendance
47. Legal Issues
48. Narrative (Life Functioning Domain)

Culture Domain

49. Language
50. Identity
51. Cultural Stress
52. Narrative (Cultural)

Behavioral/Emotional Needs Domain

53. Adjustment to Trauma
54. Emotional/Physical Regulation
55. Psychosis (Thought Disorder)
56. Attention/Concentration
57. Impulsivity
58. Depression
59. Anxiety
60. Oppositional Behavior (Compliance with Authority)
61. Triangulation/Manipulation
62. Conduct
63. Substance Use*
64. Attachment Difficulties
65. Eating Disturbances
66. Behavioral Regressions
67. Somatization
68. Anger Control

69. Mood Disturbance
70. Traumatic Grief & Separation
71. Narrative (Behavioral/Emotional)

Risk Behaviors Domain

72. Suicide Watch*
73. Non-Suicidal Self-Injurious Beh. (Self-Mutilation)
74. Other Self-Harm (Recklessness)
75. Danger to Others
76. Sexual Aggression
77. Runaway/Flight Risk*
78. Delinquency
79. Judgment
80. Fire Setting
81. Intentional Misbehavior
82. Sexually Reactive Behavior
83. Bullying
84. Victimization/ Exploitation
85. Bullied by Others
86. Cruelty to Animals
87. Narrative (Risk Behaviors)

Transition to Adulthood

88. Independent Living Skills
89. Transportation
90. Parenting Roles
91. Intimate Relationships
92. Medication Compliance
93. Treatment Involvement
94. Educational Attainment
95. Job Functioning
96. Transition to Adult Service System
97. Accessibility to Child Care and/or Respite
98. Financial Resources
99. Residential Stability
100. Narrative (Transition to Adulthood)

Caregiver Resources & Needs

- 101. Physical Health
- 102. Mental Health
- 103. Substance Use
- 104. Developmental
- 105. Supervision
- 106. Involvement with Care
- 107. Culture Congruence

- 108. Knowledge
- 109. Organization
- 110. Social Resources
- 111. Residential Stability
- 112. Safety
- 113. Marital/Partner Violence
- 114. CG Post-Traumatic Reactions

- 115. Financial Resources
- 116. Family Stress
- 117. Accessibility to Child Care Resources/Respite
- 118. Transportation
- 119. Parental Responsiveness
- 120. Narrative (Caregiver Resources & Needs)

TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

All of the traumatic/adverse childhood experiences items are static indicators. In other words, these items indicate whether or not an individual has experienced a particular trauma. If they have ever had one of these experiences it would always be rated in this section, even if the experience was not currently causing problems or distress in the youth's life. Thus, these items are not expected to change except in the case that the individual has a new trauma experience or a historical trauma is identified that was not previously known.

Question to Consider for this Module: Has the individual experienced adverse life events that may impact their behavior?

For the **Traumatic/Adverse Childhood Experiences Domain**, the following categories and action levels are used:

- 0 There is no evidence of any trauma of this type.
- 1 Single incident of trauma occurred or suspicion exists of this trauma type.
- 2 The individual has experienced multiple incidents or moderate degree of this trauma type.
- 3 Repeated and severe incidents of trauma with medical/physical consequences.

Please rate these items within the youth's lifetime.

1. SEXUAL ABUSE

This item describes the individual's experience of sexual abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Has the caregiver or individual disclosed sexual abuse? • How often did the abuse occur? • Did the abuse result in physical injury? • How old was the individual at age of abuse? • Is the abuse ongoing? • Who inflicted the abuse? • What is the nature of the abuse? • Has it been investigated? Supported? • Does the abuser have access to the individual? 	<p>0 There is no evidence that individual has experienced sexual abuse.</p> <hr/> <p>1 Suspicion that the individual has experienced sexual abuse with some degree of evidence or the individual has experienced sexual abuse including, but not limited to, direct exposure to sexually explicit materials. Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation. Individuals who have experienced secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) also would be rated here, if the abuse is not current, did not occur recently, or involve the type of incident that would otherwise be rated a '2' or '3'.</p> <hr/> <p>2 Individual has experienced one or more incidents of sexual abuse that are not recent incidents and it is unclear whether or not treatment was sought for the individual, that the alleged perpetrator does not live in the home or have legal or unrestrained access to the individual, or where the alleged perpetrator is of similar age and protective measures have been taken by the parent/caregiver.</p> <hr/> <p>3 Individual has experienced severe, chronic sexual abuse with multiple episodes or lasting over an extended period of time, sexual abuse significant enough to cause physical injury and/or require medical attention, or a single incident where the alleged perpetrator resides in the home and has legal or unrestrained access to the individual.</p>

2. PHYSICAL ABUSE

This item describes the individual's experience of physical abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is physical discipline used in the home? What forms?• Has the individual ever received bruises, marks, or injury from discipline?• How old was the individual at age of abuse?• Is the abuse ongoing?• Who inflicted the abuse?• What is the nature of the abuse?• Has it been investigated? Supported?• Does the abuser have access to the individual?	0 There is no evidence that the individual has experienced physical abuse.
	1 There is a suspicion that the individual has experienced physical abuse but no confirming evidence. Age appropriate spanking that does not leave a mark or bruise would be rated here. The threat of physical harm without actual harm inflicted would also be rated here.
	2 Individual has experienced a level of physical abuse that may include one or more incidents of physical punishment (e.g. hitting, punching) when the parent/caretaker uses physical discipline or intentional harm that results in injuries, such as bruises or marks. Physical punishment that includes the use of items such as belts or paddles or that is done out of anger by the caretaker would be rated here.
	3 Individual has experienced severe and repeated physical abuse with the intent to do harm and/or that causes sufficient physical harm to necessitate medical attention. Unexplained injuries for non-accidental trauma such as hemorrhages, subdural hematoma and breaks, as well as disorders such as Munchausen by Proxy Syndrome qualify here.

3. EMOTIONAL ABUSE

This item rates whether the individual has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating a child, calling names, making negative comparisons to others, or telling a child that they are "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How do the members of the family talk to/interact with each other?• Is there name calling or shaming in the home?• How old was the individual at age of abuse?• Is the abuse ongoing?• Who inflicted the abuse?• Has it been investigated? Supported?• Does the abuser have access to the individual?	0 There is no evidence that the individual has experienced emotional abuse.
	1 The individual has experienced occasional emotional abuse. For instance, may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support or attention.
	2 The individual has experienced emotional abuse characterized by abuse over an extended period of time or a one-time extreme incident (e.g. a six year old being forced to wear diapers publicly by a parent frustrated with bedwetting). For instance, the individual may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
	3 The individual has experienced severe and repeated emotional abuse over an extended period of time. For instance, the individual is completely ignored by caregivers, or threatened/terrorized by others.

4. NEGLECT

This rating describes whether or not the individual has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Are the individual’s basic needs for food and shelter being met? • Is the individual allowed access to necessary medical care? Education? • How old was the individual at age of neglect? • Is the neglect ongoing? • Who neglected the individual? • What was the nature of the neglect? 	0 There is no evidence that the individual has experienced neglect.
	1 The individual has experienced neglect such as a caregiver’s failure to provide adequate expectations or supervision. For instance, individual may have been left at home alone for a number of hours without adult supervision.
	2 The individual has experienced neglect, including failure to provide adequate supervision (for instance, individual may have been left at home alone overnight) and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action.
	3 The individual has experienced neglect, including multiple and prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. The neglect places the individual in a situation that requires actions and/or decisions beyond the individual’s maturity, physical ability and/or mental ability.

5. MEDICAL TRAUMA

This item rates the individual’s experience of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Has the individual had any broken bones, stitches or other medical procedures? • Has the individual had to go to the emergency room, or stay overnight in the hospital? 	0 There is no evidence that the child has experienced any medical trauma.
	1 Individual has had a medical experience that was mildly overwhelming, including events that were acute in nature and did not result in ongoing medical needs and associated distress such as minor surgery, stitches or bone setting.
	2 Individual has had a medical experience that was perceived as moderately emotionally or mentally overwhelming. Such events might include acute injuries and moderately invasive medical procedures such as major surgery that require only short-term hospitalization.
	3 Individual has had a medical experience that was perceived as extremely emotionally or mentally overwhelming. The event itself may have been life threatening and may have resulted in chronic health problems that alter the individual’s physical functioning.

Supplemental Information: This item takes into account the impact of the event on the individual. It describes experiences in which the individual is subjected to medical procedures that are experienced as upsetting and overwhelming. An individual born with physical deformities who is subjected to multiple surgeries could be included. An individual who must experience chemotherapy or radiation could also be included. Individuals who experience an accident and requires immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for children (e.g., shots, pills) would generally not be rated here.

6. WITNESS TO FAMILY VIOLENCE

This rating describes the severity of exposure to family violence.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the individual ever been the victim of a crime?• Has the individual seen criminal activity at home?• Define family violence.• Is there a culture of violence?• Consider witnessed versus experienced.• What was the outcome of the violence?	0 No evidence that individual has witnessed family violence.
	1 Individual has witnessed one episode of family violence.
	2 Individual has witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.
	3 Individual has witnessed repeated and severe episodes of family violence or has had to intervene in episodes of family violence. Significant injuries have occurred and have been witnessed by the individual as a direct result of the violence.

7. WITNESS TO COMMUNITY VIOLENCE

This rating describes the severity of exposure to community violence.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has any the individual ever been the victim of a crime?• Has the individual seen criminal activity in their community?• Define community violence.• Is there a culture of violence in the community?• How does the community respond to violence?• How does the community view those who stand up to violence?	0 There is no evidence that individual has witnessed or experienced violence in the community.
	1 The individual has witnessed occasional fighting or other forms of violence in the community. Individual has not been directly impacted by the violence and exposure has been limited.
	2 Individual has witnessed multiple instances of community violence and/or the significant injury of others, or has had family members or friends injured as a result of violence, or is the direct victim of violence that was not life threatening.
	3 The individual has witnessed or experienced severe and/or repeated instances of community violence and/or the death of another person as a result of the violence, or is the direct victim of violence that was life threatening, or has experienced chronic or ongoing impact as a result of the violence (e.g., family member injured and no longer able to work).

8. WITNESS TO SCHOOL VIOLENCE

This rating describes the severity of exposure to school violence.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has any the individual ever been the victim of a crime?• Has the individual seen criminal activity in their school?• How are individuals who stand up against violence viewed?• How is the administration handling this?• Does the individual feel that they are protected, or do they feel alone?• What is the parent's response to the school violence?	<p>0 There is no evidence that individual has witnessed or experienced violence in his or her school.</p> <hr/> <p>1 The individual has witnessed occasional fighting or other forms of violence in his or her school. Individual has not been directly impacted by the violence and exposure has been limited.</p> <hr/> <p>2 Individual has witnessed multiple instances of school violence and/or the significant injury of others, or has had family members or friends injured as a result of violence, or is the direct victim of violence that was not life threatening.</p> <hr/> <p>3 The individual has witnessed or experienced severe and/or repeated instances of school violence and/or the death of another person as a result of the violence, or is the direct victim of violence that was life threatening, or has experienced chronic or ongoing impact as a result of the violence (e.g., family member injured and no longer able to work).</p>

9. NATURAL OR MANMADE DISASTER

This rating describes the individual's exposure to either natural or manmade disasters.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the individual been present during a natural or manmade disaster?• Does the individual watch television shows containing these themes or overhear adults talking about these kinds of disasters?• What was the outcome?• What was the first response?• How is the family coping?• Does the family understand the potential impact on children and young adults?• Consider unsupervised television watching/news coverage.	<p>0 There is no evidence that individual has been exposed to natural or manmade disasters.</p> <hr/> <p>1 Individual has been exposed to disasters second-hand (i.e. on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as a fire or earthquake or manmade disaster, including car accident, plane crashes, or bombings.</p> <hr/> <p>2 Individual has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, an individual may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down.</p> <hr/> <p>3 Individual has been directly exposed to multiple and severe natural or manmade disasters, and/or a disaster that caused significant harm or death to a loved one, or there is an ongoing impact or life disruption due to the disaster (e.g. house burns down, caregiver or individual loses job).</p>

10. 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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the individual or their family lived in a war torn region?• How close was the individual to war or political violence or torture?• Was the family displaced?• Where was the violence – at home or in another location?• Is this a long standing war or an acute incident?• Was this activity expected or unexpected?• What was the end result of the incident?• How does the individual view the war/incident?	<p>0 There is no evidence that individual has been exposed to war, political violence, or torture.</p> <hr/> <p>1 Individual did not live in war-affected region or refugee camp, but family was exposed to war. Family members directly related to the individual may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war. This does not include individuals who have lost one or both parents during the war.</p> <hr/> <p>2 Individual has been exposed to war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Individual may have lost one or both parents during the war, or one or both parents may be physically or psychologically disabled from war so that they are not able to provide adequate caretaking of individual. Individual may have spent extended amount of time in refugee camp.</p> <hr/> <p>3 Individual has experienced the direct effects of war. Individual may have feared for his/her own life during war due to bombings or shelling very near to him/her. Individual may have been directly injured, tortured, or kidnapped. Individual may have served as soldier, guerrilla, or other combatant in his/her home country.</p>

11. TERRORISM AFFECTED

This rating describes the degree of severity of exposure to terrorism.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Was the individual directly impacted as an individual?• Was the individual's family directly impacted?• How did the individual become aware of the terrorism?	<p>0 No evidence that individual has been exposed to terrorism or terrorist activities.</p> <hr/> <p>1 Individual's community has experienced an act of terrorism, but the individual was not directly impacted by the violence (e.g., individual lives close enough to site of terrorism that he/she may have visited before or individual recognized the location when seen on TV, but family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.</p> <hr/> <p>2 Individual has been exposed to terrorism within his/her community, but did not directly witness the attack. Individual may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of individual's daily life may be disrupted due to attack (e.g., utilities or school), and individual may see signs of the attack in neighborhood (e.g., destroyed building). Individual may know people who were injured in the attack.</p> <hr/> <p>3 Individual has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured or died as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.</p>

Supplemental Information: 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).

12. WITNESS/VICTIM TO CRIMINAL ACTIVITY

This rating describes the severity of exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.

Questions to Consider

- Has the individual or someone in their family ever been the victim of a crime?
- Has the individual seen criminal activity in the community or home?
- What was the crime?
- What was the outcome for the victim?
- How does the individual say they were affected?
- What do post-incident behaviors look like?
- Was the individual part of committing the crime?

Ratings and Descriptions

- 0 There is no evidence that individual has been victimized or witnessed significant criminal activity.
- 1 There is a strong suspicion or evidence that the individual is a witness of significant criminal activity.
- 2 Individual has witnessed multiple criminal activities and/or is a direct victim of criminal activity or witnessed the victimization of a family or friend.
- 3 Individual has been exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm, or individual has witnessed the death of a loved one.

Supplemental Information: Any behavior that could result in incarceration is considered criminal activity. An individual who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. An individual who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

13. PARENTAL CRIMINAL BEHAVIOR (Birth parents and legal guardians only)

This item rates the criminal behavior of birth parents, stepparents, and other legal guardians – not foster parents.

Questions to Consider

- Has the individual or someone in their family ever been the victim of a crime?
- Has the individual seen criminal activity in the community or home?
- Is the individual or his/her siblings involved in the criminal behavior?
- Are the parents members of a gang?
- What is the family culture regarding crime?

Ratings and Descriptions

- 0 No evidence that individual's parents have ever engaged in criminal behavior.
- 1 One of individual's parents has a history of criminal behavior or incarceration and individual has not been in contact with this parent for at least one year.
- 2 One of individual's parents has a history of criminal behavior resulting in a conviction or incarceration, and individual has been in contact with this parent in the past year.
- 3 Both of individual's parents have history of criminal behavior resulting in incarceration.

14. DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which an individual has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Has the individual ever lived apart from their parents/caregivers? • What happened that resulted in the individual living apart from their parents/caregivers? Who is caregiving now, if anyone? • Is current caregiver safe to parent the individual? • Does individual know what happened to end the last placement? • Is the individual worried about a past caregiver? 	<p>0 No evidence that the Individual has experienced disruptions in caregiving and/or attachment losses.</p> <hr/> <p>1 Individual may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, such as a relative (e.g., individual's care shifted from biological mother to paternal grandmother). Individual may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.</p> <hr/> <p>2 Individual has been exposed to 2 or more disruptions in caregiving with known alternate caregivers, or the individual has had at least one disruption involving placement with an unknown caregiver. Individuals who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.</p> <hr/> <p>3 Individual has been exposed to multiple/repeated placement changes (e.g., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has negatively impacted various domains of an individual's life (e.g., loss of community, school placement, peer group). Examples would include an individual in several short-term unknown placements (e.g., moved from emergency foster care to additional foster care placements) and/or multiple transitions in and out of the family-of-origin (e.g., several cycles of removal and reunification).</p>

Supplemental Information: Individuals who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the individual's caregiver remains the same, would not be rated on this item. Death of a caregiver is also captured in this item.

15. SYSTEMS INVOLVEMENT

This item rates the individual's experiences of trauma related to involvement in the public child, youth, and family serving systems, including child welfare, mental and physical health, and legal systems. These experiences include but are not limited to removal from the home, out-of-home placement(s) and/or multiple placements and relationship disruption, multiple school placements, and disruption of familial and community relationships. Loss related to system involvement should be captured here. Some of these losses may be concrete, such as people, medical records, prescriptions, familiar toys/clothes/surroundings and housing. Abstract losses to be considered include interrupted development, exposure to legal processes (including testifying against perpetrator), cultural connectedness, and witnessing of parental humiliation by a person in authority.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • What does the individual say about his/her system involvement? • How many placements has the individual experienced? • Has the individual exited and reentered the system repeatedly? • Did the individual have a consistent resource throughout his/her experience? • Does the individual have a supportive resource now? 	<p>0 No evidence that the individual has had any involvement in public child, youth, and family serving systems.</p> <hr/> <p>1 Single incident of trauma occurred or suspicion exists of this trauma type. Individual has had minor involvement in the public child, youth, and family serving systems.</p> <hr/> <p>2 The individual has experienced multiple incidents or moderate degree of this trauma type. Individual has had multiple experiences or a moderate degree of involvement in the public child, youth, and family serving systems.</p> <hr/> <p>3 Repeated and severe incidents of trauma with medical/physical consequences. Individual has had repeated and/or severe experiences or a significant degree of involvement in the public child, youth, and family serving systems.</p>

Supplemental Information: Direct system-induced trauma would include any experience of neglect and/or abuse by system supervised caregivers or others at the placement (e.g., abuse by other children in placement setting), repeated, insensitive, or humiliating interviews or evaluations, separation from siblings in placement, and/or no contact with significant extended family members and/or community relationships.

STRENGTHS DOMAIN

This domain describes the assets of the individual that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing their strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on their 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 child/youth 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 the **Strengths Domain**, the following categories and action levels are used:

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.

17. FAMILY

This item refers to the presence of a sense of family identity as well as love and communication among family members. 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 Functioning, the definition of family comes from the individual’s perspective (i.e., who the individual describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/ youth is still in contact.

Questions to Consider

- Who is part of his/her family?
- How is family defined?
- Who is the best resource in the family?
- Who can you leverage in treatment?
- Does the individual have good relationships with any family member?
- Is there potential to develop positive family relationships?
- Is there a family member that the individual can go to in time of need for support? That can advocate for the individual?

Ratings and Descriptions

- 0 Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the individual and is able to provide significant emotional or concrete support. Individual is fully included in family activities.
- 1 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 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 Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Individual is not included in normal family activities.

18. INTERPERSONAL

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. This strength indicates an ability to make and maintain long-standing relationships. Do not capture family/caregivers here – use the family item to do so.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual have the personality to make friends?• Do you feel that the individual is pleasant and likable?• Do adults or same age peers like the individual?	0 Significant interpersonal strengths. Individual has well-developed interpersonal skills and healthy friendships.
	1 Individual has good interpersonal skills and has shown the ability to develop healthy friendships.
	2 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 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.

19. EDUCATIONAL SETTING

This item is used to evaluate the nature of the school's relationship with the individual and family, as well as the level of support the individual receives from the school. Rate according to how much the school is an effective partner in promoting individual's functioning and addressing individual's needs in school.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the school an active partner in the child/youth's education?• Does the individual like school?• Has there been at least one year in which the individual did well in school?• When has the child/youth been at their best in school?• What is the family culture regarding education?• How does the family feel about the school system?• How does the school system feel about the family?• Does the school advocate for the individual?	0 The school works closely with the individual and family to identify and successfully address the individual's educational needs OR the individual excels in school.
	1 School works with the individual and family to address the individual's educational needs OR the individual likes school.
	2 The school is currently unable to adequately address the individual's academic or behavioral needs.
	3 There is no evidence of the school working to identify or successfully address the individual's needs at this time and/or the school is unable and/or unwilling to work to identify and address the individual's needs and/or there is no school to partner with at this time.
	NA Individual is not in school due to age: child is either very young or has already graduated.

20. VOCATIONAL

This item is used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the youth.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is vocation appropriate for this individual given age and development?• Does the individual participate in other prevocational activities?• Does the individual volunteer or participate in other community improvement activities?• If in residential care without the ability to work in the community, does the individual participate in other activities that would encourage job skill development?	0 Individual has vocational skills and is currently working in a natural environment.
	1 Individual has pre-vocational and some vocational skills but limited work experience.
	2 Individual has some pre-vocational skills but is not presently working in any area related to those skills. This also may indicate an individual with a clear vocational preference.
	3 Individual has no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.
	NA This item is not applicable when an individual is under 14 years old.

21. COPING AND SAVORING SKILLS

This item should be based on the psychological strengths that the individual might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the individual's current level of distress.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Can the individual identify his/her coping skills?• Does he/she value them?• Does he/she believe in them?• Does he/she identify activities of well-being?	0 Individual has exceptional psychological strengths. Coping skills are developed and support well-being.
	1 Individual has good psychological strengths. He/she has solid coping skills for managing distress or solid skills for enjoying pleasurable events.
	2 Individual has limited psychological strengths. For example, an individual with very low self-esteem would be rated here.
	3 Individual has no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

22. OPTIMISM

This item should be rated based on the individual's sense of self in their own future. This rates the individual's future orientation.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual have a generally positive outlook on things; have things to look forward to?• How does the child/youth see themselves in the future?• Is the individual forward looking/sees themselves as likely to be successful?	<p>0 Individual has a strong and stable optimistic outlook for their future.</p> <hr/> <p>1 Individual is generally optimistic about their future. Individual is likely able to articulate some positive future vision.</p> <hr/> <p>2 Individual has difficulty maintaining a positive view of themselves and their life. Individual's outlook may vary from overly optimistic to overly pessimistic.</p> <hr/> <p>3 There is no evidence of optimism at this time and/or individual has difficulties seeing positive aspects about themselves or their future.</p>

23. TALENTS AND INTERESTS

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• What does the child/youth enjoy doing?• Is the individual engaged in any pro-social activities?• What are the things that the individual does particularly well?• Does the individual have a natural talent or hobby?• Is there someone who can mentor the individual?• Does this talent or hobby have the potential to improve their self-esteem?	<p>0 Individual has a talent that provides pleasure and/or self-esteem. An individual with significant creative/artistic/athletic strengths would be rated here.</p> <hr/> <p>1 Individual has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates an individual with a notable talent. For example, an individual who is involved in athletics or plays a musical instrument would be rated here.</p> <hr/> <p>2 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 them with any benefit.</p> <hr/> <p>3 There is no evidence of identified talents, interests or hobbies at this time and/or individual requires significant assistance to identify and develop talents and interests.</p>

24. SPIRITUAL/RELIGIOUS

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

Questions to Consider

- Does the individual have spiritual beliefs that provide comfort?
- Is the family involved with any religious community? Is the individual involved?
- Is individual interested in exploring spirituality?
- Does the individual have a natural community connection?
- What programs or services are available through this outlet?
- Is the community aware of this family and vice versa?
- Consider whether it is appropriate to identify spiritual or religious activities for each individual.

Ratings and Descriptions

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|---|--|
| 0 | 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 | Individual is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community. |
| 2 | Individual has expressed some interest in spiritual or religious belief and practices. |
| 3 | There is no evidence of identified spiritual or religious beliefs, nor does the individual show any interest in these pursuits at this time. |

25. COMMUNITY LIFE

This item reflects the individual's connection to people, places or institutions in their community. This connection is measured by the degree to which the individual is involved with institutions of that community which might include (but are not limited to) community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the individual live in the same neighborhood.

Questions to Consider

- Does the individual feel like they are part of a community?
- Are there activities that the individual does in the community?
- Is the community aware of the needs of this individual?
- Are there resources within the community? Why might the family not access them?
- What is the culture of the community?
- Does the family identify with their community?

Ratings and Descriptions

- | | |
|---|---|
| 0 | 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) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc. |
| 1 | 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 | Individual has an identified community but has only limited, or unhealthy, ties to that community. |
| 3 | There is no evidence of an identified community of which individual is a member at this time. |

26. RELATIONSHIP PERMANENCE

This item refers to a mutual, emotional connection between the individual and one or more adults characterized by lifelong commitment.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the individual have relationships with adults that have lasted their lifetime?Are there relatives in the individual's life with whom the individual has had long-lasting relationships?	0 A relationship with one or more adults who are consistent, reliable, supportive and committed to the individual through their life.
	1 Individual can identify a relationship with an adult who is consistent, reliable, and committed to the individual and provides some type of support.
	2 Individual can identify a relationship with an adult who provides some support but is not consistent or reliable.
	3 Individual is unable to identify any relationship with a consistent, reliable adult who is committed to the individual.

27. RESILIENCE

This item refers to the individual's ability to recognize their internal strengths and use them in times of stress and in managing daily life. Resilience also refers to the individual's ability to bounce back from stressful life events.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the individual able to recognize their skills as strengths?Is the individual able to use their strengths to problem solve and address difficulties or challenges?	0 Individual's internal strength in overcoming or the ability to bounce back is a core part of identity and associated with a well-developed and recognizable set of supports and strengths for dealing with challenges.
	1 Individual uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.
	2 Individual has limited ability to recognize and use internal strengths in overcoming or the ability to bounce back to effectively to support healthy development, problem solving or dealing with stressful life events.
	3 Individual is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.

28. INVOLVEMENT WITH CARE

This item refers to the individual's participation in planning and implementing efforts to address their identified needs.

Questions to Consider

- There may be a need for some psycho-education; however, this should not be the primary focus of this item.
- Does the individual participate in creating positive plans for his/her care?
- How does the individual understand his/her needs and challenges?
- Does the individual attend sessions willingly and participate fully?

Ratings and Descriptions

- 0 Individual is knowledgeable of his/her needs and helps direct planning to address them.
- 1 Individual is knowledgeable of his/her needs and participates in planning to address them.
- 2 Individual is at least somewhat knowledgeable of his/her needs but is not willing to participate in plans to address them.
- 3 Individual is neither knowledgeable about his/her needs nor willing to participate in any process to address them.

Supplemental Information: This item identifies whether the individual is an active partner in planning and implementing any treatment plan or service package. Like all ratings this should be done in a developmentally informed way. Expectations for involvement in planning are lower for children than for older youth. Small children are not expected to participate so a '3' rating is OK to mean no evidence or not identified.

29. USE OF FREE TIME

This rating refers to the individual's ability to use free time in a constructive way.

Questions to Consider

- Is the individual able to organize his/her free time in the program, community, at home?
- Do they look for and partake in positive activities?
- Are they open to various activities?
- If able, do they attend community events?

Ratings and Descriptions

- 0 Individual has opportunities and is motivated to spend free time in a constructive manner.
- 1 Individual is knowledgeable of opportunities and/or sometimes participates in them.
- 2 Individual is at least somewhat knowledgeable of opportunities or is not willing to participate.
- 3 Individual is neither knowledgeable about nor willing to participate in constructive activities.

30. PEER INFLUENCES

This item refers to the influence the individual's primary peer social network has on each other.

Questions to Consider

- Does the individual have friends? Do the friends demonstrate good judgment?
- Are the individual's current friends court-involved?
- Are they otherwise involved in their community?
- Do the friends use substances?

Ratings and Descriptions

- 0 Individual's primary peer social network is a strong positive influence on each other.
- 1 Individual has peers in his/her primary peer social network who engage in prosocial behavior most of the time.
- 2 Individual has some peers who engage in prosocial behavior but individual is not a primary member of this group.
- 3 Individual rarely spends time with prosocial peers and/or could be gang-involved.

31. LEGAL PERMANENCY

This item refers to the likelihood that the individual who is currently in legal custody of the state will achieve legal permanency through adoption, guardianship or reunification with birth parent(s).

Questions to Consider

- Remember to rate both relationship permanency and legal permanency for all individuals.
- Rating should encompass youth and professional obligations related to legal permanency planning.
- For this item, make sure to consider if legal permanency is a desired goal by all parties and rate accordingly (e.g., kinship situations where legal permanency isn't a goal but they are a confident permanency resource for the individual).

Ratings and Descriptions

- 0 Individual has legal permanency and there are no concerns about its stability.
- 1 Individual is expected to have legal permanency and all required processes are in good standing order.
- 2 Individual has an identified placement resource but not all required processes have been initiated.
- 3 Individual has no identified legal permanency resource.

32. CULTURAL IDENTITY

Cultural identify refers to the individual's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).

Questions to Consider

- Does the individual identify with any racial/ethnic/cultural group?
- Does the individual find this group a source of support?

Ratings and Descriptions

- 0 The youth has defined a cultural identity and is connected to others who support the youth's cultural identity.
- 1 The youth is developing a cultural identity and is seeking others to support the youth's cultural identity.
- 2 The youth is searching for a cultural identity and has not connected with others.
- 3 The youth does not express a cultural identity.

LIFE FUNCTIONING DOMAIN

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

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

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

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

34. FAMILY

This item rates the individual’s relationships with those who are in their family. It is recommended that the description of family should come from the individual’s perspective (i.e. who the individual describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the individual is still in contact. Foster families should only be considered if they have made a significant commitment to the individual. For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. 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.

Questions to Consider:

- Who is in the family?
- Who does the individual identify as his/her family?
- Who is the person that represents the greatest need?
- Include specific details of who is defined as the family and the aspects of their functioning in the narrative text domain. Is there conflict in the family relationship that requires resolution?
- Is treatment required to restore or develop positive relationship in the family?

Ratings and Descriptions

- 0 No evidence of problems in relationships with family members, and/or individual is doing well in relationships with family members.
- 1 History or suspicion of problems. Individual might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the individual. Arguing may be common but does not result in major problems.
- 2 Individual is having problems with parents, siblings and/or other family members that are impacting the individual’s functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.
- 3 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.

35. LIVING SITUATION

This item refers to how the Individual is functioning in the Individual's current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How has the Individual been behaving and getting along with others in the current living situation?• How do they feel about their neighborhoods?• How does the individual fit into/feel about the current arrangement?	0 No evidence of problem with functioning in current living environment. Individual and caregivers feel comfortable dealing with issues that come up in day-to-day life.
	1 Individual experiences problems with functioning in current living situation. Caregivers express some concern about Individual's behavior in living situation, and/or Individual and caregiver have some difficulty dealing with issues that arise in daily life.
	2 Individual has problems with functioning in current living situation. Individual's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Individual and caregivers have difficulty interacting effectively with each other much of the time.
	3 Individual has profound problems with functioning in current living situation. Individual is at immediate risk of being removed from living situation due to problematic behaviors.

36. SOCIAL FUNCTIONING

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Is the individual pleasant and likeable?• Do same age peers like the Individual?• Do you feel that the individual can act appropriately in social settings?• What does the individual need?• Are the individual's behaviors in social settings considered appropriate?• Can the individual negotiate with others to get what they need?• Is the individual on target developmentally?	0 No evidence of problems and/or individual has developmentally appropriate social functioning.
	1 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 Individual is having some problems with social relationships that interfere with functioning in other life domains.
	3 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.

37. DEVELOPMENTAL/INTELLECTUAL*

This item describes the individual's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Does the individual's growth and development seem healthy?• Has the individual reached appropriate developmental milestones (such as walking, talking)?• Has anyone ever mentioned that the individual may have developmental problems?• Has the individual developed like other same age peers?	<p>Ratings and Descriptions</p> <p>0 No evidence of developmental delay and/or individual has no developmental problems or intellectual disability.</p> <hr/> <p>1 There are concerns about possible developmental delay. Individual may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.</p> <hr/> <p>2 Individual has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.</p> <hr/> <p>3 Individual has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.</p>
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***A rating of '2' or '3' on this item triggers the Developmental Needs Module (below).**

DEVELOPMENTAL NEEDS MODULE (ITEMS 37A-37W)

This module is to be completed when the **Developmental/Intellectual** item (above) is rated '2' or '3.'

a. TEMPERAMENT/EMOTIONAL RESPONSIVENESS

This rating describes the child/adolescent's general mood state.

<p>Questions to Consider</p> <ul style="list-style-type: none">• Are there concerns about difficulties in the individual's general mood?	<p>Ratings and Descriptions</p> <p>0 This level indicates a child/adolescent with an easy temperament and a generally sunny disposition.</p> <hr/> <p>1 This level indicates a child/adolescent with some mild problems with his/her general mood. He/she may be mildly anxious or sad or may have occasional episodes or extended crying or tantrumming.</p> <hr/> <p>2 This level indicates a child/adolescent with a difficult temperament. They have intense reactions, crying loudly with persistent episodes of crying, tantrumming or other difficult behaviors.</p> <hr/> <p>3 This level indicates a child/adolescent who has severe problems with general mood. Their mood prevents functioning in at least one life domain.</p>
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b. EATING

This item describes any needs involving the child/adolescent's food intake.

Questions to Consider

- Does the child have any difficulties with breast or formula feeding?
- Does the child have any issues in the transition to solid foods?
- Does the child regularly eat nonnutritive substances (e.g., dirt)?

Ratings and Descriptions

- | | |
|---|--|
| 0 | There is no evidence of problems related to eating. |
| 1 | Problems with eating have been present in the past or are currently present some of the time. |
| 2 | Problems with eating are present that impair the child/adolescent's functioning. They may be finicky eaters, have few food preferences and not have a clear pattern of when they eat. |
| 3 | Problems with eating, either in the mechanics of eating or with respect to food preferences, are present putting the child/adolescent at risk developmentally. The child/adolescent and family are very distressed and unable to overcome problems in this area. |

c. ELIMINATION

This item describes any needs related to the process of eliminating bodily wastes.

Questions to Consider

- Does the child have any unusual difficulties with urination or defecation (e.g. constipation)?

Ratings and Descriptions

- | | |
|---|--|
| 0 | There is no evidence of elimination problems. |
| 1 | Child/adolescent may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion. |
| 2 | Child/adolescent demonstrates problems with elimination on a consistent basis that is interfering with his/her functioning, along with encopresis and enuresis. |
| 3 | Child/adolescent demonstrates significant difficulty with elimination to the extent that he/she and/or the parent is in significant distress or interventions have failed. |

Supplemental Information: Encopresis is an elimination disorder that involves repeatedly having bowel movements in inappropriate places after the age when bowel control is normally expected. Enuresis, more commonly called bed-wetting, is an elimination disorder that involves release of urine into bedding, clothing or other inappropriate places. Both of these disorders can occur during the day or night, can be voluntary or involuntary, and may occur together, although most often they occur separately.

Note: Elimination disorders may be caused by a physical condition, a side effect of a drug, or a psychiatric disorder.

d. CLASSROOM/DAYCARE BEHAVIOR

This item describes the child's disruptive behavior while in class.

Questions to Consider

- Does the child participate in class?
- Is the child frequently disruptive to the class?
- What does the child do to disrupt the class?

Ratings and Descriptions

- | | |
|----|--|
| 0 | Student participates appropriately in classes and is not disruptive. |
| 1 | Student does not participate in classes but is not disruptive. |
| 2 | Student is occasionally disruptive in classes. |
| 3 | Student's behavior regularly disrupts classes. |
| NA | Not applicable. |

e. NON-CLASSROOM BEHAVIOR

This item describes the student's behavior in school, outside the classroom setting. The person may be either the initiator or the responder.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">How does the child behave during unstructured time?Are transitions difficult?	0 Student gets through non-classroom tasks (e.g. lunch, study hall, passing through hallways) without incidents.
	1 Student gets through non-classroom tasks (e.g. lunch, study hall, and passing through hallways) with occasional minor incidents, such as an argument.
	2 Student has minor incidents weekly during non-classroom tasks (e.g. lunch, study hall, passing through hallways).
	3 Student has major incidents, such as physical fights, during non-classroom tasks (e.g. lunch, study hall, passing through hallways).
	NA Not applicable.

f. SPECIAL EDUCATION

This item describes the involvement of the student with Special Education services.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the student receive special education services?What is the impact of the special education services on the student's performance?	0 Student is not involved with Special Education services.
	1 Student has been referred for an evaluation for Special Education services.
	2 Student is receiving Special Education services.
	3 Student is not responding to current Special Education services.
	NA Not applicable

g. ADAPTATION TO CHANGE

This item rates the ability of the child/youth to adapt to new situations or experiences and to shift from one activity/person/environment to another without disruptions.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Can child easily and willingly transition between activities?Does child require little support to adapt to changes in activities and schedules or is this a source of challenge for your child?	0 No evidence of problems with environmental changes. The child/youth adapts across places, people and activities without difficulty.
	1 The child/adolescent is generally good with changes but may experience some difficulties with specific individuals, environments, or activities.
	2 Child/adolescent has difficulties with smoothly adapting to changes from places, people and/or activities.
	3 Changes in places, people, or activities are very disrupting and can be disabling for the child/adolescent.

h. TRANSITIONS

This item rates the ability of the child/adolescent to anticipate, plan, and adapt to global transition phases (e.g., preschool to elementary school; elementary school to secondary school; secondary school to vocational setting) or transition events in one's life (e.g., relocations, births of siblings, marriages/deaths in the family).

Questions to Consider

- Can child easily and willingly transition between activities?
- Does child require little support to adapt to changes in activities and schedules or is this a source of challenge for your child?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No evidence of problems with transitions. The child/adolescent experiences global transitions/events without difficulty. |
| 1 | The child/adolescent is generally good with global transitions/events but may experience some difficulties without support. |
| 2 | Child/adolescent has exhibited difficulty with global transitions/events atypical of developmental level. |
| 3 | Global changes are very disrupting and can be very disabling for the child/adolescent. |

i. SEXUAL BEHAVIOR

This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior. Predatory sexual behavior also would be rated here.

Questions to Consider

- Has the youth ever been involved in sexual activities or done anything sexually inappropriate?
- Has the youth ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No evidence of problems with sexual behavior over the past year. |
| 1 | History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here. |
| 2 | Child/adolescents' problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age-inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here. |
| 3 | Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior. |

j. AUTONOMY

This item describes the child/adolescent's developmentally appropriate judgment and ability to function and/or pursue activities independently.

Questions to Consider

- Does the child/adolescent show age and/or developmentally appropriate autonomy?
- Can the child/adolescent pursue age appropriate activities on their own?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Child/adolescent's shows developmentally appropriate autonomy. There is no reason to believe that the child/adolescent has any problems with developmentally appropriate independence or self-governed behavior. |
| 1 | Child/adolescent shows some mild difficulties with pursuing age-appropriate activities independently, and requires some monitoring. |
| 2 | Child/adolescent requires consistent assistance with pursuing age appropriate activities independently and/or does not appear to be developing the needed skills in this area. |
| 3 | Child/adolescent is not able to function independently. |

k. DECISION-MAKING

This item describes the child/adolescent's ability to comprehend and anticipate the consequences of decisions; to plan, implement, and monitor a course of action; and to judge and self-regulate behavior according to anticipated outcome, in a developmentally appropriate manner.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• How is the youth's judgment and ability to make good decisions?• Does she/he typically make good choices for him/herself?	<p>0 No evidence of problems with poor decision-making that result in harm to development and/or well-being.</p> <hr/> <p>1 There is a history or suspicion of problems with judgment in which the youth makes decisions that are in some way harmful to their development and/or well-being. For example, a youth who has a history of hanging out with other children who shoplift or use substances.</p> <hr/> <p>2 Problems with judgment in which the youth makes decisions that are in some way harmful to their development and/or well-being. Individual may be struggling with thinking through problems, anticipating consequences or concentrating.</p> <hr/> <p>3 Problems with judgment that place the child/adolescent at risk of significant physical harm. Individual is currently unable to make decisions.</p>

l. SENSORY

This item describes the child/adolescent's sensory functioning and development. Sensory functioning includes the ability to use all senses including vision, hearing, smell, touch, and kinesthetic.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">◆ Does the child/adolescent have hearing or visual impairment; do they have sensory impairments in infancy?◆ Does the child/adolescent become easily overwhelmed by sensory stimuli?	<p>0 The child/adolescent's sensory functioning appears normal. There is no reason to believe that the youth has any problems with sensory functioning.</p> <hr/> <p>1 Child/adolescent may have a mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).</p> <hr/> <p>2 Child/adolescent may have a moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).</p> <hr/> <p>3 Child/adolescent has a significant impairment on one or more senses (e.g. profound hearing or vision loss).</p>

m. COMMUNICATION

This item rates the individual's ability to communicate with others via expression and reception.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none">• Is the infant/child/youth able to communicate in and age appropriate or developmentally appropriate manner?• Is the infant/child/youth demonstrate receptive language?	<p>0 Youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the youth has any problems communicating.</p> <hr/> <p>1 Youth has receptive communication skills but limited expressive communication skills. Age 0-5: Infant/child has a history of communication problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand.</p>

- | | |
|---|--|
| 2 | Youth has both limited receptive and expressive communication skills.
Age 0-5: Infant/child has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands. |
| 3 | Youth is unable to communicate.
Age 0-5: Infant/child has serious communication difficulties and is unable to communicate in any way including pointing and grunting. |

n. REGULATORY: BODY CONTROL/EMOTIONAL CONTROL

This item refers to the child/adolescent’s ability to be comforted as well as regulate bodily functions such as eating, sleeping and elimination, as well as activity level/intensity and sensitivity to external stimulation. The child’s ability to regulate intense emotions is also rated here, which includes coping with frustration and transitions.

Questions to Consider

- Does the child/adolescent have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities?
- Does the child/adolescent exhibit severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?
- Does the child/adolescent require more adult supports to cope with frustration than other children in similar settings? Are you concerned that your child /adolescent has more distressing tantrums or yelling fits than other children or has a teacher/childcare worker expressed concern about intensity or frequency of tantrums?

Ratings and Descriptions

- | | |
|---|--|
| 0 | No evidence of regulatory problems. |
| 1 | Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions. |
| 2 | Problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. They may also demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed. |
| 3 | Profound problems with regulation are present that place the child’s safety, well-being and/or development at risk. |

o. REPETITIVE BEHAVIORS

This item describes ritualized or stereotyped behaviors (when the child repeats certain actions over and over again), or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

Questions to Consider

- Does the child exhibit behaviors that are unusual or difficult to understand?
- Does the child engage in certain actions repeatedly?
- Are the unusual behaviors or repeated actions interfering with the child’s functioning?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the infant/child. |
| 1 | Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the child’s functioning. |
| 2 | Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the child’s functioning. |
| 3 | Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency, and are disabling or dangerous. |

p. RESTRICTED INTERESTS

This item describes highly circumscribed or unusual/bizarre interests that are not usually seen.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the child/adolescent have any unusual interests? Does the child/adolescent's interests impact their functioning? 	0 Child/adolescent has varied and age-appropriate interests in objects and the environment. No evidence of preoccupations in the child/adolescent.
	1 Child/adolescent has some age-appropriate interests in objects and the environment, but can also demonstrate preoccupations that have occasional interference with functioning.
	2 Child/adolescent frequently demonstrates excessive preoccupations, or odd interests, but may have some age-appropriate interests in objects and the environment which interferes in a notable way with functioning.
	3 Child/adolescent's interests are almost completely preoccupied with a specific focus that is disabling or dangerous.

Items #q – v are Strengths items, please use following categories and action levels:

- 0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
- 1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
- 2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
- 3 An area in which no current strength is identified; efforts are needed to identify potential strengths.

q. EXPLORATION (Strength – Use Strength Rating Scale)

This rating describes the child/adolescent's self-initiated efforts to discover his/her world.

Questions to Consider	Ratings and Definitions
<ul style="list-style-type: none"> Does the child/adolescent seek out new experiences or actively explore new objects? Does the child/adolescent avoid new objects or experiences, looking away or showing fear/anxiety? 	0 Child/adolescent has exceptional curiosity. Children/adolescents seek out novel play items and environments.
	1 Children/adolescents interested in novel play items and environments. A child/adolescent who may not seek out objects or experiences, but who will actively explore them when presented to him/her, would be rated here.
	2 Child/adolescent may be hesitant to seek out, or reluctant to explore novel play items and environments even when presented to him/her.
	3 This level indicates a child/adolescent with very limited or no observable curiosity. Child/adolescent may seem averse/oblivious to novel play items and environments.

r. PERSISTENCE (Strength – Use Strength Rating Scale)

This item rates the child's ability to keep trying a new task/skill, even when it is difficult.

Questions to Consider	Ratings and Definitions
<ul style="list-style-type: none"> Does child/adolescent show grit/ability to hang in there even when 	0 Child/adolescent has a strong ability to continue an activity when challenged or meeting obstacles.
	1 Child/adolescent has some ability to continue an activity that is challenging. Adults can assist them to continue attempting the task or activity.

frustrated by a challenging task/game?

- Does child/adolescent routinely require adult support in trying a new game/skill/activity that does not come easily at first?

- Child/adolescent has limited ability to continue an activity that is challenging and adults are only sometimes able to assist them in this area.
- Child/adolescent has no known skills in this area and has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts their ability to demonstrate persistence.

s. CREATIVITY/IMAGINATION (Strength – Use Strength Rating Scale)

This item rates the child’s ability to problems solve and develop new ideas.

Questions to Consider

- Does the child/adolescent enthusiastically engage in creative activities or find creative solutions to problems?
- Has a teacher or childcare worker expressed that the child/adolescent is skilled in this area?

Ratings and Definitions

- The child consistently demonstrates strong skills in this area.
- The child usually demonstrates good skills in creativity/imagination but continues to need development in this area.
- The child usually demonstrates only marginal skills in creativity/imagination but can be encouraged in this area by adults.
- This level indicates a child with no known skills in creativity/imagination. Adults are minimally able to impact child’s skills in this area.

t. SOLITARY PLAYFULNESS (Strength – Use Strength Rating Scale)

This rating describes the child/adolescent’s enjoyment of play alone.

Questions to Consider

- Is the child/adolescent able to enjoy play by themselves?
- Does the child/adolescent exhibit the ability to have imaginative play?

Ratings and Descriptions

- This level indicates a child/adolescent with substantial ability to play by self. Child/adolescent enjoys play, and if old enough, regularly engages in symbolic and means-end play.
- Child/adolescent may enjoy play only with a limited selection of toys.
- Child/adolescent may remain preoccupied with certain objects or may exhibit impoverished or unimaginative play.
- This level indicates a child/adolescent who has significant difficulty with play by his/her self. Child/adolescent does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

u. PLAYFULNESS WITH OTHERS (Strength – Use Strength Rating Scale)

This rating describes the child/adolescent’s enjoyment of play with others based on observable or verbalized interest.

Questions to Consider

- Is the child/adolescent able to play with others?
- Does the child/adolescent need others’ support in order to enjoy playing consistently with peers or adults?

Ratings and Descriptions

- This level indicates a child/adolescent with substantial ability to play with others. Child/adolescent enjoys varied interactive play with peers or caregivers.
- Child/adolescent may enjoy play inconsistently with others, or in only highly supported situations.
- Child/adolescent may remain preoccupied with other children/adolescents or adults to the exclusion of engaging in play, or show inhibition.
- This level indicates a child/adolescent who has significant difficulty with play with others. Child/adolescent is averse/oblivious to the presence of others.

v. SELF EXPRESSION (Strength – Use Strength Rating Scale)

This rating refers to a child/adolescent’s ability to identify and express their thoughts and feelings. Expression may be in a variety of ways (e.g. written, verbal, artistic). Examples include poetry, song lyrics, art, dance etc.

Questions to Consider

- Is the child/adolescent able to express how they feel?
- What are the ways that the child/adolescent expresses their feelings?

Ratings and Descriptions

- 0 Child/adolescent is able to clearly identify and express how they feel. They feel understood, as they have found a vehicle through which they can articulate and share their thoughts and feelings with others around them.
- 1 Child/adolescent is sometimes able to identify and express thoughts and feelings. A child/youth here may keep a journal or confide in others but does not always feel as though they are able to make themselves clearly understood.
- 2 Child/adolescent has considerable difficulty identifying or expressing how they think and feel and may indicate their thoughts/feelings are frequently misinterpreted/misunderstood. They may internalize most of their thoughts/emotions or express all as only one emotion (e.g. anger) but shows evidence in the past of having been able to express self.
- 3 Child/adolescent cannot express how they think or feel, causing them significant frustration/stress. Child/adolescent may feel completely misunderstood and alone. They have never been able to express themselves.

W. RESOURCEFULNESS (Strength – Use Strength Rating Scale)

This item refers to the child/adolescent’s ability to recognize his/her environmental strengths and apply them to support healthy development. This includes ways of getting needs met in a positive manner. Examples include: asking for help, getting a snack, “trying another way”, taking an adult by the hand and leading.

Questions to Consider

- Is the child/adolescent able to find resources to manage challenges?

Ratings and Descriptions

- 0 Child/adolescent is quite skilled at finding the necessary resources required to aid in managing challenges.
- 1 Child/adolescent 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 Child/adolescent has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
- 3 Child/adolescent has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

38. RECREATIONAL

This item is intended to reflect the individual’s access to and use of leisure time activities that are organized or scheduled.

Questions to Consider

- Does the individual have things that they like to do with free time?

Ratings and Descriptions

- 0 No evidence of any problems with recreational functioning. Individual has access to sufficient activities that the individual enjoys.
- 1 Individual is doing adequately with recreational activities although some problems may exist.

<ul style="list-style-type: none"> • Things that give the individual pleasure? • Activities that are a positive use of the individual's extra time? • Are there recreational activities that are available to the individual? • How does the individual's status as receiving services impact his/her ability to participate in activities? 	<p>2 Individual is having moderate problems with recreational activities. Individual may experience some problems with effective use of leisure time.</p> <p>3 Individual has no access to or interest in recreational activities. Individual has significant difficulties making use of leisure time.</p>
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39. MEDICAL
This item describes both health problems and chronic/acute physical conditions or impediments.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual have any current health problems? • Does the individual have any chronic health conditions? • How much does this interfere with the individual's life? 	<p>Ratings and Descriptions</p> <p>0 Individual has no current health problems or chronic conditions.</p> <p>1 Individual has mild/treatable medical problems that require medical treatment.</p> <p>2 Individual has chronic illness that requires ongoing medical intervention.</p> <p>3 Individual has life threatening illness or medical condition.</p>
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40. PHYSICAL
This item is used to identify physical limitations, including chronic conditions that entail impairment of eating, breathing, vision, hearing, mobility, or other functions.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual have anything that limits their physical activities? • How much does this interfere with the individual's life? • Is the individual's functioning being impaired by a physical health issue? • Has the individual seen a dentist, eye doctor, etc.? • Does the individual have all necessary medications? Inhalers? Skin creams? 	<p>Ratings and Descriptions</p> <p>0 Individual has no physical limitations.</p> <p>1 Individual has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Also rate here are treatable medical conditions that result in physical limitations (e.g., asthma).</p> <p>2 Individual has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.</p> <p>3 Individual has severe physical limitations due to multiple physical conditions.</p>
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41. SLEEP
This item rates the individual's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Questions to Consider

- Does the individual appear rested?
- Is the individual often sleepy during the day?
- Does the individual have frequent nightmares or difficulty sleeping?
- How many hours does the individual sleep each night?
- Do the individual's sleeping patterns impact his/her functioning?
- Who is deciding that his/her sleep is an issue?
- Is his/her sleep in line with others at his/her developmental stage?

Ratings and Descriptions

- 0 Individual gets a full night's sleep each night.
- 1 Individual has some problems sleeping. Generally, individual gets a full night's sleep but at least once a week, problems arise. This may include occasionally awakening or bed wetting or having nightmares.
- 2 Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep.
- 3 Individual is generally sleep deprived. Sleeping is almost always difficult and the individual is not able to get a full night's sleep.

42. SEXUAL DEVELOPMENT

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The youth's sexual orientation, gender identity and expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Questions to Consider

- Are there concerns about the individual's healthy sexual development?
- Is the individual sexually active?
- Does the individual have less/more interest in sex than other same age peers?
- Is the individual on target?
- Has the individual been abused sexually?
- Has someone taken the responsibility to discuss healthy sexual development with him/her?

Ratings and Descriptions

- 0 No evidence of issues with sexual development.
- 1 History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the individual's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.
- 2 Moderate to serious problems with sexual development that interferes with the individual's life functioning in other life domains.
- 3 Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation.

43. ACTIVITIES OF DAILY LIVING

This item rates the ability of the individual to perform activities of daily living (e.g., self-care, including feeding, bathing, dressing, grooming; work; and leisure activities).

Questions to Consider

- Remember to include appropriate developmental

Ratings and Descriptions

- 0 No evidence of problems with activities of daily living. The individual is fully independent across these areas, as developmentally appropriate.

targets/milestones for the individual.

- Measure how this impacts functioning and not other people's personal preferences.
- If a current support is temporary, rate this item without considering assistance from the support.

- | | |
|---|---|
| 1 | The individual is generally good with such activities but may require some adult support to complete some specific developmentally appropriate activities. |
| 2 | The individual has difficulties with developmentally appropriate activities that impact their functioning. |
| 3 | The individual's problems with activities of daily living requires significant and consistent adult support to complete developmentally appropriate activities. |

The following three school-related items should be scored for all children and youth, including children ages 3-5 years if they are in a preschool / day care setting or an early intervention program such as Head Start.

44. SCHOOL BEHAVIOR

This item rates the behavior of the individual in school or school-like settings (e.g., Head Start, pre-school). A rating of '3' would indicate an individual who is still having problems after special efforts have been made (e.g., problems in a special education class).

Questions to Consider

- How is the individual behaving in school?
- Has the individual had any detentions or suspensions?
- Has the individual needed to go to an alternative placement?
- What do these behaviors look like?
- Is it consistent among all subjects/classes?
- How long has it been going on?
- How long has the individual been in the school?

Ratings and Descriptions

- | | |
|----|---|
| 0 | No evidence of behavioral problems at school, OR individual is behaving well in school. |
| 1 | Individual is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers. |
| 2 | Individual's behavior problems are interfering with functioning at school. The individual is disruptive and may have received sanctions including suspensions. |
| 3 | Individual is having severe problems with behavior in school. The individual is frequently or severely disruptive. School placement may be in jeopardy due to behavior. |
| NA | Not applicable for children three years and younger or for individuals not required/expected to be in school. |

45. SCHOOL ACHIEVEMENT

This item rates the individual's grades or level of academic achievement.

Questions to Consider

- How are the individual's grades?

Ratings and Descriptions

- | | |
|---|---|
| 0 | No evidence of issues in school achievement and/or individual is doing well in school. |
| 1 | Individual is doing adequately in school although some problems with achievement exist. |

<ul style="list-style-type: none"> • Is the individual having difficulty with any subjects? 	<p>2 Individual is having moderate problems with school achievement. The individual may be failing some subjects.</p>
<ul style="list-style-type: none"> • Is the individual at risk for failing any classes or repeating a grade? 	<p>3 The individual may be failing most subjects or has been retained (held back) a grade level. Individual might be more than one year behind same-age peers in school achievement.</p>
<ul style="list-style-type: none"> • Is the individual on task for themselves? • What issues are impacting achievement? • Is it consistent in all areas of education? 	<p>NA Not applicable for children three years and younger or for individuals not required/expected to be in school.</p>

46. SCHOOL ATTENDANCE

This item rates issues of attendance. If school is not in session, rate the last 30 days when school was in session.

Questions to Consider

- Does the individual have any difficulty attending school?
- How many times a week is the individual absent?
- Once the individual arrives at school, does the individual stay for the rest of the day?
- Who is responsible for getting individual to school?
- Is school in session?
- Why does the individual report that he/she is not going to school? Has this been addressed?
- What is the rest of the individual's family doing while the individual is supposed to be in school?

Ratings and Descriptions

- 0 Individual attends school regularly.
- 1 Individual has a history of attendance problems, OR individual has some attendance problems but generally goes to school.
- 2 Individual's problems with school attendance are interfering with academic progress.
- 3 Individual is generally absent from school.
- NA Not applicable for children three years and younger or for individuals not required/expected to be in school.

47. LEGAL ISSUES

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

Questions to Consider

Ratings and Descriptions

- 0 Individual has no known legal difficulties or involvement with the court system.

47. LEGAL ISSUES

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

• Has the individual ever admitted to breaking the law?	1	Individual has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.
• Has the individual ever been arrested?	2	Individual has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).
• Has the individual ever been in detention?	3	Individual has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement, or incarceration (ages 18 to 21) such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).

CULTURE DOMAIN

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

It is important to remember when using the CANS that the family should be defined from the individual child/youth’s perspective (i.e., who the individual describes as part of their family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

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

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

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

49. LANGUAGE

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • What language does the family speak at home? • Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family’s care? • Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)? 	0 No evidence that there is a need or preference for an interpreter and/or the individual and family speak and read the primary language where the individual or family lives.
	1 Individual and/or family speak or read the primary language where the individual or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
	2 Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family’s native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.
	3 Individual and/or significant family members do not speak the primary language where the individual or family lives. Translator or family’s native language speaker is needed for successful intervention; no such individual is available from among natural supports.

50. IDENTITY

The identify refers to the individual's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).

Questions to Consider

- Does the individual identify with any racial/ethnic/cultural group?
- Is there pressure to identify as something different?
- Is the individual connected with others who identify similarly?
- Does the individual find this group a source of support?

Ratings and Descriptions

- 0 Individual has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
- 1 Individual is experiencing some confusion or concern regarding his/her cultural identity.
- 2 Individual has significant struggles with his/her own cultural identity. Individual may have cultural identity but is not connected with others who share this culture.
- 3 Individual has no connection to his/her cultural identity or is experiencing significant problems due to internal conflict regarding his/her cultural identity.

51. CULTURAL STRESS

This item identifies circumstances in which the individual's cultural identity is met with hostility or other problems within the child/youth's 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.

Questions to Consider

- What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?
- Does this impact their functioning as both individuals and as a family?
- How does the caregiver support the child/youth's identity and experiences if different from the caregiver's own?

Ratings and Descriptions

- 0 No evidence of stress between the individual's cultural identity and current environment or living situation.
- 1 Some mild or occasional stress resulting from friction between the individual's cultural identity and current environment or living situation.
- 2 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 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.

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the individual. While the CANS 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.

Question to Consider for this Domain: What are the presenting social, emotional, and behavioral needs of the individual?

For the **Behavioral/Emotional Needs Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

53. ADJUSTMENT TO TRAUMA

This item is used to describe the individual who is having difficulties adjusting to a traumatic experience, as defined by the child/youth. 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.

Questions to Consider

- What was the child/youth's trauma?
- How is it connected to the current issue(s)?
- What are the child/youth's coping skills?
- Who is supporting the individual?
- What was the trauma?
- How is it connected to the current issue?
- What are the individual's current coping skills?
- Who is supporting the individual?

Ratings and Descriptions

- 0 No evidence that individual has experienced a traumatic life event, OR individual has adjusted well to traumatic/adverse experiences.
- 1 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 Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with individual's functioning in at least one life domain.
- 3 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 item should be rated as '1'-'3' for individuals who are exhibiting any symptoms related to a traumatic or adverse childhood experience in their past. This item allows you to rate the overall severity of the broad range of symptoms they may be experiencing. The remaining items on the CANS will allow you to rate the specific types of symptoms.

54. EMOTIONAL AND/OR PHYSICAL REGULATION

This item describes the individual's difficulties with arousal regulation or expressing emotions and energy states. This item should be rated in the context of what is normative for an individual's age and developmental stage.

Questions to Consider

- Does the individual have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?
- Does the individual have extreme or unchecked emotional reactions to situations?
- What are the issues/symptoms?
- Has the individual's developmental age been considered with regard to presenting behaviors?
- Have the symptoms/diagnosis been confirmed by a professional?

Ratings and Descriptions

- 0 Individual has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
- 1 History or evidence of difficulties with affect/physiological regulation. The individual could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). The individual may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
- 2 Individual has problems with affect/physiological regulation that are impacting his/her functioning in some life domains, but is able to control affect at times. The individual may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The individual may exhibit marked shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The individual may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or under arousal (e.g. lack of movement and facial expressions, slowed walking and talking).
- 3 Individual is unable to regulate affect and/or physiological responses. The individual may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states).

Supplemental Information: This item is a core symptom of trauma and is particularly notable among individuals who have experienced complex trauma (or chronic, interpersonal traumatic experiences). This refers to an individual's difficulty in identifying and describing internal emotional states, problems labeling or expressing feelings, difficulty or inability in controlling or modulating his/her emotions, and difficulty communicating wishes and needs. Physical dysregulation includes difficulties with regulation of body functions, including disturbances in sleeping, eating and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The individual's behavior likely reflects his/her difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

Emotional dysregulation is triggered by exposure to trauma cues or reminders where the individual has difficulty modulating arousal symptoms and returning to baseline emotional functioning or restoring equilibrium. This symptom is related to trauma, but may also be a symptom of bipolar disorder and some forms of head injury and stroke. An elevation in emotional dysregulation will also likely accompany elevations in Anger Control.

55. PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. 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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the individual exhibit behaviors that are unusual or difficult to understand?• Does the individual engage in certain actions repeatedly?• Are the unusual behaviors or repeated actions interfering with the individual's functioning? Who has diagnosed the individual?• When was the diagnosis made?• Has culture been considered?• What are the symptoms versus diagnosis?	<p>0 No evidence of psychotic symptoms. Both thought processes and content are within normal range.</p> <hr/> <p>1 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 a child/individual with a history of hallucinations but none currently. Use this category for children/individual who are below the threshold for one of the DSM diagnoses listed above.</p> <hr/> <p>2 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.</p> <hr/> <p>3 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.</p>

56. ATTENTION/CONCENTRATION

Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of DSM attention-deficit hyperactivity disorder. Inattention/distractibility not related to opposition would also be rated here.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the individual been diagnosed with ADHD or ADD?• Has he/she made poor decisions with negative outcomes?• What areas of his/her life have been affected?	<p>0 No evidence of attention or concentration problems. Individual is able to stay on task in an age-appropriate manner.</p> <hr/> <p>1 Individual has evidence of problems with attention or concentration that do not interfere with their functioning. Individual may have some difficulties staying on task for an age-appropriate time period in school or play.</p> <hr/> <p>2 Individual has problems with sustained attention. Individual may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. An individual who meets DSM diagnostic criteria for ADHD would be rated here.</p> <hr/> <p>3 Individual has severe impairment of attention or concentration. An individual with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.</p>

57. IMPULSIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders and mania as indicated in the DSM-5. Children/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), sexual behavior, fire-starting or stealing.

Questions to Consider	Ratings and Descriptions	
	0	No evidence of symptoms of loss of control of behavior.
	1	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	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the individual's functioning in at least one life domain. This indicates an individual with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). An individual who often intrudes on others and often exhibits aggressive impulses would be rated here.
<ul style="list-style-type: none">Is the individual unable to sit still for any length of time?Does the individual have trouble paying attention for more than a few minutes?Is the individual able to control their behavior, talking?	3	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.

58. 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. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

Questions to Consider	Ratings and Descriptions	
	0	No evidence of problems with depression.
	1	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 functioning that does not lead to pervasive avoidance behavior.
	2	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.
<ul style="list-style-type: none">Is individual concerned about possible depression or chronic low mood and irritability?Has the individual withdrawn from normal activities?Does the individual seem lonely or not interested in others?	3	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.

59. 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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the individual have any problems with anxiety or fearfulness?Is the individual avoiding normal activities out of fear?Does the individual act frightened or afraid?	0 No evidence of anxiety symptoms.
	1 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.
	2 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 Clear evidence of debilitating level of anxiety that makes it virtually impossible for the individual to function in any life domain.

60. OPPOSITIONAL BEHAVIOR (COMPLIANCE WITH AUTHORITY)

This item rates the individual's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the individual follow their caregivers' rules?Have teachers or other adults reported that the individual does not follow rules or directions?Does the individual argue with adults when they try to get the child/individual to do something?Does the individual do things that they have been explicitly told not to do?	0 No evidence of oppositional behaviors.
	1 There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Individual may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
	2 Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the individual's functioning in at least one life domain. Behavior causes emotional harm to others. An individual whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
	3 Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the individual has severe problems with compliance with rules or adult instruction or authority.

61. TRIANGULATION/MANIPULATION

This item describes the degree to which an individual engages in behavior that creates conflict among others or manipulates others in a manner that creates functioning problems.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the individual engage in behavior that manipulates others?Does the individual's manipulative behavior create functioning problems for themselves or others?	0 No evidence of triangulation or manipulative behaviors.
	1 Individual may occasionally engage in behavior that pits parents, caregivers, authority figures, or siblings against each other or sometimes does manipulative things that others find concerning but do not create functional impairments.
	2 Individual engages in triangulation or manipulative behaviors that have created functioning problems for themselves or others. Child successfully creates significant conflict among parents, caregivers, authority figures, siblings, or classmates or engages in manipulative behaviors that limit someone's ability to function.
	3 Individual engages in severe triangulation or manipulative behavior that prevents functioning in at least one life domain or the level of triangulation or manipulation creates dangerous situations for the child or others.

62. CONDUCT

These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault. This item would include the symptoms of conduct disorder as specified in DSM.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the individual seen as dishonest? How does the individual handle telling the truth/lies?Has the individual been part of any criminal behavior?Has the individual ever shown violent or threatening behavior towards others?Has the individual ever tortured animals?Does the individual disregard or is unconcerned about the feelings of others (lack empathy)?	0 No evidence of serious violations of others or laws.
	1 There is a history, suspicion or evidence of some problems associated with conduct problems including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The individual may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.
	2 Clear evidence of problematic conduct behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. An individual rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.
	3 Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the individual or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

63. 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. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.

Questions to Consider

- Has the individual used alcohol or drugs on more than an experimental basis?
- Do you suspect that the individual may have an alcohol or drug use problem?
- Has the individual been in a recovery program for the use of alcohol or illegal drugs?

Ratings and Descriptions

- 0 Individual has no notable substance use difficulties at the present time.
- 1 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 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 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 '2' or '3' on this item triggers the Substance Use Disorder Module (below).**

SUBSTANCE USE DISORDER MODULE (ITEMS 63A – 63F)

This module is to be completed when the **Substance Use** item (above) is rated '2' or '3.' Rate the following items within the last 30 days unless specified by anchor descriptions.

63a. SEVERITY OF USE

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

Questions to Consider

- Is the individual currently using substances? If so, how frequently?
- Is there evidence of physical dependence on substances?

Ratings and Descriptions

- 0 Individual is currently abstinent and has maintained abstinence for at least six months.
- 1 Individual is currently abstinent but only in the past 30 days or individual has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
- 2 Individual actively uses alcohol or drugs but not daily.
- 3 Individual uses alcohol and/or drugs on a daily basis.

63b. DURATION OF USE

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

Questions to Consider

- How long has the individual been using drugs and/or alcohol?

Ratings and Descriptions

- 0 Individual has begun use in the past year.
- 1 Individual has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the individual did not have any use.
- 2 Individual has been using alcohol or drugs for at least one year (but less than five years), but not daily.
- 3 Individual has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

63c. STAGE OF RECOVERY

This item identifies where the individual is in the individual's recovery process.

Ratings and Descriptions

Questions to Consider

- In relation to stopping substance use, at what stage of change is the individual?

- 0 Individual is in maintenance stage of recovery. Individual is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
- 1 Individual is actively trying to use treatment to remain abstinent.
- 2 Individual is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
- 3 Individual is in denial regarding the existence of any substance use problem.

63d. PEER INFLUENCES

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

Questions to Consider

- What role do the individual's peers play in their alcohol and drug use?

Ratings and Descriptions

- 0 Individual's primary peer social network does not engage in alcohol or drug use.
- 1 Individual has peers in the individual's primary peer social network who do not engage in alcohol or drug use but has some peers who do.
- 2 Individual predominantly has peers who engage in alcohol or drug use.
- 3 Individual is a member of a peer group that consistently engages in alcohol or drug use.

63e. PARENTAL/CAREGIVER INFLUENCES

This item rates the parent's/caregiver's use of drugs or alcohol with or in the presence of the individual.

Questions to Consider

- Do the caregiver(s) use substances? If so, does the caregiver's use impact the individual's use?

Ratings and Descriptions

- 0 There is no evidence that the individual's caregivers have ever engaged in substance abuse.
- 1 One of the individual's caregivers has history of substance abuse but not in the past year.
- 2 One or both of the individual's caregivers have been intoxicated with alcohol or drugs in the presence of the individual.
- 3 One or both of the individual's caregivers use alcohol or drugs with the individual.

63f. ENVIRONMENTAL INFLUENCES

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

Questions to Consider

- Are there factors in the individual's community that impact their alcohol and drug use?

Ratings and Descriptions

- 0 No evidence that the individual's environment stimulates or exposes the individual to any alcohol or drug use.
- 1 Suspicion that the individual's environment might expose the individual to alcohol or drug use.
- 2 Individual's environment clearly exposes the individual to alcohol or drug use.
- 3 Individual's environment encourages or enables the individual to engage in alcohol or drug use.

64. ATTACHMENT DIFFICULTIES

This item rates the level of difficulties the individual has with attachment and their ability to form relationships.

Questions to Consider

- Does the individual struggle with separating from caregiver?
- Has the individual been diagnosed with an attachment issue?
- What does the individual's pre-placement history look like?
- How long has the individual been in current placement?
- Has attachment been considered an issue in the past?

Ratings and Descriptions

- 0 No evidence of attachment problems. Caregiver-individual relationship is characterized by mutual satisfaction of needs and individual's development of a sense of security and trust. Caregiver is able to respond to individual cues in a consistent, appropriate manner, and individual seeks age-appropriate contact with caregiver for both nurturing and safety needs.
- 1 Some history or evidence of insecurity in the caregiver-individual relationship. Caregiver may have difficulty accurately reading individual's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Individual may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Individual may have minor difficulties with appropriate physical/emotional boundaries with others.
- 2 Problems with attachment that interfere with individual's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret individual cues, act in an overly intrusive way, or ignore/avoid individual bids for attention/nurturance. Individual may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.
- 3 Individual is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR individual presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Individual is considered at ongoing risk due to the nature of his/her attachment behaviors. Individual may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or individual may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

65. EATING DISTURBANCE

This item rates problems with eating, including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating, and hoarding food.

Questions to Consider

- How does the individual feel about their body?
- Does the individual seem to be overly concerned about their weight?
- Does the individual ever refuse to eat, binge eat, or hoard food?
- Has the individual ever been hospitalized for eating related issues?

Ratings and Descriptions

- 0 No evidence of eating disturbances.
- 1 There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
- 2 Eating disturbance impairs individual's functioning in at least one life domain. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). The individual may meet criteria for a DSM-5 Feeding and Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, etc.). Food hoarding also would be rated here.
- 3 Individual's eating disturbance is dangerous or puts his/her health at risk. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

Supplemental Information: Anorexia Nervosa is characterized by refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. Repeated bingeing and getting rid of the extra calories from bingeing by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterize Bulimia Nervosa.

66. BEHAVIORAL REGRESSIONS

This item is used to describe shifts in previously adaptive functioning evidenced in regression in behaviors or physiological functioning.

Questions to Consider <ul style="list-style-type: none">• Does the individual exhibit any behavior that reflects younger behavior?• Is it pathological or in line with environmental changes?• How long has this been a problem?• What is the behavior?	Ratings and Descriptions	
	0	No evidence of behavioral regression.
	1	Individual has some regressions in age-level of behavior (e.g., thumb sucking, age-inappropriate whining).
	2	Individual has regressions in age-level of behavior, including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting. The regressive behavior is impacting the individual's functioning or others around them.
	3	Individual has more significant regressions in behaviors in an earlier age, as demonstrated by changes in speech or loss of bowel or bladder control. The regressive behavior puts the individual at significant risk.

67. SOMATIZATION

Symptoms in this item include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

Questions to Consider <ul style="list-style-type: none">• Has the individual had a complete physical exam?• Does the individual have consistent medical care?• What needs of the individual have previously been identified?• Is this a function of development or communication?	Ratings and Descriptions	
	0	No evidence of somatic symptoms.
	1	Individual has a mild level of somatic problems. This could include occasional headaches; stomach problems (e.g., nausea, vomiting); joint, limb, or chest pain without medical cause.
	2	Individual has somatic problems or the presence of conversion symptoms that interfere with their functioning. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). Individual may meet criteria for a somatoform disorder. Additionally, the individual could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).
	3	Individual has somatic symptoms causing significant disturbance in school or social functioning and place the individual risk. This could include significant and varied symptomatic disturbance without medical cause.

68. ANGER CONTROL

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

Questions to Consider <ul style="list-style-type: none">• How does the individual control their emotions?• Does the individual get upset or frustrated easily?• Does the individual overreact if someone criticizes or rejects the individual?• Does the individual seem to have dramatic mood swings?	Ratings and Descriptions	
	0	No evidence of any anger control problems.
	1	History, suspicion of, or evidence of some problems with controlling anger. Individual may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
	2	Individual's difficulties with controlling anger are impacting functioning in at least one life domain. Their temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
	3	Individual's temper or anger control problem is dangerous. Individual frequently gets into fights that are often physical. Others likely fear the child/youth.

69. MOOD DISTURBANCE

Symptoms included in this item are symptoms of depressed mood, hypomania, or mania.

Questions to Consider <ul style="list-style-type: none">• There may or may not be overlap with the rating for the depression item.• Individual does not need to have a diagnosis of a mood or affective disorder in order to rate this item.	Ratings and Descriptions	
	0	Individual with no prolonged emotional/mood problems. No evidence of depression, hypomania, or mania.
	1	Individual with prolonged emotional/mood problems. Evidence of depression, irritability, or other issues of mood causing mild problems with peers, family, or school functioning. Mild mood swings with some evidence of hypomania.
	2	Individual with a moderate level of mood disturbance. This would include episodes of mania, depression, social withdrawal, school avoidance, or inability to experience happiness.
	3	Individual with a severe level of mood disturbance. This would include an individual whose emotional symptoms prevent appropriate participation in school, friendship groups, or family life.

Supplemental Information: This item should be rated a '0', unless there is evidence of a mood disturbance impacting functioning

70. TRAUMATIC GRIEF & SEPARATION

This item describes the level of traumatic grief the individual is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

Questions to Consider <ul style="list-style-type: none">• Is the trauma reaction of the individual based on a grief/loss experience?• How much does the individual's reaction to the loss impact functioning?	Ratings and Descriptions	
	0	There is no evidence that the individual is experiencing traumatic grief or separation from the loss of significant caregivers. Either the youth has not experienced a traumatic loss (e.g., death of a loved one) or the individual has adjusted well to separation.
	1	Individual is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.
	2	Individual is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
	3	Individual is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. 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's behaviors put them at risk for serious harm?

For the **Risk Behaviors Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

72. SUICIDE WATCH*

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 a child or youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating.

Questions to Consider

- Has the individual ever talked about a wish or plan to die or to kill themselves?
- Has the individual ever tried to commit suicide?

Ratings and Descriptions

- 0 Individual has no evidence or history of suicidal or self-injurious behaviors.
- 1 History of suicidal or self-injurious behaviors or significant ideation but no self-injurious behavior during the past 30 days.
- 2 Recent (last 30 days) but not acute (today) suicidal ideation or gesture. Self-injurious in the past 30 days (including today) without suicidal ideation or intent.
- 3 Current suicidal ideation and intent in the past 24 hours., or command hallucinations

***A rating of '2' or '3' on this item triggers the Suicide Module (below).**

SUICIDE MODULE (72A-72C)

This module is to be completed when the **Suicide Watch** item (above is rated '2' or '3.'

Question to Consider for this Module: What are the issues that increase the child's risk of suicide? **Please rate the highest level from the past 30 days.**

72a. ACCESSIBLE FIREARM/MEDICATION

This item refers to the individual's ability to access potentially lethal objects/substances.

Questions to Consider

- Are there guns, firearms or lethal medication kept

Ratings and Descriptions

- 0 No evidence that the individual has access to firearms, lethal medication, or similarly lethal device/substance.

in the home or accessible to the individual in some other location?

- 1 Some evidence that a lethal weapon/substance is accessible with substantial effort. Examples include a gun in a locked cabinet to which the individual cannot access the key, or a vague plan to obtain potentially lethal substances.
- 2 Evidence that a lethal means is available with modest effort (e.g. deception, some planning). **SAFETY PLAN MUST BE CREATED.**
- 3 Evidence that the individual has immediate access to lethal means. **Individual should not be allowed to re-enter said environment until means has been removed. SAFETY PLAN MUST BE CREATED.**

72b. SUICIDE HISTORY

This rating refers to suicidal ideation or/and behaviors that an individual engages in. Please rate the highest level experienced.

Questions to Consider

- Has the individual ever attempted suicide?
- If so, how did he/she make that attempt? Was it a method that is typically lethal?

Ratings and Descriptions

- 0 No lifetime history of suicidal ideation or attempt.
- 1 Lifetime history of significant suicidal ideation but no potentially lethal attempts.
- 2 Lifetime history of a potentially lethal suicide attempt.
- 3 Lifetime history of multiple potentially lethal suicide attempts.

72c. 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.

Questions to Consider

- Does their suicidal ideation include details of planning?
- If so, how realistic is that plan?
- If so, how lethal is that plan?

Ratings and Descriptions

- 0 No evidence of a concrete plan.
- 1 A vague notion of a plan, but the plan is not realistic.
- 2 Individual has a plan to commit suicide that is feasible.
- 3 Individual has a plan that is immediately accessible and feasible.

73. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (SELF-MUTILATION)

This item includes 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.).

Questions to Consider

- Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?
- Does the individual ever purposely hurt oneself (e.g., cutting)?

Ratings and Descriptions

- 0 No evidence of any forms of self-injury.
- 1 A history or suspicion of self-injurious behavior.
- 2 Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
- 3 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.

74. OTHER SELF-HARM (RECKLESSNESS)

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the individual or others in some jeopardy. Suicidal or self-injurious behaviors are not rated here.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the individual act without thinking?Has the individual ever talked about or acted in a way that might be dangerous to the youth's self (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?	0 No evidence of behaviors (other than suicide or self-mutilation) that place the individual at risk of physical harm.
	1 There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places individual at risk of physical harm.
	2 Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual in danger of physical harm.
	3 Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the individual at immediate risk of death.

75. 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. 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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Has the individual ever injured another person on purpose?Does the individual get into physical fights?Has the individual ever threatened to kill or seriously injure others?	0 No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
	1 History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
	2 Occasional or moderate level of aggression towards others. Individual has made verbal threats of violence towards others.
	3 Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Individual is an immediate risk to others.

76. SEXUAL AGGRESSION

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Has the individual ever been accused of being sexually aggressive towards another?Has the individual had sexual contact with a younger individual?	0 No evidence of sexually aggressive behavior.
	1 History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.
	2 Individual engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.
	3 Individual engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

77. RUNAWAY/FLIGHT RISK*

This item describes the risk of running away or actual runaway behavior.

Questions to Consider

- Has the individual ever run away from home, school, or any other place?
- If so, where did the individual go? How long did they stay away? How was the individual found?
- Does the individual ever threaten to run away?

Ratings and Descriptions

- 0 Individual has no history of running away or ideation of escaping from current living situation.
- 1 Individual has no recent history of running away but has expressed ideation about escaping current living situation. Individual may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
- 2 Individual has run from home once or run from one treatment setting. Also rated here is an individual who has runaway to home (parental or relative).
- 3 Individual has run from home and/or treatment settings in the recent past and presents an imminent flight risk. An individual who is currently a runaway is rated here.

***A rating of '2' or '3' on this item triggers the Runaway Module (below).**

RUNAWAY MODULE (ITEMS 77A – 77F)

This module is to be completed when the **Runaway** item (above) is rated '2' or '3.'

77a. FREQUENCY OF RUNNING

This item describes how often the individual runs away.

Questions to Consider

- How often does the individual run away?

Ratings and Descriptions

- 0 Individual has only run once in past year.
- 1 Individual has run on multiple occasions in past year.
- 2 Individual runs often but not always.
- 3 Individual runs at every opportunity.

77b. CONSISTENCY OF DESTINATION

This item describes whether or not the individual runs away to the same place, area, or neighborhood.

Questions to Consider

- Does the individual always run to the same spot?

Ratings and Descriptions

- 0 Individual always runs to the same location.
- 1 Individual generally runs to the same location or neighborhood.
- 2 Individual runs to the same community but the specific locations change.
- 3 Individual runs to no planned destination.

77c. SAFETY OF DESTINATION

This item describes how safe the area is where the individual runs.

Questions to Consider

- Does the individual run to safe locations?

Ratings and Descriptions

- 0 Individual runs to a safe environment that meets the individual's basic needs (e.g. food, shelter).
- 1 Individual runs to generally safe environments; however, they might be somewhat unstable or variable.
- 2 Individual runs to generally unsafe environments that cannot meet the individual's basic needs.
- 3 Individual runs to very unsafe environments where the likelihood that the individual will be victimized is high.

77d. INVOLVEMENT IN ILLEGAL ACTIVITIES

This item describes what type of activities the individual is involved in while on the run and whether or not they are legal activities.

Questions to Consider	Ratings and Descriptions	
	0	Individual does not engage in illegal activities while on run beyond those involved with the running itself.
	1	Individual engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking).
	2	Individual engages in delinquent activities while on run.
	3	Individual engages in dangerous delinquent activities while on run (e.g. prostitution).

77e. LIKELIHOOD OF RETURN ON OWN

This item describes whether or not the individual returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (e.g., police).

Questions to Consider	Ratings and Descriptions	
	0	Individual will return from run on their own without prompting.
	1	Individual will return from run when found but not without being found.
	2	Individual will make themselves difficult to find and/or might passively resist return once found.
	3	Individual makes repeated and concerted efforts to hide so as to not be found and/or resists return.

77f. PLANNING

This item describes how much planning the individual put into running away or if the individual runs spontaneously.

Questions to Consider	Ratings and Descriptions	
	0	Running behavior is completely spontaneous and emotionally impulsive.
	1	Running behavior is somewhat planned but not carefully.
	2	Running behavior is planned.
	3	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

78. DELINQUENCY

This item includes both criminal behavior and status offenses that may result from individual failing to follow required behavioral standards (e.g., truancy, curfew violations, driving without a license). Sexual offenses should be included as criminal behavior. If caught, the individual could be arrested for this behavior.

Questions to Consider	Ratings and Descriptions	
	0	No evidence or no history of delinquent behavior.
	1	History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.

not been charged or caught)? <ul style="list-style-type: none"> • Has the individual ever been arrested? • Has individual been detained? • Has the individual committed a crime? • Has he/she been truant? 	2	Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the individual at risk.
	3	Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the individual at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.

79. JUDGMENT

This item describes the individual's ability to make decisions and understanding of choices and consequences. This rating should reflect the degree to which an individual can concentrate on an issue, think through decisions, anticipate consequences of decisions, and follow through on decisions.

Questions to Consider <ul style="list-style-type: none"> • How is the individual's judgment and ability to make good decisions? • Does she/he typically make good choices for him/herself? 	Ratings and Descriptions	
	0	No evidence of problems with judgment or poor decision-making that result in harm to development and/or well-being.
	1	There is a history or suspicion of problems with judgment in which the individual makes decisions that are in some way harmful to his/her development and/or well-being. For example, an individual who has a history of hanging out with other children who shoplift or use substances.
	2	Problems with judgment in which the individual makes decisions that are in some way harmful to his/her development and/or well-being. Individual may be struggling with thinking through problems, anticipating consequences or concentrating.
	3	Problems with judgment that place the individual at risk of significant physical harm. Individual is currently unable to make decisions.

80. FIRE SETTING

This item refers to behavior involving the intentional setting of fires that might be dangerous to the individual or others. This includes both malicious and non-malicious fire-setting. This does NOT include the use of candles or incense or matches to smoke or accidental fire-setting.

Questions to Consider <ul style="list-style-type: none"> • Has the individual ever started a fire? • Has the incident of fire setting put anyone at harm or at risk of harm? 	Ratings and Descriptions	
	0	No evidence of fire setting by the individual.
	1	History of fire setting but not in the recent past.
	2	Recent fire setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.
	3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

81. INTENTIONAL MISBEHAVIOR

This item describes intentional behaviors that an individual engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the individual lives) that put the individual at some risk of consequences. It is not necessary that the individual be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the individual resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., individual feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for children/individuals who engage in such behavior solely due to developmental delays.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the individual intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents or teachers)?Has the individual engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the individual such as suspension, job dismissal, etc.?	<p>0 Individual shows no evidence of problematic social behaviors that cause adults to administer consequences.</p> <hr/> <p>1 Some problematic social behaviors that force adults to administer consequences to the individual. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.</p> <hr/> <p>2 Individual may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the individual's life.</p> <hr/> <p>3 Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the individual. The inappropriate social behaviors may cause harm to others and/or place the individual at risk of significant consequences (e.g. expulsion from school, removal from the community).</p>

82. SEXUALLY REACTIVE BEHAVIOR

Sexually reactive behavior includes age-inappropriate sexualized behaviors that may place the individual at risk for victimization, and risky sexual practices. These behaviors may be a response to sexual abuse and/or other traumatic experiences.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the individual exhibit sexually provocative behavior?Could the individual's sexualized behavior be a response to sexual abuse or other traumatic experiences?Does the individual's sexual behavior place him/her at risk?	<p>0 No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.</p> <hr/> <p>1 Individual has a history of sexually reactive behaviors, or there is suspicion of current sexually reactive behavior. Individual may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with a single partner. This behavior does not place the individual at great risk.</p> <hr/> <p>2 Individual exhibits more frequent sexually provocative behaviors in a manner that impairs his/her functioning. Examples include engaging in promiscuous sexual behaviors or having unprotected sex with multiple partners. This would include a young child's age-inappropriate sexualized behavior.</p> <hr/> <p>3 Individual exhibits severe and/or dangerous sexually provocative behaviors that place him/her or others at immediate risk of victimization or harm.</p>

83. BULLYING

This item rates behavior that involves intimidation (verbal or physical) of others; threatening others with harm if they do not comply with the individual's demands is rated here. A victim of bullying is not rated here.

Questions to Consider

- Are there concerns that the individual might bully other children?
- Have there been any reports that the individual has picked on, made fun of, harassed or intimidated another person?
- Does the individual hang around with other people who bully?

Ratings and Descriptions

- 0 No evidence that the individual has ever engaged in bullying at school or in the community.
- 1 History or suspicion of bullying, or individual has engaged in bullying behavior or associated with groups that have bullied other children.
- 2 Individual has bullied other children in school or in the community. He/she has either bullied the other children, or led a group that bullied other children.
- 3 Individual has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.

84. VICTIMIZATION/EXPLOITATION

This item describes a child or individual who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the person is at current risk for re-victimization. It would also include individuals who are victimized in other ways (e.g., sexual abuse, sexual exploitation, inappropriate expectations based on an individual's level of development, an individual who is forced to take on a parental level of responsibility, etc.).

Questions to Consider

- Has the individual ever been bullied or the victim of a crime?
- Has the individual traded sexual activity for goods, money, affection or protection?
- Has the individual been a victim of human trafficking?
- Is the individual parentified or has taken on parental responsibilities and has this impacted his/her functioning?

Ratings and Descriptions

- 0 No evidence that the individual has experienced victimization or exploitation. They may have been 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-victimizations or exploitation.
 - 1 Suspicion or history 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 Individual has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.
 - 3 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, or constantly taking on responsibilities of being a parent to other family members.
- NA Not Applicable.

85. BULLIED BY OTHERS

This rating describes the degree to which an individual has been bullied by others, including cyber-bullying.

Questions to Consider

- Is the individual being bullied by others?

Ratings and Descriptions

- 0 There is no evidence that the individual has been bullied by others.
- 1 Individual has been bullied occasionally in the past but has coped adequately. Their school performance has not been directly impacted by the bullying.
- 2 Individual has been bullied in the past and has had difficulty coping. Their school performance has been negatively impacted by the bullying. For example, the individual may avoid certain places or activities that they would otherwise enjoy.

- | | |
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| | 3 Individual is currently being bullied at school and is having difficulty coping. The bullying is putting the individual's school performance or attendance at risk. For example, the child/adolescent may no longer come to school regularly or skip certain classes to avoid being bullied. |
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86. CRUELTY TO ANIMALS

This rating includes any violence directed towards animals.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Are there concerns that the child/adolescent might be hurting animals? 	0 The child/adolescent has no evidence of cruel behavior directed towards animals.
	1 History of notable cruelty to animals but none during the past 30 days.
	2 Occasional or moderate level of cruelty to animals during the past 30 days, aggressive teasing, hitting, kicking, etc.
	3 Frequent or dangerous (significant harm) level of cruelty to animals resulting in significant injury or death to the animal(s).

TRANSITION TO ADULTHOOD

The following items are designed primarily for **youth 14 years of age and older**; however, these items should also be rated for any child/youth if it is felt that transition issues apply (e.g., youth less than 14 years old in a parenting role). Please rate child/youth on all items. Mark N/A if item is not relevant or applicable to child/youth.

Question to Consider for this Domain: What are the individual's needs regarding transition to adulthood?

For the **Transition to Adulthood Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

88. INDEPENDENT LIVING SKILLS

This item focuses on the presence or absence of skills and impairments in independent living abilities or the readiness to take on those responsibilities.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the individual know how to take care of themselves? 	0 No evidence of any deficits or barriers in demonstrating developmentally appropriate responsibility or anything that could impede the development of skills to maintain one's own home. This level indicates a person who is fully capable of independent living.

<ul style="list-style-type: none"> • Is the individual responsible when left unsupervised? • Is the individual developing skills to eventually be able to live in an apartment by him/herself? • Or, if living on their own, how well can the individual maintain the home? 	1	This level indicates a person with 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. Problems are generally addressable with training or supervision.
	2	This level indicates a person with impairment of independent living skills that impact functioning. Notable problems completing tasks necessary for independent living and/or managing him/herself when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.
	3	This level indicates a person with impairment of independent living skills that place the individual at risk. This individual would be expected to be unable to live independently given current status. Problems require a structured living environment.
	NA	Not applicable.

89. TRANSPORTATION
 This item is used to rate the level of transportation required to insure the individual can effectively participate in his/her own treatment.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does individual have reliable transportation? • Are there any barriers to transportation? 	Ratings and Descriptions	
	0	Individual has no unmet transportation needs.
	1	Individual has occasional unmet transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support, for example, assistance with bus routes to facilitate independent navigation, or provision of a bus card.
	2	Individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle. Individual can self-transport with a med-van service.
	3	Individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle. He/she is completely reliant on others for transportation and cannot self-transport.
	NA	Not applicable.

90. PARENTING ROLES
 This item is intended to rate the individual in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Is the individual in any roles where they care for someone else – parent, grandparent, younger sibling, or their own child? 	Ratings and Descriptions	
	0	Individual has a parenting role and he/she is functioning appropriately in that role.
	1	Individual has responsibilities as a parent but occasionally experiences difficulties with this role.
	2	Individual has responsibilities as a parent and either the individual is struggling with these responsibilities or these issues are currently interfering with the individual’s functioning in other life domains.

<ul style="list-style-type: none"> • How well can the individual fill that role? • Does parenting responsibility impact the individual's life functioning? 	<p>3 Individual has responsibilities as a parent and is currently unable to meet these responsibilities: the dependent is at risk, or these responsibilities are making it impossible for the individual to function in other life domains. Individual has the potential of abuse or neglect in their parenting.</p> <p>NA Not applicable, as individual is not a parent.</p>
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91. INTIMATE RELATIONSHIPS
 This item is used to rate the individual's current status in terms of romantic/intimate relationships.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Is the individual in a romantic partnership or relationship at this time? • What is the quality of this relationship? • Does the individual see the relationship as a source of comfort/strength or source of distress/conflict? 	<p>Ratings and Descriptions</p> <p>0 Individual has a strong, positive, adaptive partner relationship with another; or he/she has maintained a positive partner relationship in the past but is not currently in an intimate relationship.</p> <p>1 Individual has a generally positive partner relationship with another person. He or she may have had a problematic partner relationship in the past.</p> <p>2 Individual's partner relationship interferes with their functioning.</p> <p>3 Individual is currently involved in a negative or unhealthy relationship with another person. This relationship is either dangerous or disabling to the individual.</p> <p>NA Not applicable.</p>
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92. MEDICATION COMPLIANCE
 This item focuses on the individual's willingness or ability to participate in taking prescribed medication.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual remember to take their medication? When prompted, does the individual take their medication? • Does the individual take their prescribed medications as directed by their physician? • Does the individual ever refuse to take prescribed medications? • Is there concern about the individual abusing their medications? 	<p>Ratings and Descriptions</p> <p>0 Individual self-administers any prescribed medications as prescribed and without reminders or is not currently on any medication.</p> <p>1 Individual will take prescribed medications routinely, but sometimes needs reminders to maintain compliance. Also, a history of medication non-compliance but no current problems would be rated here.</p> <p>2 Individual is sporadically non-compliant. This person may be resistant to taking prescribed medications or may tend to overuse his/her medications. He/she might comply with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol. This would include individuals who are sporadically non-compliant with medications for physical health that may place them at medical risk.</p> <p>3 Individual has refused to take prescribed medications during the past 30-day period or has abused his/her medications to a significant degree (e.g., overdosing or overusing medications to a dangerous degree).</p> <p>NA Not applicable.</p>
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93. TREATMENT INVOLVEMENT
 Treatment involvement describes the individual's involvement in their own treatment.

<p>Questions to Consider</p>	<p>Ratings and Descriptions</p> <p>0 Individual fully involved in his/her own treatment. Family supports treatment as well.</p>
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<ul style="list-style-type: none"> Is the individual actively involved in their treatment? Is the individual or family willing to follow up on recommendations for the individual? Is the individual or family uninterested in or unwilling to become involved in the individual's treatment? 	1	Individual or family involved in treatment, but not both. Individual may be somewhat involved in treatment, while family members are active or youth may be very involved in treatment while family members are unsupportive.
	2	Individual and family are ambivalent about treatment involvement. Individual and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
	3	Individual and family are uninterested in treatment involvement. An individual with treatment needs who is not currently in treatment would be rated here.
	NA	Not applicable.

94. EDUCATIONAL ATTAINMENT
 This item rates the degree to which the individual has completed his/her planned education.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Does the individual have educational goals? How is the individual doing in meeting his/her educational goals? 	Ratings and Descriptions	
	0	Individual has achieved all educational goals, OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.
	1	Individual has set educational goals and is currently making progress towards achieving them.
	2	Individual has set educational goals but is currently <u>not</u> making progress towards achieving them.
	3	Individual has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning.
	NA	Not applicable.

95. JOB FUNCTIONING
 If the individual is working, this item describes his/her functioning in a job setting.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Is the individual able to meet expectations at work? Does he/she have regular conflict at work? Is he/she timely and able to complete responsibilities? 	Ratings and Descriptions	
	0	No evidence of any problems in work environment. Individual is excelling in a job environment.
	1	Individual has some mild problems at work (e.g., tardiness, conflict). He/she is functioning adequately in a job environment.
	2	Individual has moderate problems at work. He/she has problems with his/her development of vocational or prevocational skills.
	3	Individual has severe problems at work in terms of attendance, performance or relationships. Individual may have recently lost a job.
	NA	Individual is not currently working, or individual is younger than 16 years old.

96. TRANSITION TO ADULT SERVICE SYSTEM
 Successful transition to an adult services system requires cooperation between the individual and those professionals representing them. This item rates the individual's readiness for transition, including paperwork/referrals, scheduled appointments, and intakes.

<p>Questions to Consider</p> <ul style="list-style-type: none"> Consider the adult services that an individual may need to transition (e.g., residential, 	Ratings and Descriptions	
	0	No evidence that there are any barriers to successful transition.
	1	Individual and professional are progressing towards successful transition but require significant support/monitoring to meet timeframes/requirements.

<p>guardianship, SSI) and the individual's current plan and preparation to do so.</p> <ul style="list-style-type: none"> • Does someone else (supervisor/natural support) need to become involved/contacted? • Who is responsible for this process/individual steps? • Is anyone concerned about the process/timeframes? 	<p>2 Individual and professional are waiting for paperwork/referral, etc. There is some concern that timeframes will not be met.</p> <p>3 Transition at this time is not likely, as the appropriate steps have not been completed or will not be completed in time.</p> <p>NA Client is not transitioning to adult services system.</p>
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97. ACCESSIBILITY TO CHILD CARE AND/OR RESPITE
 This item refers to the individual's access to appropriate childcare and/or respite for young children or older adults with developmental delays.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the caregiver have access to day care/child care services? • What other services are needed? 	<p>Ratings and Descriptions</p> <p>0 Individual has access to sufficient/affordable child care resources and/or respite.</p> <p>1 Individual has limited access to sufficient/affordable child care resources and/or respite. Needs are met minimally by existing, available resources.</p> <p>2 Individual has limited access to sufficient/affordable child care resources and/or respite. Current resources do not meet the individual's needs.</p> <p>3 Individual has no access to child care resources and/or respite.</p> <p>NA Individual is not a parent.</p>
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Supplemental Information: If a family requires state-sponsored assistance this item should be rated either a '2' or a '3.'

98. FINANCIAL RESOURCES
 This item rates the financial resources that the individual can bring to bear in addressing the multiple needs of the individual and family.

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Does the individual have sufficient funds to meet his/her needs? 	<p>Ratings and Descriptions</p> <p>0 Individual has sufficient financial resources to meet his/her current needs.</p> <p>1 Individual has some financial resources that meet the majority of his or her current needs.</p> <p>2 Individual has limited financial resources and needs substantial assistance to meet his/her needs.</p> <p>3 Individual has no financial resources and is unable to meet his/her needs.</p> <p>NA Not applicable.</p>
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Supplemental Information: Do not rate issues related to desire; for example, wanting an iPad should not be rated here. If individual cannot attend college because of finances, this should be rated here. Certainly, rate instances when an individual has *inadequate* clothing, food, or shelter, but the latest trends should not be included. If an individual is a parent and is unable to afford quality childcare or is reliant on assistance that should be rated here.

99. RESIDENTIAL STABILITY
 This item rates the current and likely future housing circumstances for the individual. If the individual lives independently, his/her history of residential stability can be rated.

<p>Questions to Consider</p>	<p>Ratings and Descriptions</p>
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<ul style="list-style-type: none"> • Is the individual staying in temporary housing, homeless shelter, transitional housing? • Does the individual speak of couch surfing or moving frequently and staying with friends? • Is he/she looking for new housing due to eviction, being “kicked out of family home,” or running away from family home? 	0	There is no evidence of residential instability. Individual has stable housing for the foreseeable future.
	1	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 residential instability if living independently, characterized by the potential loss of housing due to the person’s difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful is rated here.
	2	Individual has moved multiple times in the past year. This level also includes a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.
	3	Individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.
	NA	Not applicable.

CAREGIVER RESOURCES & NEEDS DOMAIN

The items in this section represent potential areas of need for caregivers while simultaneously highlighting the areas in which the caregivers can be a resource for the youth.

Caregivers are rated by household. The needs and resources of multiple caregivers are combined based on how they affect care giving. For situations in which a youth has multiple caregivers it is recommended to rate based on the needs of the set of caregivers as they affect the youth. For example, the supervisory capacity of a father who is not involved in monitoring or disciplining of a youth may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift, then his skills should be factored into the ratings of the youth’s supervision.

- If the youth has been placed temporarily, then focus on the caregiver to whom the youth will be returned.
- If it is a long term foster care placement, then rate that caregiver(s).
- If the youth is currently in a group home or residential treatment center it would be more appropriate to rate the community caregivers where the youth will be placed upon discharge.
- If there is NO community caregiver this section offers a rating of “N/A”.
- Similarly, if a young person is living independently of any caregiver then this section should be rated not applicable “N/A”.

Question to Consider for this Domain: What are the resources and needs of the individual’s caregiver(s)?

For the **Caregiver Resources & Needs Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

101. PHYSICAL HEALTH

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to parent the individual. This item does not rate depression or other mental health issues.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • How is the caregiver’s health? • Does the caregiver have any health problems that limit their ability to care for the family? 	0 No evidence of medical or physical health problems. Caregiver is generally healthy.
	1 There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
	2 Caregiver has medical/physical problems that interfere with their capacity to parent the individual.
	3 Caregiver has medical/physical problems that make parenting the individual impossible at this time.

102. MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Do caregivers have any mental health needs that make parenting difficult?Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?	0 No evidence of caregiver mental health difficulties.
	1 There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
	2 Caregiver's mental health difficulties interfere with their capacity to parent.
	3 Caregiver has mental health difficulties that make it impossible to parent the individual at this time.

103. SUBSTANCE USE

This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Do caregivers have any substance use needs that make parenting difficult?Is the caregiver receiving any services for the substance use problems?	0 No evidence of caregiver substance use issues.
	1 There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
	2 Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
	3 Caregiver has substance abuse difficulties that make it impossible to parent the individual at this time.

104. DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the caregiver have developmental challenges that make parenting/caring for the individual difficult?	0 No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
	1 Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2 Caregiver has developmental challenges that interfere with the capacity to parent the individual.
	3 Caregiver has severe developmental challenges that make it impossible to parent the individual at this time.

105. SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the individual. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their individual.

Questions to Consider	Ratings and Descriptions	
	0	No evidence caregiver needs help or assistance in monitoring or disciplining the individual, and/or caregiver has good monitoring and discipline skills.
	1	Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.
	2	Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
	3	Caregiver is unable to monitor or discipline the individual. Caregiver requires immediate and continuing assistance. Individual is at risk of harm due to absence of supervision or monitoring.

106. INVOLVEMENT WITH CARE

This item should be based on the level of involvement the caregiver has in the planning and provision of services.

Questions to Consider	Ratings and Descriptions	
	0	Caregiver is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the individual.
	1	Caregiver is consistently involved in the planning and/or implementation of services for the individual but is not an active advocate on behalf of the individual.
	2	Caregiver is minimally involved in the care of the individual. Caregiver may visit individual when in out-of-home placement, but does not become involved in service planning and implementation.
	3	Caregiver is uninvolved with the care of the individual. Caregiver may want individual out of home or fails to visit individual when in residential placement or individual has no known caregiver.

107. CULTURE CONGRUENCE

Culture congruence describes whether or not the caregiver has cultural differences in child rearing practices, child development, and early intervention with the majority culture.

Questions to Consider	Ratings and Descriptions	
	0	The family does not have cultural differences related to child rearing practices, child development, and early intervention that are considered by the majority culture as problematic for the child.
	1	The family has some cultural differences related to child rearing practices, child development, and early intervention that are generally accepted but not considered to put the child at risk.
	2	The family has cultural differences related to child rearing practices, child development, and early intervention that are considered to put the child at risk.
	3	The family has cultural differences related to child rearing practices, child development, and early intervention that is considered abusive or neglectful and may result in intervention.

108. KNOWLEDGE

This item should be based on caregiver’s knowledge of the specific strengths, needs, development, legal rights, and supports of the individual in his/her care, as well as the caregiver’s ability to understand the rationale for the treatment or management of needs. The caregiver’s understanding of his/her child’s needs should include an understanding of the intersection between normative development and the impact of trauma.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the caregiver agree with clinician’s understanding of presenting needs and strengths?• Is the caregiver’s alternate understanding acceptable? Does it pose a risk?• Does the caregiver’s lack of knowledge interfere with his/her ability to safely care for the youth?• Does the caregiver appreciate how a youth’s history or trauma may impact his/her functioning?• Does the caregiver’s knowledge impact the youth in a negative way?	<p>0 Present caregiver is fully knowledgeable about the individual’s psychological strengths, needs, developmental capacity, and functioning.</p> <hr/> <p>1 Present caregiver, while being generally knowledgeable about the individual, has some mild deficits in knowledge or understanding of the individual’s needs or developmental capacity and functioning. Caregivers and providers are able to work together to negotiate disagreements.</p> <hr/> <p>2 Significant deficits exist in the caregiver’s ability to understand the individual’s strengths, needs, and developmental capacity. There is disagreement between the caregivers and/or providers regarding the individual’s needs which is interfering with care. Without agreement, the child/youth’s progress will be impacted.</p> <hr/> <p>3 Caregiver has no understanding of the individual’s current condition or the individual has no known caregiver. The caregiver is unable to cope with the individual given his/her status at the time, not because of the needs of the individual but because the caregiver does not understand or accept the situation. There is disagreement between the caregivers and/or providers regarding the individual’s needs which places the individual at risk of significant negative outcomes. The lack of agreement may place the family in jeopardy of significant problems or sanctions.</p>

109. ORGANIZATION

This item is used to rate the caregiver’s ability to organize and manage their household within the context of intensive community services.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Do caregivers need or want help with managing their home?• Do they have difficulty getting to appointments or managing a schedule?• Do they have difficulty getting their individual to appointments or school?	<p>0 Caregiver is well organized and efficient.</p> <hr/> <p>1 Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.</p> <hr/> <p>2 Caregiver has moderate difficulty organizing and maintaining household to support needed services.</p> <hr/> <p>3 Caregiver is unable to organize household to support needed services, or individual has no known caregiver.</p>

110. SOCIAL RESOURCES

This item rates the social assets (e.g., extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the individual and family.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does family have extended family or friends who provide emotional support?Can they call on social supports to watch the individual occasionally?	0 Caregiver has significant social and family networks that actively help with caregiving.
	1 Caregiver has some family, friends or social network that actively helps with caregiving.
	2 Work needs to be done to engage family, friends or social network in helping with caregiving.
	3 Caregiver has no family or social network to help with caregiving, or individual has no known caregiver.

111. RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and does not include the likelihood that the child or individual will be removed from the household.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the family's current housing situation stable?Are there concerns that they might have to move in the near future?Has family lost their housing?	0 Caregiver has stable housing with no known risks of instability.
	1 Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.
	2 Caregiver has moved multiple times in the past year. Housing is unstable.
	3 Family/caregiver is homeless, or has experienced homelessness in the recent past, or individual has no known caregiver.

112. SAFETY

This item describes the caregiver's ability to maintain the individual's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed individual.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the caregiver able to protect the individual from harm in the home?Are there individuals living in the home or visiting the home that may be abusive to the individual?	0 No evidence of safety issues. Household is safe and secure. Individual is not at risk from others.
	1 Household is safe but concerns exist about the safety of the individual due to history or others who might be abusive.
	2 Individual is in some danger from one or more individuals with access to the home.
	3 Individual is in immediate danger from one or more individuals with unsupervised access.

All referents are legally required to report suspected child abuse or neglect.

113. MARITAL/PARTNER VIOLENCE

This item describes the degree of difficulty or conflict in the caregiver's relationship and the impact on parenting and childcare.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• How does the caregiver and spouse/partner manage conflict between them?• How is power and control handled in the caregiver and spouse/partner's relationship with each other?• Does the caregiver and spouse/partner's conflict escalate to verbal aggression, physical attacks, or destruction of property?	0 Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
	1 Caregivers are generally able to keep arguments to a minimum when individual is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
	2 Caregiver difficulties include frequent arguments that often escalate to verbal aggression, or the use of verbal aggression by one partner to control the other. Individual often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.
	3 Caregiver or marital violence often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate individual's difficulties or put the individual at greater risk, or individual has no known caregiver.

114. CAREGIVER POST-TRAUMATIC REACTIONS

This item describes post-traumatic reactions faced by caregiver, including emotional numbing and avoidance, nightmares, and flashbacks that are related to his/her child's or own traumatic experiences.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Has the caregiver experienced trauma? How have they coped in the past?• How do these issues impact their ability to parent?• Are they receiving services?• Is the caregiver an active or inactive military service member?• Has the caregiver served during active time of war?	0 Caregiver has adjusted to traumatic experiences without notable post-traumatic stress reactions.
	1 Caregiver has some mild adjustment problems related to his/her child's or their own traumatic experiences. Caregiver may exhibit some guilt about his/her child's trauma or become somewhat detached or estranged from others.
	2 Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.
	3 Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety, or individual has no known caregiver.

115. FINANCIAL RESOURCES

This item rates the financial resources that the caregiver(s) can bring to bear in addressing the multiple needs of the youth and family.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">• Does the family have sufficient funds to raise the youth?	0 Caregiver has sufficient financial resources to raise the youth.
	1 Caregiver has some financial resources to raise the youth. History of struggles with sufficient financial resources would be rated here.
	2 Caregiver has limited financial resources to raise the youth.
	3 Caregiver has no financial resources to raise the youth. Caregiver needs financial resources.

116. FAMILY STRESS

This is the impact of managing the children’s behavioral and emotional needs on the family’s stress level.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Do caregivers find it stressful at times to manage the challenges in dealing with the youth’s needs?Does the stress ever interfere with ability to care for the youth?	0 No evidence of caregiver having difficulty managing the stress of the children’s needs and/or caregiver is able to manage the stress of youth’s needs.
	1 There is a history or suspicion of and/or caregiver has some problems managing the stress of the children’s needs.
	2 Caregiver has notable problems managing the stress of the children’s needs. This stress interferes with their capacity to provide care.
	3 Caregiver is unable to manage the stress associated with children’s needs. This stress prevents caregiver from parenting.

117. ACCESSIBILITY TO CHILD CARE RESOURCES AND/OR RESPITE

This item refers to the caregiver’s access to affordable and appropriate childcare or respite for young children or older youth with developmental delays.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the caregiver have access to day care/child care services?What other services are needed?	0 Caregiver has access to sufficient/affordable child care resources and/or respite.
	1 Caregiver has limited access to sufficient/affordable child care resources and/or respite. Needs are met minimally by existing, available resources.
	2 Caregiver has limited access to sufficient/affordable child care resources and/or respite. Current resources do not meet the caregiver’s needs.
	3 Caregiver has no access to child care resources and/or respite.

Supplemental Information:

- If a family requires state-sponsored assistance this item should be rated either a ‘2’ or a ‘3’.
- Professionals and caregivers should share their understanding of the words “affordable” and “sufficient.”
- If transportation is the issue, then remember to also rate the “Transportation” item.
- If finances are the issue, remember to also rate the “Financial Resources” item.

118. TRANSPORTATION

This rating reflects the caregiver’s ability to provide appropriate transportation for his/her youth.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the caregiver have reliable transportation?Are there any barriers to securing transportation?	0 Youth and the caregiver have no transportation needs. Caregiver is able to get the youth to appointments, school, activities, etc. consistently.
	1 Youth and the caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting the youth to appointments, school, activities, etc. no more than weekly.
	2 Youth and the caregiver have frequent transportation needs (e.g. appointments). Caregiver has difficulty getting the youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting youth and access to transportation resources.
	3 Youth and the caregiver have no access to appropriate transportation and are unable to get the youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

119. PARENTAL RESPONSIVENESS

This item describes the parent/caregiver's ability to understand the child/adolescent's expression of emotion and respond in an emotionally effective manner (e.g., calming an anxious child/adolescent, soothing a child/adolescent in pain).

Questions to Consider

- Is the caregiver able to respond to the child/adolescent in an emotionally effective manner?
- Does the caregiver's interactions demonstrate an ability to understand the child/adolescent's feelings?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Caregiver is strong in their capacity to understand how the child/adolescent is feeling and consistently demonstrates this in interactions with the child/adolescent. |
| 1 | Caregiver has the ability to understand how the child/adolescent is feeling in most situations and is able to demonstrate support for the child/adolescent in this area most of the time. |
| 2 | Caregiver is only able to respond toward the child/adolescent in some situations and at times the inability to respond interferes with the child/adolescent's growth and development. |
| 3 | Caregiver shows no ability to respond to the child/adolescent in most situations especially when the child/adolescent is distressed. Caregiver's lack of appropriate response is impeding the child/adolescent's development. |



Client Information and FAQs About ICANS

What is ICANS?

ICANS is an electronic, internet-based system used to administer and manage the Children and Adolescent Needs and Strengths (CANS) Assessments in Idaho.

Why would I want my child's information available in ICANS?

The Child and Adolescent Needs and Strengths (CANS) is a tool for measuring your child's needs and strengths, as well as the family's. The CANS will be used in Idaho to help determine a child or youth's level of functional impairment and guide treatment planning decisions. In Idaho, the ICANS will also help clinicians and other providers of children's mental health services to recommend, and plan for the appropriate level of care. Identification of functional impairment and informing treatment decisions are key pieces to the use of the ICANS in Idaho.

Permitting your child's information to be entered into the ICANS allows it to be available to authorized providers and staff to make more informed, collaborative decisions regarding your child's mental health services and care.

To participate in or receive certain state-funded programs, such as the Youth Empowerment Services (YES Program), a child/youth will need to complete a CANS Assessment.

ICANS is the state-approved platform to administer and score the CANS. By not allowing your child's information to be available in ICANS your child may not be able to access certain state-funded services or programs.

Who will have access to your child's information in ICANS?

Only authorized users will have access to your child's information in ICANS.



Examples of potential authorized users may include, but are not limited to:

- Division of Behavioral Health Children's Mental Health staff.
- Division of Family and Community Services (FACS) staff, including Developmental Disabilities and Child Welfare if your child is involved in their programs.
- Medicaid and/or Optum staff who are responsible for the coordination, payment, and quality management of behavioral health services in Idaho.
- Independent Assessment providers, who are contracted by Medicaid, who will assess children for eligibility for some state-funded children's mental health services.

ICANS users must also abide by the ICANS policies and procedures which include Health Insurance Portability and Accountability Act of 1996 ("HIPAA") privacy and security standards. Use of the ICANS system for any other reason is strictly prohibited.

What is an authorized user?

An authorized user is an individual designated by a provider agency or Idaho Department of Health and Welfare Division of Behavioral Health needing to access ICANS for their job.

Who may input my child's information in ICANS?

The agency that you have named at the top of the informed consent has permission to add your child's information to ICANS.

What information may be viewable by ICANS authorized users?

It is important for you to know what information entered into ICANS is viewable to all authorized users. It is also important for you to know that not all information entered into the ICANS system is shared with authorized users.

Only the following information in the ICANS system **may be shared** with authorized users:

- Last Name
- First Name
- Birth Date
- Social Security Number*
- Gender
- Race
- Ethnicity
- Address
- Identifiers (other numbers such as Medicaid ID number)

*The Social Security Number (SSN) is collected for the purpose of identification of the participants, prevention of duplication of benefits and information. The SSN is a fundamental component for case management and care coordination activities.

The following information in the ICANS system is **not shared** with authorized users:

- Diagnosis(s)
- Any information related to Substance Use.
- Ratings on any of the CANS items.
- Comments entered into ICANS related to the CANS scoring.
- Recommended Level-of-Care outcomes

Why do I need to complete and sign the informed consent?

By completing and signing the informed consent release form, you allow the agency listed to release, use, receive, exchange, communicate with, and disclose information with authorized agencies and/or users with access to ICANS.

Without the completed and signed informed consent release form, your provider cannot enter your child's information in ICANS.

Can I revoke the informed consent release form?

You may revoke the informed consent release form at any time. This will prevent any future use on ICANS but will not change any action that has already taken place using the informed consent release form.

After the informed consent release form has been revoked, the informed consent release form is no longer valid from that date forward. Copies or exact reproduction

of the completed and signed informed consent release form will have the same force and effect as the original.

How is my child's privacy protected?

Information shared through ICANS is protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); federal regulations governing confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2; 45 C.F.R. Parts 160 & 164; and the Medicaid Act, 42 C.F.R. Part 431, Subpart F.

The ICANS system and participating providers use a combination of safeguards to protect your child's health information.

Technical safeguards include encryption, password protections, and audit logs that track every participant's use of the system.

Administrative safeguards include written policies that require limited access to information through ICANS. All participating providers must agree to follow these policies. The ICANS Security Safeguards can be found online at: <http://icans.dhw.idaho.gov/ResourcesandUserGuide/tabid/4105/Default.aspx>

All participating providers are also regulated by HIPAA, and other federal and state privacy laws. Providers must also have their own policies and other safeguards in place, including policies to train their staff and limit access to those who have a need to know.



Have questions not covered by this flyer or have concerns?

Please speak with your local Idaho Department of Health and Welfare Children's Mental Health office.

healthandwelfare.idaho.gov



IDAHO DEPARTMENT OF
HEALTH & WELFARE



ICANS Informed Consent

I, _____ (*parent's name*), am the parent or legal guardian of

_____ (*minor client's name*).

I have received a brochure explaining how ICANS is a secure electronic health system used to administer the ICANS assessment, and make the results available to providers who participate in the ICANS system.

I authorize the following Agency _____ (*name of provider/agency/organization*) to release, use, receive, mutually exchange, communicate with and disclose information to the ICANS system, and with Agencies/Authorized Users with access to ICANS.

WHO MAY DISCLOSE INFORMATION. The agency I have named at the top of this form may disclose protected health information to ICANS.

WHAT MAY BE DISCLOSED. By signing this consent, I specifically understand that protected health information or records will be released, used, disclosed, received, mutually exchanged or communicated to, by, among, or between any person, entity, or agency named in this authorization. I understand this information may include material protected under federal regulations governing confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2; the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 & 164; and the Medicaid Act, 42 CFR Part 431, Subpart F. Federal rules restrict any use of the information to criminally investigate or prosecute and to redisclose records relating to any alcohol or drug abuse patient.

PURPOSES.

I understand this authorization will allow my treatment team to plan and coordinate services I need and allows any person, entity, or agency named in this authorization to be actively involved in my case coordination, evaluation, treatment, planning, or legal proceedings. I hereby request and give my permission for an open exchange of information to, by, among, or between, any person, entity, or agency named in this authorization.

REVOCATION.

I also understand that I may revoke this Informed Consent at any time, except to the extent that action has been taken in reliance on it and that in any event this authorization expires automatically as indicated with each disclosure item identified above. A photocopy or exact reproduction of this signed authorization shall have the same force and effect as this original.

EXPIRATION

This authorization shall expire one (1) year from the date the Minor Client and Parent or Legal Guardian signs below.

CONSENT.

I understand that my information cannot be disclosed without my written consent, except as otherwise provided by law, and that federal and Idaho law will be followed for using and disclosing my ICANS information.

By signing this form, I am authorizing providers assessing or treating my child/ward to provide my child/ward's information to ICANS. I understand that failure to sign this authorization may limit determine of eligibility, enrollment, or treatment for my child/ward.

I have read this Informed Consent/had this Informed Consent read/explained to me and I acknowledge an understanding of the purpose for the release of information. I am signing this authorization of my own free will.

Full Legal Signature of Minor or Authorized Personal Representative	Relationship to Client	Date
Full Legal Signature of Parent or Legal Guardian – <i>Required if Client is under 16 years of age, but only after signed by client.</i>	Relationship to Client	Date
Full Legal Signature of Witness (Agency Employee)	Initiating Agency Name	Date