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Santa Cruz  
Behavioral Health Services  
Child and Adolescent  
Needs and Strengths

Ages 6 thru 20

Praed Foundation  
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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 youth 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, adolescents, 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.

Literary Preface/Comment regarding gender references:

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns “they/them/themself” in the place of “he/him/himself” and “she/her/herself.”

Additionally, “child/youth” is being utilized in reference to “child,” “youth,” “adolescent,” or “young adult.” This is due to the broad range of ages to which this manual applies (e.g., ages 6 through 20 years old).

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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 designed to translate immediately into action levels.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the child/youth, not the child/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 child/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.” While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the “why” is considered in rating these items.
6. **A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the 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 was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS gathers information on children/youth’s and parents/caregivers’ needs and strengths. Strengths are the child/youth’s assets: areas in life where they are doing well or have 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 a 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 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 section 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 give a number action level to each of these items. These action levels 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 action levels, 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, expanding 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-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-serving entities to discuss the child/youth's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS and their supervisors. Additional training is available for CANS Coaches 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) *Communitrics: A Communication Theory of Measurement in Human Service Settings*.

### **Validity**

Studies have demonstrated the CANS' validity, or its the ability to measure children/youth 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 definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

### Basic Design for Rating Needs

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

### Basic Design for Rating Strengths

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

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 the child/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 a 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 child 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 percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (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 in when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful to use during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

### IT GUIDES CARE AND ACTION 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 action 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 3 to 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 tie 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 BEHAVIORAL HEALTH 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 Functioning or Behavioral/Emotional Needs, Risk Behaviors or 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 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 child/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 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 them.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? Or “do you need me to explain that in another way?”
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The 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 . . .”

# REFERENCES

- American Psychiatric Association (APA) (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Ed. (DSM-5)*. Washington DC: American Psychiatric Publishing.
- Anderson, R.L., & Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health, 17*, 259-265.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Child and Youth Services Review, 34*, 2345-2352.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2013). Patterns of out of home decision making. *Child Abuse & Neglect 37*, 871-882.
- Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2014). Out of home placement decision making and outcomes in youth welfare: A longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research, 41*, published online March 28.
- Cordell, K.D., Snowden, L.R., & Hosier, L. (2016). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Child and Youth Services Review, 60*, 129-135.
- Epstein, R.A., Schlueter, D., Gracey, K.A., Chandrasekhar, R., & Cull, M.J. (2015). Examining placement disruption in Child Welfare, *Residential Treatment for Children & Youth, 32(3)*, 224-232.
- Israel, N., Accomazzo, S., Romney, S., & Zlatevski, D. (2015). Segregated care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth, 32(3)*, 233-250.
- Lardner, M. (2015). Are restrictiveness of care decisions based on youth level of need? A multilevel model analysis of placement levels using the Child and Adolescent Needs and Strengths assessment. *Residential Treatment for Children & Youth, 32(3)*, 195-207.
- Lyons, J.S. (2004). *Redressing the emperor: Improving the children's public mental health system*. Westport, CT: Praeger Publishing.
- Lyons, J.S. (2009). *Communitrics: A communication theory of measurement in human service settings*. New York: Springer.
- Lyons, J.S., & Weiner, D.A. (2009). (Eds.) *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management*. New York: Civic Research Institute.

# CANS BASIC STRUCTURE

The Santa Cruz County Child and Adolescent Needs and Strengths 2.0 items are noted below.

## STRENGTHS DOMAIN

Family	Educational/Vocational	Spiritual/Religious
Interpersonal/Social Connectedness	Cultural Identity	Community Life/Connectedness
Optimism	Volunteering	Natural Supports
Special Skills/Talents and Interests	Job History	Resiliency-Persistence & Adaptability

## LIFE FUNCTIONING DOMAIN

Intellectual/Developmental (IQ)* <i>Self-Care/Daily Living Skills</i>	Social Functioning	Sexuality/Sexual Development
Medical/Physical* <i>Primary Care Physician Connected</i>	Sleep	Residential Stability
Family Functioning	Parent/Child Interaction	School Attendance
Living Situation	School Behavior	Decision Making
	School Achievement	Transportation
	Legal	Employment/Job Functioning

## CULTURAL FACTORS DOMAIN

Language	Traditions and Rituals	Cultural Stress
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## CAREGIVER RESOURCES & NEEDS

Supervision	Social Resources	Mental Health
Involvement with Care	Housing/Residential Stability	Substance Use
Medical/Physical Health	Safety	Developmental
Knowledge	Family Stress	
Organization	Empathy for Child	

## MENTAL HEALTH/ BEHAVIORAL AND EMOTIONAL NEEDS DOMAIN

Attachment	Eating Disturbance	Conduct/Antisocial Behavior
Psychosis	Adjustment to Trauma	Mania
Impulsivity/Hyperactivity	Depression	Attention/Concentration
Aggression	Anxiety	Current Environmental Stressors
Anger Control	Oppositional Behavior	Substance Use

## POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

Neglect	Disrupt. in Caregiving/Attach Losses	Natural or Manmade Disaster
Emotional Abuse	Parent/Caregiver Mental Illness	Witness to Comm/School Violence
Physical Abuse	Parent/Caregiver Substance Abuse	Victim/Witness to Criminal Activity
Sexual Abuse	Medical Trauma	War/Terrorism Affected
Witness to Family Violence		

## RISK BEHAVIORS

Self-Harm	Intentional Misbehavior	Victimization/Exploitation
Other Self-Harm (Recklessness)	Sexual Aggression	Sexually inappropriate Behaviors
Suicide Risk	Runaway	Fire Setting
Danger to Others	Delinquency/Criminal Behavior	

# STRENGTHS DOMAIN

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child/youth's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the child/youth's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the 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 child/youth strengths can be used to support a need?

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

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

## 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 child/youth's perspective (i.e., who the child/youth 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.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Does the child/youth have good relationships with any family member?</li> <li>• Is there potential to develop positive family relationships?</li> <li>• Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth?</li> </ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.</i></p> <p>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 youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>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 child/youth and is able to provide limited emotional or concrete support.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>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. [continues]</p>

**FAMILY continued**

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

Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

**INTERPERSONAL/SOCIAL CONNECTEDNESS**

This item is used to identify a child/youth’s social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth 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.

Ratings and Descriptions

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

Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.

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

Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.

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

Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.

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

There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

Questions to Consider

- Does the child/youth have the trait ability to make friends?
- Does the child/youth have skills to maintain relationships?

## SPECIAL SKILLS/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"><li>• What does the child/youth do with free time?</li><li>• What does the child/youth enjoy doing?</li><li>• Is the child/youth engaged in any pro-social activities?</li><li>• What are the things that the child/youth does particularly well?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth has a talent that provides pleasure and/or self-esteem. Child/youth with significant creative/artistic/athletic strengths would be rated here.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth 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 with any benefit.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of identified talents, interests or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.</p>

## OPTIMISM

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Does the child/youth have a generally positive outlook on things; have things to look forward to?</li><li>• How does the child/youth see themselves in the future?</li><li>• Is the child/youth forward-looking/ sees themselves as likely to be successful?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth has a strong and stable optimistic outlook for their future.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is generally optimistic about their future.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has difficulty maintaining a positive view of themselves and their life. Child/youth's outlook may vary from overly optimistic to overly pessimistic.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.</p>

## EDUCATIONAL/VOCATIONAL

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

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>• Is the training program or educational setting an active partner in the child/youth's education?</li><li>• Is the individual's training program or educational setting an active partner in figuring out how to best meet the child/youth's needs?</li><li>• Does child/youth like the training program or educational setting?</li><li>• When has the child/youth been at their best in the training program or educational setting?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i></p> <p>The school or training program works closely with the child/youth and family to identify and successfully address the child/youth's educational needs; OR the individual excels in school or training program.</p> <hr/>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>School or training program works with the child/youth and family to address the child/youth's educational needs; OR the child/youth likes school.</p> <hr/>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>The school or training program is currently unable to adequately address the child/youth's needs. This level indicates a child/youth who is in school/training program but has a plan that does not appear to be effective.</p> <hr/>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>The school or training program is unable and/or unwilling to work to identify and address individual's needs. This level indicates a child/youth who is either not in school or a training program or is in a setting that does not further their education.</p> <p><b>Age 16+:</b> The youth has dropped out of school or training program. Completing school or vocational program is required to meet the youth's career aspirations.</p>

**Supplemental Information:** This item refers to the strengths of the educational or vocational setting that could include: vocational training program, school system, GED program, college, graduate program, or post professional schooling, and may or may not reflect any specific educational skills possessed by the individual. A rating of '0' would be given if the vocational training program/school is an active participant with the individual. A rating of '2' would be given if the vocational training program or educational setting is not able to address the individual's needs despite a plan, etc.

## CULTURAL IDENTITY

Cultural identity refers to the child/youth'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).

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Does the child/youth identify with any racial/ ethnic/cultural group?</li><li>• Does the child/youth find this group a source of support?</li></ul>	<b>0</b> <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> The child/youth has defined a cultural identity and is connected to others who support their cultural identity.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> The child/youth is developing a cultural identity and is seeking others to support their cultural identity.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The child/youth is searching for a cultural identity and has not connected with others.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> The child/youth does not express a cultural identity.

## VOLUNTEERING

This item describes the degree to which a child/youth is involved in volunteer activities that give back to the community.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Does the child/youth participate in volunteer activities? At what frequency?</li><li>• Does the child/youth understand the importance of giving back to others and/or community?</li></ul>	<b>0</b> <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth understands the importance of giving back to others and actively seeks out and engages in volunteer activities on a regular basis (e.g. at least once a month).
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth understands the importance of giving back to others but does not actively seek out volunteer activities. The youth may engage in volunteer activities sporadically (e.g., one or twice per year).
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth is starting to understand the importance of giving back to others. The child/youth has never engaged in any volunteer activities.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of child/youth's involvement in volunteer activities or child/youth is not interested in pursuing volunteer activities at this time.



## JOB HISTORY

This item describes the youth's experience with paid employment.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>• Does the youth know what they want to be when they grow up?</li></ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i></p> <p>Youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations. OR, youth has significant job history with positive outcomes.</p>
<ul style="list-style-type: none"><li>• Has the youth ever worked or are they developing prevocational skills?</li></ul>	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Youth is working; however, the job is not consistent with developmentally appropriate career aspirations. OR, youth has held jobs of a reasonable period of time and has former employers willing to recommend them for future employment.</p>
<ul style="list-style-type: none"><li>• Do they have plans to go to college or vocational school, for a career?</li></ul>	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Youth is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate a youth with a clear vocational preference. OR, youth has some work history; however, it is marked by periodic job loss.</p>
<ul style="list-style-type: none"><li>• What is the general nature of the youth's job history?</li></ul>	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a youth with no known or identifiable vocational skill and no expression of any future vocational preferences. OR, youth has no positive work history.</p>
<ul style="list-style-type: none"><li>• Are there former bosses that would rehire or recommend the youth for employment?</li></ul>	

**Supplemental Information:** Vocational strengths are rated independently of functioning (i.e. a youth can have considerable strengths but not be doing well at the moment). Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life. A rating of '1' would indicate that the youth has some vocational skills or work experience. A rating of '3' would indicate that the youth needs significant assistance in developing those skills.

## SPIRITUAL/RELIGIOUS

This item refers to the child/youth'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 child/youth; however, an absence of spiritual/religious beliefs does not represent a need for the family.

	Ratings and Descriptions
Questions to Consider	
• Does the child/youth have spiritual beliefs that provide comfort?	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Child/youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the child/youth in difficult times.
• Is the family involved with any religious community? Is the child/youth involved?	1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.
• Is child/youth interested in exploring spirituality?	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has expressed some interest in spiritual or religious belief and practices.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.

## COMMUNITY LIFE/CONNECTEDNESS

This item reflects the child/youth's connection to people, places or institutions in their community. This connection is measured by the degree to which the child/youth 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 child/youth live in the same neighborhood.

	Ratings and Descriptions
Questions to Consider	0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth is well integrated into their community. The child/youth 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.
• Does the child/youth feel like they are part of a community?	1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is somewhat involved with their community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.
• Are there activities that the child/youth does in the community?	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has an identified community but has only limited, or unhealthy, ties to that community.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of an identified community of which child/youth is a member at this time.

## NATURAL SUPPORTS

This item refers to unpaid helpers in the child/youth’s natural environment. These include individuals who provide social support to the target child/youth and family. All family members and paid caregivers are excluded.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Who does the child/youth consider to be a support?</li> <li>Does the child/youth have non-family members in their life that are positive influences?</li> </ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth has significant natural supports that contribute to helping support their healthy development.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has identified natural supports that provide some assistance in supporting their healthy development.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has some identified natural supports; however, they are not actively contributing to the child/youth’s healthy development.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth has no known natural supports (outside of family and paid caregivers).</p>

## RESILIENCY – PERSISTENCE & ADAPTABILITY

This item refers to the child/youth’s ability to recognize their internal strengths and use them in times of stress and in managing daily life.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>What does the child/youth do well?</li> <li>Is the child/youth able to recognize their skills as strengths?</li> <li>Is the child/youth able to use their strengths to problem solve and address difficulties or challenges?</li> </ul>	<p>0 <i>Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Child/youth is able to both identify and use strengths to better themselves and successfully manage difficult challenges.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is able to identify most of their strengths and is able to partially utilize them.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth is able to identify strengths but is not able to utilize them effectively.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth is not yet able to identify personal strengths.</p>

# LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children, youths, 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 child/youth functioning in individual, family, peer, school, and community realms?

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

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## INTELLECTUAL /DEVELOPMENTAL (IQ)\*

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental 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.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• Does the child/youth's growth and development seem healthy?</li> <li>• Has the child/youth reached appropriate developmental milestones (such as walking, talking)?</li> <li>• Has anyone ever mentioned that the child/youth may have developmental problems?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There are concerns about possible developmental delay. Child/youth 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>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth 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. [continues]</p>

**INTELLECTUAL /DEVELOPMENTAL (IQ) continues**

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

\* A rating of '1,' '2,' or '3' on this item triggers the completion of the [A] Developmental Needs Module.

## [A] DEVELOPMENTAL NEEDS MODULE

This module is to be completed when the Developmental/Intellectual item is rated '1,' '2' or '3'.

### DN1. SELF-CARE/DAILY LIVING SKILLS

This item aims to describe the child/youth's ability and motivation to engage in developmentally-appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.

	Ratings and Descriptions
Questions to Consider	0 Child/youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child/youth has any problems performing daily living skills.
• Does the child/youth show age-appropriate self-care skills?	1 Child/youth requires verbal prompting on self-care tasks or daily living skills.
• Is the child/youth able to groom themselves?	2 Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
	3 Child/youth requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting).

**End of Developmental Needs Module**

**MEDICAL/PHYSICAL\***

This item describes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does the child/youth have anything that limits their physical activities?</li> <li>How much does this interfere with the child/youth's life?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence that the child/youth has any medical or physical problems, and/or the child/youth is healthy.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has serious medical or physical problems that require medical treatment or intervention. Or child/youth has a chronic illness or a physical challenge that requires ongoing medical intervention.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.</p>

\*A rating of '1', '2' or '3' on this item triggers the completion of the [B] Health Module.

**[B] HEALTH MODULE**

This module is to be completed when the Medical/Physical item is rated '1,' '2' or '3'.

**HM1. PRIMARY CARE PHYSICIAN (PCP) CONNECTED**

This item focuses on whether the child/youth is connected to a primary care physician.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Is the child/youth connected to a primary care physician?</li> <li>When was the last time the child/youth saw their PCP?</li> </ul>	<p>0 Child/youth has a PCP and has been seen by the provider in the past 180 days.</p>
	<p>1 Child/youth has a PCP but has not been seen by the provider in over 180 days.</p>
	<p>2 Child/youth has a PCP but does not know the doctor's name nor when they were last seen.</p>
	<p>3 Child/youth does not have a PCP.</p>

**End of Health Module**

## FAMILY FUNCTIONING

This item rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. 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 child/youth has with their family as well as the relationship of the family as a whole.

	Ratings and Descriptions
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.</p>
Questions to Consider	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems. Child/youth 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 child/youth. Arguing may be common but does not result in major problems.</p>
<ul style="list-style-type: none"><li>• Is there conflict in the family relationship that requires resolution?</li><li>• Is treatment required to restore or develop positive relationship in the family?</li></ul>	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth 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.</p>



## LIVING SITUATION

This item refers to how the child/youth is functioning in their 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.

	Ratings and Descriptions
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.
• How has the child/youth been behaving and getting along with others in the current living situation?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being removed from living situation due to problematic behaviors.

## 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 child/youth is doing currently. Strengths are longer-term assets.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems and/or child/youth has developmentally appropriate social functioning.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having some problems with social relationships that interfere with functioning in other life domains.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

## SLEEP

This item rates the child/youth'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.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> Child/youth gets a full night's sleep each night.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has some problems sleeping. Generally, child/youth 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 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep.

## PARENT/CHILD INTERACTION

This item describes how the parent/primary caregiver and their child interact with each other.

Ratings and Descriptions	
Questions to Consider: <ul style="list-style-type: none"><li>• How satisfied is the caregiver and child/youth with the balance between having fun, nurturing and setting limits in their relationship?</li><li>• How do the caregiver and the child/youth relate to each other?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems in the parent/child interaction.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is either a history of problems or suboptimal functioning in parent/child interaction. There may be inconsistent or indications that interaction is not optimal that has not yet resulted in problems.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The parent/child dyad interacts in a way that is problematic and has led to interference with the child's growth and development.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The parent/child dyad is having significant problems that can be characterized as abusive or neglectful.

## SCHOOL BEHAVIOR

This item rates the behavior of the child/youth in school or school-like settings.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>• How is the child/youth behaving in school?</li><li>• Has the child/youth had any detentions or suspensions?</li><li>• Has the child/youth needed to go to an alternative placement?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of behavioral problems at school, OR child/youth is behaving well in school.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe problems with behavior in school. The child/youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

## SCHOOL ACHIEVEMENT

This item rates the child/youth's grades or level of academic achievement.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• How are the child/youth's grades?</li><li>• Is the child/youth having difficulty with any subjects?</li><li>• Is the child/youth at risk for failing any classes or repeating a grade?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of issues in school achievement and/or child/youth is doing well in school.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is doing adequately in school although some problems with achievement exist.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe achievement problems. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.

## LEGAL

This item rates the child/youth's involvement with the legal system due to their behavior. This item does not refer to family involvement in the legal system.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Has the child/youth been arrested?</li><li>• Is the child/youth on probation?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> Child/youth has no known legal difficulties or involvement with the legal system.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth 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.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth 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).
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has serious current or pending legal difficulties that place them 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).

## SEXUALITY/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 child/youth's sexual orientation, or gender identity and expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

	Ratings and Descriptions
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> No evidence of issues with sexual development.
• Are there concerns about the child/youth's healthy sexual development?  • Is the child/youth sexually active?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation or gender identity and expression (SOGIE), or anxiety about the reaction of others.
• Does the child/youth have less/more interest in sex than other same age peers?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Moderate to serious problems with sexual development that interferes with the child/youth's life functioning in other life domains.  3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.

## RESIDENTIAL STABILITY

This item rates the current and likely future housing circumstances for the child/youth. If the youth lives independently, their history of residential stability can be rated.

	Ratings and Descriptions
	<p>0 <i>No evidence of any needs; no need for action.</i> There is no evidence of residential instability. Child/youth has stable housing for the foreseeable future.</p>
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>Is the individual staying in temporary housing, homeless shelter, transitional housing?</li><li>Does the individual speak of couch surfing or moving frequently and staying with friends?</li></ul>	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth 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 youth's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the child/youth found stressful is rated here.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has moved multiple times in the past year. This level also includes a moderate degree of residential instability if the youth is living independently, characterized by recent and temporary lack of permanent housing.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth 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.</p>

**Supplemental Information:** Life circumstances put people in unstable housing and may be the cause of mental health challenges, not the result of mental health challenges. A person can be moving or is homeless for numerous reasons: domestic abuse, hostile environment, neglect, current environment is detrimental to a person's recovery, unsafe housing, surrounding gang activity or dangerous neighborhood, no access to public transportation, etc. A child/youth or dependent adult may have needs regarding residential stability because of their caregiver. Regardless of the reason for unstable housing, the action levels should be used to best describe the current need of the individual.

## SCHOOL ATTENDANCE

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have any difficulty attending school?</li><li>How many times a week is the child/youth absent?</li><li>Once the child/youth arrives at school, does the youth stay for the rest of the day?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> Child/youth attends school regularly.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's problems with school attendance are interfering with academic progress.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is generally absent from school.

## DECISION MAKING

This item describes the child/youth's age-appropriate decision making process and understanding of choices and consequences.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>How is the child/youth's judgment and ability to make good decisions?</li><li>Does the child/youth typically make good choices?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with judgment or decision making that result in harm to development and/or well-being.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to the child/youth's development and/or well-being.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with judgment in which the youth makes decisions that are in some way harmful to the child/youth's development and/or well-being. As a result, more supervision is required than expected for the child/youth's age.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth makes decisions that would likely result in significant physical harm to self or others. Therefore, child/youth requires intense and constant supervision, over and above that expected for their age.

## TRANSPORTATION

This item is used to rate the level of transportation required to ensure that the child/youth can effectively participate in their own treatment.

	Ratings and Descriptions
	<p>0 <i>No evidence of any needs; no need for action.</i> Child/youth has no transportation needs. They are able to get to appointments, school/work, activities, etc. consistently, and are able to access any special vehicle needs for transportation, if needed.</p>
Questions to Consider	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/youth has occasional transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. no more than weekly and do not require a special vehicle.</p>
<ul style="list-style-type: none"><li>• Does the child/youth have reliable transportation?</li><li>• Are there any barriers to transportation?</li></ul>	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has frequent transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. regularly (e.g., once a week). Child/youth needs transportation assistance and access to special transportation resources.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has no access to appropriate transportation and is unable to get to appointments, school/work, activities, etc. Child/youth needs immediate intervention and development of transportation resources.</p>



## EMPLOYMENT/JOB FUNCTIONING

If the youth is working, this item describes their functioning in a job setting.

	Ratings and Descriptions
	<p>0 <i>No evidence of any needs; no need for action.</i></p> <p>No evidence of any problems in work environment. Youth is excelling in a job environment. Please note: Youth who are not currently working should be rated here; youth who are younger than 16 years old are also rated here.</p>
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the youth able to meet expectations at work?</li><li>• Do they have regular conflict at work?</li><li>• Are they timely and able to complete responsibilities?</li></ul>	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>Youth has a history of problems with work functioning, or youth may have some problems in the work environment that are not interfering with work functioning or other functional areas. The youth is functioning adequately in a job environment. A youth that is not currently working, but is motivated and is actively seeking work, could be rated here.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Some problems at work including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned youth about problems with their work performance. OR although not working, the youth seems interested in doing so, but may have problems with developing vocational or prevocational skills.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Youth has problems at work in terms of attendance, performance or relationships. Youth may have recently lost a job. Work problems are placing the youth or others in danger including aggressive behavior toward peers or superiors or severe attendance problems are evidenced. Youth may be recently fired or at very high risk of firing (e.g. on notice). OR the youth has a long history of unemployment.</p>

**Supplemental Information:** If the youth is receiving special vocational services, rate the youth's performance and behavior relative to their peer group. If it is planned for the youth to work in the regular economy, rate the youth's functioning compared to that peer group.

# CULTURAL FACTORS 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 Cultural Factors 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 child/youth 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 child/youth when rating these items and creating a treatment or service plan.

**Question to Consider for this Domain:** How does the child/youth’s membership in a particular cultural group impact their stress and wellbeing?

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

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## LANGUAGE

This item looks at whether the child/youth 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"> <li>• What language does the family speak at home?</li> <li>• Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family’s care?</li> <li>• Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the child/youth or family lives.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth and/or significant family members do not speak the primary language where the child/youth 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. [continues]</p>

**LANGUAGE continued**

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth and/or significant family members do not speak the primary language where the child/youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

**TRADITIONS AND RITUALS**

This item rates the child/youth and family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• What holidays does the child/youth celebrate?</li><li>• What traditions are important to the child/youth?</li><li>• Does the child/youth fear discrimination for practicing their traditions and rituals?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> Child/youth and/or family consistently practice their chosen traditions and rituals consistent with their cultural identity.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth and/or family generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.</p>

## CULTURAL STRESS

This item identifies circumstances in which the child/youth'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 child/youth and their family). Racism, negativity toward SOGIE and other forms of discrimination would be rated here.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?</li><li>• Does this impact their functioning as both individuals and as a family?</li><li>• How does the caregiver support the child/youth's identity and experiences if different from their own?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of stress between the child/youth's cultural identity and current environment or living situation.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some occasional stress resulting from friction between the child/youth's cultural identity and current environment or living situation.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.</p>

# CAREGIVER RESOURCES AND NEEDS DOMAIN

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. If the child or youth is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child/youth.

**Question to Consider for this Domain:** What are the resources and needs of the child/youth’s caregiver(s)? How are these needs impacting the caregiver’s ability to provide care to the child/youth?

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

- 0 No current need; no need for action. This may be a resource for the child/youth.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

## SUPERVISION

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• How does the caregiver feel about their ability to keep an eye on and discipline the child/youth?</li> <li>• Does the caregiver need some help with these issues?</li> </ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills. [continues]</p>

## SUPERVISION continued

- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.

## INVOLVEMENT WITH CARE

This item rates the caregiver's participation in the child/youth's care and ability to advocate for the child/youth.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>How involved are the caregivers in services for the child/youth?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child/youth.</p>
<ul style="list-style-type: none"><li>Is the caregiver an advocate for the child/youth?</li></ul>	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on behalf of the child/youth. Caregiver is open to receiving support, education, and information.</p>
<ul style="list-style-type: none"><li>Would the caregiver like any help to become more involved?</li></ul>	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist the child/youth.</p> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver wishes for child/youth to be removed from their care.</p>

## MEDICAL/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 provide care for the child/youth. This item does not rate depression or other mental health issues.

Ratings and Descriptions	
Questions to Consider	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of medical or physical health problems. Caregiver is generally healthy.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.

• How is the caregiver's health?

• Does the caregiver have any health problems that limit their ability to care for the family?

## KNOWLEDGE

This item identifies the caregiver's knowledge of the child/youth's strengths and needs, any problems experienced by the child/youth, and their ability to understand the rationale for the treatment or management of these problems.

Ratings and Descriptions	
Questions to Consider	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition or their talents, skills and assets.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has little or no understanding of the child/youth's current condition. Their lack of knowledge about the child/youth's strengths and needs places the child/youth at risk of significant negative outcomes.

• How does the caregiver understand the child/youth's needs?

• Does the caregiver have the necessary information to meet the child/youth's needs?

**Supplemental Information:** This item is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that what you know, someone else should know, and if they don't then it's a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this item in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with their child/youth. Additionally, the caregivers' understanding of the child/youth's diagnosis and how it manifests in the child/youth's behavior should be considered in rating this item.

## ORGANIZATION

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

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Do caregivers need or want help with managing their home?</li><li>Do they have difficulty getting to appointments or managing a schedule?</li><li>Do they have difficulty getting their child/youth to appointments or school?</li></ul>	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver is well organized and efficient.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> 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.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has moderate difficulty organizing and maintaining household to support needed services.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to organize household to support needed services.

## SOCIAL RESOURCES

This item rates the social assets (extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the child/youth and family.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does family have extended family or friends who provide emotional support?</li><li>Can they call on social supports to watch the child/youth occasionally?</li></ul>	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has significant social and family networks that actively help with caregiving.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has some family, friends or social network that actively helps with caregiving.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Work needs to be done to engage family, friends or social network in helping with caregiving.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has no family or social network to help with caregiving.



## HOUSING/RESIDENTIAL STABILITY

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

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Is the family's current housing situation stable?</li><li>• Are there concerns that they might have to move in the near future?</li><li>• Has family lost their housing?</li></ul>	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has stable housing with no known risks of instability.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> 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 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has moved multiple times in the past year. Housing is unstable.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Family is homeless, or has experienced homelessness in the recent past.

## SAFETY

This item describes the caregiver's ability to maintain the child/youth'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 child/youth.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Is the caregiver able to protect the child/youth from harm in the home?</li><li>• Are there individuals living in the home or visiting the home that may be abusive to the child/youth?</li></ul>	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Child/youth is in some danger from one or more individuals with access to the home.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Child/youth is in immediate danger from one or more individuals with unsupervised access.

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

## FAMILY STRESS

This item reflects the degree of stress or burden experienced by the family as a result of the child/youth's needs as described elsewhere in the assessment.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action. This may be a resource for the individual.</i> Caregiver is able to manage the stress of the child/youth's needs.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has some problems managing the stress of the child/youth's needs.
	2	<i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has notable problems managing the stress of the child/youth's needs. This stress interferes with their capacity to give care.
<ul style="list-style-type: none"><li>Does the child/youth's needs cause stress on the family?</li><li>Is the family able to cope with the stress?</li></ul>	3	<i>Need prevents provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to manage the stress associated with the child/youth's needs. This stress prevents caregiver from providing care.

## EMPATHY FOR CHILD

This item refers to the caregiver's ability to understand and respond to the joys, sorrows and other feelings of the child/youth with similar or helpful feelings.

Questions to Consider	Ratings and Descriptions	
	0	<i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver is emotionally empathic and attends to the child/youth's emotional needs.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> The caregiver can be emotionally empathic and typically attends to the child/youth's emotional needs. There are times, however, when the caregiver is not able to attend to the child/youth's emotional needs.
	2	<i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> The caregiver is often not empathic and frequently is unable to attend to the child/youth's emotional needs.
<ul style="list-style-type: none"><li>Is the caregiver able to empathize with the child/youth?</li><li>Is the caregiver able to respond to the child/youth's needs in an emotionally appropriate manner?</li><li>Is the caregiver's level of empathy impacting the child/youth's development?</li></ul>	3	<i>Need prevents the provision of care; requires immediate and/or intensive action.</i> The caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attend to the child/youth's emotional needs.

## MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity to provide care for the child/youth.

### Questions to Consider

- Do caregivers have any mental health needs (including adjusting to trauma experiences) that make parenting difficult?
- Is the caregiver receiving services?
- Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?

### Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of caregiver mental health difficulties.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver's mental health difficulties interfere with their capacity to parent.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

## SUBSTANCE USE

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

### Questions to Consider

- Do caregivers have any substance use needs that make parenting difficult?
- Is the caregiver receiving any services for the substance use problems?

### Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of caregiver substance use issues.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
There is a history, 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 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.

## DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to provide care for the child/youth.

	Ratings and Descriptions
Questions to Consider	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
<ul style="list-style-type: none"><li>Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?</li></ul>	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
<ul style="list-style-type: none"><li>Does the caregiver have services?</li></ul>	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

# MENTAL HEALTH/BEHAVIORAL AND EMOTIONAL NEEDS DOMAIN

The items in this section identify the behavioral health needs of the child/youth. 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 child/youth?

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

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## ATTACHMENT

This item should be rated within the context of the child/youth's significant parental or caregiver relationships.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• Does the child/youth struggle with separating from caregiver? Does the child/youth approach or attach to strangers in indiscriminate ways?</li> <li>• Does the child/youth have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of attachment problems. Caregiver-child/youth relationship is characterized by mutual satisfaction of needs and child/youth's development of a sense of security and trust. Caregiver is able to respond to individual's cues in a consistent, appropriate manner, and child/youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some history or evidence of insecurity in the caregiver-child/youth relationship. Caregiver may have difficulty accurately reading child/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/youth 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. Child/youth may have minor difficulties with appropriate physical/emotional boundaries with others.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with attachment that interfere with child/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth's cues, act in an overly intrusive way, or ignore/avoid child/youth's bids for attention/nurturance. Individual may have ongoing difficulties [continues]</p>

**ATTACHMENT continued**

- 2 with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.

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- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
 Individual is unable to form attachment relationships with others (e.g., chronic dismissive/ avoidant/detached behavior in care giving relationships) OR child/youth presents with diffuse emotional/ physical boundaries leading to indiscriminate attachment with others. Child/youth is considered at ongoing risk due to the nature of their attachment behaviors. Child/youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child/youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

**PSYCHOSIS**

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

- Does the child/youth exhibit behaviors that are unusual or difficult to understand?
- Does the child/youth experience hallucinations or delusions, bizarre behavior?
- Are the unusual behaviors, hallucinations or delusions interfering with the child/youth's functioning?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
 No evidence of psychotic symptoms. Both thought processes and content are within normal range.

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- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
 Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.

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- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
 Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.

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- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
 Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

## IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM-5. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), and sexual behavior, fire-starting or stealing.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>• Is the child/youth unable to sit still for any length of time?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of symptoms of loss of control of behavior.</p>
<ul style="list-style-type: none"><li>• Does the child/youth have trouble paying attention for more than a few minutes?</li></ul>	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth 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.</p>
<ul style="list-style-type: none"><li>• Is the child/youth able to control their behavior, talking, etc.?</li></ul>	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth 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 child/youth may be impulsive on a nearly continuous basis. The child/youth endangers self or others without thinking.</p>

## AGGRESSION

This item rates the child/youth's violent or aggressive behaviors. The intention of the behavior is to cause significant bodily harm to others. A supervising adult is also taken into account in this rating, as a rating of '2' or '3' could signify a supervising adult who is not able to control the child/youth's violent behaviors.

### Questions to Consider:

- Have there been situations in which others have been hurt by the child/youth?
- Have there been any changes to the child/youth's activities or routines because of hurting others?
- Has the child/youth been asked not to return to a school setting because of this?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of aggressive behavior.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
History, suspicion or concerns of aggressive behavior towards people or animals that has not yet interfered with functioning.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Clear evidence of aggressive behavior toward animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth exhibits a dangerous level of aggressive behavior involving harm to animals or others. Caregivers are unable to manage this behavior.

## ANGER CONTROL

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

### Questions to Consider

- How does the child/youth control their emotions?
- Does the child/youth get upset or frustrated easily?
- Does the child/youth overreact if someone criticizes or rejects them?
- Does the child youth seem to have dramatic mood swings?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of any anger control problems.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's 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 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.



## 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.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• How does the child/youth feel about their body?</li><li>• Do they seem to be overly concerned about their weight?</li><li>• Do they ever refuse to eat, binge eat, or hoard food?</li><li>• Has the child/youth ever been hospitalized for eating related issues?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of eating disturbances.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion or 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.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Eating disturbance impairs child/youth'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.) and Pica. Food hoarding also would be rated here.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth's eating disturbance is dangerous or puts their health at risk. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).</p>

## ADJUSTMENT TO TRAUMA

This item is used to describe the child/youth 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 the behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Has the child/youth experienced a traumatic event?</li><li>• Does the child/youth experience frequent nightmares?</li><li>• Is the child/youth troubled by flashbacks?</li><li>• What are the child/youth's current coping skills?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth 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. Child/youth 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.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavior symptoms, tantrums, and withdrawn behavior.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).</p>

## DEPRESSION

Symptoms included in this item are 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.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the child/youth concerned about possible depression or chronic low mood and irritability?</li><li>• Has the child/youth withdrawn from normal activities?</li><li>• Does the child/youth seem lonely or not interested in others?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with depression.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth 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.</p>

## 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"><li>Does the child/youth have any problems with anxiety or fearfulness?</li><li>Is the child/youth avoiding normal activities out of fear?</li><li>Does the child/youth act frightened or afraid?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion, or evidence of some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.</p>

## OPPOSITIONAL BEHAVIOR (Non-compliance with Authority)

This item rates the child/youth'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 child/youth.

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

## CONDUCT/ANTISOCIAL BEHAVIOR

This item rates the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder. **For ages 18+, rate this item for Antisocial Behavior (Noncompliance with Society's Rules).**

	Ratings and Descriptions
<b>Questions to Consider</b>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of serious violations of others or laws.
<ul style="list-style-type: none"><li>• Is the child/youth seen as dishonest? How does the child/youth handle telling the truth/lies?</li><li>• Has the child/youth been part of any criminal behavior?</li></ul>	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.
<ul style="list-style-type: none"><li>• Has the child/youth ever shown violent or threatening behavior towards others?</li><li>• Has the child/youth ever tortured animals?</li></ul>	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder. <b>Age 18+:</b> A young person rated at this level will likely meet criteria for a diagnosis of Antisocial Personality Disorder.
<ul style="list-style-type: none"><li>• Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?</li></ul>	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth 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.

## MANIA

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

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have periods of feeling super happy/excited for hours or days at a time? Have periods of feeling very angry/cranky for hours or days at a time?</li><li>Does the child/youth have periods of time where they feel like they don't need to sleep or eat? Have extreme behavior changes?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of mania or manic behavior.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has a history of manic behavior, or a child/youth with some evidence of hypomania or irritability that does not impact their functioning.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth with manic behavior that impacts the child/youth's functioning or those around them. This level is used to rate children/youth who meet the criteria for a bipolar disorder.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth with a level of mania that is dangerous or disabling. For example, the child/youth may be wildly over-spending, rarely sleeping, or pursuing a special "mission" that only they can accomplish. The manic episode rated here could include psychotic symptoms.

## ATTENTION/CONCENTRATION

This item rates problems with attention, concentration and task completion. These may include symptoms that are part of Attention-Deficit Hyperactivity Disorder. Inattention/distractibility not related to opposition would also be rated here.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>Is the child/youth able to pay attention or follow directions as age-appropriate?</li><li>Does the child/youth have difficulties focusing or staying on task?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> This rating is used to indicate a child/youth with no evidence of attention or concentration problems. The child/youth is able to stay on task in an age-appropriate manner.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> This rating is used to indicate a child/youth with evidence of mild problems with attention or concentration. Child/youth may have some difficulties staying on task for an age-appropriate time period in school or play.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This rating is used to indicate a child/youth with moderate attention problems. In addition to problems with sustained attention, child/youth may become easily distracted or forgetful in daily activities, have trouble following through on activities, and may become reluctant to engage in activities that require sustained effort. A child/youth who meets criteria for ADHD would be rated here.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> This rating is used to indicate a child/youth with severe impairment of attention or concentration. A child/youth with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.

### CURRENT ENVIRONMENTAL STRESSORS

This item describes whether there are situations within the child/youth's home, community or school environment that have the potential to negatively impact them or put them at risk.

#### Questions to Consider:

- Are there concerns that the child/youth is being exposed to illegal substances – either directly or by being around those who abuse substances?
- Are there concerns that the child/youth is, has been, or may be exposed to violence in the home or community?
- Are the places where the child/youth spends time safe?

#### Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*  
No evidence of current environmental stressors.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
There is either a history of environmental stressors or concern that these situations may emerge.
- 
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*  
There is clear evidence that the child/youth is exposed to current environmental stressors.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
The child/youth is exposed to environmental stressors and is showing negative effects due to such.

**Supplemental Information:** This item appreciates the stress and potential risk that a child/youth may be exposed to when community and living situations are not ideal. Such situations include the presence of domestic violence, violence within the community, or unsafe school situations. All of these areas if present can be impacted or families can be assisted in problem solving ways to lessen the risk for children/youth.

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

	Ratings and Descriptions
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> Child/youth has no notable substance use difficulties at the present time.
• Has the child/youth used alcohol or drugs on more than an experimental basis?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth 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.
• Do you suspect that the child/youth may have an alcohol or drug use problem?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
• Has the child/youth been in a recovery program for the use of alcohol or illegal drugs?	Child/youth 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 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth 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 child/youth.



## POTENTIALLY TRAUMATIC / ADVERSE CHILDHOOD EXPERIENCES

All of the potentially traumatic/adverse childhood experiences items are static indicators. In other words, these items indicate whether or not a child/youth has experienced a particular trauma. If the child/youth has 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 child/youth's life. Thus, these items are not expected to change except in the case that the child/youth has a new trauma experience or a historical trauma is identified that was not previously known.

**Question to Consider for this Module:** Has the child/youth experienced adverse life events that may impact their behavior?

**Rate these items within the child/youth's lifetime.**

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

- No No evidence of any trauma of this type.
- Yes Child/youth has had experience or there is suspicion that the child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

### NEGLECT

This item describes whether or not the child/youth 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

- Is the child/youth receiving adequate supervision?
- Has the child/youth been denied their needs for food and shelter?
- Is the child/youth allowed access to necessary medical care? Education?

#### Ratings and Descriptions

- No There is no evidence that the child/youth has experienced neglect.
- Yes Child/youth has experienced neglect, or there is a suspicion that they experienced neglect. This includes occasional neglect (e.g., child/youth left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision of the child/youth); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

### EMOTIONAL ABUSE

This item describes whether or not the child/youth has experienced verbal and/or nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling names, making negative comparisons to others, or telling a child/youth that they are "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation, and "emotional neglect," described as the denial of emotional attention and/or support from others.

#### Questions to Consider

- Is the child/youth subject to name calling or shaming in their home?

#### Ratings and Descriptions

- No There is no evidence that child/youth has experienced emotional abuse.
- Yes Child/youth has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner, being denied emotional attention or completely ignored, or threatened/terrorized by others.

### PHYSICAL ABUSE

This item describes whether or not the child/youth has experienced physical abuse.

#### Questions to Consider

- Is physical discipline used in the home? What forms?
- Has the child/youth ever received bruises, marks, or injury from discipline?

#### Ratings and Descriptions

- No There is no evidence that the child/youth has experienced physical abuse.
- 
- Yes Child/youth has experienced or there is a suspicion that they experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

### SEXUAL ABUSE

This item describes whether or not the child/youth has experienced sexual abuse.

#### Questions to Consider

- Has the child/youth disclosed sexual abuse?
- Is there suspicion or evidence that the child/youth has been sexually abused?

#### Ratings and Descriptions

- No There is no evidence that the child/youth has experienced sexual abuse.
- 
- Yes Child/youth has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – including single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Child/youth with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

### WITNESS TO FAMILY VIOLENCE

This item describes exposure to violence within the child/youth's home or family.

#### Questions to Consider

- Is there frequent fighting in the child/youth's family?
- Does the fighting ever become physical?

#### Ratings and Descriptions

- No There is no evidence the child/youth has witnessed family violence.
- 
- Yes Child/youth has witnessed, or there is a suspicion that they witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

### DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which a child/youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

#### Questions to Consider

- Has the child/youth ever lived apart from their caregivers?
- Have there ever been changes in the relationship status of the child/youth's caregiver(s)?
- What happened that resulted in the child/youth living apart from their caregivers?

#### Ratings and Descriptions

- No There is no evidence that the child/youth has experienced disruptions in caregiving and/or attachment losses.
- 
- Yes Child/youth has been exposed to, or there is suspicion that they were exposed to, at least one disruption in caregiving with familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Child/youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.

**Supplemental Information:** Children/youth who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. **This includes parent/caregiver divorce or separation.** Children/youth 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 child/youth's caregiver remains the same, would not be rated on this item.

### PARENT/CAREGIVER MENTAL ILLNESS

This item describes whether or not the child/youth has a history of living with a parent/caregiver with mental illness prior to the age of 18.

#### Questions to Consider

- Has the child/youth ever lived with a parent/caregiver who had mental health issues (e.g., depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)?

#### Ratings and Descriptions

- No There is no evidence that the child/youth has a history of living with a parent/caregiver with mental illness
- 
- Yes Prior to the age of 18, child/youth lived with a parent/caregiver with mental illness or there is a suspicion that they did.

## PARENT/CAREGIVER SUBSTANCE ABUSE

This item describes whether or not there is a history of a parent/caregiver abusing alcohol and/or illegal drugs, and/or misusing prescription medications before the child/youth was 18 years old.

### Questions to Consider

- Did the child/youth's parent or any caregiver ever have a problem with alcohol, illegal drugs or prescription medication use?

### Ratings and Descriptions

- No There is no evidence that the parent/caregiver struggled with substance use.
- Yes Prior to the age of 18, the child/youth lived with parents/caregiver who abused alcohol and/or illegal drugs, and/or misused prescription medications, or there is a suspicion that this occurred.

## MEDICAL TRAUMA

This item describes whether or not the child/youth has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

### Questions to Consider

- Has the child/youth had any broken bones, stitches or other medical procedures?
- Has the child/youth had to go to the emergency room, or stay overnight in the hospital?

### Ratings and Descriptions

- No There is no evidence that the child/youth has experienced any medical trauma.
- Yes Child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short-term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning. A suspicion that a child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

**Supplemental Information:** This item takes into account the impact of the event on the child/youth. It describes experiences in which the child/youth is subjected to medical procedures that are experienced as upsetting and overwhelming. A child/youth born with physical deformities who is subjected to multiple surgeries could be included. A child/youth who must experience chemotherapy or radiation could also be included. Children/youth who experience an accident and require 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/youth (e.g., shots, pills) would generally not be rated here.

## NATURAL OR MANMADE DISASTER

This item describes the child/youth's exposure to either natural or manmade disasters.

### Questions to Consider

- Has the child/youth been present during a natural or manmade disaster?
- Does the child/youth watch television shows containing these themes?

### Ratings and Descriptions

- No There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.
- Yes Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; 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. caregiver loses job). A suspicion that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.

### WITNESS TO COMMUNITY/SCHOOL VIOLENCE

This item describes the exposure to incidents of violence the child/youth has witnessed or experienced in their community. This includes witnessing violence at the child/youth's school or educational setting.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>Does the child/youth live in a neighborhood with frequent violence?</li><li>Has the child/youth witnessed or directly experienced violence at their school?</li></ul>	<p>No There is no evidence that the child/youth has witnessed violence in their community or school setting.</p> <p>Yes Child/youth has witnessed or experienced violence in their community or school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child/youth has witnessed or experienced violence in the community would be rated here.</p>

### WITNESS/VICTIM TO CRIMINAL ACTS

This item describes the child/youth's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>Has the child/youth or someone in their family ever been the victim of a crime?</li><li>Has the child/youth seen criminal activity in the community or home?</li></ul>	<p>No There is no evidence that the child/youth has been victim of or a witness to criminal activity.</p> <p>Yes Child/youth has been victimized, or there is suspicion that they have been victimized or have witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or child/youth has witnessed the death of a family friend or loved one.</p>

**Supplemental Information:** Any behavior that could result in incarceration is considered criminal activity. A child/youth 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. A child/youth who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

## WAR/TERRORISM AFFECTED

This item describes the child/youth's exposure to war, political violence, torture or terrorism.

	Ratings and Descriptions
Questions to Consider	<b>No</b> No evidence that the child/youth has been exposed to war, political violence, torture or terrorism.
<ul style="list-style-type: none"><li>• Has the child/youth or their family lived in a war-torn region?</li><li>• How close were they to war or political violence, torture or terrorism?</li><li>• Was the child/youth displaced?</li></ul>	<b>Yes</b> Child/youth has experienced, or there is suspicion that they have experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the child/youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the child/youth; child/youth may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; child/youth may have been directly injured, tortured, or kidnapped in a terrorist attack; child/youth may have served as a soldier, guerrilla, or other combatant in their home country. Also included is a child/youth who did not live in war or terrorism-affected region or refugee camp, but whose family was affected by war.

**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 child/youths acting in isolation (e.g. sniper attacks).

# 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 child/youth's behaviors put them at risk for serious harm?

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

- 0 No evidence of any needs; no need for action.
- 1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

## SELF-HARM

This item includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child/youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?</li> <li>• Does the child/youth ever purposely hurt themselves (e.g., cutting)?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any forms of self-injury.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> A history or suspicion of self-injurious behavior.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.</p>

### OTHER SELF-HARM (RECKLESSNESS)

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

Ratings and Descriptions	
Questions to Consider	
<ul style="list-style-type: none"><li>Does the child/youth act without thinking?</li><li>Has the child/youth ever talked about or acted in a way that might be dangerous to themselves or others (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.</p>

### SUICIDE RISK

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

Ratings and Descriptions	
Questions to Consider	
<ul style="list-style-type: none"><li>Has the child/youth ever talked about a wish or plan to die or to kill the themselves?</li><li>Has the child/youth ever tried to commit suicide?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of suicidal ideation.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Recent, but not acute, suicidal ideation or gesture.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Current ideation and intent OR command hallucinations that involve self-harm.</p>



## DANGER TO OTHERS

This item rates the child/youth'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.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Has the child/youth ever injured another person on purpose?</li><li>• Does the child/youth get into physical fights?</li><li>• Has the child/youth ever threatened to kill or seriously injure others?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.</p>

## INTENTIONAL MISBEHAVIOR

This item describes intentional behaviors that a child/youth 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 child/youth lives) that put the child/youth at some risk of consequences. It is not necessary that the child/youth 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 child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for child/youth who engage in such behavior solely due to developmental delays.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>Does the child/youth intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents or teachers)?</li><li>Has the child/youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the child/youth such as suspension, job dismissal, etc.?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.</p> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.</p> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the child/youth's life.</p> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).</p>

## SEXUAL AGGRESSION

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

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Has the child/youth ever been accused of being sexually aggressive towards another child/youth?</li><li>• Has the child/youth had sexual contact with a younger individual?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of sexually aggressive behavior.
	<b>1</b> <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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.
	<b>2</b> <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child/youth 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.
	<b>3</b> <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child/youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

## RUNAWAY

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

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Has the child/youth ever run away from home, school, or any other place?</li><li>• If so, where did the child/youth go? How long did the child/youth stay away? How was the child/youth found?</li><li>• Does the child/youth ever threaten to run away?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> Child/youth has no history of running away or ideation of escaping from current living situation.
	<b>1</b> <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has no recent history of running away but has expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
	<b>2</b> <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run home (parental or relative).
	<b>3</b> <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child/youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A child/youth who is currently a runaway is rated here.

## DELINQUENCY/CRIMINAL BEHAVIOR

This item includes both criminal behavior and status offenses that may result from child/youth 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 child/youth could be arrested for this behavior. **For ages 18+: Rate this item for Criminal Behavior.**

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence or no history of delinquent behavior.
	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.
	2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.
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### Questions to Consider

- Do you know of laws that the child/youth has broken (even if the child/youth has not been charged or caught)?
- Has the child/youth ever been arrested?

## VICTIMIZATION/EXPLOITATION

This item describes a child/youth 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 or exploitation. It would also include individuals who are victimized in other ways (e.g., being bullied, sexual abuse, sexual exploitation, etc.).

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence that the child/youth has experienced a pattern of victimization or exploitation. They may have been bullied, robbed or burglarized on one or more occasions but not in the recent past, and no pattern of victimization exists. Child/youth is not presently at risk for re-victimization or exploitation.
	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has a prior pattern of victimization or exploitation, but the child/youth has not been victimized to any significant degree in the past year. Child/youth is not presently at risk for re-victimization or exploitation.
	2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child/youth 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	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child/youth 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 a child/youth in an abusive relationship.
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### Questions to Consider

- Has the child/youth ever been victimized or exploited?
- Is the child/youth currently being victimized or exploited?

## SEXUALLY INAPPROPRIATE BEHAVIORS

This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>Has the child/youth ever been involved in sexual activities or done anything sexually inappropriate?</li><li>Has the child/youth ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with sexual behavior.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> 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 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child/youth's 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 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.

## FIRE SETTING

This item describes whether the child/youth intentionally starts fires using matches or other incendiary devices. Malicious or reckless use of fire should be rated here; however, fires that are accidental should not be considered fire setting.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>Has the child/youth ever played with matches, or set a fire? If so, what happened?</li><li>Did the fire setting behavior destroy property or endanger the lives of others?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of fire setting by the child/youth.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of fire setting but not within the past six months.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Recent fire setting behavior (during the past six months) but not of the type that endangered the lives of others, OR repeated fire-setting behavior over a period of at least two years, even if not within the past six months.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute threat of fire setting. Child/youth has set fires that endangered the lives of others (e.g., attempting to burn down a house).