Child and Adolescent Needs and Strengths

Santa Clara County 5+

(CANS 2.0)

2017
REFERENCE
GUIDE

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

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INTRODUCTION

THE CANS

The 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, adolescents, 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 using 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 in the tool because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system.** Those levels are 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 older children or adolescents regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth's developmental age.
5. **The ratings are generally "agnostic as to etiology."** In other words this is a descriptive tool; it is about the "what" not the "why." Only one item, adjustment to trauma, has any cause-effect judgments.
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth's present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

The Child and Adolescent Needs and Strengths 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 the child/youth's and parents/caregivers' needs and strengths. Strengths are the child/youth's assets: areas in life where he or she is doing well or has an interest or ability. Needs are areas where a child/youth requires help or serious intervention. Care providers use an assessment process to get to know the child/youth and 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 up of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family's beliefs, preferences and concerns. The provider gives a number rating to

each of these items. These ratings help the provider, child/youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

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

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospitals and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-miller, Lyons, Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The CANS assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child/youth and the parent/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, adolescents, and families, programs and agencies, and child/youth-serving systems. It provides for a structured communication and critical thinking about the child/youth and their context. The CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child/youth's progress. It can also be used as a communication tool that provides a common language for all child/youth-serving entities to discuss the child/youth's needs and strengths. A review of the case record in light of the CANS 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 super users as experts of CANS assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

Reliability

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

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children/youth's and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care

(Lyons, 2004). The CANS assessment has also been used to distinguish needs of children/youth 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 child/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

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, it should be used only in the rare instances where an item does not apply to that particular child/youth. To complete the CANS, a CANS-trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each item and then record the appropriate rating on the CANS form (or electronic record).

Remember that the item anchor descriptions are examples of circumstances that fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

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, adolescents, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with children/youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on the child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children/youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/ treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus of strength-building activities. It is important to remember that when developing service and treatment plans for healthy child/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/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, Life 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, adolescents, and their families and to improve our programs. Hopefully, this guide will help you to use the CANS as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "questions to consider" which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

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

CANS: A BEHAVIOR HEALTH CARE STRATEGY

The CANS is an excellent strategy in addressing a child/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 Domain or Behavioral/Emotional Needs, Risk Behaviors or Child/Youth Strengths, or Caregiver Needs & Resources—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar with the CANS items can help in having more natural conversations. So, if the family is talking about situations around the child/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.

MAKING THE BEST USE OF THE CANS

Children/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 service planning. When possible, share with the child/youth and family the CANS domains and items (see the CANS core item list on page 12) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- **Use nonverbal and minimal verbal prompts**. Head nodding, smiling and brief "yes," "and"—things that encourage people to continue.

- **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking "If I were this person, I would do x" or "That's just like my situation, and I did "x." But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

- **Be empathic. Empathy is being warm and supportive.** It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child/youth that you are with him/her.

- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "Does that make sense to you?" Or "Do you need me to explain that in another way?"

- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "OK, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO PARENTS'/CAREGIVERS' OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people's observations such as "Well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "So your mother feels that when he does x that is obnoxious. What do YOU think?" The CANS is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when …" demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

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

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

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

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CANS 5+ BASIC STRUCTURE

The Child and Adolescent Needs and Strengths expands depending upon the needs of youth and the family. Basic core items are rated for all youth and parents or unpaid caregivers. Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

Life Functioning Domain
- Family Functioning
- Living Situation
- Social Functioning
- Recreational
- *Developmental/Intellectual*
- Job Functioning
- Legal
- Medical/Physical
- Sexual Development
- Sleep
- School Behavior
- School Achievement
- School Attendance
- Decision Making

Strengths Domain
- Family Strengths
- Interpersonal
- Optimism
- Educational Setting
- Vocational
- Talents and Interests
- Spiritual/Religious
- Community Life
- Relationship Permanence
- Youth Involvement with Care
- Resiliency
- Resourcefulness
- Cultural Identity
- Natural Supports

Cultural Factors Domain
- Language
- Traditions and Rituals
- Cultural Stress

Caregiver Needs & Resources Domain
- Supervision
- Involvement with Care
- Knowledge
- Organization
- Social Resources
- Residential Stability
- Medical/Physical
- Mental Health
- Substance Use
- Developmental
- Safety

Behavioral/Emotional Needs Domain
- Psychosis (Thought Disorder)
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional
- Conduct
- *Adjustment to Trauma*
- Anger Control
- Attachment Difficulties
- *Substance Use*

Risk Behaviors Domain
- Suicide Risk
- Non-Suicidal Self-Injurious Behavior
- Other Self-harm/Recklessness
- *Danger to Others*
- *Sexual Aggression*
- *Runaway*
- *Delinquent Behavior*
- *Fire Setting*
- Intentional Misbehavior
- *Exploitation/Victimization*

I. LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of youth 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 youth and family are experiencing.

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

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

0	No current need; no need for action or intervention.
1	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.

FAMILY FUNCTIONING (FAMILY)

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.

Questions to Consider

- Is there conflict in the family relationship that requires resolution?
- Is treatment required to restore or develop positive relationship in the family?

Ratings & Descriptions

0	No current need; no need for action or intervention. No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.
1	Identified need requires monitoring, watchful waiting, or preventive activities. 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.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. 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.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. 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.

Supplemental Information: Family Functioning should be rated independently of the problems the youth experienced or stimulated by the youth currently assessed.

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.

Questions to Consider

- How has the child/youth been behaving and getting along with others in the current living situation?

Ratings & Descriptions

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

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.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

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 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

Child/youth has moderate to severe problems with functioning in current living situation. Child/youth has difficulties maintaining their behavior in this setting creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.

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

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.

Supplemental Information: When the youth is potentially returning to biological parents, this item is rated independent of the Family Functioning item. When the youth lives with biological or adoptive parents, this item is rated the same as the Family Functioning item. Hospitals, shelters and detention centers do not count as "living situations." If a youth is presently in one of these places, rate the previous living situation.

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.

Questions to Consider

- Is the child/youth pleasant and likeable?
- Do same age peers like the child/youth?
- Do you feel that the child/youth can act appropriately in social settings?

Ratings & Descriptions

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

No evidence of problems and/or child/youth has developmentally appropriate social functioning.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

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 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

Child/youth is having some problems with their social relationships that interfere with functioning in other life domains.

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

Child/youth is experiencing significant disruptions in their 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.

RECREATIONAL

This item rates the child/youth's access to and use of leisure activities.

Questions to Consider

- What activities is the youth involved in?
- Are there barriers to participation in extracurricular activities?
- How does the child/youth use their free time?

Ratings and Descriptions

0 No current need; no need for action or intervention.
No evidence of any problems with recreational functioning or play. Child/youth has access to sufficient activities that they enjoy and makes full use of leisure time to pursue recreational activities that support their healthy development and enjoyment.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth is doing adequately with recreational activities although at times has difficulty using leisure time to pursue recreational activities.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth may experience some problems with recreational activities and effective use of leisure time.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time.

DEVELOPMENTAL/INTELLECTUAL (DEVELOPMENTAL)*

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

Questions to Consider

- Does the child/ youth's growth and development seem healthy?
- Has the child/youth reached appropriate developmental milestones (such as walking, talking)?
- Has anyone ever mentioned that the child/youth may have developmental problems?
- Has the child/youth developed like other same age peers?

Ratings & Descriptions

0 No current need; no need for action or intervention.
No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
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.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
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.

3 Problems are 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 [A] Developmental Needs Module (pg. 48).

JOB FUNCTIONING

If the youth is working, this item describes his/her functioning in a job setting. Generally this rating is reserved for adolescents. If not applicable, rate item '0'.

Questions to Consider

- Does the child/youth have a job?
- Does the child/youth go to work on time?
- Does the child/youth get along with their boss?

Ratings and Descriptions

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

No evidence of problems at work if the youth is gainfully employed, OR youth is unable to work due to age and/or developmental issues which prevent working.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

Youth may have some problems in work environment involving attendance, tardiness, productivity, or relations with others, OR youth is not currently working though is motivated and is actively seeking work.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

Work problems including disruptive behavior and/or difficulties with performing work that are impacting youth's functioning at work; supervisors likely have warned youth about problems with their work performance. OR, though not working, youth seems interested in doing so, though may have some anxiety about it. The youth may need support and/or training.

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

Work problems are threatening the youth's employment and may include: attendance, performance, or relationships, such as aggressive behaviors toward peers or supervisors, or severe attendance problems. Youth may have been recently fired or at very high risk of firing (e.g., on notice). OR, youth is unmotivated or uninterested in working even though they would be capable of employment with support and/or training.

LEGAL

This item rates the child/youth's involvement with the legal (juvenile or adult) criminal justice systems due to their behavior. This item does not refer to family involvement in the legal system.

Questions to Consider

- Has the child/youth been arrested?
- Is the child/youth on probation?
- Are there charges pending against the child/youth?

Ratings and Descriptions

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

Child/youth has no known legal difficulties or involvement with the court system.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

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 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

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

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).

Supplemental Information: This item indicates the child/youth's level of involvement with the juvenile justice system, not involvement in the courts due to custody issues. Family involvement with the courts is not rated here—only the identified youth's involvement is relevant to this rating. This issue uses the juvenile justice definition of delinquent behavior—where there are findings of guilt. Actual delinquent acts are described and rated elsewhere.

MEDICAL/PHYSICAL

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

Note: This item was two separate items in the Santa Clara County CANS 5+ version 1.0: (1) Medical and (2) Physical

Questions to Consider

- Does the child/ youth have anything that limits the child/youth's physical activities?
- How much does this interfere with the child/youth's life?

Ratings & Descriptions

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

No evidence that the child/youth has any medical or physical problems, and/or they are healthy.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

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.

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

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.

Supplemental Information: Most transient, treatable conditions would be rated as a '1.' Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2.' The rating '3' is reserved for life threatening medical conditions.

SEXUAL DEVELOPMENT (SEXUALITY)

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, gender identity and expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Questions to Consider

- Are there concerns about the child/ youth's healthy sexual development?
- Is the child/youth sexually active?
- Does the child/youth have less/more interest in sex than other same age peers?

Ratings & Descriptions

0 No current need; no need for action or intervention.
No evidence of issues with sexual development.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

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, gender identity and expression (SOGIE), or anxiety about the reaction of others.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

Moderate to serious problems with sexual development that interferes with the child/youth's life functioning in other life domains.

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

Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.

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.

Questions to Consider

- Does the child/youth appear rested?
- Is the child/youth often sleepy during the day?
- Does the child/youth have frequent nightmares or difficulty sleeping?
- How many hours does the child/youth sleep each night?

Ratings & Descriptions

0 No current need; no need for action or intervention.
Child/youth gets a full night's sleep each night.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
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 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth is generally sleep deprived. Sleeping is almost always difficult for the child/youth and they are not able to get a full night's sleep.

SCHOOL BEHAVIOR

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

Questions to Consider

- How is the child/ youth behaving in school?
- Has the child/youth had any detentions or suspensions?
- Has the child/youth needed to go to an alternative placement?

Ratings & Descriptions

0 No current need; no need for action or intervention.
No evidence of behavioral problems at school, OR child/youth is behaving well in school.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Child/youth is behaving adequately in school although some behavior problems exist. May be related to relationship with either teachers or peers.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
Child/youth's behavior problems are interfering with her/his functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.

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

Questions to Consider

- How are the child/youth's grades?
- Is the child/youth having difficulty with any subjects?
- Is the child/youth at risk for failing any classes or repeating a grade?

Ratings & Descriptions

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

No evidence of issues in school achievement and/or child/youth is doing well in school.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

History of problems with school achievement, OR child/youth is doing adequately in school although some problems with achievement exist.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

Child/youth is having problems with school achievement. The child/youth may be failing some subjects.

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

Child/youth is having achievement problems that place him/her at risk. 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.

SCHOOL ATTENDANCE

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

Questions to Consider

- Does the child/youth have any difficulty attending school?
- Is the child/youth on time to school?
- How many times a week is the child/youth absent?
- Once the child/youth arrives at school, does the child/youth stay for the rest of the day?

Ratings & Descriptions

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

Child/youth attends school regularly.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

Child/youth's problems with school attendance are interfering with her/his academic progress.

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

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.

Note: This item was called Judgment and was located in the Risk Behavior Domain in the Santa Clara County CANS 5+ version 1.0.

Questions to Consider

- How is the child/youth's judgment and ability to make good decisions?
- Does the child/youth typically make good choices for the child/youth?

Ratings & Descriptions

0	No current need; no need for action or intervention. No evidence of problems with judgment or decision making that result in harm to development and/or well-being.
1	Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. 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. More supervision is required than expected for the child/youth's age.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. 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 child/youth's age.

2. 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 his or her 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 or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

3 An area in which no current strength is identified; efforts are needed to identify potential strengths.

FAMILY STRENGTHS (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.

Questions to Consider	Ratings & Descriptions
• Does the child/youth have good relationships with any family member? • Is there potential to develop positive family relationships? • 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?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.
	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. 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.
	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. 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

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 his or her relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider

- Does the child/youth have the trait ability to make friends?
- Do you feel that the child/youth is pleasant and likable?
- Do adults or same age peers like the child/youth?

Ratings & Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. 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 are needed to identify potential strengths. 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.

OPTIMISM

This rating should be based on the child/youth or adolescent's sense of themselves in their own future. This item rates the child/youth's future orientation.

Questions to Consider

- Does the child/youth have a generally positive outlook on things; have things to look forward to?
- How does the child/youth see themselves in the future?
- Is the child/youth forward looking/sees themselves as likely to be successful?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth has a strong and stable optimistic outlook for their future.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth is generally optimistic about their future.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. 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.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

Supplemental Information: There is a strong literature indicating that kids with a solid sense of themselves and their future have better outcomes than children/youth who do not. A rating of '1' would be a youth who is generally optimistic. A rating of '3' would be a child/youth who has difficulty seeing any positives about themselves or their future.

EDUCATIONAL SETTING (EDUCATIONAL)

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

Questions to Consider

- Is the school an active partner in the child/youth's education?
- Does the child/youth like school?
- Has there been at least one year in which the child/youth did well in school?
- When has the child/youth been at their best in school?

Ratings & Descriptions

NA	Child/youth is not in school.
0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs; OR the child/youth excels in school.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. School works with the child/youth and family to address the child/youth's educational needs; OR the child/youth likes school.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The school is currently unable to adequately address the child/youth's academic or behavioral needs.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.

Supplemental Information: This rating refers to the strengths of the school system or the child's preschool setting, and may or may not reflect any specific educational skills possessed by the child/youth. A rating of '0' would be given if the school is an active participant with the child/youth and family. A rating of '2' would be given if the school is not able to address the child/youth's needs despite an IEP, etc.

VOCATIONAL

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

Questions to Consider

- Does the child/youth know what they want to 'be when they grow up?'
- Has the child/youth ever worked or are they developing prevocational skills?
- Does the child/youth have plans to go to college or vocational school, for a career?

Ratings and Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth is working; however, the job is not consistent with developmentally appropriate career aspirations.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/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 child/youth with a clear vocational preference.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/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.
N/A	This item is not applicable due to the child's age or developmental level.

Supplemental Information: Vocational strengths are rated independently of functioning (i.e. a child/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 child/youth has some vocational skills or work experience. A rating of '3' would indicate that the child/youth needs significant assistance in developing those skills.

TALENTS AND INTERESTS (TALENTS/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

- What does the child/youth do with free time?
- What does the child/youth enjoy doing?
- Is the child/youth engaged in any pro-social activities?
- What are the things that the child/youth does particularly well?

Ratings & Descriptions

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

Child/youth has a talent that provides her/him with pleasure and/or self-esteem. A child/youth with significant creative/artistic/athletic strengths would be rated here.

1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

Child/youth has a talent, interest, or hobby that has the potential to provide her/him with 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.

2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

Child/youth has expressed interest in developing a specific talent, interest or hobby even if they have not developed that talent to date, or whether it would provide them with any benefit.

3 An area in which no current strength is identified; efforts are needed to identify potential strengths.

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.

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.

Questions to Consider

- Does the child/youth have spiritual beliefs that provide comfort?
- Is the family involved with any religious community? Is the child/youth involved?
- Is child/youth interested in exploring spirituality?

Ratings & Descriptions

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

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 him/her in difficult times.

1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.

2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

Child/youth has expressed some interest in spiritual or religious beliefs and practices.

3 An area in which no current strength is identified; efforts are needed to identify potential strengths.

There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.

Supplemental Information: The items Vocational, Talents and Interests, and Spiritual/Religious have been found to be the three best predictors for positive outcomes for youth involved in the mental health and juvenile justice systems. Youth who had strengths in these areas were less likely to be rearrested than those who did not.

COMMUNITY LIFE

This item reflects the child/youth's connection to people, places or institutions in his or her 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.

Questions to Consider

- Does the child/youth feel like they are part of a community?
- Are there activities that the child/youth does in the community?

Ratings & Descriptions

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

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.

1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

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.

2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

Child/youth has an identified community but has only limited, or unhealthy, ties to that community.

3 An area in which no current strength is identified; efforts are needed to identify potential strengths.

There is no evidence of an identified community of which child/youth is a member at this time.

RELATIONSHIP PERMANENCE

This item refers to the stability and consistency of significant relationships in the child/youth's life. This likely includes family members but may also include other adults and/or peers.

Questions to Consider

- Has anyone consistently been in the child/youth's life since birth?
- Are there other significant adults in the child/youth's life?

Ratings and Descriptions

0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.

Child/youth has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Child/youth is involved with their parents.

1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.

Child/youth has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.

2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.

Child/youth has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

3 An area in which no current strength is identified; efforts are needed to identify potential strengths.

Child/youth does not have any stability in relationships. Independent living or adoption must be considered.

RESILIENCY

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. Resilience also refers to the child/youth's ability to bounce back from stressful life events.

Questions to Consider

- What does the child/youth do well?
- Is the child/youth able to recognize the child/youth's skills as strengths?
- Is the child/youth able to use the child/youth's strengths to problem solve and address difficulties or challenges?

Ratings & Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth's internal strength in overcoming or the ability to bounce back is a core part of their identity and associated with a well-developed and recognizable set of supports and strengths for dealing with challenges.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth uses their internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth has limited ability to recognize and use their internal strengths in overcoming or the ability to bounce back to effectively to support healthy development, problem solving or dealing with stressful life events.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/youth is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.

RESOURCEFULNESS

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

Questions to Consider

- Does the child/youth have external or environmental strengths?
- Does the child/youth use their external or environmental strengths to aid in their well-being?

Ratings & Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth is quite skilled at finding the necessary resources required to aid him/her in managing challenges.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth has some skills at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

CULTURAL IDENTITY

Cultural identify refers to the child'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).

Note: This item was located in the Acculturation Domain in the Santa Clara County CANS 5+ version 1.0.

Questions to Consider

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

Ratings & Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. The child/youth has defined a cultural identity and is connected to others who support the child/youth's cultural identity.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. The child/youth is developing a cultural identity and is seeking others to support the child/youth's cultural identity.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. The child/youth is searching for a cultural identity and has not connected with others.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. The child/youth does not express a cultural identity.

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

- Who does the child/youth consider to be a support?
- Does the child/youth have non-family members in the child/youth's life that are positive influences?

Ratings & Descriptions

0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.
1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.
2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/youth has some identified natural supports however these supports are not actively contributing to the child/youth's healthy development.
3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/youth has no known natural supports (outside of family and paid caregivers).

3. CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, find a 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 it important to remember when using the CANS that the family should be defined from the individual child/youth's perspective (i.e., who the individual describes as part of her/his family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

Question to Consider for this Domain: How does the child/youth's membership in a particular cultural group impact his or her stress and wellbeing?

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

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

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

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

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

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., translator). This item includes spoken, written, and sign language, as well as issues of literacy.

Questions to Consider

- What language does the family speak at home?
- Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family's care?
- Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?

Ratings & Descriptions

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

1 Identified need requires monitoring, watchful waiting, or preventive activities.
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.

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

3 Problems are 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.

Supplemental Information: This item looks at whether the youth and family need help to communicate with others. This item includes both spoken and sign language. In immigrant families, the youth often becomes that translator. While in some instances this might work well, it may become a burden on the youth if unable to translate accurately because of their understanding of the situation, or become distressing (such as during a court hearing) or inappropriate for the youth to do so.

TRADITIONS AND RITUALS (RITUAL)

This item rates the child/youth and family's access to and participation in cultural traditions, 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.

Questions to Consider

- What holidays does the child/youth celebrate?
- What traditions are important to the child/youth?
- Does the child/youth fear discrimination for practicing the child/youth's traditions and rituals?

Ratings & Descriptions

0 No current need; no need for action or intervention.
Child/youth and/or family consistently practice their chosen traditions and rituals consistent with their cultural identity.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
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.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Child/youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Child/youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

CULTURAL STRESS

This item identifies circumstances in which the child/youth and family's cultural identity is met with hostility or other problems within their environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the child/youth and their family). Racism, negativity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

Questions to Consider

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

Ratings & Descriptions

0 No current need; no need for action or intervention.
No evidence of stress between the child/youth's cultural identity and current environment or living situation.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Some mild or occasional stress resulting from friction between the child/youth's cultural identity and current environment or living situation.

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

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

4. CAREGIVER RESOURCES & NEEDS DOMAIN

This section focuses on the resources 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/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)?

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

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

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

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

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

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 child/youth.

Questions to Consider	Ratings & Descriptions	
• How does the caregiver feel about their ability to keep an eye on and discipline the child/youth? • Does the caregiver need some help with these issues?	0	No current need; no need for action or intervention. No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.

INVOLVEMENT WITH CARE (INVOLVEMENT)

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

Questions to Consider

- How involved are the caregivers in services for the child/youth?
- Is the caregiver an advocate for the child/youth?
- Would the caregiver like any help to become more involved?

Ratings & Descriptions

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

No evidence of problems with caregiver involvement in services or interventions for the child/youth, and/or caregiver is able to act as an effective advocate for the child/youth.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active or fully effective advocate on behalf of the child/youth. Caregiver is open to receiving support, education, and information.

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

Caregiver does not actively involve themselves in services and/or interventions intended to assist the child/youth.

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

Caregiver wishes for child/youth to be removed from their care.

Supplemental Information: This rating should be based on the level of involvement of the caregiver(s) in the planning and provision of child welfare, behavioral health, education, primary care, and related services.

KNOWLEDGE

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

Questions to Consider

- Does the caregiver understand the child/youth's current mental health diagnosis and/or symptoms?
- Does the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?

Ratings & Descriptions

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

No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

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 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.

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

Caregiver has little or no understanding of the child/youth's current condition. Their knowledge problems about the child/youth's strengths and needs place the child/youth at risk of significant negative outcomes.

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 youth. Additionally, the caregivers' understanding of the youth's diagnosis and how it manifests in the youth's behavior should be considered in rating this item.

ORGANIZATION

This item should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities.

Questions to Consider

- Do caregivers need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?
- Do they have difficulty getting their youth to appointments or school?

Ratings and Descriptions

0 No current need; no need for action or intervention.
Caregiver is well organized and efficient.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver has 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 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has moderate difficulty organizing and maintaining household to support needed services.

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

Questions to Consider

- Does family have extended family or friends who provide emotional support?
- Can they call on social supports to watch the child/youth occasionally?

Ratings & Descriptions

0 No current need; no need for action or intervention.
Caregiver has significant social and family networks that actively help with caregiving.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
Caregiver has some family, friends or social network that actively helps with caregiving.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Work needs to be done to engage family, friends or social network in helping with caregiving.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has no family or social network to help with caregiving.

RESIDENTIAL STABILITY

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

Questions to Consider

- Is the family's current housing situation stable?
- Are there concerns that they might have to move in the near future?
- Has family lost their housing?

Ratings & Descriptions

0 No current need; no need for action or intervention.
Caregiver has stable housing with no known risks of instability.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
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 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has moved multiple times in the past year. Housing is unstable.

3 Problems are dangerous or disabling; requires immediate and/or intensive action
Family is homeless, or has experienced homelessness in the recent past.

MEDICAL/PHYSICAL (PHYSICAL)

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

Questions to Consider

- How is the caregiver's health?
- Does the caregiver have any health problems that limit their ability to care for the family?

Ratings & Descriptions

0 No current need; no need for action or intervention
No evidence of medical or physical health problems. Caregiver is generally healthy.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.

MENTAL HEALTH

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

Questions to Consider

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

Ratings & Descriptions

0 No current need; no need for action or intervention.
No evidence of caregiver mental health difficulties.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver's mental health difficulties interfere with their capacity to parent.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

Supplemental Information: Serious mental illness would be rated '2' or '3' unless the individual is in recovery.

SUBSTANCE USE (SUBSTANCE ABUSE)

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?

Ratings & Descriptions

0 No current need; no need for action or intervention.
No evidence of caregiver substance use issues.

1 Identified need requires monitoring, watchful waiting, or preventive activities.
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 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
Caregiver has some substance use difficulties that interfere with their capacity to parent.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.
Caregiver has substance use difficulties that make it impossible to parent the child/youth at this time.

Supplemental Information: Substance-related disorders would be rated '2' or '3' unless the individual is in recovery.

DEVELOPMENTAL

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

Questions to Consider

- Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?

Ratings & Descriptions

0	No current need; no need for action or intervention. No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

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

- Is the caregiver able to protect the child/ youth from harm in the home?
- Are there individuals living in the home or visiting the home that may be abusive to the child/youth?

Ratings & Descriptions

0	No current need; no need for action or intervention. No evidence of safety issues. Household is safe and secure. Child/youth is at no risk from others.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Child/youth is in some danger from one or more individuals with access to the home.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is in immediate danger from one or more individuals with unsupervised access.

5. BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies 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 **Behavioral/Emotional Needs Domain,** use the following categories and action levels:

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

PSYCHOSIS (Thought Disorder)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.

Questions to Consider

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

Ratings & Descriptions

0	No current need; no need for action or intervention. No evidence of psychotic symptoms. Both thought processes and content are within normal range.
1	Identified need requires monitoring, watchful waiting, or preventive activities. 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 a child/youth who is below the threshold for one of the DSM diagnoses listed above.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's 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.
3	Problems are 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.

Supplemental information: While a growing body of evidence suggests that schizophrenia can begin as early as age nine, schizophrenia is more likely to begin to develop during the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations. Posttraumatic stress disorder secondary to sexual or physical abuse can be associated with visions of the abuser when children are falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours.

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), Impulse-Control Disorders and mania 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. Manic behavior is also rated here.

Questions to Consider

- Is the child/youth unable to sit still for any length of time?
- Does the child/youth have trouble paying attention for more than a few minutes?
- Is the child/youth able to control the child/ youth's behavior, talking?

Ratings & Descriptions

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

No evidence of symptoms of loss of control of behavior.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

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 their turn. Some motor difficulties may be present as well, such as pushing or shoving others.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

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.

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

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. He or she endangers self or others without thinking.

Supplemental information: This item is designed to allow for the description of the child/youth's ability to control his/her own behavior, including impulsiveness, hyperactivity and/or distractibility. If a child has been diagnosed with Attention-Deficit/Hyperactivity Disorder (AD/HD) and disorders of impulse control, this may be rated here. Children and adolescents with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this item is reserved for those whose lack of control of behavior has placed them in physical danger during the period of the rating. Consider the child's environment when rating (i.e., bored kids tend to be impulsive kids).

AD/HD is characterized by either frequently displayed symptoms of inattention (e.g., difficulty sustaining attention, not seeming to listen when spoken to directly, losing items, forgetful in daily activities, etc.) or hyperactivity or impulsivity (e.g., fidgety, difficulty playing quietly, talking excessively, difficulty waiting his or her turn, etc.) to a degree that it causes functioning problems.

DSM-5 Criteria for **Attention-Deficit/Hyperactivity Disorder**: A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with function or development characterized by (1) and/or (2):

1. Inattention: 6 or more of the following symptoms for 6 months:
   - Often fails to give close attention to details or makes careless mistakes
   - Difficulty sustaining attention in tasks or play activities
   - Does not seem to listen when spoken to directly
   - Does not follow through on instructions and fails to finish tasks
   - Difficulty organizing tasks and activities
   - Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
   - Loses things necessary for tasks or activities
   - Easily distracted by extraneous stimuli
   - Forgetful in daily activities
2. Hyperactivity and Impulsivity: 6 or more of the following symptoms for 6 months:
   - Fidgets with or taps hands or feet or squirms in seat; leaves seat in situations when remaining seated is expected
   - Runs about or climbs where it is inappropriate
   - Unable to play or engage in leisure activities quietly
   - Often "on the go" acting as if "driven by a motor"
   - Talks excessively; interrupts or intrudes on others; blurts out an answer before a question has been completed
   - Has difficulty waiting his/her turn

DEPRESSION

This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

Questions to Consider

- Is child/youth concerned about possible depression or chronic low mood and irritability?
- Has the child/youth withdrawn from normal activities?
- Does the child/youth seem lonely or not interested in others?

Ratings & Descriptions

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

No evidence of problems with depression.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

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

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

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.

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

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.

Supplemental information: Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among children, particularly young children. The main difference between depression in children and youth and depression in adults is that among children and youth it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression. Children and adults may use illicit drugs or overuse prescription drugs to self-medicate. Ratings on this item can reflect symptoms of DSM-5 Depressive Disorders (Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Persistent Depressive Disorder (Dysthymia), etc.). A child in the depressive phase of Bipolar Disorder may be rated here.

- **Major Depressive Disorder**: Characterized by discrete episodes (2 weeks in duration) involving clear-cut changes in affect (depressed/irritable mood or loss of interest or pleasure), cognition (difficulty thinking, concentrating or making decisions), and death and suicide are common.
- **Persistent Depressive Disorder (Dysthymia)**: Can be diagnosed when the mood disturbance (major depressive disorder symptoms) continues for at least 1 year in children.

Disruptive Mood Dysregulation Disorder: A diagnosis for children (up to 12 years old) who present with persistent irritability (chronic/persistent angry mood) and frequent episodes of extreme behavioral dyscontrol (frequent temper outbursts). Children with this symptom pattern typically develop unipolar depressive disorders or anxiety disorders, rather than bipolar disorders, in adolescence and adulthood.

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

- Does the child/youth have any problems with anxiety or fearfulness?
- Is the child/youth avoiding normal activities out of fear?
- Does the child/youth act frightened or afraid?

Ratings & Descriptions

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

No evidence of anxiety symptoms.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

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.

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

Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

Supplemental information: As noted in the DSM-5, Anxiety Disorders share features of excessive fear (i.e. emotional response to real or perceived imminent threat) and anxiety (i.e. anticipation of future threat) and related behavioral disturbances (e.g., panic attacks, avoidance behaviors, restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, etc.) which cause significant impairment of functioning or distress. Anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation.

DSM-5 Criteria for **Generalized Anxiety Disorder**:

1.1. Excessive worry occurring most days, lasting at least 6 months.
1.2. Worry is difficult to control.

Anxiety and worry are associated with at least three of the following: (1) Restlessness or feeling keyed up or on edge; (2) Being easily fatigued; (3) Difficulty concentrating or mind going blank; (4) Irritability; (5) Muscle tension; (6) Sleep disturbance (difficulty falling/staying asleep, restless/unsatisfying sleep).

OPPOSITIONAL (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

- Does the child/youth follow their caregivers' rules?
- Have teachers or other adults reported that the child/youth does not follow rules or directions?
- Does the child/youth argue with adults when they try to get the child/youth to do something?
- Does the child/youth do things that they have been explicitly told not to do?

Ratings & Descriptions

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

No evidence of oppositional behaviors.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

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.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

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. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.

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

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.

Supplemental Information: Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance with authority rather than inflicting damage and hurting others.

OPPOSITIONAL (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.

- A '0' is used to indicate that a child or youth is generally compliant, recognizing that all children and youth fight authority sometimes.
- A '1' is used to indicate a problem that has started recently (in the past 6 months) and has not yet begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention.
- A '3' should be used only for children and youth whose oppositional behavior puts them at some physical peril.

Symptoms are associated with **Oppositional Defiant Disorder** as described in the DSM-5: A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months and including 4 symptoms from any of the following categories:

- Angry/Irritable Mood: (1) often loses temper; (2) often touchy or easily annoyed; (3) often angry and resentful.
- Argumentative/Defiant Behavior: (4) often argues with authority figures/adults; (5) often actively defies or refuses to comply with adult's requests or rules; (6) often deliberately annoys others; (7) often blames others for his/her mistakes or misbehavior.
- Vindictiveness: (8) has been spiteful or vindictive at least twice in the last 6 months.

CONDUCT

This item rates the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder.

Questions to Consider

- Is the child/youth seen as dishonest? How does the child/youth handle telling the truth/lies?
- Has the child/youth been part of any criminal behavior?
- Has the child/youth ever shown violent or threatening behavior towards others?
- Has the child/youth ever tortured animals?
- Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?

Ratings & Descriptions

0	No current need; no need for action or intervention. No evidence of serious violations of others or laws.
1	Identified need requires monitoring, watchful waiting, or preventive activities. 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.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. 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.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. 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.

Supplemental Information: This item includes antisocial behaviors like shoplifting/theft, pathological lying, deceitfulness, vandalism, cruelty to animals, assault, and/or serious violation of rules. This dimension includes the symptoms of Conduct Disorder as specified in DSM-5. Estimates of the prevalence of conduct disorders range from 2% to 10%. Prevalence rates rise from childhood to adolescence and are higher among males than females. The course of conduct disorder is variable, with a majority of cases remitting in adulthood. Early-onset type, however, predicts a worse prognosis and an increased risk of criminal behavior and substance-related disorders in adulthood.

DSM-5 criteria for **Conduct Disorder**: A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social norms or rules are violated as evidenced by the presence of 3 of the 15 criteria (from any category) in the past 12 months:

- Aggression to People and Animals: (1) often bullies, threatens, or intimidates others; (2) often initiates physical fights; (3) has used a weapon that can cause serious physical harm; (4) has been physically cruel to people; (5) has been physically cruel to animals; (6) has stolen while confronting a victim; (7) has forced someone into sexual activity.
- Destruction of Property: (8) has deliberately engaged in fire setting; (9) has deliberately destroyed others' property.
- Deceitfulness or Theft: (10) has broken into someone else's house, building, or car; (11) often lies to obtain goods or favors, or to avoid obligations; (12) has stolen items of nontrivial value without confronting a victim.

Serious Violation of Rules: (13) often stays out at night despite parental prohibitions, beginning before age 13; (14) has run away from home overnight at least twice while living in parental or parental surrogate home; (15) is often truant from school, beginning before age 13.

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 behavior.

Questions to Consider

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

Ratings & Descriptions

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

No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

The 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.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

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.

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

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).

A rating of '1', '2' or '3' on this item triggers the [B] Trauma Module (pg. 50).

Supplemental Information: This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

- A youth who meets diagnostic criteria for a Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stress-Related Disorders from DSM-5 as a result of their exposure to traumatic/adverse childhood experiences would be rated a '2' or '3' on this item.
- This item should be rated '1', '2' or '3' for youth who have any type of symptoms/needs that are related to their exposure to a traumatic/adverse event. These symptoms should also be rated in the other Traumatic Stress Symptoms items in this section.

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 the child/youth?
- Does the child/youth seem to have dramatic mood swings?

Ratings & Descriptions

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

No evidence of any anger control problems.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

History, suspicion, 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 or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

Child/youth's difficulties with controlling their anger are impacting functioning in at least one life domain. Their temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

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

Child/youth's temper or anger control problem is dangerous. The child/youth frequently gets into fights that are often physical. Others likely fear them.

Supplemental Information: Everyone gets angry at times. This item is intended to identify individuals who are more likely than average to become angry and lose control in such a way that it leads to problems with functioning. A '3' describes an individual whose anger has put him/herself or others in physical peril within the rating period.

ATTACHMENT DIFFICULTIES

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

Note: This item was located in the Trauma Module, Adjustment Section in the Santa Clara County CANS 5+ version 1.0.

Questions to Consider

- Does the youth struggle with separating from caregiver? Does the youth approach or attach to strangers in indiscriminate ways?
- Does the youth have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?
- Does the child have separation anxiety issues that interfere with ability to engage in childcare or preschool?

Ratings and Descriptions

0 No evidence of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and youth's development of a sense of security and trust. Caregiver is able to respond to youth cues in a consistent, appropriate manner, and youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.

1 Some history or evidence of insecurity in the caregiver-youth relationship. Caregiver may have difficulty accurately reading youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. 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. Youth may have minor difficulties with appropriate physical/emotional boundaries with others.

2 Problems with attachment that interfere with youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret youth cues, act in an overly intrusive way, or ignore/avoid youth bids for attention/nurturance. Youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.

3 Youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/ detached behavior in care giving relationships) OR youth presents with diffuse emotional/ physical boundaries leading to indiscriminate attachment with others. Youth is considered at ongoing risk due to the nature of his/her attachment behaviors. Youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

Supplemental Information: DSM-5 Reactive Attachment Disorder and Disinhibited Social Engagement Disorder criteria are noted below. Social neglect, or the absence of adequate caregiving during childhood, is a part of both disorders.

Reactive Attachment Disorder: An internalizing disorder with depressive symptoms and withdrawn behavior.

A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:

1. The child rarely or minimally seeks comfort when distressed.
2. The child rarely or minimally responds to comfort when distressed.

B. A persistent social and emotional disturbance characterized by at least two of the following:

1. Minimal social and emotional responsiveness to others.
2. Limited positive affect.
3. Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

Disinhibited Social Engagement Disorder: An externalizing disorder marked by disinhibited behavior.

A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following:

1. Reduced or absent reticence in approaching and interacting with unfamiliar adults.
2. Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).
3. Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.
4. Willingness to go off with an unfamiliar adult with little or no hesitation.

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.

Questions to Consider

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

Ratings & Descriptions

0	No current need; no need for action or intervention. Child/youth has no notable substance use difficulties at the present time.
1	Identified need requires monitoring, watchful waiting, or preventive activities. 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.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. 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	Problems are dangerous or disabling; requires immediate and/or intensive action. 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.

A rating of '1', '2' or '3' on this item triggers the [D] Substance Use Needs Module (pg. 60).

Supplemental Information: As noted in the DSM-5, the essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.
The DSM-5 identifies the diagnosis of **Substance Disorder** based on a pathological pattern of behaviors related to the use of the substance:

- **Impaired Control:** substance taken in larger amounts or over a longer period of time; persistent desire or unsuccessful efforts to control substance use; great deal of time spent in activities to obtain substance; cravings to use the substance.
- **Social Impairment:** failure to fulfill major role obligations at work/school/home; persistent or recurrent social or interpersonal problems caused or exacerbated by substance use; social/occupational/recreational activities given up or reduced due to substance use.
- **Risky Use:** recurrent use in physically hazardous situations; use continued despite knowledge of having persistent or recurrent physical or psychological problem caused by substance use.
- **Pharmacological Criteria:** tolerance (e.g., need for increase in amount of substance to achieve desired effect; diminished effect with continued use of the same amount of substance); withdrawal (e.g., physiological symptoms that occur with the decreased use of a substance; individual is likely to use the substance to relieve the symptoms).

Specific descriptions of particular substance use disorders can be found in DSM-5.

6. 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 behavior put the child/youth at risk for serious harm?

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

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

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

Questions to Consider	Ratings & Descriptions	
• Has the child/youth ever talked about a wish or plan to die or to kill the child/youth's self? • Has the child/youth ever tried to commit suicide?	0	No evidence of any needs. No evidence of suicidal ideation.
	1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.
	2	Action or intervention is required to ensure that the identified need is addressed. Recent, but not acute, suicidal ideation or gesture.
	3	Intensive and/or immediate action is required to address the need or risk behavior. Current ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation and intent.

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (SELF MUTILATION)

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.).

Questions to Consider

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

Ratings & Descriptions

0	No evidence of any needs. No evidence of any forms of self-injury.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. A history or suspicion of self-injurious behavior.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put child/youth's health at risk.

Supplemental Information: Suicidal behavior is not self-mutilation. Carving and cutting on the body are common examples of self-mutilation behavior. Generally, body piercings and tattoos are not considered a form of self-injury. Repeatedly piercing or scratching one's skin would be included. Self-mutilation in this fashion is thought to have addictive properties since generally the self-harm behavior results in the release of endorphins that provide a calming feeling.

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.

Questions to Consider

- Does the child/youth act without thinking?
- Has the child/youth ever talked about or acted in a way that might be dangerous to the child/youth's self? (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?

Ratings & Descriptions

0	No evidence of any needs. No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. 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.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places child/youth in danger of physical harm.
3	Intensive and/or immediate action is required to address the need or risk behavior. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places child/youth at immediate risk of death.

Supplemental Information: Any behavior that the youth engages in that has significant potential to place him/her in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g., reckless driving, subway surfing, unprotected sex, substance use, etc.). If the youth frequently exhibits significantly poor judgment that has the potential to place her/himself in danger, but has yet to actually do so, a rating of '1' might be used to indicate the need for prevention. A rating of '3' is used for a youth that has placed him/herself in significant physical jeopardy during the rating period.

DANGER TO OTHERS*

This item rates the child or 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.

Questions to Consider

- Has the child/youth ever injured another person on purpose?
- Does the child/youth get into physical fights?
- Has the child/youth ever threatened to kill or seriously injure others?

Ratings & Descriptions

0	No evidence of any needs. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.
3	Intensive and/or immediate action is required to address the need or risk behavior. Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

A rating of '1', '2' or '3' on this item triggers the [E] Violence Module (pg. 63).

Supplemental Information: Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others, or youth setting a fire that placed others at significant risk of harm would be rated a '3.' Reckless behavior that may cause physical harm to others is not rated on this item.

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 child. Both the severity and recency of the behavior should inform the rating of this item.

Questions to Consider

- Has the child/youth ever been accused of being sexually aggressive towards another child/youth?
- Has the child/youth had sexual contact with a younger individual?

Ratings & Descriptions

0	No evidence of any needs. No evidence of sexually aggressive behavior.
1	Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past. History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.
2	Action or intervention is required to ensure that the identified need is addressed. 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.
3	Intensive and/or immediate action is required to address the need or risk behavior. 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.

A rating of '1', '2' or '3' on this item triggers the [F] Sexually Aggressive Behavior Module (pg. 67).

RUNAWAY*

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

Questions to Consider

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

Ratings & Descriptions

0 No evidence of any needs.
Youth has no history of running away or ideation of escaping from current living situation.

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
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.

2 Action or intervention is required to ensure that the identified need is addressed.
Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run away to home (parental or relative).

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

A rating of '1', '2' or '3' on this item triggers the [G] Runaway Module (pg. 70).

DELINQUENT BEHAVIOR (DELINQUENCY)*

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 delinquent behavior.

NOTE: This item has also been called Delinquency.

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?

Ratings & Descriptions

0 No evidence of any needs.
No evidence or no history of delinquent behavior.

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.
History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.

2 Action or intervention is required to ensure that the identified need is addressed.
Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

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

A rating of '1', '2' or '3' on this item triggers the [H] Juvenile Justice Module (pg. 73).

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.

Questions to Consider

- ✦ Has the child/youth ever played with matches, or set a fire? If so, what happened?
- ✦ Did the fire setting behavior destroy property or endanger the lives of others?

Ratings and Descriptions

0 No evidence of any needs.

No evidence of fire setting by the child/youth.

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.

History or suspicion of fire setting but not within the past six months.

2 Action or intervention is required to ensure that the identified need is addressed.

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

Acute threat of fire setting. Child/youth has set fires that endangered the lives of others (e.g., attempting to burn down a house).

A rating of '1', '2' or '3' on this item triggers the [I] Fire Setting Module (pg. 75).

INTENTIONAL MISBEHAVIOR (SOCIAL BEHAVIOR)

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 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.

Questions to Consider

- Does the child/youth do or say things to upset others or get in trouble with people in positions of authority?
- Has the child/youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions?

Ratings & Descriptions

0 No evidence of any needs.

Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.

1 Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.

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.

2 Action or intervention is required to ensure that the identified need is addressed.

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.

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

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).

EXPLOITATION/VICTIMIZATION*

This item rates the history and level of current risk of exploitation of the child/youth by others. Exploitation refers to the action or fact of treating someone unfairly in order to benefit from them or make use of someone and benefit from his/her resources. Exploitation of a child/youth can include: bullying/coercing someone to get a benefit (homework, financial/money, identity documentation or other resources), victimization such as child sexual exploitation, forced labor, or human trafficking.

Question(s) to consider:

- Have you (your child) ever been bullied?
- Have you ever felt taken advantage of or manipulated into doing something that you didn't want to do?
- Have you (your child) ever been forced to do something against your will?

Ratings & Descriptions

No evidence of any needs.

0 No evidence of exploitation against the child/youth or no significant history of child/youth being exploited within the past; the child/youth may have been robbed or bullied on one or more occasions in the past, but no pattern of exploitation exists; child/youth is not presently at risk for re-exploitation.

Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.

1 Child/youth has a history of being exploited but has not been exploited, bullied or victimized in the past year and is not presently at risk of re-exploitation.

Action or intervention is required to ensure that the identified need is addressed

2 Child/youth has been exploited within the past year but is not currently at acute risk of re-exploitation; this might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.

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

3 Child/youth has been recently exploited and/or is in acute risk of re-exploitation; examples include child sexual exploitation, being forced into parentified roles and responsibilities, and living with an abusive relationship.

A rating of '1', '2' or '3' on this item triggers the [J] Commercially Sexually Exploited (CSE) Module (pg. 78).

7. INDIVIDUAL ASSESSMENT MODULES

[A] DEVELOPMENTAL NEEDS (DD) MODULE

This module is to be completed when Life Functioning Domain, Developmental/Intellectual item (pg. 14) is rated '1', '2' or '3.'

For the **Developmental Needs Module**, the following categories and action levels are used:	
0	No current need; no need for action or intervention.
1	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's development.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.

COGNITIVE

This item rates cognitive impairment characterized by deficits in general mental abilities such as reasoning, problem solving, planning, processing information, and abstract thinking.

Questions to Consider

- Has the child/youth been tested for or diagnosed with a learning disability?
- Does the child/youth have an intellectual disability or delay?

Ratings and Descriptions

0	Child/youth's intellectual functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning.
1	Child/youth has low IQ (70 to 85) or has identified learning challenges.
2	Child/youth has an Intellectual Developmental Disorder. IQ is between 55 and 69.
3	Child/youth has profound Intellectual Developmental Disorder. IQ is less than 55.

COMMUNICATION

This item rates the child/youth's ability to communicate through any medium, including all spontaneous vocalizations and articulations. This item refers to learning disabilities involving expressive and/or receptive language. This item does not refer to challenges in expressing one's feelings.

Questions to Consider

- Is the child/youth able to understand others' communications?
- Is the child/youth able to communicate to others?

Ratings and Descriptions

0	Child/youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.
1	Child/youth has a history of communication problems but currently is not experiencing problems.
2	Child/youth has limited receptive and expressive communication that interferes with his/her functioning.
3	Child/youth has serious communication difficulties and is unable to communicate.

DEVELOPMENTAL

This item rates the level of developmental delay/disorders that are present.

Questions to Consider

- ✦ Is the child/youth progressing developmentally in a way similar to peers of the same age?
- ✦ Has the child/youth been diagnosed with a developmental disorder?

Ratings and Descriptions

0	Child/youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
1	Evidence of a developmental delay.
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
3	Profound developmental disorder is evident. Child/youth's development is at risk without intervention.

SELF-CARE/DAILY LIVING SKILLS

This item rates the child/youth's ability to participate in self-care activities, including eating, bathing, dressing and toileting.

Questions to Consider

- What supports and assistance does the child/youth need to complete daily living skills?

Ratings and Descriptions

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.
1	Child/youth requires some assistance on self-care tasks or daily living skills at a greater level than would be expected for age. Development in this area may be slow.
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) and/or does not appear to be developing the needed skills in this area.
3	Child/youth is not able to function independently at all in this area.

[B] POTENTIALLY TRUAMATIC/ADVERSE CHILDHOOD EXPERIENCES MODULE

This module is to be completed when Behavioral/Emotional Needs Domain, Adjustment to Trauma item (pg. 39) is rated '1', '2' or '3.'

All of the 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 he/she 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 his/her behavior?

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

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

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

*Please note that this rating scale represents a change from the Santa Clara County CANS 5+ version 1.0.

SEXUAL ABUSE*

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

Questions to Consider

- Has the caregiver or child/youth disclosed sexual abuse?
- How often did the abuse occur?
- Did the abuse result in physical injury?

Ratings and Descriptions

No	There is no evidence that the child/youth has experienced sexual abuse.
Yes	Child/youth has experienced or there is a suspicion that child/youth has experienced sexual abuse – 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. Children/youth who have experiences with secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) would also be rated here.

A rating of 1, 2 or 3 on this item triggers the [C] Sexual Abuse Sub-Module (pg. 58).

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 physical 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 child/youth has experienced physical abuse – mild to severe, or repeated physical abuse with intent to do harm and that causes sufficient physical harm to necessitate hospital treatment.

NEGLECT

This rating describes whether or not the 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 youth receiving adequate supervision?
- Are the youth's basic needs for food and shelter being met?
- Is the youth allowed access to necessary medical care? Education?

Ratings and Descriptions

No	There is no evidence that the youth has experienced neglect.
Yes	Youth has experienced neglect, or there is a suspicion that he/she has experienced neglect. This includes occasional neglect (e.g., 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 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 nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling names, making negative comparisons to others, or telling a child/youth that he or she is "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child/youth and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

Questions to Consider

- How does the caregiver talk to/interact with the child/youth?
- Is there name calling or shaming in the home?

Ratings and Descriptions

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

MEDICAL TRAUMA

This item describes whether or not the child/youth has experienced medically-related trauma, including 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, or there is a suspicion that 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.

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. A child/youth who experiences an accident and requires immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be in 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	Ratings and Descriptions	
• Has the child/youth been present during a natural or manmade disaster? • Does the child/youth watch television shows containing these themes or overhear adults talking about these kinds of disasters?	No	There is no evidence that the child/youth has experienced or been exposed to natural or manmade disasters.
	Yes	Child/youth has experienced, or there is a suspicion that the child/youth has experienced 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).

WITNESS TO FAMILY VIOLENCE

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

Questions to Consider	Ratings and Descriptions	
• Is there frequent fighting in the child/youth's family? • Does the fighting ever become physical?	No	There is no evidence that child/youth has witnessed family violence.
	Yes	Child/youth has witnessed, or there is a suspicion that the child/youth has 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.

WITNESS TO COMMUNITY/SCHOOL VIOLENCE

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

Questions to Consider	Ratings and Descriptions	
• Does the child/youth live in a neighborhood with frequent violence? • Has the child/youth witnessed or directly experienced violence at his/her school?	No	There is no evidence that the child/youth has witnessed violence in the community or his/her school.
	Yes	Child/youth has witnessed or experienced, or there is a suspicion that the child/youth has witnessed or experienced violence in the community or his/her 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 his/her 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).

VICTIM/WITNESS TO CRIMINAL ACTIVITY

This items 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.

Questions to Consider	Ratings and Descriptions	
• Has the child/youth or someone in his/her family ever been the victim of a crime? • Has the child/youth seen criminal activity in his/her community or home?	No	There is no evidence that the child/youth has been victim or a witness to criminal activity.
	Yes	Child/youth has been victim to or has witnessed, or there is a suspicion that the child/youth has been victim to or 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, loved one.

Supplemental Information: Any behavior that could result in incarceration is considered criminal activity. So, a child/youth who has been sexually abused or witnesses a sibling being sexually or physically abused to the extent that assault charges could be filed would be rated here in addition to being rated on the abuse-specific items on the CANS. A child/youth who has witnessed drug dealing, prostitution, assault or battery is also rated here.

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 his/her parents/caregivers?
- What happened that resulted in the child/youth living apart from his/her parents/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 a suspicion that the child/youth has been 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: A child/youth has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. 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. The loss of a parent due to death would be rated here.

ADJUSTMENT/TRAUMATIC STRESS SYMPTOMS

EMOTIONAL AND/OR PHYSICAL DYSREGULATION (AFFECT REGUATION)

This item describes the child/youth's difficulties with arousal regulation or expressing emotions and energy states.

Questions to Consider

- Does the child/youth have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?
- Does the child/youth have extreme or unchecked emotional reactions to situations?

Ratings and Descriptions

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

EMOTIONAL AND/OR PHYSICAL DYSREGULATION continued

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

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

INTRUSIONS/RE-EXPERIENCING (INTRUSIONS)

This item describes intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.

Questions to Consider

- Does the child/youth think about the traumatic event when he/she does not want to?
- Do reminders of the traumatic event bother the child/youth?

Ratings and Descriptions

0	There is no evidence that the child/youth experiences intrusive thoughts of trauma.
1	History or evidence of some intrusive thoughts of trauma but it does not affect the child/youth's functioning. A child/youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.
2	Child/youth has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere in his/her ability to function in some life domains. For example, the child/youth may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The child/youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.
3	Child/youth has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child/youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children/youth or sexual play with adults. This child/youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child/youth to function.

Supplemental Information: Intrusion symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

DISSOCIATION

This item includes symptoms such as daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.

Questions to Consider

- Does the child/youth seem to lose track of the present moment or have memory difficulties?
- Is the child/youth frequently forgetful or caught daydreaming?

Ratings and Descriptions

0	Child/youth shows no evidence of dissociation.
1	Child/youth has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment; difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	Child/youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorders or another diagnosis that is specified "with dissociative features" (see Supplemental Information below).
3	Child/youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child/youth is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child/youth shows rapid changes in personality or evidence of distinct personalities. Child/youth who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

Supplemental Information: This item may be used to rate Dissociative Disorders (e.g., Dissociative Identity Disorder, Dissociative Amnesia, Other Specified Dissociative Disorder, Unspecified Dissociative Disorder) but can also exist when other diagnoses are primary (e.g. PTSD with Dissociative Symptoms, Acute Stress Disorder, Depressive Disorders).

HYPERAROUSAL

This includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Youth may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Questions to Consider

- Does the youth feel more jumpy or irritable than is usual?
- Does the youth have difficulty relaxing and/or have an exaggerated startle response?
- Does the youth have stress-related physical symptoms: stomach or headaches?
- Do these stress-related symptoms interfere with the youth's ability to function?

Ratings and Descriptions

0	Youth has no evidence of hyperarousal symptoms.
1	History or evidence of hyperarousal that does not interfere with his/her daily functioning. Youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.
2	Youth exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Youth who frequently manifest distress-related physical symptoms such as stomach aches and headaches would be rated here. Symptoms are distressing for the youth and/ or caregiver and negatively impacts day-to-day functioning.
3	Youth exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the youth and/or caregiver and impede day-to-day functioning in many life areas.

Supplemental Information: Hyperarousal is one of the three major symptom clusters in PTSD. This item refers to a child who experiences prolonged states of physiological arousal that might manifest behaviorally, emotionally and cognitively. Hyperaroused children might appear constantly on edge and/or wound up, and may be easily startled.

TRAUMATIC GRIEF & SEPARATION

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

Questions to Consider

- Is the trauma reaction of the youth based on a grief/loss experience?
- How much does the youth's reaction to the loss impact his/her functioning?

Ratings and Descriptions

0	There is no evidence that the youth is experiencing traumatic grief or separation from the loss of significant caregivers. Either the youth has not experienced a traumatic loss (e.g., death of a loved one) or the youth has adjusted well to separation.
1	Youth is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.
2	Youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3	Youth is experiencing dangerous or debilitating traumatic grief reactions that impair his/her functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

Supplemental Information: This item is meant to document when youth are having a "traumatic" reaction to a separation or other type of loss. Youth sometimes experience traumatic grief following the death of a loved one. Youth in child welfare can also experience traumatic grief. They may experience difficult feelings related to separation from their parents or other important people in their life; not all, however, experience traumatic grief. Those who experience traumatic grief may be preoccupied with the separation from their parents such that it inhibits their ability to function appropriately in one or more areas. The symptoms may be behavioral, emotional or cognitive and if it is observed that these symptoms are not diminishing or go away with normal passage of time, score this item as a '2' or '3.' There must be some evidence of a problematic reaction in order to rate a '1' on this item.

NUMBING

This item describes youth's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Questions to Consider

- Does the youth experience a normal range of emotions?
- Does the youth tend to have flat emotional responses?

Ratings and Descriptions

0	Youth has no evidence of numbing responses.
1	Youth has history or evidence of problems with numbing. He/she may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
2	Youth exhibits numbing responses that impair his/her functioning in at least one life domain. Youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	Youth exhibits significant numbing responses or multiple symptoms of numbing that put him/her at risk. This youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

AVOIDANCE

These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

Questions to Consider	Ratings and Descriptions	
• Does the youth make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?	0	Youth exhibits no avoidance symptoms.
	1	Youth may have history or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
	2	Youth exhibits avoidance symptoms that interfere with his/her functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the youth may also avoid activities, places, or people that arouse recollections of the trauma.
	3	Youth's avoidance symptoms are debilitating. Youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

[C] SEXUAL ABUSE SUB-MODULE

This module is to be completed when the Potentially Traumatic/Adverse Childhood Experiences Module, Sexual Abuse item (pg. 50) is rated 'YES'.

For the **Sexual Abuse Module**, the following categories and action levels are used:

0	No current need; no need for action or intervention.
1	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.

EMOTIONAL CLOSENESS TO PERPETRATOR

This item defines the relationship between the child/youth and the perpetrator of sexual abuse.

Questions to Consider
- Did the child/youth know the perpetrator?
- Was the perpetrator a family member?

Ratings and Descriptions

0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child/youth at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child/youth at the time of the event but was not an immediate family member.
3	Perpetrator was an immediate family member (e.g. parent, sibling).

FREQUENCY

This item identifies the frequency of sexual abuse.

Questions to Consider
- How often did the abuse occur?

Ratings and Descriptions

0	Abuse occurred only one time.
1	Abuse occurred two times.
2	Abuse occurred three to ten times.
3	Abuse occurred more than ten times.

DURATION

This item identifies the length of time during which the abuse occurred.

Questions to Consider
- How long did the abuse last?

Ratings and Descriptions

0	Abuse occurred only one time.
1	Abuse occurred within a six month time period.
2	Abuse occurred within a six month to one year time period.
3	Abuse occurred over a period of longer than one year.

PHYSICAL FORCE

This item rates the severity of physical force or violence used during episodes of abuse.

Questions to Consider	Ratings and Descriptions	
• Was there physical violence or the threat of physical violence used during the abuse?	0	No physical force or threat of force occurred during the abuse episode(s).
	1	Sexual abuse was associated with threat of violence but no physical force.
	2	Physical force was used during the sexual abuse.
	3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

REACTION TO DISCLOSURE

This item rates the level of support the child/youth received from family after disclosing the sexual abuse.

Questions to Consider	Ratings and Descriptions	
• Was the family supportive of the child/youth during the disclosure process? • Is the family aware of the abuse?	0	All significant family members are aware of the abuse and supportive of the child/youth coming forward with the description of his/her abuse experience.
	1	Most significant family members are aware of the abuse and supportive of the child/youth for coming forward. One or two family members may be less supportive. Caregiver may be experiencing anxiety/depression/guilt regarding abuse.
	2	Significant split among family members in terms of their support of the child/youth for coming forward with the description of his/her experience.
	3	Significant lack of support from close family members of the child/youth for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

[D] SUBSTANCE USE NEEDS MODULE

This module is to be completed when Behavioral/Emotional Needs Domain, Substance Use item (pg. 41) is rated '1', '2' or '3'.

For the **Substance Use Module**, the following categories and action levels are used:

0	No current substance use; no need for action or intervention.
1	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.

FREQUENCY/SEVERITY OF USE

This item rates the frequency and severity of the child/youth's current substance use.

Questions to Consider

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

Ratings and Descriptions

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

DURATION OF USE

This item identifies the length of time that the child/youth has been using drugs or alcohol.

Questions to Consider

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

Ratings and Descriptions

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

STAGE OF RECOVERY (READINESS TO CHANGE)

This item identifies where the child/youth is in his/her recovery process.

Questions to Consider

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

Ratings and Descriptions

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

Supplemental information: Motivational interviewing describes the Stages of Change as a continuum:

- Pre-contemplation: Not currently considering change
- Contemplation: Ambivalent about change
- Preparation: Some experience with change/trying to change
- Action: Practicing change
- Maintenance: Continued commitment to sustaining new behavior
- Relapse: Resumption of old behaviors

PEER INFLUENCES

This item identifies the impact that the child/youth's social group has on his/her substance use.

Questions to Consider:

- Do the child/youth's peers engage in alcohol or drug use?
- If so, what types of drugs
- If so, how often?

Ratings and Descriptions

0	Child/youth's primary peer social network does not engage in alcohol or drug use.
1	Child/youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Child/youth predominantly has peers who engage in alcohol or drug use .
3	Child/youth is a member of a peer group that consistently engages in alcohol or drug use.

PARENTAL INFLUENCES

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

Questions to Consider:

- Do the child/youth's parents engage in substance use?
- If so, what kind?
- If so, how often?

Ratings and Descriptions

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

ENVIRONMENTAL INFLUENCES (RECOVERY ENVIRONMENT)

This item rates the impact of the child/youth's community environment on his/her alcohol and drug use.

	Ratings and Descriptions	
Questions to Consider • Are there factors in the child/youth's community that impacts the child/youth's alcohol and drug use?	0	No evidence that the child/youth's environment stimulates or exposes the child/youth to any alcohol or drug use.
	1	Problems in the child/youth's environment that might expose the child/youth to alcohol or drug use.
	2	Problems in the child/youth's environment that clearly expose the child/youth to alcohol or drug use.
	3	Problems in the child/youth's environment that stimulate the child/youth to engage in alcohol or drug use.

[E] VIOLENCE MODULE

This module is to be completed when the Risk Behaviors Domain, Danger to Others item (pg. 44) is rated '1', '2' or '3.'

This module addresses the historical risk factors of violence, such as abuse, emotional/behavior risks such as hostility and paranoid thinking, and resiliency factors such as commitment to self-control and awareness of violence potential.

For the **Violence Module**, the following categories and action levels are used:

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

1 Identified history of violence requires monitoring, watchful waiting, or preventive activities.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.

3 The history of violence in child/youth's life is dangerous or disabling; requires immediate and/or intensive action.

HISTORICAL RISK FACTORS – Please rate historical risk factors over the child/youth's lifetime.

HISTORY OF PHYSICAL ABUSE	
Questions to Consider: • Has the child/youth experienced physical abuse? • Was medical attention ever required?	Ratings and Descriptions 0 No evidence of a history of physical abuse. 1 Child/youth has experienced corporal punishment. 2 Child/youth has experienced physical abuse on one or more occasions from caregiver or parent. 3 Child/youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care.

HISTORY OF VIOLENCE	
Questions to Consider: • Does the child/youth have a history of violent behavior? • What type of violent behavior? • Has an injury ever resulted from the violence behavior?	Ratings and Descriptions 0 No evidence of any history of violent behavior by the child/youth. 1 Child/youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling). 2 Child/youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal. 3 Child/youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

WITNESS TO DOMESTIC VIOLENCE	
Questions to Consider: • Has the child/youth experienced domestic violence? • Who was the violence between? • Was an injury ever the result of the violence?	Ratings and Descriptions 0 No evidence that child/youth has witnessed domestic violence. 1 Child/youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury. 2 Child/youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment. 3 Child/youth has witnessed the murder or rape of a family member

WITNESS TO ENVIRONMENTAL VIOLENCE		
Questions to Consider: • Has the child/youth ever witnessed violence in his/her environment? • Does the child/youth watch violent TV and/or violent video games?	Ratings and Descriptions	
	0	No evidence that child/youth has witnessed violence in his/her environment and does not watch an excessive amount of violent media.
	1	Child/youth has not witnessed violence in his/her environment but watches an excessive amount of violent media including movies and video games.
	2	Child/youth has witnessed at least one occasion of violence in his/her environment.
	3	Child/youth has witnessed a murder or rape.

EMOTIONAL AND BEHAVIORAL RISKS

BULLYING		
Questions to Consider: • Has the child/youth ever engaged in bullying? • Has the child/youth ever been the leader of a group that bullies others?	Ratings and Descriptions	
	0	Child/youth has never engaged in bullying at school or in the community.
	1	Child/youth has been involved with groups that have bullied other children/youth either in school or the community; however, child/youth has not had a leadership role in these groups.
	2	Child/youth has bullied other children/youth in school or the community. Child/youth has either bullied the other children/youth individually or as a leader of the group.
	3	Child/youth has repeatedly utilized threats or actual violence to bully children/youth in school and/or the community.

FRUSTRATION MANAGEMENT		
Questions to Consider: • Does the child/youth manage frustration well? • What frustration management methods does the child/youth use?	Ratings and Descriptions	
	0	Child/youth appears to be able to manage frustration well. No evidence of problems of frustration management.
	1	Child/youth has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm self down following an angry outburst.
	2	Child/youth has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.
	3	Child/youth becomes explosive and dangerous to others when frustrated. He/she demonstrates little self-control in these situations and others must intervene to restore control

HOSTILITY		
Questions to Consider: • Is the child/youth hostile? • How often is the child/youth hostile?	Ratings and Descriptions	
	0	Child/youth appears to not experience or express hostility except in situations where most people would become hostile.
	1	Child/youth appears hostile but does not express it. Others experience child/youth as being angry.
	2	Child/youth expresses hostility regularly.
	3	Child/youth is almost always hostile either in expression or appearance. Others may experience child/youth as 'full of rage' or 'seething.'

PARANOID THINKING

Questions to Consider:

- Does the child/youth engage in paranoid thinking?
- What sorts of paranoid thoughts does the child/youth have?

Ratings and Descriptions

0	Child/youth does not appear to engage in any paranoid thinking.
1	Child/youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
2	Child/youth believes that others are 'out to get' him/her. Child/youth has trouble accepting that these beliefs may not be accurate. Child/youth at times is suspicious and guarded but at other times can be open and friendly.
3	Child/youth believes that others plan to cause them harm. Child/youth is nearly always suspicious and guarded.

SECONDARY GAINS FROM ANGER

Questions to Consider:

- Does the child/youth engage in angry behavior?
- Does the child/youth get any benefits from being angry?

Ratings and Descriptions

0	Child/youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.
1	Child/youth unintentionally has benefited from angry behavior; however, there is no evidence that child/youth intentionally uses angry behavior to achieve desired outcomes.
2	Child/youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
3	Child/youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in child/youth's life appear intimidated.

VIOLENT THINKING

Questions to Consider:

- Does the child/youth engage in violent thinking?
- What sorts of violent thoughts does the child/youth have?
- How often does the child/youth engage in violent thinking?

Ratings and Descriptions

0	There is no evidence that child/youth engages in violent thinking.
1	Child/youth has some occasional or minor thoughts about violence.
2	Child/youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
3	Child/youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a child/youth who spontaneously and frequently draws only violent images may be rated here.

RISILIENCY FACTORS

AWARE OF VIOLENCE POTENTIAL

Questions to Consider:

- Is the child/youth aware of his/her risk of violence?
- Is the child/youth able to take responsibility of his/her risk of violence?

Ratings and Descriptions

0	Child/youth is completely aware of his/her level of risk of violence. Child/youth knows and understands risk factors. Child/youth accepts responsibility for past and future behaviors. Child/youth is able to anticipate future challenging circumstances. A child/youth with no violence potential would be rated here.
1	Child/youth is generally aware of his/her potential for violence. Child/youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Child/youth may be unable to anticipate future circumstances that may challenge him/her.
2	Child/youth has some awareness of his/her potential for violence. Child/youth may have tendency to blame others but is able to accept some responsibility for his/her actions.
3	Child/youth has no awareness of his/her potential for violence. Child/youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

RESPONSE TO CONSEQUENCES

Questions to Consider:

- How does the child/youth respond to the consequences of his/her actions?

Ratings and Descriptions

0	Child/youth is clearly and predictably responsive to identified consequences. Child/youth is regularly able to anticipate consequences and adjust behavior.
1	Child/youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.
2	Child/youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.
3	Child/youth is unresponsive to consequences for his/her violent behavior.

COMMITMENT TO SELF-CONTROL

Questions to Consider:

- Is the child/youth committed to controlling his/her violent behavior?

Ratings and Descriptions

0	Child/youth is fully committed to controlling his/her violent behavior.
1	Child/youth is generally committed to control his/her violent behavior; however, child/youth may continue to struggle with control in some challenging circumstances.
2	Child/youth is ambivalent about controlling his/her violent behavior.
3	Child/youth is not interested in controlling his/her violent behavior at this time.

TREATMENT INVOLVEMENT

Questions to Consider:

- Is the child/youth involved in his/her own treatment?
- What are the child/youth's thoughts about his/her own treatment?

Ratings and Descriptions

0	Child/youth fully is involved in his/her own treatment. Family supports treatment as well.
1	Child/youth or family is involved in treatment but not both. Child/youth may be somewhat involved in treatment, while family members are active or child/youth may be very involved in treatment while family members are not supportive
2	Child/youth and family are ambivalent about treatment involvement. Child/youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
3	Child/youth and family are uninterested in treatment involvement. A child/youth with treatment needs who is not currently in treatment would be rated here.

[F] SEXUALLY AGGRESSIVE BEHAVIOR MODULE

This module is to be completed when the Risk Behaviors Domain, Sexually Aggressive Behavior item (pg. 44) is rated '1', '2' or '3.'

For the **Sexually Aggressive Behavior Module**, the following categories and action levels are used:

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

1 Identified behavior requires monitoring, watchful waiting, or preventive activities. This may have been a behavior in the past.

2 Action or intervention is required to ensure that the identified need or risk is addressed; behavior is interfering with child/youth's functioning and putting others at risk.

3 Intensive and/or immediate action is required to address the aggressive behavior.

Please rate the highest level from the <u>most recent episode</u>.

RELATIONSHIP		
Questions to Consider: • What is the relationship between the child/youth and his/her victim?	Ratings and Descriptions	
	0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
	1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child/youth being in the position of authority.
	2	Child/youth is clearly victimizing at least one other individual with sexually abusive behavior.
	3	Child/youth is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

PHYSICAL FORCE/THREAT		
Questions to Consider: • Did the child/youth use physical force or threat in the commission of the sex act?	Ratings and Descriptions	
	0	No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.
	1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
	2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
	3	Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.

PLANNING		
Questions to Consider: • Does the child/youth plan his/her sex act?	Ratings and Descriptions	
	0	No evidence of any planning. Sexual activity appears entirely opportunistic.
	1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
	2	Evidence of some planning of sex act.
	3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

AGE DIFFERENTIAL	
Questions to Consider: • What is the age difference between the child/youth and his/her victim?	Ratings and Descriptions 0 Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart). 1 Age differential between perpetrator and victim and/or participants is 3 to 4 years. 2 Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old. 3 Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

TYPE OF SEX ACT	
Questions to Consider: • What type of sex act was performed?	Ratings and Descriptions 0 Sex act(s) involve touching or fondling only. 1 Sex act(s) involve fondling plus possible penetration with fingers or oral sex. 2 Sex act(s) involve penetration into genitalia or anus with body part. 3 Sex act involves physically dangerous penetration due to differential size or use of an object.

RESPONSE TO ACCUSATION	
Questions to Consider: • What is the child/youth's reaction to the accusations against him/her?	Ratings and Descriptions 0 Child/youth admits to behavior and expresses remorse and desire to not repeat. 1 Child/youth partially admits to behaviors and expresses some remorse. 2 Child/youth admits to behavior but does not express remorse. 3 Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.

TEMPORAL CONSISTENCY	
Questions to Consider: • How often does the child/youth engage in sexually abusive behavior?	Ratings and Descriptions 0 Child/youth has never exhibited sexually abusive behavior or has developed this behavior only in the past three months following a clear stressor. 1 Child/youth has been sexually abusive during the past two years OR child/youth has become sexually abusive in the past three months despite the absence of any clear stressors. 2 Child/youth has been sexually abusive for an extended period of time (e.g. more than two years), but has had significant symptom-free periods. 3 Child/youth has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR

Questions to Consider:

- What is the child/youth's history of sexually abusive behavior?
- Does the child/youth have any other sexually aggressive incidents?

Ratings and Descriptions

0	Child/youth has only one incident of sexually abusive behavior that has been identified and/or investigated.
1	Child/youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
2	Child/youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
3	Child/youth has more than ten incidents of sexually abusive behavior with more than one victim.

SEVERITY OF SEXUAL ABUSE

Questions to Consider:

- What type of sexually abusive behavior has the child/youth performed?

Ratings and Descriptions

0	No history of any form of sexual abuse.
1	History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity, or suspicion of history of sexual abuse without confirming evidence.
2	This level may involve a child/youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	This level includes sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child/youth.

PRIOR TREATMENT

Questions to Consider:

- Has the child/youth ever been treated before for sexually abusive behavior?
- What type of treatment did the child/youth receive?

Ratings and Descriptions

0	No history of prior treatment or history of outpatient treatment with notable positive outcomes.
1	History of outpatient treatment which has had some degree of success.
2	History of residential treatment where there has been successful completion of program.
3	History of residential or outpatient treatment with little or no success.

[G] RUNAWAY MODULE

This module is to be completed when the Risk Behaviors Domain, Runaway item (pg. 45) is rated '1', '2' or '3.'

For the **Runaway Module**, the following categories and action levels are used:

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

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may have been a behavior in the past.

2 Action or intervention is required to ensure that the identified behavior or risk is addressed; runaway behavior is interfering with child/youth's functioning and safety.

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

FREQUENCY OF RUNNING IN THE PAST YEAR

Questions to Consider:

- How often has the child/youth run away in the past year?

Ratings and Descriptions

0 Child/youth has only run once in past year.

1 Child/youth has run on multiple occasions in past year.

2 Child/youth runs run often but not always.

3 Child/youth runs at every opportunity.

CONSISTENCY OF DESTINATION

Questions to Consider:

- Where does the child/youth run to?
- Is the location always the same or does it change?

Ratings and Descriptions

0 Child/youth always runs to the same location.

1 Child/youth generally runs to the same location or neighborhood.

2 Child/youth runs to the same community but the specific locations change.

3 Child/youth runs to no planned destination.

SAFETY OF DESTINATION

Questions to Consider:

- Is the location that the child/youth runs to safe?

Ratings and Descriptions

0 Child/youth runs to a safe environment that meets his/hers basic needs (e.g., food, shelter).

1 Child/youth runs to generally safe environments; however, they might be somewhat unstable or variable.

2 Child/youth runs to generally unsafe environments that cannot meet his/her basic needs.

3 Child/youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.

INVOLVEMENT IN ILLEGAL ACTS

Questions to Consider:

- Does the child/youth engage in illegal acts when they run?
- What type of illegal activities does he/she engage in?

Ratings and Descriptions

0	Child/youth does not engage in illegal activities while on run beyond those involved with the running itself.
1	Child/youth engages in status offenses beyond those involved with the running itself while on run (e.g., curfew violations, underage drinking).
2	Child/youth engages in delinquent activities while on run.
3	Child/youth engages in dangerous delinquent activities while on run (e.g., prostitution).

LIKELIHOOD OF RETURN ON OWN

Questions to Consider:

- How likely is it that the child/youth will return on their own?
- Does the child/youth need to be prompted to return?

Ratings and Descriptions

0	Child/youth will return from run on his/her own without prompting.
1	Child/youth will return from run when found but not without being found.
2	Child/youth will make self difficult to find and/or might passively resist return once found.
3	Child/youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

INVOLVEMENT OF OTHERS

Questions to Consider:

- Are there other people involved when the child/youth runs?
- Do others encourage or discourage the child/youth's running?

Ratings and Descriptions

0	Child/youth runs by self with no involvement of others. Others may discourage behavior or encourage child/youth to return from run.
1	Others enable child/youth running by not discouraging child/youth's behavior.
2	Others involved in running by providing help, hiding the child/youth.
3	Child/youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

REALISTIC EXPECTATIONS

Questions to Consider:

- What expectations does the child/youth have when they run away?

Ratings and Descriptions

0	Child/youth has realistic expectations about the implications of their running behavior.
1	Child/youth has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat 'optimistic' outcome.
2	Child/youth has unrealistic expectations about the implications of their running behavior.
3	Child/youth has obviously false or delusional expectations about the implications of their running behavior.

PLANNING	
Questions to Consider: • Does the child/youth plan their running behaviors?	Ratings and Descriptions 0 Running behavior is completely spontaneous and emotionally impulsive. 1 Running behavior is somewhat planned but not carefully. 2 Running behavior is planned. 3 Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

[K] JUVENILE JUSTICE MODULE

This module is to be completed when Risk Behaviors Domain, Delinquent Behavior item (pg. 45) is rated '1', '2' or '3.'

This module identifies the child/youth's propensity for delinquent behavior as well as the involvement of the child/youth in the system.

For the **Juvenile Justice Module**, the following categories and action levels are used:

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

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may have been a behavior in the past.

2 Action or intervention is required to ensure that the identified behavior is addressed; need is interfering with child/youth's functioning.

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

SERIOUSNESS

Questions to Consider:

- What type of delinquent behavior has the child/youth engaged in?
- Has the delinquent behavior put others at risk of physical harm?

Ratings and Descriptions

0	Child/youth has engaged only in status violations (e.g. curfew).
1	Child/youth has engaged in delinquent behavior.
2	Child/youth has engaged in criminal behavior.
3	Child/youth has engaged in delinquent criminal behavior that places other citizens at risk of significant physical harm.

HISTORY

Please rate using the time frames provided in the anchors.

Questions to Consider:

- Has the child/youth engaged in delinquent behavior in the past?

Ratings and Descriptions

0	Current criminal behavior is the first known occurrence.
1	Child/youth has engaged in multiple delinquent acts in the past one year.
2	Child/youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.
3	Child/youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.

PLANNING

Questions to Consider:

- Does the child/youth plan his/her delinquent behavior?

Ratings and Descriptions

0	No evidence of any planning. Delinquent behavior appears opportunistic or impulsive.
1	Evidence suggests that child/youth places him/herself into situations where the likelihood of delinquent behavior is enhanced.
2	Evidence of some planning of delinquent behavior.
3	Considerable evidence of significant planning of delinquent behavior. Behavior is clearly premeditated.

COMMUNITY SAFETY

Questions to Consider:

- Does the delinquent behavior performed by the child/youth present a risk to the safety of the community?

Ratings and Descriptions

0	Child/youth presents no risk to the community. Child/youth could be unsupervised in the community.
1	Child/youth engages in behavior that represents a risk to community property.
2	Child/youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth's behavior.
3	Child/youth engages in behavior that directly places community members in danger of significant physical harm.

PEER INFLUENCES

Questions to Consider:

- Are the child/youth's peers good influences?
- Are the child/youth's peers engaged in any delinquent behavior?

Ratings and Descriptions

0	Child/youth's primary peer social network does not engage in delinquent behavior.
1	Child/youth has peers in his/her primary peer social network who do not engage in delinquent behavior but has some peers who do.
2	Child/youth predominantly has peers who engage in delinquent behavior but child/youth is not a member of a gang.
3	Child/youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

PARENTAL INFLUENCES

Questions to Consider:

- Have the child/youth's parents ever engaged in criminal behavior?

Ratings and Descriptions

0	There is no evidence that child/youth's parents have ever engaged in criminal behavior.
1	One of child/youth's parents has history of criminal behavior but child/youth has not been in contact with this parent for at least one year.
2	One of child/youth's parents has history of criminal behavior and child/youth has been in contact with this parent in the past year.
3	Both of child/youth's parents have history of criminal behavior.

ENVIRONMENTAL INFLUENCES

Please rate the environment around the child/youth's living circumstances only.

Questions to Consider:

- Does the child/youth's environment stimulate or expose the child/youth to any criminal behavior?

Ratings and Descriptions

0	No evidence that the child/youth's environment stimulates or exposes the child/youth to any criminal behavior.
1	Problems in the child/youth's environment that might expose the child/youth to criminal behavior.
2	Problems in the child/youth's environment that clearly expose the child/youth to criminal behavior.
3	Problems in the child/youth's environment that stimulate the child/youth to engage in criminal behavior.

[L] FIRE SETTING MODULE

This module is to be completed when Risk Behaviors Domain, Fire Setting item (pg. 46) is rated '1', '2' or '3.'

For the **Fire Setting Module**, the following categories and action levels are used:

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

1 Identified need requires monitoring, watchful waiting, or preventive activities. This may have been an occurrence in the past.

2 Action or intervention is required to ensure that the identified behavior is addressed; need is interfering with child/youth's safety and those around him.

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

Please rate the following questions around the <u>most recent incident of fire setting</u>.

SERIOUSNESS

Questions to Consider:

- What type of damage has been caused by the child/youth's fire setting behavior?
- Has the child/youth's fire setting injured anyone or caused significant damage?

Ratings and Descriptions

0	Child/youth has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
1	Child/youth has engaged in fire setting that resulted only in some property damage that required repair.
2	Child/youth has engaged in fire setting which caused significant damage to property (e.g. burned down house).
3	Child/youth has engaged in fire setting that injured self or others.

HISTORY

Please rate using time frames provided in the anchors.

Questions to Consider:

- Has the child/youth ever engaged in fire setting in the past?

Ratings and Descriptions

0	Only one known occurrence of fire setting behavior.
1	Child/youth has engaged in multiple acts of fire setting in the past year.
2	Child/youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.
3	Child/youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.

PLANNING

Questions to Consider:

- Does the child/youth plan to set fires?
- How much planning is put in place by the child/youth?

Ratings and Descriptions

0	No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
1	Evidence suggests that child/youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.
2	Evidence of some planning of fire setting behavior.
3	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

USE OF ACCELERANTS

Questions to Consider:

- Are any accelerants used to set the fires?
- Is any effort used to contain the fire?

Ratings and Descriptions	
0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

INTENTION TO HARM

Questions to Consider:

- Does the child/youth intend to harm others?
- Are any safety precautions taken to maintain safety?

Ratings and Descriptions	
0	Child/youth did not intend to harm others with fire. Child/youth took efforts to maintain some safety.
1	Child/youth did not intend to harm others but took no efforts to maintain safety.
2	Child/youth intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Child/youth intended to injure or kill others.

For the following items, please rate the highest level in the <u>past 30 days</u>.

COMMUNITY SAFETY

Questions to Consider:

- Does the fire setting present a risk to community property?
- Does the fire setting present a risk to the physical safety of the members of the community?

Ratings and Descriptions	
0	Child/youth presents no risk to the community. Child/youth could be unsupervised in the community.
1	Child/youth engages in fire setting behavior that represents a risk to community property.
2	Child/youth engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth's behavior.
3	Child/youth engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Child/youth attempts to use fires to hurt others.

RESPONSE TO ACCUSATION

Questions to Consider:

- How does the child/youth react to the accusations of fire setting?
- Does the child/youth express remorse?

Ratings and Descriptions	
0	Child/youth admits to behavior and expresses remorse and desire to not repeat.
1	Child/youth partially admits to behaviors and expresses some remorse.
2	Child/youth admits to behavior but does not express remorse.
3	Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.

REMORSE		
Questions to Consider: • Does the child/youth express remorse? • Does the child/youth accept responsibility for his/her actions?	Ratings and Descriptions	
	0	Child/youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child/youth is able to apologize directly to affected people.
	1	Child/youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child/youth is unable or unwilling to apologize to affected people.
	2	Child/youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
	3	Child/youth accepts no responsibility and does not appear to experience any remorse.

LIKELIHOOD OF FUTURE FIRE SETTING		
Questions to Consider: • How likely is it that the child/youth will set a fire in the future?	Ratings and Descriptions	
	0	Child/youth is unlikely to set fires in the future. Child/youth is able and willing to exert self-control over fire setting.
	1	Child/youth presents mild to moderate risk of fire setting in the future. Child/youth should be monitored but does not require ongoing treatment/intervention.
	2	Child/youth remains at risk of fire setting if left unsupervised. Child/youth struggles with self-control.
	3	Child/youth presents a real and present danger of fire setting in the immediate future. Child/youth is unable or unwilling to exert self-control over fire setting behavior.

[M] COMMERCIALLY SEXUALLY EXPLOITED (CSE) MODULE

This module is to be completed when Risk Behaviors Domain, Victimization/Exploitation item (pg. 47) is rated '1', '2' or '3.'

For the **Commercially Sexually Exploited Module**, the following categories and action levels are used:

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

1 Identified need requires monitoring, watchful waiting, or preventive activities.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's ability to adjust.

3 Symptoms are dangerous or debilitating for the child/youth. Action required for child/youth to be able to function.

DURATION OF EXPLOITATION

Questions to Consider:

- How long has the exploitation occurred?

Ratings and Descriptions	
0	Exploitation has begun in last three months.
1	Exploitation has begun in past year.
2	Exploitation has been intermittent for more than two years.
3	Exploitation has been ongoing for more than two years.

PERCEPTION OF DANGEROUSNESS

Questions to Consider:

- Is the child/youth aware that they are in danger?

Ratings and Descriptions	
0	Child/youth is fully aware of the dangerousness of their situation and behavior. Child/youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.
1	Child/youth is partially aware of the dangerousness of their situation and behavior. Child/youth generally fails to take precautions.
2	Child/youth is unaware of the dangerousness of their situation and behavior.
3	Child/youth actively minimizes the dangerousness of their situation and behavior.

KNOWLEDGE OF EXPLOITATION

Questions to Consider:

- Does the child/youth know that they are being exploited?

Ratings and Descriptions	
0	Child/youth understands that they are currently being exploited.
1	Child/youth has some understanding that they might currently be exploited, however, the child/youth is unsure.
2	Child/youth is unaware of their exploitation.
3	Child/youth actively denies and/or rationalizes their exploitation.

TRAUMA BONDING/STOCKHOLM SYNDROME

Questions to Consider:

- Does the child/youth have an attachment towards their exploiter?
- Does the child/youth believe that the exploiter cares for them?

Ratings and Descriptions	
0	Child/youth recognizes that their pimp or other exploiter is not operating in the best interests of the child/youth.
1	Child/youth suspects that their pimp or other exploiter may not be operating in the best interests of the child/youth.
2	Child/youth believes that the pimp or other exploiter is operating in their best interests.
3	Child/youth actively defends and justifies the behavior of their pimp or other exploiter to protect them from accusations of exploitation.

EXPLOITATION OF OTHERS

Questions to Consider:

- Does the child/youth exploit others?

Ratings and Descriptions	
0	No evidence that the child/youth exploits other people.
1	Child/youth occasionally bullies or intimidates others to achieve personal goals.
2	Child/youth actively exploits others.
3	Child/youth's exploitation of others is putting at least one of these individuals at risk of harm.

UNPROTECTED INTERCOURSE

This item is used to describe the degree to which the child/youth uses standard protection from sexually transmitted disease during intercourse.

Questions to Consider:

- Does the child/youth use any protection from sexually transmitted disease during intercourse?

Ratings and Descriptions	
0	Child/youth always uses protection during intercourse.
1	Child/youth generally uses protection during intercourse. Child/youth may occasionally forget or act impulsively, engaging in intercourse even when protection is not readily available.
2	Child/youth sometimes uses protection during intercourse. Child/youth may only use protection in situations where they are very concerned about risks.
3	Child/youth never uses protection during intercourse.

ARRESTS FOR LOITERING/SOLICITATION

This item includes arrests for crimes committed during or associated with exploitation.

Questions to Consider:

- Has the child/youth ever been arrested for loitering or solicitation that was associated with exploitation?

Ratings and Descriptions	
0	Child/youth has not been arrested for loitering or soliciting.
1	Child/youth has been arrested once or twice for loitering or soliciting.
2	Child/youth has been arrested three, four or five times for loitering or soliciting.
3	Child/youth has been arrested six or more times for loitering or soliciting.

OTHER ARRESTS

Questions to Consider:

- Has the child/youth ever been arrested during an act of exploitation?

Ratings and Descriptions

0	Child/youth has not been arrested for any other crimes.
1	Child/youth has been arrested once for crimes other than involving alleged activities related to prostitution.
2	Child/youth has been arrested twice for crimes other than involving alleged activities related to prostitution.
3	Child/youth has been arrested three or more times for crimes other than involving alleged activities related to prostitution.

SEXUALLY TRANSMITTED DISEASES

Questions to Consider:

- Has the child/youth ever contracted an STD?

Ratings and Descriptions

0	Child/youth has no current known STDs nor any history of significant STDs.
1	Child/youth has history of serious STDs or is currently suspected of having an STD that has not yet been fully diagnosed.
2	Child/youth currently has an STD.
3	Child/youth currently has an STD that is putting self or others at risk of disability or death.

PREGNANCIES

Questions to Consider:

- Has the child/youth ever been pregnant?
- How many times?

Ratings and Descriptions

NA	Child/youth is a male.
0	Child/youth has never been pregnant nor has child/youth impregnated another.
1	Child/youth has been pregnant once or impregnated another once.
2	Child/youth has been pregnant twice or impregnated another twice.
3	Child/youth has been pregnant three or more times or has impregnated others on three or more occasions.

ABORTIONS

Questions to Consider:

- Has the child/youth ever had an abortion?
- How many times?

Ratings and Descriptions

NA	Child/youth is a male
0	Child/youth has never had an abortion.
1	Child/youth has had one abortion.
2	Child/youth has had two abortions.
3	Child/youth has had three or more abortions.

ATITTUDE TOWARD EDUCATION	
Questions to Consider: • Does the child/youth value education? • Is the child/youth working towards completing their education?	Ratings and Descriptions 0 Child/youth understands the value of completing their education. 1 Child/youth is able to articulate the possible value of completing their education but may remain skeptical of the personal value of education. 2 Child/youth sees no value of any further education. 3 Child/youth is hostile towards receiving any further education.

PRIOR SCHOOL SUCCESS	
Questions to Consider: • Was the child/youth previously successful at school?	Ratings and Descriptions 0 Child/youth has excelled at least one year in their educational experience. 1 Child/youth had average performance for two or more years in their earlier school experience. 2 Child/youth had average performance for at least one year in their earlier school experience. 3 Child/youth never experienced any school success that lasted for an entire school year.

[N] 18+ MODULE

This module is to be completed when the individual is 18 years old or older.

For the **Transitional Age Module**, the following categories and action levels are used:

0	No current need; no need for action or intervention.
1	Identified need requires monitoring, watchful waiting, or preventive activities.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's ability to adjust.
3	Symptoms are dangerous or debilitating for the child/youth. Action required for child/youth to be able to function.

INDEPENDENT LIVING SKILLS

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

Questions to Consider:

- Does the individual have independent living skills?

Ratings and Descriptions

0	Individual is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.
1	Individual has mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.
2	Individual has moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.
3	Individual has profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.

RESIDENTIAL STABILITY

This item is used to rate the individual's current and likely future housing circumstances. If the individual lives independently, their history of residential stability can be rated.

Questions to Consider:

- Does the individual have stable housing?

Ratings and Descriptions

0	There is no evidence of residential instability. The individual has stable housing for the foreseeable future.
1	The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person's difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.
2	The individual has moved multiple times in the past year. Also, a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.
3	The individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

PARENTAL/CAREGIVING ROLES

This item is intended to rate the individual in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here.

Questions to Consider:

- Does the individual have any children?
- Does the individual have any individuals that they act as a caregiver for?

Ratings and Descriptions

0	The individual has a parenting or caregiving role, and he/she is functioning appropriately in that role. An individual that does not have a parental or caregiving role would be rated here.
1	The individual has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.
2	The individual has responsibilities as a parent/caregiver, and he/she currently struggles to meet these responsibilities, or these responsibilities are currently interfering with the individual's functioning in other life domains.
3	The individual has responsibilities as a parent/caregiver is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the individual to function in other life domains. The individual has the potential of abuse or neglect in his/her parenting/caregiving role.

INTIMATE RELATIONSHIPS

This item is used to rate the individual's current status in terms of romantic/intimate relationships.

Questions to Consider:

- Does the individual have a significant other?
- Is the relationship a healthy one?

Ratings and Descriptions

0	The individual has a strong, positive, adaptive partner relationship with another; or he/she has maintained a positive partner relationship in the past but is not currently in an intimate relationship.
1	The individual has a generally positive partner relationship with another person. He or she may have had a problematic partner relationship in the past.
2	The individual's partner relationship interferes with his/her functioning.
3	The individual is currently involved in a negative or unhealthy relationship with another person. This relationship is either dangerous or disabling to the individual.

SELF-CARE

This item focuses on individual's current status of self-care functioning (e.g., bathing, grooming, dressing, tioleting).

Questions to Consider:

- Is the individual able to perform daily self-care tasks?

Ratings and Descriptions

0	The individual's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the youth has any problems performing daily living skills. No evidence of self-care impairments.
1	The individual requires some assistance on self-care tasks or daily living skills at a greater level than would be expected for age. Development in this area may be slow. This is characterized by self-care difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well-being.
2	The individual requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting) and/or does not appear to be developing the needed skills in this area. The person's self-care does not represent an immediate threat to the person's safety but has the potential for creating significant long-term problems if not addressed.
3	The individual is not able to function independently at all in this area. The person's self-care abilities are sufficiently impaired that he/she represents an immediate threat to himself/herself and requires 24-hour supervision to ensure safety. (Suicidal or homicidal ideation or behavior would not be coded here; however, an acute eating disorder would be coded here).

MEDICATION COMPLIANCE

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

Questions to Consider:

- Does the individual take any medication?
- Does the individual take the medication as prescribed?

Ratings and Descriptions

0	Individual takes medications as prescribed and without reminders, or is not currently on any psychotropic medication.
1	The individual usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); he/she may benefit from reminders and checks to consistently take medications.
2	The individual takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; he/she may benefit from direct supervision of medication.
3	The individual does not take medication(s) prescribed for management of underlying medical conditions and his/her underlying medical conditions are not well controlled. An individual abusing medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here.