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# Indiana Child and Adolescent Needs & Strengths Ages 6 through 17

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# ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, youth, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

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

Additionally, “child/youth” is being utilized in reference to “child,” “youth,” “adolescent,” or “young adult.” This is due to the broad range of ages to which this manual applies (e.g., ages 6 through 17 years old).

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# INTRODUCTION

## THE CANS

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

### SIX KEY PRINCIPLES OF THE CANS

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e., ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth’s developmental age.
5. **The ratings are generally “agnostic as to etiology.”** In other words, this is a descriptive tool; it is about the “what” not the “why.” While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the “why” is considered in rating these items.
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth’s present circumstances.** The CANS is a communication tool and a measure of a child/youth’s story. The 30-day time frame should be considered in terms of whether an item is a need within the time frame within which the specific behavior may or may not have occurred. The action levels assist in understanding whether a need is currently relevant even when no specific behavior has occurred during the time frame.

## HISTORY AND BACKGROUND OF THE CANS

The CANS is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

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

The CANS is made up of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a domain that asks about the family's beliefs and preferences, and about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders, gives a number rating to each of these items. These ratings help the provider, 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 hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler, & Cohen, 1997; Leon, Uziel-Miller, Lyons, & Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use yet provides comprehensive information regarding clinical status.

The CANS assessment builds upon the methodological approach of the CSPI but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child/youth and the caregiver, looking primarily at the 30-day period prior to completion of the CANS . It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, child/youth-serving systems. It provides for a structured communication and critical thinking about children/youth and their context. The CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child/youth’s progress. It can also be used as a communication tool that provides a common language for all child/youth-serving entities to discuss the child/youth’s needs and strengths. A review of the case record in light of the CANS 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 et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

### **Validity**

Studies have demonstrated the CANS’ validity, or its ability to measure children/youth’s and their caregiver’s needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

## RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the 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). This process should be done collaboratively with the child/youth, family and other stakeholders.

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

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

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus of strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy child and youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child and youth capabilities are a promising means for development and play a role in reducing risky behaviors.

Finally, the CANS can be used to monitor outcomes. This can be accomplished in two ways. First, CANS items that are initially rated a '2' or '3' are monitored over time to determine the percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

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

## HOW IS THE CANS USED?

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

### IT IS AN ASSESSMENT STRATEGY

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

### IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

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

### IT FACILITATES OUTCOMES MEASUREMENT

The CANS is often completed every 6 months to measure change and transformation. We work with children, youth, and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

### IT IS A COMMUNICATION TOOL

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

## CANS: A BEHAVIOR HEALTH CARE STRATEGY

The CANS is an excellent strategy in addressing children and youth’s behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the child/youth and family. This will not only help the organization of your interviews but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Child/Youth Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, “We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

Some people may “take off” on a topic. Being familiar with the CANS items can help in having more natural conversations. So, if the family is talking about situations around the youth’s anger control and then shift into something like---“you know, he only gets angry when he is in Mr. S’s classroom,” you can follow that and ask some questions about situational anger, and then explore other school-related issues.

## MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the child/youth and family the CANS domains and items (see the CANS Core Item list on page 14) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

## LISTENING USING THE CANS

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

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes,” “and”—things that encourage people to continue.
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking, “If I were this person, I would do x” or “That’s just like my situation, and I did x.” But since you

are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or youth that you are with them.
  
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "Does that make sense to you?" Or "Do you need me to explain that in another way?"
  
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

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

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

## ACKNOWLEDGE FEELINGS

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

## WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit

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

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

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

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

# REFERENCES

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

# CANS BASIC STRUCTURE

## CORE AND MODULE ITEMS

The items for the Indiana Child and Adolescent Needs and Strengths are noted below.

### **Life Functioning Domain**

Family Functioning  
Living Situation  
*School Functioning [A]*  
*[A] School Module*  
*School Behavior*  
*School Achievement*  
*School Attendance*  
Social Functioning  
Recreational  
Developmental/Intellectual  
Decision Making  
Legal  
Medical/Physical  
Sexual Development  
Sleep  
Independent Living Skills

### **Strengths Domain**

Family Strengths  
Interpersonal  
Optimism  
Educational Setting  
Talents and Interests  
Spiritual/Religious  
Community Life  
Cultural Identity  
Natural Supports  
Resilience

### **Cultural Factors Domain**

Language  
Traditions and Cultural Rituals  
Cultural Stress

### **Caregiver Resources & Needs Domain**

Supervision  
Involvement with Care  
Knowledge  
Organization  
Social Resources  
Residential Stability  
Medical/Physical  
Mental Health  
Substance Use  
Developmental  
Family Stress  
Safety  
Marital/Partner Violence in the Home

### **Behavioral/Emotional Needs Domain**

Psychosis  
Impulsivity/Hyperactivity  
Depression  
Anxiety  
Oppositional Behavior  
Conduct  
Adjustment to Trauma  
Anger Control  
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  
Bullying

# LIFE FUNCTIONING DOMAIN

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

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

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

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

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## FAMILY FUNCTIONING

This item evaluates and 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 family). In the absence of this information, consider biological and adoptive relatives and significant others with whom the child/youth is still in contact. 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. **Note:** For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. Foster families should only be considered if they have made a significant commitment to the child/youth.

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### Questions to Consider:

- How does the child/youth get along with the family?
  - Are there problems/conflicts between family members?
  - Has there ever been any violence in the family?
  - What is the relationship like between the child/youth and their family?
- 

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members. [continues]
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**FAMILY FUNCTIONING continued**

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

History or suspicion of problems, and/or child/youth is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the child/youth. Arguing may be common but does not result in major problems.

---

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

Child/youth is having problems with parents, siblings and/or other family members that are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

---

- 3 *Need is 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 child/youth experienced or stimulated by the child/youth currently being 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 and Descriptions**

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

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

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

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

---

3 *Need is 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 unable to remain in present living situation due to problematic behaviors.

---

---

## SCHOOL FUNCTIONING\*

This item reflects the highest level of need related to school behavior, attendance, or achievement. If not attending school, rate the item when the child was last in school.

---

### Questions to Consider:

- How is the child/youth behaving in school?
  - Has the child/youth been placed in detention or suspended?
  - Does the child/youth remain at school all day?
  - 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 class or repeating a grade?
  - Has the child/youth gone to an alternative placement?
- 

### Ratings and Descriptions

0 *No evidence of any needs; no need for action.*  
Child/youth is performing well in school.

---

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth is performing adequately in school although some problems may exist.

---

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth is experiencing some problems with school attendance, behavior, and/or achievement that are impacting their academic functioning.

---

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth's problems with functioning in the school environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or attendance.

---

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

---

## [A] SCHOOL MODULE

---

### 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 and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of behavioral problems at school, OR child/youth is behaving well in school.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.
- 
- 3 *Need is 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 and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of issues in school achievement and/or child/youth is doing well in school.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth is doing adequately in school although some problems with achievement exist.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth is having severe achievement problems. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.
-

---

## 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 and Descriptions

- 0 *No evidence of any needs; no need for action.*  
Child/youth attends school regularly.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth's problems with school attendance are interfering with academic progress.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth is generally absent from school.
- 

**End of the School Module**

---

## **SOCIAL FUNCTIONING**

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

---

### **Questions to Consider:**

- Currently, how well does the child/youth get along with others?
  - Has there been an increase in conflicts with others?
  - Do they have unhealthy relationships?
  - Does the child/youth tend to change friends frequently?
- 

### **Ratings and Descriptions**

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

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

---

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

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

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

---

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

Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

---

**Supplemental Information:** A child/youth who socializes with primarily younger or much older individuals would be identified as having needs on this item. A child/youth who has conflictual relationships with peers also would be described as having needs. An isolated child/youth with no same age friends would be rated '3.'

---

---

**RECREATIONAL**

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

---

**Questions to Consider:**

- Does the child/youth have things that they like to do with free time?
  - Do these activities give the child/youth pleasure?
  - Are they a positive use of the child/youth's free time?
  - Does the child/youth often claim to be bored or have nothing to do?
- 

**Ratings and Descriptions**

- 0 *No evidence of any needs; no need for action.*  
No evidence of any problems with recreational functioning. Child/youth has access to sufficient activities that they enjoy.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth is doing adequately with recreational activities although some problems may exist.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth is having moderate problems with recreational activities. Child/youth may experience some problems with effective use of leisure time.
- 
- 3 *Need is 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

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

---

### Questions to Consider:

- Does the child/youth's growth and development seem age-appropriate?
  - Has the child/youth been screened for any developmental problems?
- 

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
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 is required to ensure that the identified need is addressed; need is interfering with 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 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.
- 

**Supplemental Information:** All developmental disabilities occur on a continuum; a child/youth with Autism Spectrum Disorder may be designated a '0', '1', '2', or '3' depending on the significance of the disability and the impairment. Learning disability is not rated in this item. A child/youth with suspected low IQ or developmental delays and who has not been previously diagnosed and/or assessed would be rated here and a referral for assessment would be recommended.

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## DECISION MAKING

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

---

### Questions to Consider:

- How is the child/youth's decision-making process and ability to make good decisions?
  - Does the child/youth typically make good choices?
- 

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of problems with judgment or decision making that result in harm to development and/or well-being.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
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 is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being. As a result, more supervision is required than expected for their age.
- 
- 3 *Need is 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 their age.
-

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**LEGAL**

This item indicates the child/youth's level of involvement with the justice system. Family involvement with the courts is not rated here—only the identified child/youth's involvement is relevant to this rating.

---

**Questions to Consider:**

- Has the child/youth ever admitted that they have broken the law?
  - Has the child/youth ever been arrested?
  - Has the child/youth ever been incarcerated?
- 

**Ratings and Descriptions**

- 0 *No evidence of any needs; no need for action.*  
Child/youth has no known legal difficulties or involvement with the court system.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth has a history of legal problems but currently is not involved with the legal system, or there is immediate risk of involvement with the legal system.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth has some legal problems and is currently involved in the legal system due to moderate delinquent or criminal behaviors.
- 
- 3 *Need is 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, such as serious offenses against persons or property.
-

---

## MEDICAL/PHYSICAL

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

---

### Questions to Consider:

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

### Ratings and Descriptions

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

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

---

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

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

---

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

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## SEXUAL DEVELOPMENT

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The child/youth's sexual orientation, 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 sexual development?
  - Is the child/youth sexually active?
- 

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of issues with sexual development.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
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 is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Moderate to serious problems with sexual development that interfere with the child/youth's life functioning in other life domains.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Severe problems with sexual development. This would include very frequent risky sexual behavior 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?
  - Are they often sleepy during the day?
  - Do they have frequent nightmares or difficulty sleeping?
  - How many hours does the child/youth sleep each night?
- 

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of problems with sleep. Child/youth gets a full night's sleep each night and feels rested.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
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. Sleep is not restful for the child/youth.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth is having problems with sleep. Sleep is often disrupted, and child/youth seldom obtains a full night of sleep and doesn't feel rested. Difficulties in sleep are interfering with their functioning in at least one area of their life.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth is generally sleep deprived. Sleeping is almost always difficult, and the child/youth is not able to get a full night's sleep and does not feel rested. Child/youth's sleep deprivation is dangerous and places them at risk.
-

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## INDEPENDENT LIVING SKILLS

This item is used to describe the child/youth's ability to take responsibility for and also self-manage in an age-appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include cooking, housekeeping, etc. Ratings for this item focus on the presence or absence of short- or long-term risks associated with impairments in independent living abilities. If the child/youth is younger than 14 years old, rate this item a '0.'

---

### Questions to Consider:

- Does the child/youth have impairments that impact their ability to live independently?
  - What are some skills that the child/youth still needs to build?
- 

### Ratings and Descriptions

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

Child/youth is fully capable of independent living. No evidence of any deficits or barriers that could impede the development of skills to maintain one's own home.

---

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

This level indicates a child/youth with some impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems are generally addressable with training or supervision.

---

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

This level indicates a child/youth with impairment of independent living skills that impacts their functioning. Notable problems completing tasks necessary for independent living and/or managing self when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.

---

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

This level indicates a child/youth with profound impairment of independent living skills. This child/youth would be expected to be unable to live independently given current status. Problems require a structured living environment.

---

# STRENGTHS DOMAIN

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child/youth's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on their needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

NOTE: When you have no information/evidence about a strength in this area, use a rating of '3.'

**Question to Consider for this Domain:** What child/youth strengths can be used to support a need?

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

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

---

## FAMILY STRENGTHS

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:

- 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? [continues]
-

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**FAMILY STRENGTHS continued**

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**Ratings and Descriptions**

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

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

---

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

Family has some good relationships and good communication. Family members can enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and can provide limited emotional or concrete support.

---

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

Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none can provide emotional or concrete support.

---

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

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

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## 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 their 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 and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*  
Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
- 
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*  
Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
- 
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*  
Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
- 
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*  
There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.
-

---

## OPTIMISM

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

---

### Questions to Consider:

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

Child/youth has a strong and stable optimistic outlook for their future.

---

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

Child/youth is generally optimistic about their future.

---

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

Child/youth 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 may be recommended to develop a strength in this area.*

There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

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## EDUCATIONAL SETTING

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 setting. Rate according to how much the school is an effective partner in promoting the child/youth's functioning and addressing the child/youth's needs in school program. For youth who have already graduated, rate a '3.'

---

### Questions to Consider:

- Is the school an active partner in the child/youth's education?
  - Does the child/youth like the 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 the school?
- 

### Ratings and Descriptions

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

The educational setting 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 program.

---

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

Educational setting works with the child/youth and family to address the child/youth's educational needs OR the child/youth likes school program.

---

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

The educational setting 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 may be recommended to develop a strength in this area.*

There is no evidence of the educational setting working to identify or successfully address the child/youth's needs at this time and/or it is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no educational setting to partner with at this time.

---

**Supplemental Information:** Youth who are expelled from school, dropped out or did not graduate with a high school diploma/GED can be addressed under the School Behavior, School Attendance and School Achievement items in the Life Functioning Domain.

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## TALENTS AND INTERESTS

This item refers to hobbies, skills, artistic interests and talents that are positive ways that child/youth 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 and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*  
Child/youth has a talent that provides pleasure and/or self-esteem. A child/youth with significant creative/artistic/athletic strengths would be rated here.
- 
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*  
Child/youth has a talent, interest or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.
- 
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*  
Child/youth has expressed interest in developing a specific talent, interest, or hobby even if that talent has not been developed to date, or whether it would provide them with any benefit.
- 
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*  
There is no evidence of 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 and/or religious beliefs does not represent a need for the family.

---

### **Questions to Consider:**

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

### **Ratings and Descriptions**

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action 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 the child/youth in difficult times.

---

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

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

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

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

---

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

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

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## COMMUNITY LIFE

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

---

### 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 and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action 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, child/youth may be a member of a community group (e.g., Girl or Boy Scouts) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.

---

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

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 strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

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 may be recommended to develop a strength in this area.*

There is no evidence of an identified community of which child/youth is currently a member.

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## CULTURAL IDENTITY

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

---

### 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 and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*  
The child/youth has defined a cultural identity and is connected to others who support their cultural identity.
- 
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*  
The child/youth is developing a cultural identity and is seeking others to support their cultural identity.
- 
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*  
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 may be recommended to develop a strength in this area.*  
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 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 their life that are positive influences?
- 

### Ratings and Descriptions

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

Child/youth has significant natural supports that contribute to helping support their healthy development.

---

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

Child/youth has identified natural supports that provide some assistance in supporting their healthy development.

---

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

Child/youth has some identified natural supports; however, these supports are not actively contributing to their healthy development.

---

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

Child/youth has no known natural supports (outside of family and paid caregivers).

---

---

## RESILIENCE

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

---

### Questions to Consider:

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

### Ratings and Descriptions

- 0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*  
Child/youth can both identify and use strengths to better themselves and successfully manage difficult challenges.
- 
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*  
Child/youth can identify most of their strengths and is able to partially utilize them.
- 
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*  
Child/youth can identify strengths but is not able to utilize them effectively.
- 
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*  
Child/youth is not yet able to identify personal strengths.
-

# CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, find therapist who speaks family's primary language, and/or ensure that a child/youth in an out-of-home setting can participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that children/youth may experience or encounter because of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization, and outcomes between groups. Culture in this domain is described broadly to include cultural groups that are racial, ethnic, or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparity states that race and/or ethnic group membership may be a primary influence on health outcomes.

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

**Note:** For children birth through five years-old, these items should be rated for the family.

**Question to Consider for this Domain:** How does the child/youth and/or their family's membership in a particular cultural group impact their stress and well-being?

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

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

---

## LANGUAGE

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

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### 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 and Descriptions

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

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

Child/youth and/or family speak or read the primary language where they live, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

---

2 *Action 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 they live. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.

---

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

Translator or family's native language speaker is needed for successful intervention; no such child/youth is available from among natural supports.

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## TRADITIONS AND CULTURAL RITUALS

This item rates the child/youth'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, Quinceañera, 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 their traditions and rituals?
- 

### Ratings and Descriptions

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

The child/youth is consistently able to practice traditions and rituals consistent with their cultural identity.

---

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

The child/youth is generally able to practice traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

---

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

The child/youth experiences significant barriers and is sometimes prevented from practicing traditions and rituals consistent with their cultural identity.

---

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

The child/youth is unable to practice traditions and rituals consistent with their cultural identity.

---

---

## **CULTURAL STRESS**

This item identifies circumstances in which the child/youth'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 SOGIE and other forms of discrimination would be rated here.

---

### **Questions to Consider:**

- Has the child/youth experienced any problems with the reaction of others to their cultural identity?
  - Has the child/youth experienced discrimination?
- 

### **Ratings and Descriptions**

- 0 *No evidence of any needs; no need for action.*  
No evidence of stress between the child/youth's cultural identity and current environment or living situation.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Some occasional stress resulting from friction between the child/youth's cultural identify and their current environment or living situation.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
The child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. The child/youth needs support to learn how to manage culture stress.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
The child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. The child/youth needs immediate plan to reduce culture stress.
-

# CAREGIVER RESOURCES & NEEDS DOMAIN

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

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

**Question to Consider for this Domain:** What are the resources and needs of the child/youth's caregiver(s)?

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

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

---

## **SUPERVISION**

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

---

### **Questions to Consider:**

- 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?
- 

### **Ratings and Descriptions**

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
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 that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
Caregiver generally provides adequate supervision but is inconsistent. Caregiver may need occasional help or assistance.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.
- 
- 3 *Need prevents the provision of care; 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**

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 and Descriptions**

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of problems with caregiver involvement in services or interventions, and/or caregiver can act as an effective advocate for the child/youth.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on their behalf. Caregiver is open to receiving support, education, and information.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist the child/youth.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver wishes for child/youth to be removed from their care.
-

---

**KNOWLEDGE**

This item identifies the caregiver's knowledge of the child/youth's strengths and needs, and the caregiver's 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 and Descriptions**

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
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 that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills, and assets.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
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 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs places the child/youth at risk of significant negative outcomes.
-

---

**ORGANIZATION**

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

---

**Questions to Consider:**

- 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 the child/youth to appointments or school?
- 

**Ratings and Descriptions**

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
Caregiver is well organized and efficient.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has moderate difficulty organizing and maintaining household to support needed services.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver is unable to organize household to support needed services.
-

---

## **SOCIAL RESOURCES**

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

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
Caregiver has significant social and family networks that actively help with caregiving.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
Caregiver has some family, friends or social network that actively helps with caregiving.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Work needs to be done to engage family, friends, or social network in helping with caregiving.
- 
- 3 *Need prevents the provision of care; 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(s) and does not include the likelihood that the child/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 and Descriptions**

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
Caregiver has stable housing with no known risks of instability.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
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 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has moved multiple times in the past year. Housing is unstable.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Family is homeless or has experienced homelessness in the recent past.
-

---

**MEDICAL/PHYSICAL**

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to care for the child/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 and Descriptions**

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

---

**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 and Descriptions**

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

---

**SUBSTANCE USE**

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

---

**Questions to Consider:**

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

**Ratings and Descriptions**

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

---

**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 and Descriptions**

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver has severe developmental challenges that make it currently impossible to parent the child/youth.
-

---

**FAMILY STRESS**

This item rates the impact of managing the child/youth's behavioral and emotional needs on the family's stress level.

---

**Questions to Consider:**

- Do caregivers find it stressful at times to manage the challenges in dealing with the child/youth's needs?
  - Does the stress ever interfere with ability to care for the child/youth?
- 

**Ratings and Descriptions**

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver can manage the stress of child/youth's needs.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
There is a history or suspicion of and/or caregiver has some problems managing the stress of child/youth's needs.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from providing care.
-

---

**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 and Descriptions**

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Child/youth is in some danger from one or more individuals with access to the home.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Child/youth is in immediate danger from one or more persons with unsupervised access.
-

---

## MARITAL/PARTNER VIOLENCE IN THE HOME

This item describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and providing care.

---

### Questions to Consider:

- How are power and control handled in the caregivers' relationship with each other?
  - How frequently does the child/youth witness caregiver conflict?
  - Does the caregivers' conflict escalate to verbal aggression, physical attacks or destruction of property?
- 

### Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
Parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
History of marital difficulties and partner arguments. Caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which the child/youth often witnesses.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Marital or partner difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate child/youth's difficulties or put the child/youth at greater risk.
- 

**Supplemental Information:** Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregiver partners. Since marital/partner violence is a risk factor for child abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The child/youth's past exposure to marital/partner violence with current or other caregivers is rated a '1'. This item would be rated a '2' if the child/youth is exposed to marital/partner violence in the household and protective services must be called; a '3' indicates that the child/youth is in danger due to marital/partner violence in the household and requires immediate attention.

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

---

## PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders, 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 and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of psychotic symptoms. Thought processes and content are within normal range.  
[continues]
-

---

**PSYCHOSIS (THOUGHT DISORDER) continued**

---

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

Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.

---

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

Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.

---

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

Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

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## IMPULSIVITY/HYPERACTIVITY

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

---

### Questions to Consider:

- Does the child/youth's impulsivity put them at risk?
  - How has the child/youth's impulsivity impacted their life?
  - Is the child/youth able to control themselves?
  - Does the child/youth report feeling compelled to do something despite negative consequences?
- 

### Ratings and Descriptions

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

No evidence of symptoms of loss of control of behavior.

---

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

This is a history or evidence of some impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.

---

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

Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the 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, employers, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.

---

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

Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers themselves or others without thinking.

---

**Supplemental Information:** This item includes behavioral symptoms associated with Disruptive and Impulse Control Disorders as indicated in the DSM. 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.

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## 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.

---

### 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 and Descriptions

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

No evidence of problems with depression.

---

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

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

---

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

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

---

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

Clear evidence of disabling level of depression that makes it virtually impossible for the 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 or work, friendship groups or relationships with others, or family life. Disabling forms of depressive diagnoses would be rated here.

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## **ANXIETY**

This item rates evidence of symptoms associated with DSM 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.

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### **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 and Descriptions**

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

No evidence of anxiety symptoms.

---

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

History, suspicion, or evidence of some anxiety. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.

---

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

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## OPPOSITIONAL BEHAVIOR

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 and Descriptions

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

No evidence of oppositional behaviors.

---

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

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 is required to ensure that the identified need is addressed; need is interfering with 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 would be rated here.

---

3 *Need is 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.

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## CONDUCT

This item rates the degree to which a child/youth engages in behaviors that show a disregard for and violation of the rights of others such as stealing, pathological lying, vandalism, cruelty to animals, and assault. 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:

- How does the child/youth handle telling the truth/lies?
  - Has the child/youth ever tortured animals?
  - Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?
  - Has violation of laws led to arrest, probation or incarceration?
- 

### Ratings and Descriptions

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

No evidence of serious violations of others or laws.

---

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

History, suspicion, or evidence of some problems associated with antisocial behavior included but not limited to pathological 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 or work and home behavior. Problems are recognizable but not notable for age, sex, and community.

---

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

Clear evidence of antisocial behavior including but not limited to pathological 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 *Need is 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 rates a pattern of behavior related to aggression (people/animals), destruction of property, deceitfulness (cons others), theft, and/or serious rule violation that impairs functioning.

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## 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:

- Has the child/youth experienced any trauma?
  - How is the child/youth adjusting to the trauma?
- 

### Ratings and Descriptions

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

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

---

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

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 is required to ensure that the identified need is addressed; need is interfering with 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 or relationships. Adjustment is interfering with child/youth's functioning in at least one life domain.

---

3 *Need is 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 Posttraumatic Stress Disorder).

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---

**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?
  - Do they get upset or frustrated easily?
  - Do they overreact if someone criticizes or rejects them?
  - Does the child/youth seem to have dramatic mood swings?
- 

**Ratings and Descriptions**

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

---

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

History, suspicion, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.

---

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

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

---

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

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

---

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## **SUBSTANCE USE**

This item describes problems related to the misuse 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 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 misuse of alcohol or drugs?
- 

### **Ratings and Descriptions**

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

Child/youth has no notable substance use difficulties at the present time.

---

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

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

---

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

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 *Need is 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.

---

# RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get children/youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

**Question to Consider for this Domain:** Does the child/youth's behaviors put them at risk for serious harm?

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

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

---

## 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.

---

### Questions to Consider:

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

---

### Ratings and Descriptions

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

---

  - 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*  
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 is required to ensure that the identified need or risk behavior 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 suicidal ideation and intent OR command hallucinations that involve self-harm.
-

---

## NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

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 child/youth purposefully hurt themselves (e.g., cutting)?
  - 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 use self-injurious behavior as a release?
- 

### Ratings and Descriptions

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

No evidence of any forms of self-injury.

---

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

A history or suspicion of self-injurious behavior.

---

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

Engaged in self-injurious behavior (e.g., 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 the 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.

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**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-mutilative behaviors are not rated here.**

---

**Questions to Consider:**

- Does the child/youth ever put themselves in dangerous situations?
  - Has the child/youth ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?
- 

**Ratings and Descriptions**

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

No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.

---

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

There is a history or suspicion of or some reckless or risk-taking behavior (other than suicide or self-mutilation) that placed the child/youth at risk of physical harm.

---

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

Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the 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 the child/youth at immediate risk of death.

---

**Supplemental Information:** 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 child/youth frequently exhibits significantly poor judgment that has the potential to place themselves 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 child/youth that has placed themselves in significant physical jeopardy during the rating period.

---

---

**DANGER TO OTHERS**

This item rates the child/youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.

---

**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 and Descriptions**

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

No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).

---

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

History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.

---

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

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.

---

**Supplemental Information:** Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others, or a child/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.

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## SEXUAL AGGRESSION

This item describes sexual behavior that could result in charges being made against the child/youth. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. The severity and recency of the behavior provide the information needed to rate this item.

---

### Questions to Consider:

- Has the child/youth ever been accused of sexually harassing others or using sexual language?
  - Has the child/youth ever been accused of being sexually aggressive or being a sexual predator?
  - Has the child/youth had sexual contact with minors?
- 

### Ratings and Descriptions

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

No evidence of sexually aggressive behavior.

---

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

History of sexually aggressive behavior (but not in past year) OR sexually inappropriate non-physical behavior in the past year that troubles others such as harassing talk or language. For example, occasional inappropriate sexually aggressive/harassing language or behavior.

---

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

Child/youth engages in sexually aggressive behavior that impairs their functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching).

---

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.

---

---

## **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 they stay away? How was the child/youth found?
  - Does the child/youth ever threaten to run away?
- 

### **Ratings and Descriptions**

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

Child/youth has no history of running away or ideation of escaping from current living situation.

---

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

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 is required to ensure that the identified need or risk behavior 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 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 presents an imminent flight risk. A child/youth who is currently a runaway is rated here.

---

---

## DELINQUENT BEHAVIOR

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

---

### Questions to Consider:

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

### Ratings and Descriptions

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

No evidence or history of delinquent or criminal behavior.

---

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

History or suspicion of delinquent or criminal behavior, but none in the recent past. Status offenses would generally be rated here.

---

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

Child/youth has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. 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 or criminal activity that place others at risk of significant loss or injury. Examples include car theft, residential burglary, rape, armed robbery, and assault.

---

**Supplemental Information:** When rating children or youth: This item uses the mental health rather than the juvenile justice definition of delinquency, reflecting behaviors that we know about. Since the primary goal of the intervention is to prevent the child/youth from future harm, it is necessary to assess behaviors of which we are aware. The general vagueness of this item prevents placing the child/youth in any legal jeopardy from the assessment (i.e., no specific crimes are identified, just a level of risk).

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**FIRE SETTING**

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

---

**Questions to Consider:**

- Has the child/youth ever started a fire?
  - Has the incident of fire setting put anyone at harm or at risk of harm?
- 

**Ratings and Descriptions**

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

No evidence of fire setting by the child/youth.

---

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

History of fire setting but not in the recent past.

---

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

Recent fire-setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.

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

Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).

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## **INTENTIONAL MISBEHAVIOR**

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

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### **Questions to Consider:**

- Does the child/youth intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents or teachers)?
  - Has the child/youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the child/youth such as suspension, job dismissal, etc.?
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### **Ratings and Descriptions**

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

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

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

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.

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

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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).

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**BULLYING**

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

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**Questions to Consider:**

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

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

No evidence that the child/youth has ever engaged in bullying at school/work or in the community.

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

History or suspicion of bullying, or child/youth has engaged in bullying behavior or associated with groups that have bullied others.

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

Child/youth has bullied others at school/work or in the community. They have either bullied others or led a group that bullied others.

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

Child/youth has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.

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