
Child and Adolescent Needs and Strengths – New York 6+

(March 1, 2025)

Copyright 2025, 2024, 2023, 2018, 1999 by the Praed
Foundation

2025
REFERENCE
GUIDE

ACKNOWLEDGEMENTS

The CANS-New York 6+ is based on the Standard Comprehensive CANS 3.0 and the CANS- New York 6-21. Many individuals have collaborated in the development of the Child and Adolescent Needs and Strengths (CANS). Along with the CANS and versions for developmental disabilities, juvenile justice, child welfare, and older adults, 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.”

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

John S. Lyons, PhD

Director, Center for Innovation in Population Health
Professor, Health, Management & Policy
College of Public Health, University of Kentucky
John.Lyons@uky.edu

Joy Dicus

TCOM Implementation Lead
Center for Innovation in Population Health
University of Kentucky
Joy.Dicus@uky.edu

Praed Foundation

<http://praedfoundation.org>
info@praedfoundation.org



**Department
of Health**



TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
INTRODUCTION	5
THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS.....	5
SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL.....	5
HISTORY AND BACKGROUND OF THE CANS-NY	6
HISTORY	6
MEASUREMENT PROPERTIES OF THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS.....	7
RATING NEEDS & STRENGTHS.....	8
HOW IS THE CANS-NY USED?	10
IT IS AN ASSESSMENT STRATEGY	10
IT GUIDES CARE AND TREATMENT/SERVICE PLANNING	10
IT FACILITATES OUTCOMES MEASUREMENT.....	10
IT IS A COMMUNICATION TOOL.....	10
CANS-NY: A STRATEGY FOR CHANGE.....	11
MAKING THE BEST USE OF THE CANS-NY	11
LISTENING USING THE CANS-NY	11
REDIRECT THE CONVERSATION TO THE PARENT’S/CAREGIVER’S OWN FEELINGS AND OBSERVATIONS	12
ACKNOWLEDGE FEELINGS	13
WRAPPING IT UP.....	13
REFERENCES	14
CANS-NY BASIC STRUCTURE.....	17
CORE ITEMS.....	17
MODULES	18
LIFE FUNCTIONING DOMAIN.....	20
[A] MEDICAL HEALTH MODULE.....	34
[B] DEVELOPMENTAL NEEDS MODULE.....	42
[C] SELF-CARE ACTIVITIES OF DAILY LIVING MODULE	50
[D] TRAUMA MODULE.....	59
POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES	59
TRAUMATIC STRESS SYMPTOMS	66
TRANSITION TO ADULTHOOD DOMAIN	73
[E] INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE	83
BEHAVIORAL/EMOTIONAL NEEDS DOMAIN.....	88
[F] SUBSTANCE MISUSE MODULE	101
RISK FACTORS AND BEHAVIORS DOMAIN	105

RISK FACTORS.....	106
RISK BEHAVIORS.....	108
CULTURAL FACTORS DOMAIN.....	118
STRENGTHS DOMAIN	122
CAREGIVER RESOURCES & NEEDS DOMAIN	133

INTRODUCTION

THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS

The **CANS-New York (CANS-NY)** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS-NY is to accurately represent the shared vision of the child/youth and adult serving systems— children, youth, adults, and families. As such, completion of the CANS-NY is accomplished 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-NY 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-NY.

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

- 1. Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
- 2. Each item uses a 4-level rating system designed to translate immediately into action levels.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
- 3. Rating should describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e., ‘2’ or ‘3’).
- 4. Culture and development should be considered prior to establishing the action levels.** Cultural responsivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual’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 child and young adult 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 to make sure assessments stay relevant to the child/youth’s present circumstances.** The CANS-NY is a communication tool and a measure of an individual’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-NY

The CANS-NY 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-NY was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS-NY 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-NY helps care providers decide which of a child/youth's needs are the most important to address in treatment or service planning. The CANS-NY 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-NY, care providers can develop a treatment or service plan that addresses a child/youth's strengths and needs while building strong engagement.

The CANS-NY 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 where a child/youth has assets that could be a major part of the treatment or service plan.

The CANS-NY ratings, however, do not tell the whole story of a child/youth's strengths and needs. Each section in the CANS-NY 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 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 administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES OF THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. Many 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., 2002). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communitrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

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

reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et. al., 2015; Lardner, 2015).

In sum, there is solid evidence from multiple, independent research groups in the United States and Europe, along with ongoing field experience, that the CANS is a reliable and valid clinical and functional assessment for adults with mental health and developmental challenges.

RATING NEEDS & STRENGTHS

The CANS-NY 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-NY 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 'NA' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'NA' 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-NY, a CANS-NY 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-NY 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 a child/youth.

The CANS-NY 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-NY 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 child/youth 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 child/youth and, when appropriate, their families 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-NY and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth, adults, and families.

As a quality improvement activity, many 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-NY 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-NY can be used to monitor outcomes. This can be accomplished in two ways. First, CANS-NY 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-NY 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-NY USED?

The CANS-NY 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-NY as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting children 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 of those using this tool 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-NY 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. 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-NY 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-NY may be completed to define progress, measure ongoing needs, and help us make continuity of care decisions. Doing a closing CANS-NY, much like a discharge summary, integrated with CANS-NY 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-NY and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS-NY: A STRATEGY FOR CHANGE

The CANS-NY 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-NY 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-NY 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 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-NY 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-NY

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-NY and how it will be used. The description of the CANS-NY 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-NY domains and items (see the CANS-NY Core Item list on page 17) 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-NY ratings should be reviewed with each family. Encourage families to contact you if they have any questions or concerns.

LISTENING USING THE CANS-NY

Listening is the most important skill that you bring to working with the CANS-NY. 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 personal 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 the person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child/youth that you are with 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-NY 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 THE PARENT’S/CAREGIVER’S 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-NY 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 child/youth and family those areas of strengths and of needs. Help them to get a “total picture” of the child/youth 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). (2022). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision*. Washington DC: American Psychiatric Publishing.
- Anderson, R.L., & Lewis, D. (2000). Quality of life of persons with severe mental illness living in an intermediate care facility. *Journal of Clinical Psychology, 56*, 575-581.
- Anderson, R.L., Lyons, J.S., Giles, D.M., Price, J.A., & Estes, G. (2002). Examining the reliability of the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) scale from two perspectives: A comparison of clinician and researcher ratings. *Journal of Child and Family Studies, 12*, 279-289.
- 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.
- Cappelli, M., Davidson, S., Racek, J., Leon, S., Vloet, M., Tataryn, K., & Lowe, J. (2014). Transitioning youth into adult mental health and addiction services: An outcomes evaluation of the Youth Transition Project. *The Journal of Behavioral Health Services & Research, 43*(4), 597-610. <https://doi.org/10.1007/s11414-014-9440-9>.
- 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.
- Foster, S., Lefauve, C., Kresky-Wolff, M., & Rickards, L. D. (2009). Services and supports for individuals with co- occurring disorders and long-term homelessness. *The Journal of Behavioral Health Services & Research, 37*(2), 239-251. <https://doi.org/10.1007/s11414-009-9190-2>.
- George, L., Durbin, J., Sheldon, T., & Goering, P. (2002). Patient and contextual factors related to the decision to hospitalize patients from emergency psychiatric services. *Psychiatric Services, 53*, 1586-1591.

- Goodwin, R., & Lyons, J.S. (2001). Feasibility and effectiveness of an emergency housing program as an alternative to inpatient treatment for persons with severe and persistent mental illness. *Psychiatric Services, 52*, 92-95.
- 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.
- Lansing, A.E., Lyons, J.S., Martens, L.C., O'Mahoney, M.T., Miller, S.I., & Obolsky, A. (1997). The treatment of dangerous patients in managed care: Psychiatric hospital utilization and outcome. *General Hospital Psychiatry, 19*, 112-118.
- 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.
- Leon, S.C., Uziel-Miller, N.D., Lyons, J.S., & Tracy, P. (1999). Psychiatric hospital utilization of children and adolescents in state custody. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*, 305-310.
- Lyons, J.S. (2004). *Redressing the Emperor: Improving the children's public mental health system*. Westport, CT: Praeger Publishing.
- Lyons, J.S. (2009). *Communitics: A communication theory of measurement in human service settings*. New York: Springer.
- Lyons, J.S., Colletta, J., Devens, M., & Finkel, S.I. (1995). The validity of the Severity of Psychiatric Illness in a sample of inpatients on a psychogeriatric unit. *International Psychogeriatrics, 7*, 407-416.
- Lyons, J.S., Kisiel, C.L., Dulcan, M., Cohen, R., & Chesler, P. (1997). Crisis assessment and psychiatric hospitalization of children and adolescents in state custody. *Journal of Child and Family Studies, 6*, 311-320.
- Lyons, J.S., Mintzer, L.L., Kisiel, C.L., & Shallcross, H. (1998). Understanding the mental health needs of children and adolescents in residential treatment. *Professional Psychology: Research and Practice, 29*, 582-587.
- Lyons, J.S., O'Mahoney, M., Doheny, K., Dworkin, L., & Miller, S. (1995). The prediction of short-stay psychiatric inpatients. *Administration and Policy in Mental Health, 23*, 17-25.
- Lyons, J.S., O'Mahoney, M., Miller, S.I., Neme, J., Kabot, J., & Miller, F. (1997). Predicting readmission to the psychiatric hospital in a managed care environment: Implications for quality indicators. *American Journal of Psychiatry, 154*, 397-400.
- Lyons, J.S., Stutesman, J., Neme, J., Vessey, J.T., O'Mahoney, M.T., & Camper, H.J. (1997). Predicting psychiatric emergency admissions and hospital outcomes. *Medical Care, 35*, 792-800.
- Lyons, J.S. & Weiner, D.A. (2009). (Eds.). *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management*. New York: Civic Research Institute.

- Martin-Santos, R., Domingo-Salvany, A., Gines, J.M., Imaz, M.L., Navines, R., Pascual, J.C., & Torrens, M. (2006). Dual diagnosis in the psychiatric emergency room in Spain. *European Journal of Psychiatry*, 20, 1-7.
- Mulder, C.L., Koopmans, G.T., & Lyons, J.S. (2005). The admission process untangled: Determinants of indicated versus actual level of care in psychiatric emergency services. *Psychiatric Services*, 56, 452-457.
- Nelson, C., & Johnston, M. (2008). Adult Needs and Strengths Assessment—Abbreviated Referral Version to specify psychiatric care needed for incoming patients: Exploratory analysis. *Psychological Reports*, 102, 131-143.

CANS-NY BASIC STRUCTURE

The CANS-New York 2.0 expands depending upon the needs of the child/youth. Basic core items are rated for all children and youth age 6+ except when noted. Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

CORE ITEMS

Life Functioning Domain

Family Functioning
Living Situation
Social Functioning
Decision Making
Sleep
Recreational
Legal
Sexual Development
School Behavior
School Achievement
School Attendance
Learning Ability
Medical/Physical [A]
Developmental/Intellectual [B]
Self-Care Activities of Daily Living [C]
Adjustment to Trauma [D]

Transition to Adulthood Domain (Age 14+)

Knowledge of Condition
Medication Adherence
Youth Involvement
Self-Care Management
Employment Functioning
Educational Attainment
Prevocational
Transportation
Independent Living Skills [E]

Behavioral/Emotional Needs Domain

Psychosis
Attention/Concentration

Behavioral/Emotional Needs Domain cont'd

Impulsivity/Hyperactivity
Depression
Anxiety
Oppositional Behavior
Conduct
Emotional Control
Anger Control
Attachment Difficulties
Eating Disturbance
Substance Misuse [F]

Risk Factors & Behaviors Domain

Risk Factors
Substance Exposure
Housing Safety and Accessibility
Risk Behaviors
Suicide Risk
Non-Suicidal Self-Injurious Behavior
Other Self-Harm (Recklessness)
Danger to Others
Fire Setting
Sexual Aggression
Delinquent Behavior
Bullying
Runaway
Intentional Misbehavior

Cultural Factors Domain

Language
Cultural Stress
Knowledge Congruence

Strengths Domain

Family Strengths
Interpersonal
Optimism
Adaptability
Resilience
Talents and Interests
Cultural Identity
Spiritual/Religious
Educational Assets
Natural Supports

Caregiver Resources & Needs Domain

Medical/Physical
Developmental
Mental Health
Substance Use
Caregiver Adjustment to Trauma
Self-Care/Daily Living
Organization (Household)
Supervision
Resourcefulness
Problem Solving
Family Stress
Residential Stability
Financial Resources
Safety
Informal Supports
Transportation of Child/Youth
Knowledge of Condition
Care/Treatment Involvement
Family System Engagement
Access to Technology

MODULES**[A] Medical Health**

Life Threatening
Chronicity
Diagnostic Complexity
Child/Youth Emotional Response
Impairment in Functioning
Intensity of Treatment Support
Organizational Complexity

[B] Developmental Needs

Cognitive
Agitation
Self-Stimulation
Motor
Communication
Developmental Delay
Sensory

[C] Self-Care Activities of Daily Living

Eating
Elimination and Toileting
Bathing
Hygiene
Dressing
Mobility
Positioning
Transferring

[D] Trauma

Potentially Traumatic/Adverse Childhood Experiences (ACEs)
Sexual Abuse
Physical Abuse
Emotional Abuse
Neglect
Medical Trauma
Family Violence
Community/School Violence
Victimization/Exploitation
Natural or Manmade Disaster
Criminal Activity
Disruption in Caregiving/Attachment Losses
Traumatic Stress Symptoms
Re-experiencing
Hyperarousal
Avoidance
Numbing
Emotional and/or Physical Dysregulation

[E] Independent Activities of Daily Living

Meal Preparation
Shopping
Housework
Money Management
Technology Use

[F] Substance Misuse

Severity of Misuse
Duration of Misuse
Peer Influences
Stage of Recovery

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 child/youth and family are experiencing.

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

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

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

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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, consider 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.

Questions to Consider:

- How does the child/youth engage with or interact 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.

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.

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

Child/youth is having problems with parents, siblings and/or other family members that are impacting their functioning.

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

Child/youth is having problems with parents, siblings and/or other family members that place them at risk.

Supplemental Information: Family Functioning should be rated independently of the needs of the specific child/youth being assessed.

[Return to Core Item List] [Return to Table of Contents]

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 getting along with others in the current living situation?
 - "Has the child had positive or negative experience in the current living situation?"
 - "How does the child deal with issue that might arise with others in the residence?"
-

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.*

In the past, child/youth experienced problems with functioning in current living situation. Child/youth and caregiver have some difficulty dealing with issues that arise in daily life.

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

Child/youth has 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's problems with functioning in current living situation place them at immediate risk of being unable to remain in present living situation due to problematic behaviors.

[Return to Core Item List] [Return to Table of Contents]

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?
 - Does the child/youth experience conflict and/or abuse in relationships?
 - Does the child/youth have difficulty in social relationships?
-

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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
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.'

[Return to Core Item List] [Return to Table of Contents]

DECISION MAKING

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

Questions to Consider:

- Does the child/youth make decisions that may negatively impact their health, safety, and/or well-being?
 - 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
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 child/youth's age.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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:

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

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 week problems arise. Sleep is not restful for the child/youth.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
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.
-

Supplemental Information: Disrupted sleep or problems with sleep could include bed wetting and nightmares.

[Return to Core Item List] [Return to Table of Contents]

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 the child/youth enjoys.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth participates in some recreational activities although some problems may exist.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth is having 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 that place them at risk.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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? On probation?
-

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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth has some legal problems and is currently involved in the legal system due to 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 (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st, or 2nd degree offenses).
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
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.*
Problems with sexual development that place the child/youth at risk. This would include very frequent risky sexual behavior or victim of sexual exploitation.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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 school 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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
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 problems with behavior in school that place them at risk. School placement may be in jeopardy due to behavior.
-
- NA Youth has graduated high school or has their GED.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth is having 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 achievement problems that place them at risk. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.
-
- NA Youth has graduated high school or has their GED.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
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.
-
- NA Youth has graduated high school or has their GED.
-

[Return to Core Item List] [Return to Table of Contents]

LEARNING ABILITY

This item refers to the child/youth's ability to learn. Special educational strategies may be needed to create an environment where child/youth can learn.

Questions to Consider:

- Is the child/youth having difficulties learning?
 - Has the child/youth ever been diagnosed with a learning disability?
 - Does the child/youth or other service providers express a concern about challenges with learning?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth appears fully able to effectively learn.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
There is a history, suspicion of, or evidence of a learning disability.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
There is evidence of a learning disability. The child/youth is struggling to learn and unless challenges are addressed, learning will remain impaired.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
There is evidence of a learning disability. The child/youth is currently unable to learn as current challenges are preventing any progress.
-

[Return to Core Item List] [Return to Table of Contents]

MEDICAL/PHYSICAL*

This item describes both health problems and chronic/acute physical conditions or impediments. This item does not rate depression or other mental health issues.

Questions to Consider:

- Does the child/youth have any medical conditions?
 - 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 transient, or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.

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

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.

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

[Return to Core Item List] [Return to Table of Contents]

[A] MEDICAL HEALTH MODULE

LIFE THREATENING

This item refers to conditions that pose an impending danger to life or carry a high risk of death if not treated.

Questions to Consider:

- Does the child/youth have a medical condition that poses a risk of death if not treated?
-

Ratings and Descriptions

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

Child/youth's current medical condition(s) do not pose any risk to premature death.

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

Child/youth's current medical condition(s) may shorten life but not until later in adulthood.

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

Current medical condition(s) places child/youth at risk of premature death before reaching adulthood.

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

Child/youth's medical condition places them at imminent risk of death.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

CHRONICITY

This item refers to a physical condition that is persistent or long-lasting in its effects or a disease that develops gradually over time and is expected to last a long time even with treatment. Chronic conditions are in contrast with acute conditions which have a sudden onset.

Questions to Consider:

- Does the child/youth have a persistent or long-lasting medical condition?
-

Ratings and Descriptions

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

Child/youth is expected to fully recover from current medical condition within the next six months to one year. Note: A child/youth with this rating does not have a chronic condition.

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

Child/youth's chronic condition is minor or well controlled with current medical management.

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

Child/youth's chronic condition(s) have significant effects/exacerbations despite medical management. Child/youth may experience more frequent medical visits, including ER visits, surgeries or hospitalizations for acute manifestation or complications of chronic condition.

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

Child/youth's chronic condition(s) place them at risk for prolonged inpatient hospitalization or out-of-home placement (or in-home care with what would be equivalent to institutionalized care).

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

DIAGNOSTIC COMPLEXITY

This item refers to the degree to which symptoms can be attributed to medical, developmental, or behavioral conditions, or there is an acknowledgement that symptoms/behaviors may overlap and are contributing to the complexity of the child/youth's presentation.

Questions to Consider:

- Is there concern that the child/youth's diagnosis is not accurate?
 - Does the child/youth present with symptoms that could be attributed to medical, developmental, or behavioral conditions?
-

Ratings and Descriptions

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

The child/youth's medical diagnoses are clear; the symptom presentation is clear.

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

Although there is some confidence in the accuracy of child/youth's diagnoses, there also exists sufficient complexity in their symptom presentation to raise concerns that the diagnoses may not be accurate.

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

There is substantial concern about the accuracy of the child/youth's medical diagnoses due to the complexity of symptom presentation.

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

It is currently not possible to accurately diagnose the child/youth's medical condition(s).

Supplemental Information: When the child/youth's diagnoses are clear, and the overlapping symptoms are resulting in complex needs, rate this item based on the impact on the child/youth's functioning. Complexity of treatment is not rated here but captured in the Intensity of Treatment Support item.

[Return to Core Item List] [Return to Table of Contents]

CHILD/YOUTH EMOTIONAL RESPONSE

This item refers to how the child/youth is managing the emotional strain of their medical conditions.

Questions to Consider:

- How is the child/youth coping emotionally with their medical condition(s)?
 - Does the child/youth have emotional difficulties related to their medical condition that interfere with their functioning?
-

Ratings and Descriptions

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

Child/youth is coping well with their medical condition.

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

Child/youth is experiencing some emotional difficulties related to medical condition, but these difficulties do not interfere with other areas of functioning.

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

Child/youth is having difficulties coping with medical condition. Child/youth's emotional response is interfering with functioning in other life domains.

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

Child/youth's emotional response to medical condition is interfering with treatment and functioning.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

IMPAIRMENT IN FUNCTIONING

This item refers to a reduction in either physical or mental capacity that is sufficient to interfere with managing day-to-day tasks of life. This limitation can range from a slight loss of function to a total impairment which is usually considered a disability. Some impairments may be short-term while others may be permanent. Assessing the impairment can help identify the best course of treatment and whether it is responding to treatment.

Questions to Consider:

- Is the child/youth's medical condition(s) interfering with their day-to-day functioning?
-

Ratings and Descriptions

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

Child/youth's medical condition is not interfering with functioning in other life domains.

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

Child/youth's medical condition has a limited impact on functioning in at least one other life domain.

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

Child/youth's medical condition is interfering in more than one life domain or is disabling in at least one.

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

Child/youth's medical condition has disabled them in most other life domains.

[Return to Core Item List] [Return to Table of Contents]

INTENSITY OF TREATMENT SUPPORT

This item refers to the complexity of the child/youth's medical treatment, including frequency of treatment, whether there is a need for special medical services or equipment, and the extent of support needed by caregivers in the management of the treatment.

Questions to Consider:

- Does the child/youth's medical condition(s) require specialized medical equipment or services?
 - Does the child/youth have the support needed to administer and manage their medical treatments?
-

Ratings and Descriptions

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

Child/youth's medical treatment is not intrusive in the family's routine. Child/youth and family are maintaining all necessary treatment.

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

Child/youth's medical treatment regimen is getting in the way of the family's routine. They sometimes are unable to complete procedures, and/or require support in administering some of the treatments.

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

Child/youth's medical treatment cannot currently be administered by the child/youth and/or family without some support in the home.

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

Intensity of the child/youth's treatment prevents the caregiver from managing at least one area of the family's life functioning.

Supplemental Information: In considering the intensity of treatment and supports provided, the family's circumstances and child/youth's medical condition(s) and their risk of use of the Emergency Department, Urgent Care, and/or Hospitalization should be considered.

[Return to Core Item List] [Return to Table of Contents]

ORGANIZATIONAL COMPLEXITY

This item refers to how effectively organizations and service providers caring for a child/youth work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration.

Questions to Consider:

- Is medical care for the child/youth being provided by multiple medical providers? How many?
 - Are the medical providers coordinated in providing care for the child/youth?
-

Ratings and Descriptions

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

All care is provided by a single provider; there are no additional service providers involved.

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

Care is provided by a single or multiple service provider(s), and while there may be some challenges, communication/collaboration among providers is generally effective.

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

Care is provided by a single or multiple service provider(s) and communication/collaboration among providers may present some challenges for the child/youth's care and is impacting the child/youth's functioning.

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

Care is provided by a single or multiple service provider(s) and lack of communication/collaboration among providers is presenting significant challenges for the child/youth's care and places the child/youth at risk due to their medical condition which is not improving or worsening.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

End of the Medical Health Module

DEVELOPMENTAL/INTELLECTUAL*

This item describes the child/youth's development as compared to typical or expected development. It also includes documenting the presence of developmental delays (motor, social and speech) or impairment associated with specific childhood-onset disorders including intellectual disability (Intellectual Disability Disorder) and autism spectrum disorder. Rate the item depending on the significance of the disorder(s) and associated level of impairment in personal, social, family or school functioning.

Questions to Consider:

- Is the child/youth's development as expected according to developmental milestones?
 - Has the child/youth been screened for any developmental diagnoses or delays in meeting developmental milestones?
 - How does the child/youth's developmental delays impact their functioning? In what areas?
-

Ratings and Descriptions

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

No evidence of developmental delays, and/or child/youth has no identified developmental problems, intellectual disability, autism spectrum disorder, or other neurodevelopmental disorders.

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

There are concerns about possible developmental delay(s) in one or more areas of functioning and/or there is an identified condition that can be associated with developmental delays including autism spectrum disorder, cerebral palsy, learning disorder, etc. Mild deficits in adaptive functioning may also be indicated. (If available, FSIQ 55-80.)

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

Child/youth has moderate developmental delays (e.g., motor, social, speech/communication) and/or moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 35-55.)

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

Child/youth has severe to profound developmental delays, to profound intellectual disability (if available, FSIQ less than 40) and/or autism spectrum disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation, and independent living across multiple environments.

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

[Return to Core Item List] [Return to Table of Contents]

[B] DEVELOPMENTAL NEEDS MODULE

COGNITIVE

This item refers to the cognitive or intellectual functioning of the child/youth. Cognitive functions include the child/youth's ability to comprehend ideas and involve aspects of perception, thinking, reasoning, remembering, awareness, and judgment. Cognitive functioning is most often measured through an IQ test. If the child/youth does not have an identified IQ test score, please use available information in order to score the item, including input from child/youth and family team members.

Questions to Consider:

- Does the child/youth have an intellectual disability or delay?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth's intellectual functioning appears to be in normal range.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth has mild IQ (55-70) or has identified learning challenges.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth has moderate intellectual disability. IQ is between 35 and 55.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has severe to profound intellectual disability. IQ is less than 35.
-

[Return to Core Item List] [Return to Table of Contents]

AGITATION

This item describes the degree to which a child/youth's behaviors indicate irritation or restlessness. Examples include biting or hitting, handwringing, dressing and undressing, general restlessness, scratching, grabbing, and spitting.

Questions to Consider:

- What does the child/youth do when they are frustrated or confused?
 - Can the child/youth be calmed or soothed when they are agitated?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth does not exhibit agitated behavior.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth becomes agitated on occasion but can be calmed relatively easily.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth becomes agitated often or can be difficult to calm.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth exhibits a dangerous level of agitation. Child/youth becomes agitated often and easily becomes aggressive towards self or others.
-

[Return to Core Item List] [Return to Table of Contents]

SELF-STIMULATION

This item refers to self-stimulation behavior (pacing, rocking, gesticulating, some verbalizations, and other stereotypical behaviors; this rating does not include masturbation), related to the over- or under-stimulation of the sensory environment. Child/youth is not able to control the circumstances (where, when) or how often they repeat the behavior, so it is impairing their ability to function in life activities.

Questions to Consider:

- Does the child/youth exhibit any self-stimulating behavior as a way of regulating?
 - How much does the child/youth's self-stimulating behavior impact their ability to participate in daily activities or their overall functioning?
-

Ratings and Descriptions

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

No evidence of self-stimulation when exposed to sensory stimuli.

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

Child/youth's self-stimulating behaviors—e.g., periodic pacing or rocking; sensitivity to touch or texture or to loud or bright environments—do not impact on their functioning, and/or the child/youth easily responds to intervention from a caregiver.

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

Child/youth does not respond to intervention from a caregiver and will continue with self-stimulating behaviors (e.g., frequent rocking, odd behaviors, pacing, etc.) which impact on their ability to participate in their daily activities. The child/youth may be easily distressed by stimulation of their senses: touch (tactile), taste, noise (hearing), lights (sight), smell, and kinesthesia/proprioception (movement/pressure).

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

Self-stimulation that causes physical harm to self, others, or destruction of property. Child/youth is unable to tolerate stimulation of senses. The child/youth does not respond to intervention from a caregiver. The child/youth has significant difficulty participating in their daily life activities.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

MOTOR

This item rates delays in the development of the child's/youth's fine motor skills and gross motor skills. Fine motor skills (e.g., hand grasping and manipulation) involve the muscles of the fingers, hands, and wrists. These develop throughout childhood into early adulthood. Gross motor skills (e.g., walking, running) involve the large muscle groups of the arms legs and torso. These are typically developed in childhood through physical activity.

Questions to Consider:

- Has the child's pediatrician or other providers reported a concern with gross or fine motor function?
 - Does the child/youth have any difficulties with gross or fine motor function?
 - How do the gross or fine motor functioning difficulties impact the young person's functioning?
 - Is the child receiving OT or PT services/therapies?
-

Ratings and Descriptions

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

Child/youth has no evidence of problems with motor functioning.

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

Child/youth may have some difficulties with fine and gross motor skills, but it does not impact their functioning.

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

Child/youth has motor skills deficits which impacts their functioning.

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

Child/youth's motor skills deficits are dangerous and disabling.

[Return to Core Item List] [Return to Table of Contents]

COMMUNICATION

This item rates the child/youth's ability to communicate with others via expression and reception. Receptive communication refers to the way a listener receives and understands a message. Expressive communication refers to how one conveys a message.

Questions to Consider:

- Do others understand the child/youth when they are trying to communicate?
 - Does the child/youth understand others who are trying to communicate with them?
 - Has the child/youth ever been diagnosed with a communication disorder?
 - Does the child need or use a communication device?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth has receptive communication skills but limited expressive communication skills.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth has both limited receptive and expressive communication skills.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is unable to communicate.
-

[Return to Core Item List] [Return to Table of Contents]

DEVELOPMENTAL DELAY

This item rates whether the child/youth has a suspected or diagnosed developmental delay or disabilities. Developmental delays are life-long disabilities attributable to mental or physical impairments and can include both psychological and/or physical disorders. Developmental delays or disabilities may affect a single area of development (specific developmental disorders) or several (pervasive developmental disorders). If the child/youth does not have an identified diagnosis or assessment regarding their developmental ability, please use available information in order to score the item, including input from child/youth and family team members regarding the developmental level of the child/youth.

Questions to Consider:

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

Ratings and Descriptions

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

Child/youth's development appears within normal range.

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

Child/youth displays suspicion or evidence of a developmental delay that does not appear to interfere with functioning.

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

Child/youth displays evidence of a pervasive developmental disorder including Autism Spectrum Disorder, Tourette's, Down's Syndrome, or other significant developmental delay.

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

Child/youth has a severe developmental disorder.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

SENSORY

This item describes the child's/youth's ability to use all senses including vision, hearing, smell, touch and kinesthetic senses (senses related to body positioning and body movement).

Questions to Consider:

- Has anyone noticed a problem with child's vision or hearing?
 - Has the child had an occupational therapy evaluation or services?
 - Are there any problems with eating or dressing that might indicate a sensory delay?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth's hearing, sight, sense of touch, taste and smell are functioning and developing normally.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth has an impairment of a single sense (e.g., mild hearing deficits, correctable vision problems).
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth has an impairment that impacts their functioning in at least one life domain (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has significant impairment in one or more senses (e.g., profound hearing or vision loss) that could be dangerous or debilitating without intervention.
-

[Return to Core Item List] [Return to Table of Contents]

End of the Developmental Needs Module

SELF-CARE ACTIVITIES OF DAILY LIVING*

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

Questions to Consider:

- Is the child/youth able to care for themselves?
 - Does the child/youth groom on a regular basis?
 - Does the child/youth bathe themselves?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth's self-care skills appear developmentally appropriate. There is no reason to believe that the child/youth has any problems performing the basic activities of daily living.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth requires verbal prompting on self-care tasks, or child/youth can use adaptations and supports to complete self-care.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., bathing, dressing, toileting).
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth requires attendant care on more than one of the self-care tasks (e.g., bathing, dressing, and toileting).
-

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [C] Self-Care Activities of Daily Living Module.**

[Return to Core Item List] [Return to Table of Contents]

[C] SELF-CARE ACTIVITIES OF DAILY LIVING MODULE

EATING

This item refers to the process of getting food into the body by any means.

Questions to Consider:

- Does the child/youth have any challenges with eating?
 - Does the child/youth's challenges with eating impact their functioning?
 - Does the child require any adaptive equipment or supports to successfully eat?
 - Does the child/youth require any specialized medical equipment to obtain needed nutrients?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems related to eating.

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

Child/youth's problems with eating have been present in the past or are currently present some of the time. Child/youth has some difficulty eating but manages by themselves.

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

Problems with eating are present that impact the child/youth's functioning. Child/youth may overeat, have few food preferences, or not have a clear pattern of when they eat. Child/youth may need help from another person or the use of adaptive equipment (e.g., adapted utensils) to feed self but manages by themselves.

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

Problems with eating are present putting the child/youth at risk developmentally. Child/youth is unable to feed themselves (including parental nutrition) or the child/youth and family are very distressed and unable to overcome problems in this area.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

ELIMINATION AND TOILETING

This item describes the process of elimination as well as toileting tasks – the ability to transfer on and off the commode, adjust clothing, clean oneself following elimination, and washing hands.

Questions to Consider:

- Can the child/youth toilet independently and as expected for their age?
 - What supports does the child/youth need in order to toilet appropriately?
 - Do any concerns around elimination get in the way of the child/youth’s functioning in other domains?
-

Ratings and Descriptions

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

There is no evidence of elimination problems and child/youth can complete the task of toileting independently as needed.

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

Child/youth may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion. Child/youth can complete toileting tasks with occasional cues/supervision from another person.

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

Child/youth demonstrates problems with elimination on a consistent basis or toileting is maintained with the use of an appliance or catheter. This is interfering with child/youth’s functioning. Child/youth may completely lack a routine in elimination and as a result develop constipation along with encopresis and enuresis. Child/youth may need assistance (cueing or physical assistance) from another person to initiate or complete toileting tasks or child/youth may require the use of adaptive equipment (e.g., toilet tissue holder, reaching tools) in order to complete toileting tasks.

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

Child/youth demonstrates significant difficulty with elimination to the extent that they and their caregivers are in significant distress, or interventions have failed. Child/youth is completely dependent upon others for completion of toileting tasks.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

BATHING

This item refers to washing oneself by sponge bath or in either a tub or shower.

Note: Bathing does not include personal hygiene tasks as presented in the HYGIENE item.

Questions to Consider:

- Is the child/youth able to bathe themselves independently and as expected for their age?
 - How much support does the child/youth need with bathing?
-

Ratings and Descriptions

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

No evidence of challenges with bathing. Child/youth has age-appropriate skills and bathing is consistent with same age peers.

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

Child/youth has some challenges with bathing. Child/youth has some difficulty but manages by self with minimal supervision, occasional assistance or cueing from another person regarding certain tasks related to bathing.

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

Child/youth has notable challenges with bathing. These challenges interfere with functioning (child/youth or caregiver) either at home, in school or in the community. Child/youth needs regular assistance (cueing or physical assistance) from another person to initiate or complete bathing thoroughly or child/youth may require use of adaptive equipment (e.g., bath seats, long handled brushes) in order to bathe themselves.

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

Child/youth has challenges with bathing. These challenges prevent functioning in at least one life domain. Child/youth needs constant cueing/supervision from another person to initiate and complete bathing safely or needs total physical assistance from another person to complete bathing.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

HYGIENE

This item describes the child/youth's ability to take care of personal hygiene. Personal hygiene includes skills such as brushing hair, brushing teeth, wiping face while eating, washing hands, etc.

Note: Hygiene does not include bathing/showering as is this presented in the BATHING item.

Questions to Consider:

- Is the child/youth able to take care of their personal hygiene independently and as expected for their age?
 - What supports does the child/youth need in order to maintain their personal hygiene?
-

Ratings and Descriptions

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

Child/youth is fully independent in ability to take care of personal hygiene.

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

Child/youth is generally independent in addressing personal hygiene but may have some challenges with aspects of maintaining personal hygiene. Child/youth may require occasional cueing/supervision from another person in order to complete hygiene tasks.

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

Child/youth struggles with personal hygiene. problems with maintaining personal hygiene are present and impair the child/youth's functioning. Child/youth may need assistance (cueing or physical assistance) from another person to initiate or complete hygiene tasks or child/youth may require the use of adaptive equipment (e.g., long-handled brush, adapted or electric toothbrush) in order to complete hygiene tasks.

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

Child/youth is not currently able to take care of own personal hygiene. Child/youth needs constant cueing/supervision from another person to initiate and complete personal hygiene tasks or needs total physical assistance from another person to complete these tasks.

[Return to Core Item List] [Return to Table of Contents]

DRESSING

This item refers to putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs. This includes buttoning buttons and tying shoes.

Note: Dressing does not include pulling clothes up or down during toileting as presented in the TOILETING item.

Questions to Consider:

- Is the child/youth able to dress or undress themselves independently and as expected for their age?
 - What supports does the child/youth need in order to dress or undress themselves?
-

Ratings and Descriptions

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

No evidence of challenges with dressing or undressing.

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

Child/youth has some challenges with dressing or undressing. Child/youth may need occasional assistance or reminders to initiate or complete dressing or undressing.

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

Child/youth has notable challenges with dressing or undressing. These challenges interfere with functioning (either at home, in school or the community. Child/youth requires regular assistance (e.g., cueing, or physical assistance) from another person to initiate or complete dressing (including the selection of appropriate clothing for the situation), or child/youth may require the use of adaptive equipment (e.g., reaching tools, button hooks) in order to dress themselves.

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

Child/youth has challenges with dressing or undressing. These challenges prevent functioning in more than one life domain. Child/youth needs constant cueing/supervision from another person to initiate and complete dressing or undressing or needs total physical assistance from another person to complete dressing or undressing.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

MOBILITY

This item describes the ability of the child/youth to move.

Questions to Consider:

- Is the child/youth able to move independently?
 - What supports does the child/youth need to move or ambulate?
-

Ratings and Descriptions

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

Child/youth is fully independent in their ability to ambulate.

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

Child/youth is generally independent in mobility but has some adaptive technology that facilitates independent mobility. Mobility challenges do not have a notable impact on functioning.

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

Child/youth has notable challenges with mobility that interfere with functioning. Limited mobility for short distances or short periods of time can occur when assisted by another person or adaptive technology.

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

Child/youth has motor challenges that prevent them from any mobility without total assistance of another person or support of an adaptive device (e.g., wheelchair or crutches).

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

POSITIONING

This item describes the child/youth's ability to move a limb or their entire body while stationary.

Questions to Consider:

- Is the child/youth able to position their body on their own?
 - What supports does the child/youth need in order to position their body?
-

Ratings and Descriptions

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

Child/youth is fully independent in their ability to position their body.

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

Child/youth is generally independent in positioning but has some adaptive technology that facilitates independent positioning. Positioning challenges do not have a notable impact on functioning.

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

Child/youth has notable challenges with positioning that interfere with functioning. Physical assistance from others or adaptive technology provides some independence in positioning.

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

Child/youth is unable to reposition self and requires 24-hour monitoring and physical assistance from others to reposition themselves.

[Return to Core Item List] [Return to Table of Contents]

TRANSFERRING

This item refers to the process of moving between positions (e.g., to and from bed, chair to standing).

Note: Transferring does not include transferring to/from toilet as presented in the TOILETING item.

Questions to Consider:

- Is the child/youth able to independently transition or transfer their body between positions?
 - What supports does the child/youth need to be able to transition or transfer their body between positions?
-

Ratings and Descriptions

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

Child/youth is fully independent in their ability to transfer (e.g., in and out of bed, sitting to standing).

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

Child/youth is generally independent in mobility. Child/youth has some difficulty but can transfer unassisted and transfer challenges do not have a notable impact on functioning. May require the use of assistive devices.

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

Child/youth has notable challenges with transfers that interfere with functioning; child/youth needs some assistance from another person to transfer. May or may not require the use of assistive devices.

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

Child/youth is unable to transfer without assistance from another person.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

End of the Self-Care Activities of Daily Living Module

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?
 - How has trauma impacted the child/youth?
-

Ratings and Descriptions

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

No evidence that the child/youth has experienced a traumatic life event, OR child/youth is not showing signs that the traumatic/adverse experience has impacted functioning.

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

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 PTSD).

Supplemental Information: To rate this item a '1', '2' or '3' a traumatic event needs to have occurred and should be identified in the Trauma Module, Traumatic/Adverse Childhood Experiences section.

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

[Return to Core Item List] [Return to Table of Contents]

[D] TRAUMA MODULE

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

The Potentially Traumatic/Adverse Childhood Experiences are rated 'yes' or 'no' for known or suspected trauma experiences or exposures across a child/youth's lifetime. These items provide context to any traumatic stress symptoms or trauma related behaviors that the child or youth may exhibit.

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

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

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

SEXUAL ABUSE

This item describes whether the child/youth has experienced sexual abuse.

Questions to Consider:

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

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child/youth has experienced sexual abuse.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child/youth has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse.

[Return to Core Item List] [Return to Table of Contents]

PHYSICAL ABUSE

This item describes whether the child/youth has experienced physical abuse.

Questions to Consider:

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

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child/youth has experienced physical abuse.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

The child/youth has experienced or there is a suspicion that they have experienced physical abuse.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

EMOTIONAL ABUSE

This item describes whether the child/youth has experienced emotional abuse. This item includes both “emotional abuse,” which would include psychological maltreatment such as insults or humiliation towards the child/youth and “emotional neglect,” described as the denial of emotional attention and/or support from caregivers.

Questions to Consider:

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

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that child/youth has experienced emotional abuse.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child/youth has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

NEGLECT

This item describes whether the child/youth has experienced neglect. Neglect can refer to a lack of food, shelter, or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

Questions to Consider:

- Is the child/youth receiving adequate supervision?
 - Are the child/youth's basic needs for food and shelter being met?
 - Is the child/youth allowed access to necessary medical care? Education?
-

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child/youth has experienced neglect.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child/youth has experienced neglect, or there is a suspicion that they have experienced neglect.

Supplemental Information: Emotional neglect is captured in the Emotional Abuse item.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

MEDICAL TRAUMA

This item describes whether the child/youth has experienced medically related trauma. Potential traumas include but are not limited to the onset of a life-threatening illness; sudden painful medical events; chronic medical conditions resulting from an injury or illness or another type of medically related traumatic event. This could include witnessing a close relative's medical trauma as well.

Questions to Consider:

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

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child/youth has experienced any medical trauma.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs. A suspicion that a child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

FAMILY VIOLENCE

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

Questions to Consider:

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

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence the child/youth has witnessed family violence.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

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

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

COMMUNITY/SCHOOL VIOLENCE

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

Questions to Consider:

- Does the child/youth live in a neighborhood with frequent violence?
 - Has the child/youth witnessed or directly experienced violence at their school?
-

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child/youth has witnessed violence in the community or their school.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child/youth has witnessed or experienced violence in the community or their school, or there is a suspicion that the child/youth has witnessed or experienced violence in the community.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

VICTIMIZATION/EXPLOITATION

This item describes a child/youth who has been exploited by others. This item is used to examine a history and pattern of being the object of abuse. It would also include children who are victimized in other ways (e.g., sexual exploitation, labor trafficking, etc.).

Questions to Consider:

- Has the child/youth traded sexual activity for goods, money, affection, or protection?
 - Has the child/youth been a victim of human trafficking?
-

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

No evidence that the child/youth has experienced victimization or exploitation.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child/youth has been victimized or exploited, or there is a suspicion that they have been victimized or exploited.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

NATURAL OR MANMADE DISASTER

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

Questions to Consider:

- Has the child/youth been present during a natural or manmade disaster?
 - Does the child/youth watch television shows containing these themes, or overhear others talking about these kinds of disasters?
-

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child/youth has been exposed natural or manmade disasters.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child/youth has been exposed to natural or manmade disasters, or there is a suspicion that they have been exposed to natural or manmade disasters.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

CRIMINAL ACTIVITY

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

Questions to Consider:

- Has the child/youth or someone in their family ever been the victim or perpetrator of a crime?
 - Has the child/youth seen criminal activity in the community or home?
-

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child/youth has been victim of or a witness to criminal activity.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child/youth has been victimized, or there is suspicion that they have been victimized or have witnessed criminal activity.

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

[Return to Core Item List] [Return to Table of Contents]

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

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

Questions to Consider:

- Has the child/youth ever lived apart from their parents/caregivers?
 - Has the child/youth lost a parent/caregiver to death?
-

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

NO There is no evidence that the child/youth has experienced disruptions in caregiving and/or attachment losses.

YES *Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child/youth has been exposed to, or there is suspicion that they have been exposed to, at least one disruption in caregiving or attachment loss.

Supplemental Information: Children/youth who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Children/youth who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the child/youth's caregiver remains the same, would not be rated on this item.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

TRAUMATIC STRESS SYMPTOMS

The Traumatic Stress Symptoms describe the impact of trauma exposures or experiences on the child within the past 30 days.

For the **Traumatic Stress Symptoms** items, 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

RE-EXPERIENCING

This item describes a child/youth who has intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. Symptoms also include intense distress or physiological reactivity (sweating, heart racing) after exposure to reminders (external or internal) of the event(s).

Questions to Consider:

- Does the child/youth think about the traumatic event when they do not want to?
 - Do reminders of the traumatic event bother the child/youth?
-

Ratings and Descriptions

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

There is no evidence that the child/youth experiences intrusive thoughts of trauma.

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

History or evidence of some intrusive thoughts of trauma but it does not affect the child/youth's functioning. A child/youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.

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

Child/youth has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere with their ability to function in some life domains. For example, the child/youth may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions, or memories of traumatic events. The child/youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.

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

Child/youth has repeated and/or intrusive symptoms/distressing memories that are debilitating. This child/youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing others. This child/youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child/youth to function.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

HYPERAROUSAL

This item refers to a child/youth who experiences prolonged states of physiological arousal following trauma exposure. This may manifest behaviorally, emotionally, and cognitively. The child/youth may appear on edge, easily startled, or wound up. They may be irritable and display outbursts of anger with little or no provocation. They may constantly be on the lookout for threats around them (i.e., hypervigilant). Because of a constant state of hypervigilance regarding their own safety, they may have a hard time concentrating. They may also exhibit physical symptoms such as headaches or stomach aches and may have difficulty falling or staying asleep. They may engage in reckless or self-destructive behavior.

Questions to Consider:

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

Ratings and Descriptions

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

Child/youth has no evidence of hyperarousal symptoms.

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

History or evidence of hyperarousal that does not interfere with daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.

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

Child/youth exhibits one significant symptom or a combination of two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Children/youth who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the child/youth and/or caregiver and negatively impacts day-to-day functioning.

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

Child/youth exhibits multiple hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s) that place them at risk. This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child/youth and/or caregiver and impede day-to-day functioning in many life areas.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

AVOIDANCE

This item refers to a child/youth who avoids or tries to avoid places or people who remind them of earlier traumatic experiences. This may manifest as avoidance of thoughts, feelings, or conversations about a traumatic event; avoidance of actual places or people connected to the event or who may remind the child/youth of the event. Given a child/youth's lack of control over their circumstances, avoidance behaviors may manifest as clinginess to caregivers.

Questions to Consider:

- Does the child/youth make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?
 - Does the child act differently around a specific person or place?
-

Ratings and Descriptions

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

Child/youth exhibits no avoidance symptoms.

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

Child/youth may have history of or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.

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

Child/youth exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.

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

Child/youth's avoidance symptoms are debilitating. Child/youth may avoid thoughts, feelings, situations, and people associated with the trauma and is unable to recall important aspects of the trauma.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

NUMBING

This item refers to a child/youth who has experienced traumatic events and displays a diminished capacity to feel or experience and express a range of emotions. This may manifest as difficulty feeling or expressing emotions such as happiness, anger, or fear. The child/youth may also withdraw from people and activities the child/youth used to enjoy (e.g., play). The child/youth may also have a sense of a foreshortened future (e.g., no expectation of finishing school) or negative beliefs about self or the world (e.g., “I am bad” “I did this”). The child/youth may also have difficulty remembering important aspects of the event. These numbing symptoms were not present before the traumatic event.

Questions to Consider:

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

Ratings and Descriptions

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

Child/youth has no evidence of numbing responses.

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

Child/youth exhibits some problems with numbing. The child/youth may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).

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

Child/youth’s difficulties with numbing responses impact their functioning. The child/youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.

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

Child/youth’s difficulties with numbing are dangerous and place them at risk. Child/youth may have significant numbing responses or multiple symptoms of numbing. The child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

[Return to Core Item List] [Return to Table of Contents]

EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This item rates a cluster of behaviors often seen among children who have experienced complex (chronic and interpersonal) trauma. This child/youth often demonstrates difficulty identifying, describing, and regulating internal emotional states (affect) and may also have difficulty managing energy level and related body states/systems (physiological) such as hunger, thirst, sleep, and elimination.

Questions to Consider:

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

Ratings and Descriptions

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

Child/youth has no problems with emotional or physical regulation. Emotional responses and energy level are appropriate to the situation.

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

History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.

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

Child/youth has problems with affect/physiological regulation that are impacting their functioning in some life domains but can control affect at times. The child/youth may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g., silly behavior, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).

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

Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). Alternately the child/youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally 'shut down'). The child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems. [continues]

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

EMOTIONAL AND/OR PHYSICAL DYSREGULATION continued

Supplemental Information: Affect dysregulation may manifest as problems labeling or expressing feelings, difficult or inability in controlling or modulating emotions, and difficulty communicating needs.

The child/youth may also exhibit restricted affect punctuated by outbursts of anger or sadness. Overall, it is a pattern of repeated dysregulation that is triggered by exposure to trauma cues or reminders. Once aroused this child/youth has difficulty modulating feelings and returning to a state of equilibrium. This child/youth may also display over-reactivity or under-reactivity to touch and sounds. Affective and physiological dysregulation may also lead to somatic complaints such as headaches and stomachaches. The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity or under-arousal.

NOTE: This item should be rated in the context of what is normative for a child/youth's age/developmental stage and the child/youth's exposure to trauma. This item is highly related to other items such as hyperarousal, numbing, and anger control; therefore, scores in these items will likely be similar.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

End of the Trauma Module

TRANSITION TO ADULTHOOD DOMAIN

The following items focus on specific issues related to a youth’s transition to living on their own. **This section should be completed for youth ages 14+.**

NOTE FOR CHILDREN/YOUTH WITH DEVELOPMENTAL NEEDS: Complete this section for youth with developmental needs when they are 1) at least age 14, and 2) the Cognitive item (Developmental Needs Module) is rated ‘0’, ‘1’ or ‘2’.

For the **Transition to Adulthood 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

KNOWLEDGE OF CONDITION

This item reflects the youth’s ability to understand the rationale for the treatment or management of youth’s transition to adulthood.

Questions to Consider:

- Is the youth knowledgeable about their medical or behavioral health conditions, or developmental needs? Chronic diseases?
 - Does the youth understand the rationale for their treatment of medications? Pain management?
 - Does the youth’s knowledge of their condition(s) impact their health and well-being?
 - If appropriate, has the youth begun to investigate adult supports and services?
-

Ratings and Descriptions

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

Youth is fully knowledgeable about own condition, including medications and treatments, strengths and weaknesses, talents, and limitations.

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

Youth is generally knowledgeable about own condition, including medications and treatments, but has some deficits in knowledge or understanding of condition, talents, skills, and assets.

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

Youth’s lack of knowledge or understanding about own condition, including medications and treatments, interferes with maintaining or improving health and well-being.

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

Youth has little or no knowledge or understanding of current condition, including medications and treatments, or fails to accept the situation and is at imminent risk of harm or other negative health outcomes.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

MEDICATION ADHERENCE

This item focuses on the youth’s level of willingness or ability to collaborate and participate in taking prescribed medications. As youth transition to adulthood, they become responsible for their own medical care. Thus, while medication adherence is the responsibility of caregivers for youth, youth need to begin to take responsibility for their personal management of any prescribed medications. This item is used to describe any challenges youth experience following prescribed medication regimens.

Note: A youth who is not currently taking medication would have a rating of ‘0.’

Questions to Consider:

- Is the youth prescribed any medication?
 - Has the youth ever had trouble remembering to take medication?
 - Has the youth ever refused to take prescribed medication?
 - Has the youth ever misused medication to get “high” or as an attempt to harm themselves?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Youth is not currently on any medication or takes medication as prescribed.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Youth needs reminders to take medication regularly. A history of inability or unwillingness to take medication as prescribed, but no current problems would be rated here.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Youth is unable or unwilling to collaborate or take medication as prescribed or may overuse medications. Youth might adhere to prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication following the prescribed dose or protocol. Youth needs daily medication reminder systems to organize/track adherence or daily oversight/administration of medication.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Youth has refused to take prescribed medications during the past 30-day period. A youth who has abused their medications to a significant degree (i.e., overdosing, or misusing medications to a dangerous degree) would be rated here. Medications might need to be locked up or youth may need to be directly observed to ensure each dose of medication is taken.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

YOUTH INVOLVEMENT

This item focuses on the level of the youth's active participation in efforts to address identified needs.

Questions to Consider:

- Does the youth participate in their treatment?
 - Does the youth exercise their choice regarding their treatment?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence of problems with youth involvement in services or interventions, and/or youth can act as an effective advocate for their care.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Youth is involved in the planning and/or implementation of services but may struggle to stay consistently engaged. Youth is open to receiving support, education, and information.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Youth is not actively involved in the services and/or interventions intended to address their needs.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Youth does not wish to participate in the services and/or interventions intended to address their needs. Youth's lack of treatment involvement places them at imminent risk.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

SELF-CARE MANAGEMENT

This item describes the ability of the youth to organize and manage everyday responsibilities for appointments and services to address their needs.

Questions to Consider:

- Is the youth organized and able to manage their daily responsibilities?
 - Is the youth able to make it to appointments and receive the supports that they need?
-

Ratings and Descriptions

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

Youth is well organized and able to manage everyday responsibilities for appointments and services to address their needs.

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

Youth is inconsistent in their ability to organizing and managing everyday responsibilities, but it is not impacting their functioning.

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

Youth has difficulties with organizing and managing everyday responsibilities for appointments and services to address their needs which is impacting their functioning.

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

Youth is unable to organize and manage everyday responsibilities for appointments and services to address their needs which places them at risk.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

EMPLOYMENT FUNCTIONING

This item rates the youth's ability to obtain and maintain successful employment. Functional challenges may result in the youth's anxiety about or difficulty with obtaining future employment and impede the youth from obtaining employment currently if age appropriate. The youth's functional challenges may result in the need for special accommodations at work such as additional training or supervision.

Questions to Consider:

- If working, is the youth able to complete their responsibilities at work? Have there been any conflicts at work?
 - If not working, is there any indication that the youth may need support in a job setting?
-

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No indication of employment related challenges.

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

Youth has a history of problems with work functioning, or there is some indication that future assistance will be needed for a youth with functional challenges in terms of obtaining and maintaining work. A youth that is not currently working or not seeking work is rated here.

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

Some problems at work including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned youth about problems with their work performance; OR youth would like to work, however they need assistance with obtaining and maintaining successful employment due to functional challenges. Future employers may need to provide the youth with extra accommodations, training, or support on the job, which an employer may not be equipped to provide.

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

Youth has one or more unsuccessful work experiences due to their functional challenges. Youth is unable to obtain or maintain successful employment without supportive services.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

EDUCATIONAL ATTAINMENT

This item rates the progress of the youth toward completing planned education.

Questions to Consider:

- Does the youth have a current educational plan?
 - What is the highest level of education they have completed?
-

Ratings and Descriptions

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

Youth has achieved all their identified educational goals; OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.

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

Youth has set educational goals and is currently making progress towards achieving them.

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

Youth has set educational goals but is currently not making progress towards achieving them.

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

Youth has no educational goals and lack of educational attainment is interfering with youth's lifetime vocational functioning.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

PREVOCATIONAL

This item describes the degree of preparedness a youth possesses for facilitating a successful work experience. This may include the youth's ability to prepare a resume and interview for a job, navigate job sites to find potential work, connect interests and experiences to potential job or career opportunities or understand acceptable job behavior. This item does not assess a youth's skill set in terms of a specific trait or job, but rather general work preparedness. The rating should consider what level of prevocational skills is appropriate given the youth's age and development.

Questions to Consider:

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

Ratings and Descriptions

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

Youth has prevocational skills.

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

Youth has some prevocational skills but may need assistance developing additional skills.

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

Youth has a clear vocational preference and needs assistance developing prevocational skills.

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

Youth has no known or identifiable vocational skill and no expression of any future vocational preferences. They need significant assistance developing prevocational skills.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

TRANSPORTATION

This item is used to rate the unmet transportation needs that prevent the youth from participating in their own treatment and in other life activities.

Questions to Consider:

- Does the youth have daily transportation needs?
 - Does the youth require a special vehicle?
 - Can the youth independently navigate a public transit system?
-

Ratings and Descriptions

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

Youth has no unmet transportation needs.

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

Youth has occasional unmet transportation needs (e.g., appointments). These unmet needs occur no more than monthly and do not require a special device (e.g., wheelchair) or vehicle.

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

Youth has frequent unmet transportation needs. Youth has difficulty getting to appointments, work, or activities regularly (e.g., once a week) or may require a special device (wheelchair) or vehicle to participate in treatment or activities.

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

Youth has no access to appropriate transportation and is unable to get to appointments, activities etc. Transportation device (e.g., wheelchair) or vehicle may be broken or unavailable. Youth needs immediate intervention and development of resources.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

INDEPENDENT LIVING SKILLS*

This item is used to describe the youth’s ability to take responsibility for themselves and to self-manage in an age-appropriate way.

Questions to Consider:

- Does the youth have the information and/or skills to live independently?
 - What are some skills that the youth needs to build?
-

Ratings and Descriptions

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

No evidence of any deficits or barriers that could impede the development of skills to eventually be on one’s own and maintain one’s own home.

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

Youth is somewhat delayed in acquiring information about independent living or delayed in demonstrating age-appropriate independent living skills. Some problems exist with maintaining reasonable cleanliness, healthy diet, finances, or time management, but youth is expected to develop these skills over time.

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

Youth is delayed in acquiring information about independent living skills or delayed in demonstrating those skills. Notable problems exist in maintaining reasonable cleanliness, diet, finances, or time management that currently impacts their functioning.

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

Youth is delayed in acquiring information about independent living skills or is clearly not demonstrating those skills. Given current age and impairments, the youth will need a structured and supervised living environment in young adulthood.

Supplemental Information: Independent living skills are related to healthy development in becoming a responsible adult and living independently. Skills 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.

***A rating of ‘1’, ‘2’ or ‘3’ on this item triggers the completion of the [E] Independent Activities of Daily Living Module.**

[Return to Core Item List] [Return to Table of Contents]

[E] INDEPENDENT ACTIVITIES OF DAILY LIVING MODULE

MEAL PREPARATION

This item describes youth's ability to prepare healthy meals for themselves.

Questions to Consider:

- Is the youth able to prepare their own meals?
 - Are they able to use kitchen appliances appropriately to prepare their meals?
 - Is the youth able to prepare meals safely and make good food choices?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Youth is fully independent in preparing meals. Youth can select and safely prepare food that is reasonably healthy.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Youth generally prepares meals independently but makes somewhat poor choices for eating or relies on prepared meals or fast food.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Youth struggles with safe meal preparation. Youth has difficulty selecting and preparing meals in appropriate portions, or using utensils, appliances, or stove properly. Youth can prepare basic foods like cereal and sandwiches but does not cook.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Youth is not currently able to safely prepare meals or select appropriate portion size (too little or too much) which results in harm or danger.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

SHOPPING

This item describes youth's ability to budget, select items, or plan for multiple shopping needs at one time (e.g., food, clothing, toiletries, etc.).

Questions to Consider:

- Does the youth shop independently for themselves?
 - Are they able to plan, budget and make good choices regarding their shopping priorities?
-

Ratings and Descriptions

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

Youth can shop independently to meet all needs.

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

Youth can shop independently for self but may struggle with spending, or item selection, or have some other shopping problem.

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

Youth struggles with shopping for self. Youth may be able to do some shopping, but challenges occur with shopping choices, habits, or expenditures that interfere with functioning.

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

Youth is unable to shop to meet basic needs. Youth's choices, habits or expenditures pose significant risk to well-being, health, or safety.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

HOUSEWORK

This item describes youth’s ability to keep a functioning and clean living space independently or seek out the necessary resources to do so.

Questions to Consider:

- Is the youth able to keep their living space clean and functional?
 - Are there additional skills that would be helpful for the youth to acquire to keep their living space clean and/or functional?
-

Ratings and Descriptions

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

Youth does housework independently. Youth maintains a functioning and clean living space and takes care of challenges that happen as a routine aspect of living (e.g., clogged toilet, getting help with a broken refrigerator).

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

Youth can maintain a reasonably clean living space but may struggle with common challenges that happen with housing.

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

Youth has challenges with housework. Youth currently does not maintain a clean living environment or needs prompts, cues, or reminders about housework.

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

Youth is currently not able to do housework or living environment potentially poses a health risk.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

MONEY MANAGEMENT

This item describes youth’s ability to manage finances by keeping a budget or adjusting expenses to meet all or as many needs as possible.

Questions to Consider:

- How does the youth manage their money?
 - Is the youth able to manage their money such that they can meet their monthly expenses?
-

Ratings and Descriptions

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

Youth manages money independently. Youth appears to understand the relationship between income and expenditures and can keep expenditures within budget.

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

Youth may have some challenges with aspects of money management (e.g., overspending, losing small amount of money) but these challenges do not have a notable impact on functioning.

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

Youth has challenges with money management that notably interfere with functioning.

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

Youth is currently not able to manage money.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

TECHNOLOGY USE

This item refers to youth’s ability to appropriately use electronic devices such as smartphones or tablets to communicate with others including the use of email and social media; properly monitor device use and service plan; and adequately care for technology.

Questions to Consider:

- What technology electronic devices does the youth have access to?
 - Does the youth take appropriate steps to protect their personal information on their electronic devices?
 - Does the youth engage in dangerous behavior on their technology or electronic devices?
-

Ratings and Descriptions

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

Youth uses and manages electronic devices appropriately and independently.

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

Youth has some challenges with aspects of electronic devices (e.g., boundary issues with sharing contact information, photos, or personal information, losing or damaging devices multiple times); however, these challenges do not notably impact functioning.

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

Youth has challenges with electronic device use. This may include technical problems using the devices or limited access to devices because of financial reasons or it may include challenges with judgment regarding appropriate device use.

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

Youth is currently unable to use electronic devices; OR youth engages in dangerous or highly inappropriate activity with such devices and means of communication.

Supplemental Information: For youth that choose not to use technology (e.g., for religious or other reasons) this item would be rated ‘0’.

[Return to Core Item List] [Return to Table of Contents]

End of the Independent Activities of Daily Living Module

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the child/youth. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below.

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

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

- 0 No 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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

PSYCHOSIS

This item rates the common symptoms of psychosis including 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 even though 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.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Evidence of disturbance in thought process or content that may be impairing the 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 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.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

ATTENTION/CONCENTRATION

Problems with attention, concentration and task completion would be rated here. Inattention/distractibility not related to opposition would be rated here.

Questions to Consider:

- Does the child/youth have challenges with attention or concentration that is beyond what one would expect given their age?
 - Do the challenges with attention and concentration impact the child/youth's daily functioning? Home life? School?
-

Ratings and Descriptions

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

No evidence of attention or concentration problems. Child stays on task in an age-appropriate manner.

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

History or suspicion of problems with attention/concentration or some current problems with attention and concentration. Child/youth may have some difficulties staying on task for an age-appropriate time period at school or during play. Difficulties with attention/concentration do not impact the child/youth's functioning.

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

In addition to problems with sustained attention, child/youth may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A child/youth who meets diagnostic criteria for ADHD would be rated here.

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

Child/youth's attention or concentration challenges are dangerous or disabling in several areas of their life. A child with profound symptoms of ADHD or significant attention difficulties related to another diagnosis would be rated here.

[Return to Core Item List] [Return to Table of Contents]

IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions (e.g., tics or sudden, rapid, recurring, nonrhythmic motor movements or vocalizations), are rated here.

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.*

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, such as pushing or shoving others.

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

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: 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), sexual behavior, fire-starting or stealing.

[Return to Core Item List] [Return to Table of Contents]

DEPRESSION

This item rates behaviors 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 behaviors related to depressive disorders.

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.

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

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 would include a child/youth who stays at home or in bed all day due to depression or one whose emotional behaviors prevent any participation in school or work, friendship groups or relationships with others, or family life.

[Return to Core Item List] [Return to Table of Contents]

ANXIETY

This item rates evidence of excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors).

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?
 - Has the child/youth ever had a panic attack?
-

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 phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.

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

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.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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. Oppositional behaviors rated here are inconsistent with developmentally appropriate resistance to rule following.

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

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.

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 problems with compliance with rules or adult instruction or authority that place them at risk.

[Return to Core Item List] [Return to Table of Contents]

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, 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?
 - Is the child/youth seen as dishonest?
 - Has the child/youth ever tortured animals?
 - 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 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 including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property, or animals. The child/youth may have some difficulties in school or work and home behavior.

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

Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.

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

Evidence of level of aggressive or antisocial behavior that places the child/youth or community at significant risk of physical harm due to these behaviors.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

EMOTIONAL CONTROL

This item describes the child/youth's ability to manage emotions (positive or negative). It describes symptoms of affect dysregulation.

Questions to Consider:

- Does the child/youth have reactions that seem out of proportion to the situation?
 - Does the child/youth have extreme or unchecked emotional reactions to situations?
-

Ratings and Descriptions

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

Child/youth has no problems with emotional control.

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

History or suspicion of problems with managing emotions or emotional control that can be overcome with caregiver support.

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

Child/youth may quickly become excitable or frustrated and react aggressively, or child/youth's difficulties with controlling emotions are impacting functioning in at least one life domain. Child/youth may quickly become excitable or frustrated and react aggressively or impulsively.

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

Child/youth's emotional control problems are interfering with development and put child/youth at imminent risk of harming self or others. Caregivers are not able to mediate the effects.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

ANGER CONTROL

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

Questions to Consider:

- How does the child/youth control their emotions?
 - Does the child/youth become angry easily?
 - Does the child become angry when facing rejection or criticism?
 - 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.

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

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, co-workers 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.

[Return to Core Item List] [Return to Table of Contents]

ATTACHMENT DIFFICULTIES

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

Questions to Consider:

- Does the child/youth struggle with separating from or connecting with the caregiver?
 - Does the child/ youth approach or attach to strangers?
-

Ratings and Descriptions

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

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

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

Some history or evidence of insecurity in the caregiver-youth relationship. Caregiver may have difficulty accurately reading child/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child/youth may have minor difficulties with appropriate physical/emotional boundaries with others.

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

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

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

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

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

EATING DISTURBANCE

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

Questions to Consider:

- Is the child/youth preoccupied with body image, weight, excessive exercise, refusal to eat, over-eating and/or bingeing and purging?
 - Does the child/youth have any medical problems incidental to eating disorders?
-

Ratings and Descriptions

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

No evidence of eating disturbances.

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

Child/youth has an eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.

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

Child/youth has an eating disturbance which is impacting their ability to function or be healthy. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising to maintain below normal weight, or emaciated body appearance. This level could also include more notable overeating that has led to obesity or binge eating episodes that may or may not be followed by compensatory behaviors to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). In addition to anorexia and bulimia, food hoarding could also be rated here.

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

Child/youth's eating disturbance is disabling. This could include significantly low weight where hospitalization is required; obesity with significant health problems; or excessive bingeing or bingeing then purging behaviors (at least once per day).

Supplemental Information: Include Pica, or the eating of nonnutritive, nonfood substances, in rating this item.

[Return to Core Item List] [Return to Table of Contents]

SUBSTANCE MISUSE*

This item describes problems related to the misuse of alcohol and illegal drugs, prescription medications, and the inhalation of any chemical or synthetic substance by the child/youth. 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 misuse problem?
 - Has the child/youth been in a recovery program for the misuse of alcohol or illegal drugs?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth has no notable substance misuse 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 misuse problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance misuse problems without evidence of current problems related to use is rated here.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth has a substance misuse 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 misuse problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth.
-

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

[Return to Core Item List] [Return to Table of Contents]

[F] SUBSTANCE MISUSE MODULE

SEVERITY OF MISUSE

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

Questions to Consider:

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

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth is currently abstinent and has maintained abstinence for at least six months.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance misuse difficult.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth actively misuses alcohol or drugs but not daily.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth misuses alcohol and/or drugs daily.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

DURATION OF MISUSE

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

Questions to Consider:

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

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth has begun misuse in the past year.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth has been misusing alcohol or drugs for at least one year but has had periods of at least 30 days where the child/youth did not have any misuse.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth has been misusing alcohol or drugs for at least one year (but less than five years), but not daily.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has been misusing alcohol or drugs daily for more than the past year or intermittently for at least five years.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

PEER INFLUENCES

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

Questions to Consider:

- What role do the child/youth's peers play in their alcohol and drug misuse?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth's primary peer social network does not engage in alcohol or drug misuse.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth has peers in their primary peer social network who do not engage in alcohol or drug misuse but has some peers who do.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth predominantly has peers who frequently engage in alcohol or drug misuse.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is a member of a peer group that consistently engages in alcohol or drug misuse.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

STAGE OF RECOVERY

This item identifies where the child/youth is in their recovery process, and their willingness to address alcohol and substance misuse.

Questions to Consider:

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

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth is in maintenance stage of recovery. Child/youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug misuse.
-
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth is actively trying to use treatment to remain abstinent.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
-
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is in denial regarding the existence of any substance misuse problem.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

End of the Substance Use Disorder Module

RISK FACTORS AND 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 Factors & Behaviors Domain**, use the following categories and action levels:

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

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

RISK FACTORS

SUBSTANCE EXPOSURE

This item describes the child’s exposure to substance use and abuse both before and after birth, and exposure to dangerous substances within the household.

Questions to Consider:

- Was the child exposed to substances during the pregnancy? If so, what substances?
-

Ratings and Descriptions

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

Child has had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.

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

Child had either some in utero exposure, or there is current alcohol and/or drug use in the home.

2 *Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.*

Child was exposed to significant alcohol or drugs in utero or within the household.

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

Child was exposed to alcohol or drugs in utero and continues to be exposed in the home.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

HOUSING SAFETY AND ACCESSIBILITY

This item describes whether the child/youth's current housing circumstances are safe and accessible. Consider the child/youth's specific medical or physical challenges when rating this item.

Questions to Consider:

- Does the child/youth have any medical or physical needs that require special accommodations in the home?
 - Have the accommodations for the child/youth been made to the home?
-

Ratings and Descriptions

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

Current housing has no challenges.

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

Current housing has challenges, but they do not currently interfere with functioning or present any notable risk to the child/youth or others.

2 *Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.*

Current housing has limitations to supporting the child/youth's health, safety, and accessibility. These challenges interfere with or limit the child/youth's functioning.

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

Current housing is unable to meet the child/youth's health, safety, and accessibility needs. Housing presents a significant risk to the child/youth's health and well-being.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

RISK BEHAVIORS

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 or behaviors.
-
- 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 behaviors.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*
Current evidence of risk of suicide due to suicidal thinking or behaviors.
-
- 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.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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 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?
 - Does the child/youth ever purposely hurt themselves (e.g., cutting)?
-

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 *Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Engaged in self-injurious behavior that does not require medical attention but is impacting the child/youth's functioning.

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

Engaged in self-injurious behavior requiring medical intervention that is significant enough to put the child/youth's health at risk.

Supplemental Information: Suicidal behavior is not self-injurious behavior. 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.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

OTHER SELF-HARM (RECKLESSNESS)

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child/youth at risk of physical harm.

Note: Suicidal or self-mutilative behaviors are not rated here.

Questions to Consider:

- Does the child/youth make poor decisions that put them 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 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.*

History or suspicion of some reckless or intentional risk-taking behavior that placed the child/youth at risk of physical harm.

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

Engaged in reckless or intentional risk-taking behavior 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 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 decision making that has the potential to place themselves in danger, but has yet to 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 danger during the rating period.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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. An actionable rating (i.e., '2' or '3') would indicate the need for a safety plan.

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.

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

Evidence 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 would be rated a '3.' Reckless behavior that may cause physical harm to others is not rated on this item.

[Return to Core Item List] [Return to Table of Contents]

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 or suspicion of fire setting.
-
- 2 *Need is interfering with functioning. 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.
-
- 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 or setting other fires).
-

[Return to Core Item List] [Return to Table of Contents]

SEXUAL AGGRESSION

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 being sexually aggressive or being a sexual predator?
 - Has the child/youth ever been accused of sexually harassing others or using sexual language?
 - 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.
-
- 2 *Need is interfering with functioning. 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.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

DELINQUENT BEHAVIOR

This item includes behaviors 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). 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?
-

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
No evidence or history of delinquent 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 behavior.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*
Child/youth has been engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk of legal involvement.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Recent acts of delinquent behavior that place others at risk of significant loss or injury resulted in the child having legal involvement. Examples include car theft, residential burglary, rape, armed robbery, and assault.
-

Supplemental Information: 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).

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

BULLYING

This item describes perpetrators of the exploitation of others. Generally, this refers to bullying other children or youth (usually smaller or younger ones); however, it could include children/youth who bully adults. Cyberbullying can be rated here.

Questions to Consider:

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

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*
Child/youth has never engaged in bullying at school or in the community.
-
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child/youth has been involved with groups that have bullied other children/youth either in school or the community; however, child/youth has not had a leadership role in these groups.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*
Child/youth has bullied other children/youth in school or community. Child/youth has either bullied the other children/youth individually or led a group that bullied others.
-
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*
Child/youth has repeatedly utilized threats or actual violence to bully children/youth in school and/or community.
-

[Return to Core Item List] [Return to Table of Contents]

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 *Need is interfering with functioning. 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.

Supplemental Information: Include elopement or any planned or impulsive running or ‘bolting’ behavior that presents a risk to the safety of the child/youth. Factors to consider in determining level of risk include age of the young person, frequency and duration of escape episodes, timing and context, and other risky activities while running.

[Return to Core Item List] [Return to Table of Contents]

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.

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.?
-

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.

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.

2 *Need is interfering with functioning. 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.

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).

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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, socioeconomic 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.

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 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

LANGUAGE

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

Questions to Consider:

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

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 individual is available from among natural supports.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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 sexual orientation, gender identity and expression (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 identity and their current environment or living situation.
-
- 2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
The child/youth is experiencing cultural stress that is causing problems in functioning in at least one life domain. The child/youth needs support to learn how to manage their 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 an immediate plan to reduce culture stress.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

KNOWLEDGE CONGRUENCE

This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider:

- How does the family describe the child/youth's needs?
 - Do members of the family disagree on how they see the needs of the child/youth?
-

Ratings and Descriptions

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

There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child/youth is congruent with the prevailing professional/helping cultural perspective(s).

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

There are some differences between the family's explanation and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.

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

Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.

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

Significant disagreements in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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. Within this section 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 there is 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**, use the following categories and action levels:

- 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.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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?
-

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.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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:

- Is child/youth able 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.*
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 currently and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

OPTIMISM

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

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 currently and/or child/youth has difficulties seeing positive aspects about themselves or their future.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

ADAPTABILITY

This item describes the child/youth's ability to respond to changing circumstances, even when the caregiver is present.

Questions to Consider:

- How does the child/youth react to transitions?
 - How does the child/youth respond to caregiver support during transitions?
-

Ratings and Descriptions

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

Child/youth has a strong ability to adjust to changes and transitions.

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 adjust to changes and transitions; when challenged, the child/youth is successful with caregiver 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.*

Much of the time, child/youth has difficulties adjusting to changes and transitions even with caregiver support.

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

Most of the time, child/youth has difficulties coping with changes and transitions. Adults are minimally able to impact child/youth's difficulties in this area.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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 can 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.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

TALENTS AND INTERESTS

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

Questions to Consider:

- What does the child/youth enjoy doing?
 - Is the child/youth engaged in any 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.

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, but they are not yet fully engaged.

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. Child/youth may, for example, lack resources needed to access these activities.

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 currently.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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 several 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.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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.

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?
-

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.
-
- 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.
-
- 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 currently.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

EDUCATIONAL ASSETS

This item is used to evaluate the nature of the school's partnership 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 the school program.

Questions to Consider:

- Is the school an active partner in the child/youth's education?
 - Does the child/youth like the school and see it as a supportive setting?
 - 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 at 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.
-
- 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.
-
- 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/vocational 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 currently, 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 currently.
-
- NA Youth has graduated high school or has their GED.
-

[Return to Core Item List] [Return to Table of Contents]

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).
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

CAREGIVER RESOURCES & NEEDS DOMAIN

This section focuses on the strengths and needs of the child/youth's caregivers. Caregiver ratings should be completed for each caregiver, up to four. 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.

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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, 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 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 currently.
-

[Return to Core Item List] [Return to Table of Contents]

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 that 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 impossible to parent the child/youth currently.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

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 impossible to parent the child/youth currently.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

SUBSTANCE USE

This item rates the impact of any notable substance misuse 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 their substance misuse?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
No evidence that caregiver misuses substances.
-
- 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 of misuse of substances, and/or caregiver is in recovery from substance misuse 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 substance misuse difficulties that interfere with their capacity to parent.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has substance misuse difficulties that make it impossible to parent the child/youth currently.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

CAREGIVER ADJUSTMENT TO TRAUMA

This item is used to describe a caregiver who is having difficulty adjusting to traumatic experiences or events defined as traumatic by the caregiver. Informed speculation about why a person is displaying certain behavior, linking trauma and behavior, may be entertained.

Questions to Consider:

- Has the caregiver experienced a traumatic event?
 - Does the caregiver experience frequent nightmares?
 - Are they troubled by flashbacks?
 - What are the caregiver's current coping skills?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
There is no evidence of problems associated with traumatic life events.
-
- 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 problems associated with a traumatic life event(s), or the caregiver is making progress adapting to trauma, or the caregiver recently experienced a trauma where the impact on their well-being is not yet known.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
There is clear evidence of negative symptoms associated with a traumatic life event(s). The symptoms are interfering with the caregiver's functioning in at least one life domain, or the caregiver has been diagnosed with a trauma-related disorder.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The caregiver has been diagnosed with PTSD or has an extensive history of trauma exposure and there is clear evidence of trauma symptoms (e.g., numbing, nightmares, anger, dissociation) that interfere with multiple areas of functioning.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

SELF-CARE/DAILY LIVING

This item describes the caregiver’s ability to provide for the basic needs (e.g., shelter, food, and clothing) for themselves.

Questions to Consider:

- Is the caregiver able to provide for their own basic needs?
 - What type of support does the caregiver need to provide for their own basic needs?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
The caregiver has the skills needed to complete the daily tasks required to care for themselves.
-
- 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 needs verbal prompting to complete the daily tasks required to care for themselves.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver needs physical prompting to complete the daily tasks required to care for themselves.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver is unable to complete some or all of the daily tasks required to care for themselves.
-

[Return to Core Item List] [Return to Table of Contents]

ORGANIZATION (HOUSEHOLD)

This item is used to rate the caregiver's ability to organize and manage any challenges in their household without impacting their ability to manage the care of their child/youth, including accessing community services.

Questions to Consider:

- Are there current challenges that caregiver is facing at home that impact their ability to organize and manage the child/youth's specific needs?
 - Is the caregiver having difficulty balancing both the complex needs of the child/youth and the needs of the other children in the home?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
Caregiver manages any household needs with no impact on their ability to manage the child/youth's behavioral or medical needs, including being able to access community services to care for their 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 has had difficulty in the past with managing household needs that impacted their ability to manage the child/youth's behavioral or medical needs, but there are currently no concerns.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has difficulty managing household needs and this is impacting their ability to manage the child/youth's behavioral or medical needs. Their efforts may be inconsistent in maintaining access to community-based supports and services necessary to manage the healthcare needs of the child/youth due to other pressing household needs needing attention.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver is unable to organize household needs leading to their inability to access the necessary behavioral or healthcare services for the child/youth.
-

Supplemental Information: Challenges in the household that the caregiver might have to manage include household management (e.g., keeping track of appointments or commitments, being able to keep the home clean and tidy, making sure children/youth have what they need for school or activities) or family management (e.g., other children in the home with behavioral or medical needs, multiple or young children in the home, caring for an older family member or partner with mental health or other needs).

[\[Return to Core Item List\]](#)

[\[Return to Table of Contents\]](#)

SUPERVISION

This item rates the caregiver’s capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined broadly 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.
-
- 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 intermittent 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.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

RESOURCEFULNESS

This item describes the caregiver’s ability to identify, access and utilize external resources and services to address the needs of the child/youth and family.

Questions to Consider:

- Does the caregiver have external supports?
 - Does the caregiver access their supports when needed?
 - Is the caregiver able to identify and access needed resources and services?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
Caregiver is skilled at finding resources that are useful in achieving and maintaining safety and well-being for self and 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 has skills in finding resources that are useful in achieving and maintaining safety and well-being for self and child/youth, but sometimes requires assistance in identifying or accessing resources.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver lacks skills finding resources that are useful in achieving and maintaining safety and well-being for self and child/youth. Caregiver requires temporary assistance with identifying and accessing resources.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver requires immediate assistance in finding resources that are useful in achieving and maintaining safety and well-being for self.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

PROBLEM SOLVING

This item describes the caregiver’s ability to problem solve; to plan, implement, and monitor a course of action; and to judge and self-regulate behavior according to anticipated outcomes.

Questions to Consider:

- Does the caregiver report or appear to have difficulties with problem solving or resolving challenges?
 - Are there particular situations that the caregiver has difficulty thinking through?
 - Does the caregiver’s problem-solving skills impact their ability to parent the child/youth?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
Caregiver has good problem-solving 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 struggles with thinking through problems or situations, but this does not interfere with their functioning as a parent.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The caregiver has difficulty thinking through problems or situations which interferes with their ability to function as a parent.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The caregiver has problems with problem solving that places the child/youth at risk.
-

[Return to Core Item List] [Return to Table of Contents]

FAMILY STRESS

This item refers to the physical, emotional, or financial stress on the family due to the provision of direct care, making and coordinating appointments, or obtaining medical supplies and equipment.

Questions to Consider:

- Do caregivers find it stressful at times to manage the challenges in dealing with the child/youth's medical, behavioral and/or developmental 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.*
Child/youth's medical, developmental, or behavioral health condition or care is not adding stress to the family.
-
- 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.*
Child/youth's medical, developmental, or behavioral health condition or care is a stressor on the family, but family is functioning well.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Child/youth's medical, developmental, or behavioral health condition or care is a stressor and is interfering with family functioning.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Child/youth's medical, developmental, or behavioral health condition or care is a significant stressor and is significantly impacting family functioning. Family functioning is characterized by lack of support for or conflict among the family members.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s)/family 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 past six months.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

FINANCIAL RESOURCES

This item describes the money and other sources of income available to caregivers that can be used in addressing the needs of the child/youth and family.

Questions to Consider:

- Does the family have sufficient funds to raise or 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 financial issues or caregiver has financial resources necessary to meet 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.*
History or suspicion, or existence of difficulties. Caregiver has financial resources necessary to meet most needs; however, some limitations exist.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has financial difficulties that limit ability to meet significant family needs.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver is experiencing financial hardship, poverty.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

SAFETY

This item describes the caregiver’s ability to maintain the child/youth’s safety within the household.

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 harm the child/youth?
-

Ratings and Descriptions

- 4 *No current need; no need for action. This may be a resource for the child/youth.*
No evidence of safety issues. Child/youth is not at risk from potentially dangerous individuals.
-
- 5 *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 in the neighborhood who might be abusive.
-
- 6 *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 household.
-
- 7 *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.
-

Supplemental Information: This item does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

[Return to Core Item List] [Return to Table of Contents]

INFORMAL SUPPORTS

This item rates the caregiver's social assets (e.g., extended family, friends and neighbors) and resources who can provide emotional and instrumental support.

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.*
The caregiver has adaptive relationships. Extended family members, friends or neighbors play a central role in the functioning and well-being of the caregiver and family. Caregiver has predominately positive relationships and conflicts are resolved quickly.
-
- 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.*
The caregiver's relationships are mostly adaptive. Extended family members, friends, or neighbors play a supportive role in caregiver and family functioning. They generally have positive relationships. Conflicts may linger but are eventually resolved.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The caregiver has limited relationships. Extended family members, friends, or neighbors are marginally involved in the functioning and well-being of the caregiver and family. The caregiver has generally strained or absent relationships with these informal supports.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The caregiver has significant difficulties with relationships. The caregiver is not in contact with or estranged from extended family members. They may report they have no friends or no contact with neighbors. The family has negative relationships involving continuing conflicts with extended family and friends. The family does not feel supported and may feel shunned by their neighbors.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

TRANSPORTATION OF CHILD/YOUTH

This item reflects the caregiver's ability to provide appropriate transportation for the child/youth.

Questions to Consider:

- Does the caregiver have the means to transport the child/youth?
 - Does the child/youth need a special vehicle for transportation?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*
Child/youth and caregiver have no transportation needs. Caregiver can get child/youth to appointments, school, activities, etc. consistently.
-
- 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.*
Child/youth and caregiver have occasional transportation needs for appointments. Caregiver has difficulty getting child/youth to appointments, school, activities, etc. less than once a month.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Child/youth and caregiver have frequent transportation needs. Caregiver has difficulty getting child/youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting child/youth and access to transportation resources or may require a special vehicle.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Child/youth and caregiver have no access to appropriate transportation and are unable to get child/youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

KNOWLEDGE OF CONDITION

This item identifies the caregiver’s knowledge of the child’s developmental, behavioral and/or medical conditions, 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’s current medical or mental health diagnosis and/or symptoms?
 - Do the caregiver’s expectations of the child reflect an understanding of their developmental needs?
-

Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child.*
No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child’s condition(s), needs and strengths.
-
- 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, may require additional information to understand their child’s medical or psychological condition, developmental needs as well as their talents, skills and assets to improve their parenting capacity.
-
- 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 well. Caregiver’s current lack of information about the child’s medical, behavioral and/or developmental needs are interfering with their ability to parent.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has little or no understanding of the child’s current condition. Caregiver’s lack of knowledge about the child’s strengths and needs place them at risk of significant negative outcomes.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

CARE/TREATMENT INVOLVEMENT

This item rates the caregiver’s participation in seeking and supporting care/treatment to address the child/youth’s care.

Questions to Consider:

- How involved are the caregivers in services for the child/youth?
 - Is the caregiver an advocate for the child/youth’s needs?
 - 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 involved in the planning and/or implementation of services for the child/youth but may struggle to stay consistently engaged. 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 does not wish to participate in the services and/or interventions intended to assist the child/youth. Caregiver’s lack of treatment involvement places the child/youth at imminent risk. Caregiver may wish for child/youth to be removed from their care.
-

[\[Return to Core Item List\]](#) [\[Return to Table of Contents\]](#)

FAMILY SYSTEM ENGAGEMENT

This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children/youth, the care provider must consider this belief and understand its impacts on the family's choices. These complicated factors may translate into generalized discomforts with the formal health care system and may require that the care provider reconsider their approach.

Questions to Consider:

- Does the caregiver express any hesitancy in engaging in formal services?
 - How does the caregiver's hesitancy impact their engagement in 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.*
The caregiver expresses no concerns about engaging with the formal helping system.
-
- 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.*
The caregiver expresses apprehension to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
-
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
-
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team currently. When this occurs, the development of an alternate treatment plan may be required.
-

[Return to Core Item List] [Return to Table of Contents]

ACCESS TO TECHNOLOGY

This item rates both the family's access to technology relevant to their day-to-day functioning (e.g., internet access, access to a device like a phone or tablet to access the internet) and the family's skill in using the technology to meet their needs.

Questions to Consider:

- Does the caregiver/family have access to the technology needed for their daily functioning, e.g., phone, tablet, internet access?
 - Does the caregiver/family know how to use the technology that they have?
-

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child/youth.*

Caregiver/family has stable and reliable access to the internet and any related and necessary technology needed to support the family's full functioning. Caregiver/family members know how to obtain access and use that technology to meet their 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/family has some limitation related to access to and/or skill in using technology. This might include challenges with being able to consistently afford an internet provider, or with knowing how to update or maintain their current technology, and/or the caregiver/family might have limited knowledge or skills for using the technology they have. A caregiver/family who might need occasional access to the internet outside their home might be rated here.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver/family's limitation in access to or skill in using technology are interfering with the family's functioning or limiting the family's opportunities. For example, a caregiver/family that does not have internet on their phone or at home and can only access at school, the library or another business would be rated here.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver/family has no access to technology and/or they do not have the necessary knowledge or skills to use the technology they have. For example, a caregiver/family that does not have a phone or tablet or internet access and cannot communicate with teachers, health care providers, etc.

Supplemental Information: For families that choose not to use technology (e.g., for religious reasons) this item would be rated '0'.

[Return to Core Item List] [Return to Table of Contents]