

# **Child and Adolescent Needs and Strengths (CANS)**

For Children and Youth Ages 5-20

## **User Guide**

**CANS User Guide Developed by: *CANS Training Team, University of Massachusetts Medical School (UMMS)***

**CANS Developer: *John S. Lyons, Ph.D.***  
[\*jlyons@chapinhall.org\*](mailto:jlyons@chapinhall.org)

## Table of Contents

Child and Adolescent Needs and Strengths (CANS).....	1
Introduction to User Guide.....	3
LIFE DOMAIN FUNCTIONING .....	3
CHILD/ADOLESCENT BEHAVIORAL/EMOTIONAL NEEDS .....	11
CHILD/ADOLESCENT RISK BEHAVIORS.....	17
CULTURAL CONSIDERATIONS .....	24
TRANSITION TO ADULTHOOD.....	29
CHILD/ADOLESCENT STRENGTHS .....	33
CAREGIVER NEEDS .....	38

## Introduction to User Guide

The CANS User Guide was developed with the Certified Assessor in mind, for ongoing use in clinical practice.

The CANS User Guide replaces previous versions, including the CANS Glossary and the CANS User Manual, and reflects knowledge obtained by the UMMS CANS Training team in preparing tens of thousands of clinicians in Massachusetts to become certified CANS users. The CANS User Guide contains useful information for rating each item in the CANS. Each item contains the item definition and the definition for each rating, as well as supplemental questions that may be relevant to clinical practice. In 2015, the CANS User Guide was revised in order to update item definitions and ensure that the operational definitions for each rating are clear and concise and help the clinician to rate each item as accurately and consistently as possible. Overall, the CANS User Guide is intended to provide clinicians with additional guidance to rate items across multiple domains, in a single document.

## LIFE DOMAIN FUNCTIONING

Life domains are the different areas of social interaction found in the lives of the child/adolescent. This domain rates how they are functioning in the individual, family, peer, school, and community realms. Although the child's social interactions may be affected by the family interactions, this domain rates struggles the **child/adolescent** is experiencing. This section is rated using the Needs scale.

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

Rating	Definition
<b>0</b>	Indicates a life domain in which there is no evidence of a need.
<b>1</b>	Indicates a life domain in which there is a relevant history or suspicion of a need where watchful waiting <sup>i</sup> is recommended.
<b>2</b>	Indicates a life domain in which the child/adolescent is having problems and/or action is required to improve functioning.
<b>3</b>	Indicates a life domain in which the child/adolescent is having severe problems and/or immediate action is required to improve functioning.

## FAMILY FUNCTIONING

This item rates the child/adolescent's relationships with those who are in his/her family. It is recommended that the definition of family should come from the child/adolescent's perspective (e.g., who the child/adolescent describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological relatives and their significant others with whom the child/adolescent comes into contact.

### *Questions to Consider*

- Does the child/adolescent have conflicts with the family?
- Are there problems between the child and other family members?
- Has there ever been any violence between the child/adolescent and other family members?

### [Further help with Family Functioning?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of relationship problems within the family.
- 1) Relevant history or suspicion of relationship problems with family members where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent has relationship problems with family members and/or action is required.
- 3) Child/adolescent has severe relationship problems with family members and/or immediate action is required.

## SOCIAL FUNCTIONING

This item rates difficulty a child/adolescent may have with relationships outside of the family, and particularly with peers. It includes age-appropriate social behavior, the ability to develop and maintain peer relationships, and evidence of adaptive peer relationships. A child with negative or little social engagement may have a need to build social skills.

### *Questions to Consider*

- Does the youth get along with others?
- Does the youth know how to make new friends?
- Does the youth have any conflicts with peers?
- Does s/he have unhealthy friendships?
- Does the youth have any close friends?
- Does s/he tend to change friends frequently?
- Does the youth interact appropriately in groups?

### *Ratings Anchor Definitions*

- 0) No evidence of relationship problems outside the family.
- 1) Relevant history or suspicion of child/adolescent having relationship problems outside the family where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent has relationship problems outside the family and/or action is required.
- 3) Child/adolescent has severe relationship problems outside the family and/or immediate action is required.

### [Further help with Social Functioning?](#)

## MEDICAL/PHYSICAL

This item rates the child/adolescent's current health status or any physical limitations. This item does not rate depression or other mental health issues

### *Questions to Consider*

- Is the child/adolescent generally healthy?
- Does s/he have any medical problems or physical limitations?
- Does the child have any chronic illnesses such as asthma or diabetes?
- How much does this interfere with his/her life?

### *Ratings Anchor Definitions*

- 0) No evidence of medical/physical problems.
- 1) Relevant history or suspicion of the child/adolescent having medical/physical problems where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent has medical/physical problems that require medical intervention.
- 3) Child/adolescent has severe life-threatening illness or physical condition that requires immediate medical intervention.

### [Further help with Medical/Physical?](#)

## DEVELOPMENTAL DELAY

This item rates only the presence of developmental disabilities. It includes the youth's ability to understand, process, and express language; the youth's cognitive/intellectual functioning; deficits in social communication and interaction; and repetitive, restrictive patterns of behaviors, interests, or activities. It includes Autism Spectrum Disorders. It is important to note that there is normal variation around the age children/adolescents will achieve specific developmental milestones. Thus, a developmental delay refers to a child/adolescent who is unable to reach a milestone within that range of expected variability.

### *Questions to Consider*

- Does the child/adolescent's growth and development seem healthy?
- Has s/he reached appropriate developmental milestones (such as walking, talking)?
- Has the child/adolescent been screened for any developmental problems?

[Further help with Developmental Delay?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of a developmental delay.
- 1) Relevant history or suspicion of the child/adolescent having a developmental delay where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent has a developmental delay and/or action is required.
- 3) Child/adolescent has severe, pervasive, or profound developmental delay and/or immediate action is required.

## LEARNING DISABILITY

This item rates the limitations that have an impact on academic learning including reading, writing, speaking, spelling, computing, and/or abilities that affect attention, memory, coordination, or social skills. Of note, ratings should **not** reflect factors that temporarily affect a child/adolescent's academic performance or ability to learn. For example, grief that has a negative impact on learning should not be rated as a learning disability.

Learning disabilities usually require special educational strategies to ensure that the child/adolescent is in an environment where he or she can learn.

### *Questions to Consider*

- Does s/he have difficulty reading, writing, spelling, reasoning, recalling, and/or organizing information?
- Has the child/adolescent ever been tested for or diagnosed with a learning disability?
- Are there concerns that the child/adolescent may have a learning disability?

[Further help with Learning Disability?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of a learning disability.
- 1) Relevant history or suspicion of child/adolescent having a learning disability where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent shows evidence of a learning disability and/or action is required.
- 3) Child/adolescent has a severe learning disability and/or immediate action is required.

## SEXUAL BEHAVIOR

This item examines whether a youth's sexual behavior is developmentally appropriate. Sexual orientation and/or gender identity should **not** be considered in this item but rather under Cultural Considerations.

### *Questions to Consider*

- Is the child/adolescent engaging in inappropriate sexual relationships?
- Does the child/adolescent have an understanding of consent?
- Does he/she have less interest/more interest in sex than other children/adolescents his/her age?

[Further help with Sexual Behavior?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of developmentally inappropriate sexual behavior.
- 1) Relevant history or suspicion of the child/adolescent engaging in developmentally inappropriate sexual behavior where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent engages in developmentally inappropriate sexual behavior and/or action is required.
- 3) Child/adolescent engages in severe developmentally inappropriate sexual behavior and/or immediate action is required.

## SELF CARE

This rating describes the child/adolescent's ability to perform developmentally appropriate activities of daily living and hygiene tasks – for example, toileting, feeding, and grooming. This item does not include taking medication, which is rated under the Medical Adherence item.

### *Questions to Consider*

- Is the child/adolescent able to eat, shower, dress, and toilet without assistance?
- Have concerns been expressed regarding the child/adolescent's hygiene?

[Further help with Self Care?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of self-care problems
- 1) Relevant history or suspicion of the child/adolescent having self-care problems where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent self-care problems are evident and/or action is required.
- 3) Child/adolescent has severe self-care problems and/or immediate action is required.

## COMMUNITY

This rating describes problems with following rules in the community, for example, in a faith group, an afterschool activity, or in stores. Some children struggle when out in the community with or without friends. Please note: School is not considered part of the definition of community in the rating of this item, as school is rated in its own items.

### *Questions to Consider*

- Has the child/youth ever been in trouble at an event outside of school?
- Are there concerns about the child/youth acting safely when s/he is out in the community?
- Does the child/youth resist going to community activities?
- Does s/he follow community norms/laws?
- Are there concerns that s/he may be removed from the community for breaking the law?

[Further help with Community?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of problems with functioning in the community.
- 1) Relevant history or suspicion of child/adolescent having problems with community functioning where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent problems with community functioning are evident and/or action is required.
- 3) Child/adolescent has severe problems functioning in the community and/or immediate action is required.



## SCHOOL ITEMS

The following three items (School Behavior, School Achievement, and School Attendance) address various aspects of school functioning and should be rated independently. In completing ratings for School items, children/adolescents should be compared to their relative peer group. For children/adolescents receiving special education services, ratings should take into consideration goals and objectives from the Individualized Education Program (IEP).

### SCHOOL BEHAVIOR

This item rates the child/adolescent's behavioral problems in school, such as disruptions, and is rated independently from attendance and achievement. For example, a youth may be frequently absent, but exhibit appropriate behavior when he/she attends school.

#### *Questions to Consider*

- How is the child/adolescent behaving in school?
- Has he/she had any behavioral problems?
- Has the teacher or other school personnel called the child/adolescent's parents to talk about his/her behavior?

#### [Further help with School Behavior?](#)

#### *Ratings Anchor Definitions*

- 0) No evidence of school behavior problems.
- 1) Relevant history or suspicion of child/adolescent having school behavior problems where watching waiting<sup>i</sup> is recommended.
- 2) Child/adolescent school behavior problems are evident and/or action is required.
- 3) Severe child/adolescent school behavior problems are evident and/or immediate action is required.

### SCHOOL ACHIEVEMENT

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

#### *Questions to Consider*

- How is the child/adolescent doing academically in school?
- Is s/he having difficulty with any subjects?
- Is s/he at risk of failing any classes? Of being left back?
- Has the teacher or other school personnel spoken to the child/adolescent's parents about her/his performance?
- Is the child/adolescent performing on grade level?

#### [Further help with School Achievement?](#)

#### *Ratings Anchor Definitions*

- 0) No evidence of school achievement problems.
- 1) Relevant history or suspicion of child/adolescent having problems with school achievement where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent problems with school achievement are evident and/or action is required.
- 3) Severe child/adolescent school achievement problems are evident and/or immediate action is required.

## SCHOOL ATTENDANCE

This item rates issues related to absences, tardiness, and/or truancy.

### *Questions to Consider*

- Has the child/adolescent had any difficulty with getting to or staying in school?
- Has the teacher or other school personnel called the child/adolescent's parents about his/her attendance?

[Further help with School Attendance?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of school attendance problems.
- 1) Relevant history or suspicion of the child/adolescent having problems with school attendance where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent school attendance problems are evident and/or action is required.
- 3) Severe child/adolescent school attendance problems are evident and/or immediate action is required

## CHILD/ADOLESCENT BEHAVIORAL/EMOTIONAL NEEDS

For the **Child/Adolescent Behavioral/Emotional Needs domain**, the following action levels are used:

Rating	Definition
0	No evidence of a behavioral/emotional need.
1	Relevant history or suspicion that the child/adolescent has behavioral/emotional needs where watchful waiting <sup>i</sup> is recommended.
2	Child/adolescent has behavioral/emotional needs and/or action is required.
3	Child/adolescent has severe behavioral/emotional needs and/or immediate action is required.

## PSYCHOSIS

The primary symptoms of psychosis include hallucinations (experiencing things others do not experience), delusions (a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), and bizarre behavior, as well as strange or incoherent speech. Psychosis may also be referred to as a thought disorder or perceptual disturbance and includes behaviors and symptoms that may be associated with several DSM-5 disorders (e.g., Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Bipolar Disorder, Major Depressive Disorder, etc.). Note: To rate as evidence of psychosis, behaviors and symptoms should not be attributed to substance use or another medical explanation.

### Questions to Consider

- Has the child/adolescent ever talked about hearing, seeing, or feeling something that was not actually there?
- Has the child/adolescent ever done strange or bizarre things that made no sense?
- Does the child/adolescent have strange beliefs about things?
- Does child/adolescent have thought disorder or a psychotic condition?

[Further help with Psychosis?](#)

### Ratings Anchor Definitions

- 0) No evidence of psychosis.
- 1) Relevant history or suspicion of child/adolescent psychosis where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent psychosis is evident and/or action is required.
- 3) Severe child/adolescent psychosis is evident and/or immediate action is required.

## HYPERACTIVITY/IMPULSIVITY

Youth who have problems with hyperactivity and impulsivity often have difficulty staying focused and paying attention, difficulty controlling behavior, and/or over-activity (hyperactivity).

### *Questions to Consider*

- Does s/he have trouble paying attention for more than a few minutes? Is the child/adolescent able to control him/herself?
- Does the child/adolescent report feeling compelled to do something despite negative consequences?

[Further help with Hyperactive/Impulsivity?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of hyperactivity/impulsivity.
- 1) Relevant history or suspicion of child/adolescent hyperactivity/impulsivity where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent hyperactivity/impulsivity is evident and/or action is required.
- 3) Severe child/adolescent hyperactivity/impulsivity is evident and/or immediate action is required.

## DEPRESSION

This item rates behaviors and symptoms consistent with depression that include irritable, depressed mood, diminished interest in previously enjoyed activities, difficulty sleeping, changes in eating habits or weight, hopelessness, social withdrawal or isolation, and/or difficulty concentrating. While depression and anxiety often occur together, it is important to differentiate the symptoms for the purposes of rating CANS.

### *Questions to Consider*

- Does the child/youth have difficulty getting out of bed in the morning?
- Has s/he withdrawn from normal activities?
- Is the child/youth experiencing more than what you would consider “normal sadness”?
- Does the child/youth express hopelessness about his/her future?

[Further help with Depression?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of depression.
- 1) Relevant history or suspicion of child/adolescent depression where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent depression is evident and/or action is required.
- 3) Severe child/adolescent depression is evident and/or immediate action is required.

## ANXIETY

This item rates behaviors and symptoms consistent with anxiety that include excessive worry, panic attacks, somatic complaints, physiological reactivity, fear of meeting new people or embarrassing oneself in social situations, fear of a specific object or situation (phobia), and/or

uncontrollable or repetitive thoughts that are often accompanied by repetitive behaviors. This item rates the presence of **behavior** consistent with anxiety, not whether the reasons for anxiety are understood. A reason to worry should not be rated here. While depression and anxiety often co-occur together, it is important to look for distinct symptoms for the purpose of rating CANS.

#### *Questions to Consider*

- Does the child/adolescent have any problems with fearfulness?
- Is s/he avoiding normal activities out of fear about them?
- Does the child/adolescent act frightened or afraid?
- Does the child/adolescent worry a lot?
- Does the child/adolescent have panic attacks?

#### [Further help with Anxiety?](#)

#### *Ratings Anchor Definitions*

- 0) No evidence of anxiety.
- 1) Relevant history or suspicion of child/adolescent anxiety where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent anxiety is evident and/or action is required.
- 3) Severe child/adolescent anxiety is evident and/or immediate action is required.

## OPPOSITIONAL BEHAVIOR

This item describes the presence of persistent angry and irritable mood, repeated argumentative and defiant behavior, and/or vindictiveness. The distinction between oppositional behavior and a child being strong willed or emotional is an important one, and should be considered carefully when rating this item.

#### *Questions to Consider*

- Does the child or adolescent demonstrate vindictiveness towards others?
- How does the child respond to reasonable boundaries and expectations?
- Does the child/adolescent argue with adults when they try to get her/him to do something?
- Does the child or youth get into trouble regularly because of defiant or argumentative behavior?

#### [Further help with Oppositional Behavior?](#)

#### *Ratings Anchor Definitions*

- 0) No evidence of oppositional behavior.
- 1) Relevant history or suspicion of child/adolescent oppositional behavior where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent oppositional behavior is evident and/or action is required.
- 3) Severe child/adolescent oppositional behavior is evident and/or immediate action is required.

## CONDUCT

This item is used to describe a youth's engagement in a willful, repetitive pattern of behavior that includes aggression toward people or animals, destruction of property, deceitfulness or theft, and/or serious violations of society's rules or laws.

### *Questions to Consider*

- Is the child/adolescent seen as dishonest?
- How does the child/adolescent handle telling the truth/lies?
- Has the child/adolescent been part of any criminal behavior?
- Has the child/adolescent ever shown violent or threatening behavior towards others?
- Has the child/adolescent ever tortured animals or destroyed property?

### *Ratings Anchor Definitions*

- 0) No evidence of conduct disorder.
- 1) Relevant history or suspicion of child/adolescent conduct disorder where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent conduct disorder is evident and/or action is required.
- 3) Severe child/adolescent conduct disorder is evident and/or immediate action is required.

[Further help with Conduct?](#)

## TRAUMA RESPONSE

This item is used to describe the child/adolescent's ongoing reaction to various traumatic experiences that may include emotional, physical, and/or sexual abuse, neglect, separation from caregivers, witnessing violence in the home or community, natural disasters, or the victimization of family members or other close individuals. Of note, the experience of trauma is subjective, and the impact of any event will be influenced by the individual characteristics and history of the child/adolescent.

### *Questions to Consider*

- Has the youth experienced a traumatic event?
- Does s/he experience frequent nightmares?
- Is s/he troubled by flashbacks?
- Is s/he unusually afraid of being alone or of participating in normal activities?
- Does the youth have a diagnosis of PTSD?
- Does the child show other symptoms that are believed to be part of trauma history?

[Further help with Trauma Response?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of trauma response.
- 1) Relevant history or suspicion of child/adolescent trauma response where watchful waiting<sup>i</sup> is recommended
- 2) Child/adolescent trauma response is evident and/or action is required.
- 3) Severe child/adolescent trauma response is evident and/or immediate action is required

## EMOTIONAL CONTROL

This item describes the youth's range of mood and affect, and the match between the situation and the level of emotional response.

### *Questions to Consider*

- How does the child/adolescent control his/her emotions?
- Does s/he get upset or frustrated easily?
- Does s/he overreact if someone criticizes or rejects her/him?
- Does the child/adolescent seem to have dramatic mood swings?

[Further help with Emotional Control?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of emotional control problems.
- 1) Relevant history or suspicion of child/adolescent emotional control problems where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent emotional control problems are evident and/or action is required.
- 3) Severe child/adolescent emotional control problems are evident and/or immediate action is required.

## SUBSTANCE USE

This item rates the youth's use of substances such as alcohol and/or illegal drugs, misuse of prescription medications, or abuse of any chemical or synthetic substance.

### *Questions to Consider*

- Has the youth used alcohol or any kind of drugs on more than an experimental basis?
- Do you suspect that the youth may have an alcohol or drug use problem?
- Has anyone reported that they think the youth might be using alcohol or drugs?

[Further help with Substance Use?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of substance abuse.
- 1) Relevant history or suspicion of child/adolescent substance abuse where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent substance abuse is evident and/or action is required.
- 3) Severe child/adolescent substance abuse is evident and/or immediate action is required

## EATING DISTURBANCE

This item rates behaviors and symptoms that include recurrent episodes of bingeing, purging, restriction, or eating non-nutritive substances (pica).

### *Questions to Consider*

- How does the child/adolescent feel about his/her body?
- Does he/she seem to be overly concerned about his/her weight?
- Does he/she ever refuse to eat, binge eat, or hoard food?
- Has the child/adolescent ever been hospitalized for eating-related issues?

[Further help with Eating Disturbances?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of eating disturbances.
- 1) Relevant history or suspicion of child/adolescent eating disturbance where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent eating disturbance is evident and/or action is required.
- 3) Severe child/adolescent eating disturbance is evident and/or immediate action is required.



## CHILD/ADOLESCENT RISK BEHAVIORS

For the **Child/Adolescent Risk Behaviors domain**, the following action levels are used:

Rating	Definition
0	No evidence of need.
1	Relevant history or suspicion of risk behaviors where watchful waiting <sup>i</sup> is recommended.
2	Need interfering with functioning where action is required.
3	Need is severe where immediate action is required.

## SUICIDE RISK

This item refers to the presence of thoughts and/or behaviors associated with suicide. It includes both suicidal and significant self-injurious behaviors that have the potential to result in death. Other non-suicidal self-injurious behavior would be rated in the Self-Injurious Behavior and Recklessness items.

### *Questions to Consider*

- Has the child/adolescent ever talked about a wish or plan to die or to kill him/herself?
- Has s/he ever tried to commit suicide?

### [Further help with Suicide Risk?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of suicide risk.
- 1) Relevant history or suspicion of child/adolescent being a suicide risk where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent is a suicide risk and/or action is required.
- 3) Child/adolescent is a severe suicide risk and/or immediate action is required.

## SELF-INJURIOUS BEHAVIOR

This item is used to describe repetitive patterns of behavior that result in physical harm to the child/adolescent. Scratching, burning, cutting, and head banging are common examples of self-injurious behavior.

### *Questions to Consider*

- Has the child/adolescent ever talked about a wish or plan to hurt him/herself?
- Does the child/adolescent ever purposely hurt him/herself (e.g., cutting)?

### [Further help with Self-Injurious Behavior?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of self-injurious behavior.
- 1) Relevant history or suspicion of child/adolescent self-injurious behavior where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent engages in self-injurious behavior and/or action is required.
- 3) Child/adolescent engages in severe self-injurious behavior and/or immediate action is required.

## RECKLESSNESS

This item describes dangerous and reckless behavior that, while not intended to harm self or others, place the youth or others at risk. It does not include suicidal ideation or self-injurious behavior rated in previous items (e.g., Suicide Risk and Self-Injurious Behavior).

### *Questions to Consider*

- Has the child/adolescent ever talked about or acted in a way that might be dangerous to him/herself (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, promiscuity)?

### [Further help with Recklessness?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of recklessness.
- 1) Relevant history or suspicion of child/adolescent recklessness where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent recklessness is evident and/or action is required.
- 3) Severe child/adolescent recklessness is evident and/or immediate action is required.

## DANGER TO OTHERS

This item rates actual or threatened violent or aggressive behavior with the intent to cause significant harm to others (e.g., aggression, homicidal ideation, fire-setting, etc.). It does not

include reckless behavior that may cause physical harm to others as rated in previous items (e.g., Recklessness).

#### *Questions to Consider*

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

#### [Further help with Danger to Others?](#)

#### *Ratings Anchor Definitions*

- 0) No evidence of being a danger to others.
- 1) Relevant history or suspicion of the child/adolescent being a danger to others where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent is a danger to others and/or action is required.
- 3) Child/adolescent is a severe danger to others and/or immediate action is required.

## SEXUAL AGGRESSION

This item rates sexual behavior in which the youth uses aggression, coercion, manipulation, or force in order to engage in sexual behavior with another child, adolescent, or adult.

#### *Questions to Consider*

- Has the child/adolescent ever been accused of being sexually aggressive with another child/adolescent?  
What happened after that?
- Are there concerns that the child/adolescent has engaged in child grooming with other children/adolescent?

#### [Further help with Sexual Aggression?](#)

#### *Ratings Anchor Definitions*

- 0) No evidence of sexual aggression.
- 1) Relevant history or suspicion of the child/adolescent being sexually aggressive where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent is sexually aggressive and/or action is required.
- 3) Severe child/adolescent sexual aggression and/or immediate action is required.

## RUNNING AWAY

This item describes a youth who is at risk of or actually leaves an environment without consent. The youth may plan to leave or actually run away from the home, school, or other setting (community, treatment, detention, etc.) where his/her whereabouts are unknown.

### *Questions to Consider*

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

### [Further help with Running Away?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of risk of running away.
- 1) Relevant history or suspicion of risk that the child/adolescent will runaway where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent risk of running away is evident and/or action is required.
- 3) Severe child/adolescent risk of running away is evident and/or immediate action is required.

## DELINQUENT BEHAVIOR

This item refers to behaviors that break the law and could be prosecuted in court. It does not refer to status offenses (e.g., truancy, running away, or disobedience at home or school, etc.) that result from the youth failing to follow required behavioral standards. Rate this item also if you are aware of evidence of delinquent behavior and the youth has not been caught.

### *Questions to Consider*

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

### [Further help with Delinquent Behavior?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of delinquent behavior.
- 1) Relevant history or suspicion of child/adolescent delinquent behavior where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent delinquent behavior is evident and/or action is required.
- 3) Severe child/adolescent delinquent behavior is evident and/or immediate action is required.

## JUDGMENT

This item describes the youth's age-appropriate decision-making processes and awareness of consequences.

### *Questions to Consider*

- How is the child/adolescent's judgment and ability to make good decisions?
- Does he/she typically make good choices for him/herself?
- Do his/her choices ever result in harm to him/herself or others?

### [Further help with Judgment?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of inappropriate judgment.
- 1) Relevant history or suspicion of child/adolescent making inappropriate judgments where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent makes inappropriate judgments and/or action is required.
- 3) Child/adolescent makes severe inappropriate judgments and/or immediate action is required.

## **FIRE SETTING**

This item describes behavior related to the intentional setting of fires that may be dangerous to the child/adolescent or others. It includes fires that are set in a malicious, reckless, or intentional manner using matches or other incendiary devices. However, fires that are accidental in nature should not be rated here.

### *Questions to Consider*

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

### [Further help with Fire Setting?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of fire setting.
- 1) Relevant history or suspicion of child/adolescent setting fires where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent fire setting is evident and/or action is required.
- 3) Severe child/adolescent fire setting is evident and/or immediate action is required.

## NEGATIVE ATTENTION SEEKING

This item refers to behaviors that appear to be seeking sanctions by adults. This can be obnoxious, instigating, or acting-out behavior that results in adult sanctions or negative attention.

### *Questions to Consider*

- Does the child do or say things to upset parents or other adults?
- Has the child sworn at adults or done other behavior that was insulting, rude, or obnoxious?
- Does the child seem to purposely get in trouble by making parents or other adults angry with them?
- Are these behaviors sufficiently severe that they place the child at risk of significant sanctions (e.g., expulsion from school, removal from the community)?

[Further help with Negative Attention Seeking?](#)

## BULLYING

This item describes a pattern of behavior in which the youth intentionally bullies others through various means including intimidation, threats of harm, and/or verbal or physical aggression. Only youth who engage in bullying are rated on this item; a victim of bullying is not rated here and is addressed in the Exploitation item.

### *Questions to Consider*

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

[Further help with Bullying?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of negative attention seeking.
- 1) Relevant history or suspicion of child/adolescent seeking negative attention where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent seeks negative attention and/or action is required.
- 3) Severe child/adolescent negative attention seeking and/or immediate attention is required.

### *Ratings Anchor Definitions*

- 0) No evidence of bullying.
- 1) Relevant history or suspicion of child/adolescent bullying where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent bullying is evident and/or action is required.
- 3) Severe child/adolescent bullying and/or immediate action is required.

## EXPLOITATION

This item describes a risk for exploitation or victimization by others. This item includes children/adolescents who are currently being victimized at home, at school, or in their community. It also includes youth who are victimized in other ways (e.g., sexual abuse, prostitution, inappropriate expectations based on a child/adolescent's level of development, being forced to take on a parental level of responsibility, etc.).

### *Questions to Consider*

- Has the child/adolescent ever been victimized in any way (e.g., mugged, teased, bullied, abused, victim of a crime)?
- Are there concerns that s/he has been or is currently being taken advantage of by peers or other adults?
- Is the child/adolescent currently at risk of being victimized by another person?

### *Ratings Anchor Definitions*

- 0) No evidence of exploitation.
- 1) Relevant history or suspicion of child/adolescent exploitation where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent exploitation is evident and/or action is required.
- 3) Severe child/adolescent exploitation is evident and/or immediate action is required.

[Further help with Exploitation?](#)

## CULTURAL CONSIDERATIONS

Items in the Cultural Considerations domain describe needs that children/adolescents or their families may experience as a result of their membership in any cultural group and/or because of the relationship between members of that group and members of the dominant society.

Culture in this domain is defined broadly to include cultural groups that are defined by race, ethnicity, immigration status, gender, sexual orientation, abilities, age, religion, SES, and geography. Literature exploring issues of health care disparity finds that race and/or ethnic group membership may have a primary influence on health outcomes. Health care disparities are differences in health care quality, affordability, access, utilization, and outcomes between groups.

In addition to considering the culture of the child/adolescent and family, this domain prompts clinicians to carefully consider their own sociocultural experience, knowledge, perspectives, power, and privilege. The power dynamics of the relationship, the systems involved, and the reason for and the source of referral all may influence the assessment of current problems and strengths.

It is important to remember when using the CANS that the family should be defined from the child's perspective (who the child describes as part of her/his family). If this information is unknown, family should include biological relatives and others who are considered part of a youth's permanency plan. The cultural issues in this domain should be considered in relation to the impact they are having on the life of the child when rating these items and creating a treatment plan.

For the **Cultural Considerations domain**, the following categories and action levels are used:

Rating	Definitions
0	Indicates no evidence of need.
1	Significant history or possible current need where watchful waiting <sup>i</sup> is recommended.
2	Need interfering with functioning and/or action is required.
3	Need is severe and/or immediate action is required.

## COMMUNICATION AND COMPREHENSION

This item considers the degree to which the child/adolescent and family are able to communicate with treatment providers and comprehend the assessment questions, process, and recommended treatment plan. This item considers barriers including: lack of comprehension due to language difference, disability, literacy, or professionalized language and jargon. A rating of three suggests the need for an interpreter or assistive technologies such as augmentative communications for all interactions.



### *Questions to Consider*

- What language does the family speak at home?
- Is there a child/adolescent interpreting for the family in situations that may compromise the child/adolescent or family's care?
- Is information presented in treatment plan documents, legal documents, and case conference discussions in the language preferred by the family?
- Does the child/adolescent or significant family members have any difficulty communicating (either because English is not their first language or they use ASL, Braille, or assisted technology)?

### [Further help with Communication and Comprehension?](#)

## **DISCRIMINATION/BIAS**

This item refers to stress and/or access barriers related to any experience of discrimination or bias discussed by the family or the treatment team. Discrimination may be based on gender, race, ethnicity, socioeconomic status, religion, sexual orientation, skin shade/color/complexion, linguistic ability, immigration status, etc. The presence of discrimination may present a barrier to accessing supports or services.

### *Questions to Consider*

- Does the child/adolescent or family report any experiences of discrimination or bias? Was it connected to behavioral health services? What impact did it have?
- Does the family or child/adolescent report difficulties having their needs met from providers or formal helpers because of bias?
- Does the family feel stress due to their detection of bias by providers or others?

### [Further help with Discrimination/Bias?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of communication and comprehension needs.
- 1) Relevant history or suspicion of child/adolescent or family communication and comprehension needs where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent or family has communication and comprehension needs and/or action is required.
- 3) Child/adolescent or family has severe communication and comprehension needs and/or immediate action is required.

### *Ratings Anchor Definitions*

- 0) No evidence of discrimination/bias.
- 1) Relevant history or suspicion of the child/adolescent or family experiencing discrimination/bias where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent or family is experiencing discrimination/bias and/or action is required.
- 3) Child/adolescent or family is experiencing severe discrimination/bias and/or immediate action is required.

## CULTURAL IDENTITIES

This item refers to how a person views themselves (e.g., gender, race, ethnicity, class, sexual orientation, gender identity, immigration status, abilities, etc.). This item rates the degree to which cultural identities cause internal conflict or stress for the child/adolescent.

### *Questions to Consider*

- Is the child/adolescent's identity supported by his/her friends/community?
- Does the child/adolescent have conflicting feelings around his/her cultural identities that create stress?
- Do two cultural identities intersect in a way that creates difficulty for the child/adolescent (e.g., religion and sexual orientation)?

### *Ratings Anchor Definitions*

- 0) No evidence of cultural identities needs.
- 1) Relevant history or suspicion of the child/adolescent having cultural identities needs where watchful waiting<sup>i</sup> is recommended.
- 2) Child/adolescent has cultural identities needs and/or action is required.
- 3) Child/adolescent has severe cultural identities needs and/or immediate action is required.

### [Further help with Cultural Identities?](#)

## CULTURAL DIFFERENCES WITHIN THE FAMILY

Sometimes individual members within a family have different backgrounds, values, and/or perspectives. This may not cause any difficulties in the family, as they are able to communicate about their differences, but in some cases it may cause conflict, stress, or disengagement between family members and have an impact on the child's functioning.

Consider the extent to which conflicts arise as a result of differing cultural identities, or a family member's unwillingness to recognize, support, validate, or affirm the child/adolescent's cultural identities. Cultural identities may include, but not be limited to: race, ethnicity, class, gender, sexual orientation, gender identity, abilities, etc.

### *Questions to Consider*

- Do the parents and the child/adolescent have different understandings of appropriate behaviors that are rooted in cultural traditions?
- Do the family and child/adolescent understand and respect each other's perspectives?
- Do the family and child/adolescent have conflicts that result from different cultural perspectives?

### *Ratings Anchor Definitions*

- 0) No evidence of family conflict due to differing cultural identities.
- 1) Relevant history or suspicion of family conflict due to differing cultural identities where watchful waiting<sup>i</sup> is recommended.
- 2) Family conflict due to differing cultural identities and/or action is required.
- 3) Severe family conflict due to differing cultural identities and/or immediate action is required.

### [Further help with Cultural Differences Within a Family?](#)

## YOUTH/FAMILY PERSPECTIVE OF PROVIDER/SYSTEM

This item refers to the family's view of the system and of the clinician as a part of the system, as well as how their prior interactions with the formal treatment system shape their current engagement with providers. The item rates the degree to which treatment providers must attend to these perspectives to ensure successful engagement in the assessment and treatment process.

### *Questions to Consider*

- What has been the family's experience with the behavioral health system?
- Are there cultural beliefs that impact the youth or family's relationship with providers?
- Do the caregiver and/or child/adolescent prefer a helper from a particular cultural group?
- Have there been times when the family decided to not seek help from medical or mental health professionals because of their feelings about the health care system?

### *Ratings Anchor Definitions*

- 0) No evidence that the family's view of the provider or system is a need.
- 1) Relevant history or suspicion of the family's view of the provider or system as a need where watchful waiting<sup>i</sup> is recommended.
- 2) The family's view of the provider or system is a need and/or action is required.
- 3) The family's view of the provider or system is a severe need and/or immediate action is required.

[Further help with Youth/Family Perspective of Provider/System?](#)

## AGREEMENT ABOUT STRENGTHS AND NEEDS (Between provider and family)

This item refers to the agreement between the family's and the treatment team's understanding of the child's presenting issues and treatment. The treatment planning process is more effective when the family and the provider understand each other's perspectives and can agree on the issue and subsequent course of action. Typically, disagreement is present at some point during this process; however, when it becomes problematic and children/adolescents are not getting their needs met, it requires that the provider validate the family's point of view and work with them towards agreement, or the provider can help the family find a provider who might be a better match for them. These understandings include, but are not limited to, culturally-rooted explanations of why a problem exists or whether something constitutes a problem.

### *Questions to Consider*

- How does the family explain or see the problem?
- Is the family open to negotiation regarding assessment and treatment?
- How would this behavioral health condition/behavior be understood or treated in the family's culture?
- Are their special cultural traditions that should be utilized in the treatment plan?

### [Further help with Agreement About Strengths and Needs?](#)

### *Ratings Anchor Definitions*

- 0) Treatment team and family have a shared understanding of the needs and strengths of the child/adolescent.
- 1) Relevant history of suspicion of disagreement between the treatment team and the family about the child/adolescent's needs and strengths where watchful waiting<sup>i</sup> is recommended.
- 2) Disagreement between the treatment team and the family about the child/adolescent's needs and strengths that require action.
- 3) Severe disagreement between the treatment team and the family about the child's needs and strengths that require immediate action.

## TRANSITION TO ADULTHOOD

The following items are required for youth 14 years, 6 months and older. The Transition to Adulthood items are used to assess how well the adolescent is developing age-appropriate skills that help to prepare them for a healthy transition to adulthood. This domain includes a “N/A” option for items that are not applicable and would not require a rating. For example, N/A is typically used when a child/adolescent is less than 14 years, 6 months of age. However, in practice, a particular item may be relevant to children/adolescents less than 14 years, 6 months of age, and it may be clinically indicated to rate the item.

For the **Transition to Adulthood domain**, the following categories and action levels are used:

Rating	Definition
0	No evidence of current need in this area.
1	An area of potential need that requires additional information, further investigation, or ongoing monitoring
2	An area of need that requires an active intervention.
3	An area of severe need and/or one that requires an immediate active intervention.
N/A	Youth is under 14 years, 6 months.

## INDEPENDENT LIVING SKILLS

This item describes the youth’s engagement and ability to learn skills that support increased independence. These skills help to prepare youth to become responsible adults and often include money management, maintaining living space, cooking, cleaning, shopping, navigating transportation, scheduling and making appointments, etc. This item does NOT require that the youth is current living on their own.

### *Questions to Consider*

- Does the adolescent know how to take care of him/herself?
- Is he/she responsible when left unsupervised?
- Is the adolescent developing skills to eventually be able to live in an apartment on his/her own?
- Or, if living independently, how well can youth maintain his/her home?

### [Further help with Independent Living Skills?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of problems with independent living skills.
- 1) Relevant history or suspicion of adolescent/young adult having problems with independent living skills where watchful waiting<sup>i</sup> is recommended.
- 2) Adolescent/young adult has problems with independent living skills and/or action is required.
- 3) Adolescent/young adult has severe problems with independent living skills and/or immediate action is required.

N/A Youth is under 14 years, 6 months.

## TRANSPORTATION

This item assesses unmet transportation needs required to ensure that the youth can effectively participate in his/her own treatment and/or other life activities. If the youth has access to sufficient public or private transportation and can afford either of these means, there is no transportation need.

### *Questions to Consider*

- Does the adolescent have transportation needs that limit his/her participation in treatment or other life activities?
- Does s/he require a special vehicle?
- Is there a need for a PT1 form for the adolescent?

### [Further help with Transportation?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of problems with transportation.
- 1) Relevant history or suspicion of adolescent/young adult problems with transportation where watchful waiting<sup>i</sup> is recommended.
- 2) Adolescent/young adult has transportation problems and/or action is required.
- 3) Severe adolescent/young adult transportation problems and/or immediate action is required.

N/A Youth is under 14 years, 6 months.

## PERSONALITY DISORDER

This item describes emerging personality issues that are relatively stable across time and situations. The essential features of a personality disorder are impairments in personality (e.g., identity, self-esteem, self-direction) and interpersonal functioning (e.g., empathy, intimacy, etc.), as well as the presence of pathological personality traits (manipulation, disinhibition, deceit, hostility, impulsivity, etc.). Personality disorders are not typically diagnosed in youth under the age of 18 years. Personality disorders are ways of thinking and feeling about oneself and others that significantly and adversely impact how an individual functions in many aspects of life.

### *Questions to Consider*

- Are there concerns about the young adult's dependence on others for emotional support?
- Does s/he struggle with developing meaningful relationships?
- Has the young adult been diagnosed with a personality disorder?

### [Further help with Personality Disorder?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of personality disorder.
- 1) Relevant history or suspicion of young adult personality disorder where watchful waiting<sup>i</sup> is recommended.
- 2) Young adult personality disorder is evident and/or action is required.
- 3) Severe young adult personality disorder is evident and/or immediate action is required.

N/A Youth is under 18 years.

## PARENTING ROLES

This item evaluates needs that arise in response to youth assuming a caregiver role. A caregiver role is broadly defined as being pregnant or having responsibility for a child/adolescent, younger sibling, parent, grandparent, etc.

### *Questions to Consider*

- Is the adolescent in any roles where s/he cares for someone else – parent, grandparent, younger sibling, or his/her own child?
- How well can s/he fill that role?
- Does the adolescent need assistance to develop good parenting skills?

### [Further help with Parenting Roles?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of needs due to assuming parenting roles.
- 1) Relevant history or suspicion of adolescent/young adult having needs due to assuming parenting roles where watchful waiting<sup>i</sup> is recommended.
- 2) Adolescent/young adult has needs due to assuming parenting roles and/or action is required.
- 3) Adolescent/young adult has severe needs due to assuming parenting roles and/or immediate action is required.

N/A Youth is under 14 years, 6 months.

## MEDICATION ADHERENCE

This item rates the youth's collaboration and compliance in taking prescribed medication. As youth transition to adulthood, they become responsible for their own medical care. Although medication adherence is the caregiver's responsibility, youth begin to take responsibility for their personal management of any prescribed medications. This item includes psychotropic medication as well as other medicines.

### *Questions to Consider*

- Is the adolescent taking prescribed medication?
- Is s/he willing to participate in taking the medication?
- Does s/he take the medication as planned?
- Does s/he take responsibility for taking her/his medication as prescribed?
- Does s/he feel that her/his opinion about the medication is considered in med plans?

### [Further help with Medication Adherence?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of problems with medication adherence.
- 1) Relevant history or suspicion of adolescent/young adult having problems with medication adherence where watchful waiting<sup>i</sup> is recommended.
- 2) Adolescent/young adult has problems with medication adherence and/or action is required.
- 3) Adolescent/young adult has severe problems with medication adherence and/or immediate action is required.

N/A Youth is under 14 years, 6 months

## EDUCATIONAL ATTAINMENT

This item rates the degree to which the youth is making progress towards his/her planned educational goals. For youth under 16 years of age, educational goals typically include, at the minimum, completion of grade-level requirements. Of note, youth who have successfully completed their planned education goals would not be rated as having an identified need in this area.

### *Questions to Consider*

- Does the adolescent have goals for his/her education (e.g., finishing school, getting GED, joining vocational program)?
- Has s/he accomplished educational goals?
- How well is s/he working toward those goals?

### [Further help with Educational Attainment?](#)

### *Ratings Anchor Definitions*

- No evidence of need with educational attainment.
- Relevant history or suspicion of adolescent/young adult having problems with educational attainment where watchful waiting<sup>i</sup> is recommended.
- Adolescent/young adult has an educational attainment need and/or action is required.
- Adolescent/young adult has severe needs with educational attainment and/or immediate action is required.

N/A Youth is under 14 years, 6 month

## FINANCIAL RESOURCES

This item is used to evaluate whether the youth has sufficient financial resources to support goals associated with his/her transition to adulthood, including living independently if this is a goal. This item also addresses financial resources available to support the youth's planned educational expenses. One should consider all of the youth's sources of income to meet his/her goals over the next twelve months.

### *Questions to Consider*

- Does the youth have a job?
- Does the youth have any financial benefits such as SSI, or other sources of independent support?
- Does s/he qualify financially for social service programs?

### [Further help with Financial Resources?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of financial need.
- 1) Relevant history or suspicion of adolescent/young adult having problems with financial need and watchful waiting<sup>i</sup> is recommended.
- 2) Adolescent/young adult has financial needs that interfere with their ability to be independent and/or action is required.
- 3) Adolescent/young adult has severe financial needs and/or immediate action is required.

N/A Youth is 14 years, 6 months.



## CHILD/ADOLESCENT STRENGTHS

The Child/Adolescent Strengths domain is designed to describe the assets of the child/adolescent and family that can be used in care planning. It is very important to remember that strengths are not always the opposite of needs. Increasing a child/adolescent's strengths while also addressing his or her behavioral/emotional needs leads to better functioning than does focusing just on the needs. Identifying areas upon which strengths can be built is a significant element of service planning.

Important to Note: For the Strength scale the rating scale changes from the Needs scale, but lower numbers indicate good, healthy development and higher numbers indicate either less healthy development and/or actions that are needed to improve development.

For the **Child/Adolescent Strengths domain**, the following categories and action levels are used:

Rating	Definition
0	Significant strength that can be used as a centerpiece for treatment planning.
1	Strength is evident and could be useful in treatment planning.
2	Potential strength that will require strength building to be used in treatment planning.
3	No strength identified at this time, and efforts may be required to identify or create strengths in this area as part of treatment planning.

## FAMILY

This item refers to all biological or adoptive relatives with whom the youth maintains relationships.

This item reflects the family's contributions to the child's ability to manage difficulties. A child with a strong family network may be better able to navigate their world and experience.

### *Questions to Consider*

- Does the child have family members s/he can turn to in a crisis?
- Is there a family member that the child/adolescent can go to in time of need for support or who can advocate for the child/adolescent?
- Does the presence of familial relationships help the child through difficult times?
- Is there a level of cohesion, commitment, love, and/or communication among family members that contributes to the child's ability to manage difficulties?

### *Ratings Anchor Definitions*

- 0) Family is a significant strength that can be used as a centerpiece for treatment planning.
- 1) Family strength is evident and could be useful in treatment.
- 2) Family is a potential strength that will require strength building to be used in treatment planning.
- 3) No family strength identified at this time, and efforts may be needed to identify and create strengths in this area as part of treatment planning.

[Further help with Family?](#)

## INTERPERSONAL

This item describes a child's ability to engage others in a healthy and productive way. Children who are charismatic or affable may be more likely to get their needs met and to garner the support of others.

### *Questions to Consider*

- Does the child/adolescent have the ability to make friends?
- Is the child/adolescent pleasant and likeable?
- Do adults or other children/adolescents like him/her? Is s/he ever charming?

### [Further help with Interpersonal?](#)

### *Ratings Anchor Definition*

- 0) Interpersonal strength is significant and can be used as a centerpiece for treatment planning.
- 1) Interpersonal strength is evident and could be useful in treatment planning.
- 2) Interpersonal strength has potential that will require strength building to be used in treatment planning.
- 3) No interpersonal strength identified at this time, and efforts may be needed to identify or create strengths in this area as part of treatment planning.

## OPTIMISM

This refers to the youth's sense of a positive, hopeful future orientation. It reflects the youth's sense of confidence related to his/her future.

### *Questions to Consider*

- Does s/he have a generally positive outlook on things; have things to look forward to?
- How does s/he see her/himself in the future?
- Is s/he forward looking and seeing likely successes?

### [Further help with Optimism?](#)

### *Ratings Anchor Definitions*

- 0) Optimism is a significant strength that can be used as a centerpiece for treatment planning
- 1) Optimism is evident and could be useful in treatment planning.
- 2) Optimism is a potential strength that will require strength building to be used in treatment planning
- 3) No optimism is identified at this time, and efforts may be needed to identify and create strengths in this area as part of treatment planning.

## EDUCATIONAL SYSTEM

This item is used to evaluate the nature of the school's relationship with the child/adolescent and family, as well as the level of support that the youth and family receive from the school. This rating should address the degree to which the school is an effective partner in promoting the youth's functioning and addressing needs in school. A child who excels at school would

have this listed as a strength; however, a child who struggles at school, but who is receiving good support from his/her district, would also have this indicated as a strength.

#### *Questions to Consider*

- Is the child/adolescent's school an active partner in figuring out how to best meet the child/adolescent's needs?
- Does the child have an active 504 plan or IEP?
- Does the child perform well at school?
- Does the child have any positive adult mentors at school?

#### [Further help with Educational System?](#)

#### *Ratings Anchor Definitions*

- 0) The educational system is a significant strength that can be used as a centerpiece for treatment planning.
- 1) The educational system is a strength and could be useful in treatment planning.
- 2) The educational system is a potential strength that will require strength building to be used in treatment planning.
- 3) No educational system strength is identified at this time, and efforts may be needed to identify or create strengths in this area as part of treatment planning.

## VOCATIONAL

This item rates the development of skills that could be applied to a vocation and includes prevocational skills and work experience. Although this item can be used with a child/adolescent of any age, it is often the case that a young child does not have identified strengths in this area.

#### *Questions to Consider*

- Does the child/adolescent know what s/he wants to "be when s/he grows up?"
- Has s/he ever worked or is s/he developing prevocational skills?
- Does the child have any special skills that could be readily applied to a vocation?
- Does s/he have plans to go to college or vocational school, or for a career?
- Has s/he taken steps to work toward vocational goals?

#### [Further help with Vocational?](#)

#### *Ratings Anchor Definitions*

- 0) Vocational skill is a significant strength that can be used as a centerpiece for treatment planning.
- 1) Vocational skill is a strength and could be useful in treatment planning.
- 2) Vocational skill is a potential strength that will require strength building to be used in treatment planning.
- 3) No vocational strength is identified at this time, and efforts may be needed to identify or create strengths in this area as part of treatment planning.

## TALENTS/INTERESTS

This item refers to hobbies, skills, interests, and talents that are healthy: positive ways that youth can spend their time. If a youth has a talent/interest, but is not part of a group, that would still be rated here.

### *Questions to Consider*

- Does the youth do any afterschool activities such as choir, athletics, etc.?
- Does the child/youth have any favorite activities?
- What are the things that the child/adolescent does particularly well?

### [Further help with Talent/Interest?](#)

### *Ratings Anchor Definitions*

- 0) Talent/interest is a significant strength that can be used as a centerpiece for treatment planning.
- 1) Talent/interest is a strength and could be useful in treatment planning.
- 2) Talent/interest is a potential strength that will require strength building to be used in treatment planning.
- 3) No talents/interests identified at this time, and efforts may be needed to identify or create strength in this area as part of treatment planning.

## SPIRITUAL/RELIGIOUS<sup>1</sup>

This item refers to the youth's involvement in and connection to religious or spiritual beliefs that provide a source of comfort or coping for the youth. The rating on this item should reflect the youth's beliefs/values, rather than those of his/her parents.

### *Questions to Consider*

- Does the child/adolescent have spiritual beliefs that provide comfort?
- Is the child a part of any religious youth groups?
- Do parents/caregivers have spiritual beliefs that provide comfort?
- Is family interested in exploring spirituality?

### [Further help with Spiritual/Religious?](#)

### *Ratings Anchor Definitions*

- 0) Spirituality/religion is a significant strength that can be used as a centerpiece for treatment planning.
- 1) Spirituality/religion is a strength and could be useful in treatment planning.
- 2) Spirituality/religion is a potential strength that will require strength building to be used in treatment planning.
- 3) No spirituality/religious strength identified at this time, and efforts may be needed to identify or create strengths in this area as part of treatment planning.

---

<sup>1</sup> These last three strengths, Vocational, Talents/Interests, and Spiritual/Religious, have been found to be the three best predictors for positive outcomes for children involved in the mental health and juvenile justice systems. For example, children who had strengths in these areas were less likely to be re-arrested than those who did not.

## COMMUNITY CONNECTIONS

This item reflects the youth's positive connection to people, places, or groups within the community outside of his/her family. It may include physical places like the YMCA or community groups like a youth support group.

### *Questions to Consider*

- What places does child/adolescent go to on a regular basis?
- Are there other families or children/adolescents with whom the child/adolescent regularly interacts?
- Is there a community center or gathering place that the child/adolescent frequents?
- Are there any cultural or religious groups in which the child/adolescent participates?
- Is the child/adolescent active in a community?
- Is the child/adolescent a member of a community organization or group?

### *Ratings Anchor Definitions*

- 0) Community connections is a significant strength that can be used as a centerpiece for treatment planning.
- 1) Community connections is a strength and could be useful in treatment planning.
- 2) Community connections is a potential strength that will require strength building to be used in treatment planning.
- 3) No community connections identified as a strength at this time, and efforts may be needed to identify or create strengths in this area as part of treatment planning.

### [Further help with Community Connections?](#)

## RESILIENCY

This rating refers to the youth's ability to recognize strengths to be used in times of need or to support healthy development.

### *Questions to Consider*

- Does the child/adolescent easily articulate his or her strengths?
- Does the child/adolescent recognize his or her skills as strengths?
- Has the child been able to overcome something difficult and gain strength from that experience?
- Is the child/adolescent able to use strengths and problem-solve for her or himself?

### *Ratings Anchor Definitions*

- 0) Resiliency is a significant strength that can be used as a centerpiece for treatment planning.
- 1) Resiliency is evident and could be useful in treatment planning.
- 2) Resiliency is a potential strength that will require strength building to be used in treatment planning.
- 3) No resiliency is identified at this time, and efforts may be needed to identify or create strengths in this area as part of treatment planning.

### [Further help with Resiliency?](#)

## CAREGIVER NEEDS

In general, it is recommended that ratings be based on the caregiver or caregivers with whom the child is currently living. If the child has been placed temporarily, then focus on the caregiver to whom the child will be returned. If it is a long-term foster care placement, then rate that caregiver(s).

If the child is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center, it would be more appropriate to rate the community caregivers where the child will be placed upon discharge from congregate care.

This section offers a rating of “N/A” for situations or matters that are not applicable and therefore would not require a rating. For example, if there is no caregiver in the community or **if a young person is living independently of any caregiver, then all of these items should be rated not applicable (N/A).**

For situations in which a child has multiple caregivers, it is recommended to rate these items based on the needs as they affect the child. For example, the supervisory capacity of a father who is not involved in monitoring or disciplining of a child may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift, then his skills should be factored into the ratings of the child’s supervision.

For the **Caregiver Needs domain** the following categories and action levels are used:

Rating	Definition
0	No evidence of need.
1	Relevant history or suspicion of possible need where watchful waiting <sup>i</sup> is recommended.
2	Need interferes with functioning and/or action is required.
3	Need is severe and/or immediate action is required.
N/A	There is no known permanent caregiver at this time.

## PHYSICAL HEALTH

This item includes physical and medical problems that have the potential to limit the caregiver's capacity to provide care for the child/adolescent or youth. This item does not include concerns related to mental health that are addressed in the Mental Health item.

### *Questions to Consider*

- How is the caregiver's health?
- Does s/he have any health problems that limit his/her ability to care for the family?
- Does anyone else in the family have serious physical needs that the caregiver is taking care of?

### [Further help with Physical Health?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of caregiver physical health need.
- 1) Relevant history or suspicion of caregiver physical health need where watchful waiting<sup>i</sup> is recommended.
- 2) Caregiver physical health need is evident and/or action is required.
- 3) Caregiver has severe physical health need and/or immediate action is required.

N/A There is no known permanent caregiver at this time.

## MENTAL HEALTH

This item addresses the caregiver's mental health status that has the potential to limit his/her capacity to provide care for the child/adolescent or youth. It is important to note that a mental health diagnosis does not necessarily suggest that a caregiver's ability to provide adequate care will be negatively impacted.

### *Questions to Consider*

- Do caregivers have any mental health needs that make parenting difficult?
- Does anyone else in the family have serious mental health needs that the caregiver is taking care of?

### [Further help with Mental Health?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of caregiver mental health need.
- 1) Relevant history or suspicion of caregiver mental health need where watchful waiting<sup>i</sup> is recommended.
- 2) Caregiver mental health need is evident and/or action is required.
- 3) Caregiver has severe mental health need and/or immediate action is required.

N/A There is no known permanent caregiver at this time

## SUBSTANCE USE

This item rates the impact of substance use by caregivers that has the potential to limit their capacity to provide care for the child/adolescent or youth.

### *Questions to Consider*

- Do caregivers have any substance use needs that make parenting difficult?
- Does anyone else in the family have a serious substance use need that the caregiver is taking care of?

[Further help with Substance use by Caregivers?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of caregiver substance abuse.
- 1) Relevant history or suspicion of caregiver substance abuse where watchful waiting<sup>i</sup> is recommended.
- 2) Caregiver substance abuse where action is required.
- 3) Caregiver substance abuse is severe and/or immediate action is required.

N/A There is no known permanent caregiver at this time.

## DEVELOPMENTAL DELAY

This item describes the presence of an intellectual or developmental disability that has the potential to limit the caregiver's capacity to provide care for the child/adolescent or youth.

### *Questions to Consider*

- Do the caregivers have developmental problems that make parenting/caring for the child/adolescent difficult?

[Further help with Developmental Delay on Caregivers?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of caregiver developmental delay.
- 1) Relevant history or suspicion of caregiver developmental delay where watchful waiting<sup>i</sup> is recommended.
- 2) Caregiver has developmental delay and/or action is required.
- 3) Caregiver has severe developmental delay and/or immediate action is required.

N/A There is no known permanent caregiver at this time.



## FAMILY STRESS

This item is used to describe the impact of the child/adolescent's behavioral and emotional needs on the stress level of the family. Evaluations of stress can reflect the physical or time burdens of caring for the child, or the emotional impact of the child's needs on the family.

### *Questions to Consider*

- Do caregivers find it stressful at times to manage the challenges in dealing with the child/adolescent's needs?
- Is the stress hard for them to manage at times?
- Does the stress ever interfere with their ability to care for the child/adolescent? If so, does it ever reach a level that they feel like they can't manage it?

### [Further help with Family Stress?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of family stress related to caring for the child/adolescent
- 1) Relevant history or suspicion of family stress related to caring for the child/adolescent where watchful waiting<sup>i</sup> is recommended.
- 2) Family stress related to caring for the child/adolescent is evident and/or action is required.
- 3) Family stress related to caring for the child/adolescent is severe and/or immediate action is required.

N/A There is no known permanent caregiver at this time.

## HOUSING STABILITY

This item rates the current and future housing circumstances for the caregiver(s). It does not include the likelihood that the child/adolescent 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 the family lost their housing?
- Does the family move often?

### [Further help with Caregiver Supervision?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of housing instability.
- 1) Relevant history or suspicion of housing instability where watchful waiting<sup>i</sup> is recommended.
- 2) Unstable housing and/or action is required.
- 3) Severe unstable housing and/or immediate action is required.

N/A There is no known permanent caregiver at this time.

## SUPERVISION

This item refers to the caregiver's ability to effectively monitor and attend to the child's needs at a developmentally appropriate level. Young children may need constant supervision while older children may require a different type of supervision. Supervision is defined in the

broadest sense and includes all of the things that parents/caregivers can do to promote positive behavior with their children/adolescent.

#### *Questions to Consider*

- What does the after-school time look like in the household?
- How does the caregiver respond when the child does something s/he feels is inappropriate?
- What are the house rules? Are they consistently enforced?

#### [Further help with Caregiver Supervision?](#)

#### *Ratings Anchor Definitions*

- 0) No evidence of need with caregiver supervision.
- 1) Relevant history or suspicion of need with caregiver supervision where watchful waiting<sup>i</sup> is recommended.
- 2) Caregiver needs assistance with supervision and/or action is required.
- 3) Caregiver severely needs assistance with supervision and/or immediate action is required.

N/A There is no known permanent caregiver at this time

## INVOLVEMENT

This item refers to the caregiver's level of involvement in the child's formal treatment team and treatment plan. It should consider the degree to which the caregiver exercises voice and choice in the treatment process as well as the regularity with which s/he attends/participates in treatment activities.

#### *Questions to Consider*

- Do any and all caregivers attend sessions when deemed appropriate?
- Is the caregiver an advocate?
- Does the caregiver have thoughts and ideas about his/her child's care that s/he expresses to the team?

#### [Further help with Caregiver Involvement?](#)

#### *Ratings Anchor Definitions*

- 0) No evidence of need with caregiver involvement.
- 1) Relevant history or suspicion of need with caregiver involvement where watchful waiting<sup>i</sup> is recommended.
- 2) Caregiver involvement need is evident and/or action is required.
- 3) Caregiver involvement need is severe and/or immediate action is required.

N/A There is no known permanent caregiver at this time.

## ORGANIZATION

This item is used to rate the caregiver's ability to manage or organize the household within the context of receiving services (e.g., return phone calls, schedule or attend appointments, etc.).

### *Questions to Consider*

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

### [Further help with Organization?](#)

## NATURAL SUPPORTS

This item describes the caregiver's access to resources that support caring for the child/adolescent or youth. It refers to the availability of social supports (e.g., extended family, individuals within the community, etc.) or financial resources that can be used to obtain help (e.g., babysitting, daycare, etc.). This item should not consider formal supports like school, social services, clinical services, etc.

### *Questions to Consider*

- Does family have extended family or friends who provide emotional support?
- Can they call on social supports to watch the child/adolescent occasionally?
- Does the family belong to a religious or community organization that provides support for child rearing?

### [Further help with Natural Supports?](#)

### *Ratings Anchor Definitions*

- 0) No evidence of need with caregiver organization.
- 1) Relevant history or suspicion of need with caregiver organization where watchful waiting<sup>i</sup> is recommended.
- 2) Caregiver organization need is evident and/or action is required.
- 3) Caregiver organization need is severe and/or immediate action is required.

N/A There is no known permanent caregiver at this time.

### *Ratings Anchor Definitions*

- 0) No evidence of need for natural supports.
- 1) Relevant history or suspicion of need for natural supports where watchful waiting<sup>i</sup> is recommended.
- 2) Natural supports are needed and/or action is required.
- 3) Natural supports are severely needed and/or immediate action is required.

N/A There is no known permanent caregiver at this time.

## FINANCIAL RESOURCES

This item refers to the financial assets and resources (e.g., income or other sources of money) that are available to the caregiver and can be used in addressing the youth and family's needs.

### *Questions to Consider*

- How much does the family struggle to pay for housing, food, and other basic needs?

### [Further help with Financial Resources for Caregiver?](#)

### *Ratings Anchor Definition*

- 0) No evidence of financial resource needs.
- 1) Relevant history or suspicion of financial resource needs where watchful waiting<sup>i</sup> is recommended.
- 2) Financial resource needs are evident and/or action is required.
- 3) Financial resource needs are severe and/or immediate action is required.

N/A There is no known permanent caregiver at this time

---

<sup>i</sup> Watchful waiting is used as in medicine to indicate the passing of time until needs are evident and/or intervention is implemented. During that time, the need may be explicitly monitored. Watchful waiting is particularly relevant before intervention. When an intervention has been removed, watchful waiting refers the passage of time and continuation of monitoring before another intervention is implemented or none needed.