

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

West Virginia Manual



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CHILD AND ADOLESCENT NEEDS AND STRENGTHS

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A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The trauma items were developed in collaboration with Cassandra Kisiel, Ph.D., Glenn Saxe, M.D., Margaret Blaustein, Ph.D, and Heide Ellis, Ph.D. with the SAMHSA-funded National Child Traumatic Stress Network. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For more information about alternative versions of the CANS to use please contact John Lyons.

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WV Service Delivery & Development Work Group

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**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
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TRAUMA EXPERIENCES**

These ratings are made based on LIFETIME exposure of trauma.

For **Trauma Experiences**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any trauma of this type.
- 1** indicates a dimension where a single incident of trauma occurred or suspicion exists of trauma experiences.
- 2** indicates a dimension on which the child has experienced multiple traumas or a moderate degree of trauma.
- 3** indicates a dimension which describes repeated and severe incidents of trauma with medical and physical consequences.

1. SEXUAL ABUSE – *This rating describes the child’s experience of sexual abuse.*

0	There is no evidence that child has experienced sexual abuse.
1	There is a suspicion that the child has experienced sexual abuse with some degree of evidence. This could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation. Children who have experienced secondary sexual abuse (e.g. witnessing sexual abuse, having a sibling sexually abused) also would be rated here.
2	Child has experienced one or more incidents of sexual abuse but this abuse was not chronic or severe. This might include a child who has experienced molestation without penetration on a single occasion.
3	Child has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time. This abuse may have involved penetration or multiple perpetrators.

2. PHYSICAL ABUSE - *This rating describes the child’s experience of physical abuse.*

0	There is no evidence that child has experienced physical abuse.
1	There is a suspicion that child has experienced physical abuse but no confirming evidence. Spanking without physical harm or threat of harm also qualifies.
2	Child has experienced a moderate level of physical abuse and/or repeated forms of physical punishment (e.g. hitting, punching).
3	Child has experienced severe and repeated physical abuse with intent to do harm and that causes sufficient physical harm to necessitate hospital treatment.

3. EMOTIONAL ABUSE - *This rating describes the degree of severity of emotional abuse, including verbal and non-verbal forms.*

0	There is no evidence that child has experienced emotional abuse.
1	Child has experienced mild emotional abuse. For instance, child may experience some insults or is occasionally referred to in a derogatory manner by caregivers.
2	Child has experienced moderate degree of emotional abuse. For instance, child may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
3	Child has experienced significant emotional abuse over an extended period of time (at least one year). For instance, child is completely ignored by caregivers, or threatened/terrorized by others.

4. NEGLECT - *This rating describes the severity of neglect.*

0	There is no evidence that child has experienced neglect.
1	Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of child.
2	Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
3	Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

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5. MEDICAL TRAUMA - *This rating describes the severity of medical trauma.*

0	There is no evidence that child has experienced any medical trauma.
1	Child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
2	Child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
3	Child has experienced life threatening medical trauma.

6. WITNESS TO FAMILY VIOLENCE - *This rating describes the severity of exposure to family violence.*

0	There is no evidence that child has witnessed family violence.
1	Child has witnessed one episode of family violence.
2	Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
3	Child has witnessed repeated and severe episodes of family violence or has had to intervene in episodes of family violence. Significant injuries have occurred and have been witnessed by the child as a direct result of the violence.

7. COMMUNITY VIOLENCE – *This rating describes the severity of exposure to community violence.*

0	There is no evidence that child has witnessed or experienced violence in the community.
1	Child has witnessed occasional fighting or other forms of violence in the community. Child has not been directly impacted by the community violence (i.e. violence not directed at self, family, or friends) and exposure has been limited.
2	Child has witnessed the significant injury of others in his/her community, or has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence/criminal activity that was not life threatening, or has witnessed/experienced chronic or ongoing community violence.
3	Child has witnessed or experienced the death of another person in his/her community as a result of violence, or is the direct victim of violence/criminal activity in the community that was life threatening, or has experienced chronic/ongoing impact as a result of community violence (e.g. family member injured and no longer able to work).

SCHOOL VIOLENCE – *This rating describes the severity of exposure to school violence.*

0	There is no evidence that child has witnessed violence in the school setting.
1	Child has witnessed occasional fighting or other forms of violence in the school setting. Child has not been directly impacted by the violence (i. e. violence not directed at self or close friends) and exposure has been limited.
2	Child has witnessed the significant injury of others in his/her school setting, or has had friends injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to minor injury, or has witnessed ongoing/chronic violence in the school setting.
3	Child has witnessed the death of another person in his/her school setting, or has had friends who were seriously injured as a result of violence or criminal activity in the school setting, or has directly experienced violence in the school setting leading to significant injury or lasting impact.

9. NATURAL OR MANMADE DISASTERS - *This rating describes the severity of exposure to either natural or man-made disasters.*

0	There is no evidence that child has been exposed to natural or man-made disasters.
1	Child has been exposed to disasters second-hand (i.e. on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as a fire or earthquake or man-made disaster, including car accident, plane crashes, or bombings.
2	Child has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a child may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down.
3	Child has been directly exposed to a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g. house burns down, caregiver loses job).

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10. WAR AFFECTED - *This rating describes the severity of exposure to war, political violence, or torture. Violence or trauma related to terrorism is not included here.*

0	There is no evidence that child has been exposed to war, political violence, or torture.
1	Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war. This does not include children who have lost one or both parents during the war.
2	Child has been affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of child. Child may have spent extended amount of time in refugee camp.
3	Child has experienced the direct effects of war. Child may have feared for his/her own life during war due to bombings or shelling very near to him/her. Child may have been directly injured, tortured or kidnapped. Child may have served as soldiers, guerrilla or other combatant in his/her home country.

11. TERRORISM AFFECTED - *This rating describes the degree to which a child has been affected by terrorism. Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).*

0	There is no evidence that child has been affected by terrorism or terrorist activities.
1	Child's community has experienced an act of terrorism, but the child was not directly impacted by the violence (e.g. child lives close enough to site of terrorism that he/she may have visited before or child recognized the location when seen on TV, but child's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.
2	Child has been affected by terrorism within his/her community, but did not directly witness the attack. Child may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of child's daily life may be disrupted due to attack (e.g. utilities or school), and child may see signs of the attack in neighborhood (e.g. destroyed building). Child may know people who were injured in the attack.
3	Child has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

12. WITNESS/VICTIM TO CRIMINAL ACTIVITY - *This rating describes the severity of exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault or battery.*

0	There is no evidence that child has been victimized or witnessed significant criminal activity.
1	Child is a witness of significant criminal activity.
2	Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.

13. PARENTAL CRIMINAL BEHAVIOR (birth parents & legal guardians only) - *This item rates the criminal behavior of both biological and stepparents, and other legal guardians, **not** foster parents.*

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

CHILD AND ADOLESCENT NEEDS AND STRENGTHS TRAUMATIC STRESS SYMPTOMS

These ratings describe a range of reactions that children and adolescents may exhibit to any of the variety of traumatic experiences described above. Unlike the Trauma Experiences, which are cumulative over the child's lifetime, these symptoms are rated based on how the child is doing over the past 30 days.

For **Trauma Stress Symptoms**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

14. ADJUSTMENT TO TRAUMA - *This item covers the youth's reaction to any of a variety of traumatic experiences – such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. This dimension covers both adjustment disorders and posttraumatic stress disorder from DSM-IV. This is a cause and effect item that describes how the child is currently adjusting to trauma experienced previously.*

0	Child has not experienced any significant trauma or has adjusted well to traumatic experiences.
1	Child has some mild problems with adjustment due to trauma. Child may have an adjustment disorder or other reaction that might ease with the passage of time. Or, child may be recovering from a more extreme reaction to a traumatic experience.
2	Child has marked adjustment problems associated with traumatic experiences. Child may have nightmares or other notable symptoms of adjustment difficulties.
3	Child has post-traumatic stress difficulties as a result of traumatic experience. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post-Traumatic Stress Disorder (PTSD).

15. TRAUMATIC GRIEF/SEPARATION - *This rating describes the level of traumatic grief due to death or loss or separation from significant caregivers, siblings, or other significant figures.*

0	There is no evidence that the child has experienced traumatic grief or separation from significant caregivers or the child has adjusted well to separation.
1	Child is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation.
2	Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others.
3	Child is experiencing significant traumatic grief or separation reactions. Child exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation.

16. RE-EXPERIENCING - *These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.*

0	This rating is given to a child with no evidence of intrusive symptoms.
1	This rating is given to a child with some problems with intrusions, including occasional nightmares about traumatic events.
2	This rating is given to a child with moderate difficulties with intrusive symptoms. This child may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.
3	This rating is given to a child with severe intrusive symptoms. This child may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This child may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child to function.

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- 17. AVOIDANCE** - *These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.*

0	This rating is given to a child with no evidence of avoidance symptoms.
1	This rating is given to a child who exhibits some avoidance. This child may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
2	This rating is given to a child with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.
3	This rating is given to a child who exhibits significant or multiple avoidant symptoms. This child may avoid thoughts and feelings as well as situations and people associated with the trauma and be unable to recall important aspects of the trauma.

- 18. NUMBING** - *These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma.*

0	This rating is given to a child with no evidence of numbing responses.
1	This rating is given to a child who exhibits some problems with numbing. This child may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
2	This rating is given to a child with moderately severe numbing responses. This child 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	This rating is given to a child with significant numbing responses or multiple symptoms of numbing. This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

- 19. DISSOCIATION** - *Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression)*

0	This rating is given to a child with no evidence of dissociation.
1	This rating is given to a child with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	This rating is given to a child with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or de-realization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified "with dissociative features."
3	This rating is given to a child with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities. Child who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

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CHILD STRENGTHS

These ratings describe a range of assets that children and adolescents may possess that can facilitate healthy development. An absence of a strength is not necessarily a need but an indication that strength building activities are indicated. In general strengths are more trait-like, stable characteristics; however, the 30 day rating window still applies unless over-ridden by the action levels as described below.

For **Child's Strengths**, the following categories and action levels are used:

- 0** indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan.
- 1** indicates a domain where strengths exist but require some strength-building efforts in order for them to serve as a focus of a strength-based plan.
- 2** indicates a domain where strengths have been identified but require significant strength-building efforts before they can be effectively utilized as a focus of a strength-based plan.
- 3** indicates a domain in which efforts are needed in order to identify potential strengths on which to build.

20. FAMILY - *Family refers to all family members as defined by the youth, or biological relatives and significant others with whom the child is still in contact. Is the family (as defined by the child) a support and strength to the child?*

0	Significant family strengths. There is at least one family member who has a strong loving relationship with the child and is able to provide significant emotional or concrete support.
1	Moderate level of family strengths. There is at least one family member with a strong loving relationship who is able to provide limited emotional or concrete support.
2	Mild level of family strengths. Family members are known, but currently none are able to provide emotional or concrete support.
3	This level indicates a child with no known family strengths. There are no known family members.

21. INTERPERSONAL - *This rating refers to the interpersonal skills of the child or youth both with peers and adults.*

0	Significant interpersonal strengths. Child has close friends and is friendly with others.
1	Moderate level of interpersonal strengths. Child may have a history of forming positive relationships with peers and/or non-caregivers. Child may have at least one healthy relationship, is friendly with others.
2	Mild level of interpersonal strengths. Child has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
3	Very limited ability to make and maintain positive relationships. Child lacks social skills and has no history of positive relationships with peer and adults.

22. EDUCATIONAL SETTING - *This rating refers to the strengths of the school system or the child's preschool setting, and may or may not reflect any specific educational skills possessed by the child or youth.*

0	This level indicates a child who is in school and is involved with an educational plan (or IEP) that appears to exceed expectations. School works exceptionally well with family and caregivers to create a special learning environment that meets the child's needs. Someone at the school goes above and beyond to take a healthy interest in the educational success of the child.
1	This level indicates a child who is in school and has a plan that appears to be effective. School works fairly well with family and caregivers to ensure appropriate educational development.
2	This level indicates a child who is in school but has a plan that does not appear to be effective.
3	This level indicates a child who is either not in school or is in a school setting that does not further his/her education.
NA	Not applicable for children three years and younger or for children not required/expected to be in school.

23. VOCATIONAL - *Generally this rating is reserved for adolescents and is not applicable for children 14 years and younger. Computer skills would be rated here. Scoring of this item supplements Ansell-Casey assessment.*

0	This level indicates an adolescent with vocational skills who is currently working in a natural environment.
1	This level indicates an adolescent with pre-vocational and some vocational skills but limited work experience.
2	This level indicates an adolescent with some pre-vocational skills but who is not presently working in any area related to those skills. This also may indicate a child or youth with a clear vocational preference.

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3	This level indicates an adolescent with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.
NA	Not applicable (NA can only be picked for children under age 14)

24. COPING AND SAVORING SKILLS - *This rating should be based on the psychological strengths that the child or adolescent might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's current level of distress.*

0	This level indicates a child with exceptional psychological strengths. Both coping and savoring skills are well developed.
1	This level indicates a child with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.
2	This level indicates a child with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
3	This level indicates a child with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

25. OPTIMISM - *This rating should be based on the child or adolescent's sense of him/herself in his/her own future. This is intended to rate the child's positive future orientation.*

0	Child has a strong and stable optimistic outlook on his/her life. Child is future oriented.
1	Child is generally optimistic. Child is likely able to articulate some positive future vision.
2	Child has difficulties maintaining a positive view of him/herself and his/her life. Child may be overly pessimistic.
3	Child has difficulties seeing any positives about him/herself or his/her life.

26. TALENT/INTERESTS - *This rating should be based broadly on any talent, creative or artistic skill a child or adolescent may have including art, theatre, music, athletics, etc.*

0	This level indicates a child with significant creative/artistic strengths. A child/youth who receives a significant amount of personal benefit from activities surrounding a talent would be rated here.
1	This level indicates a child with a notable talent. For example, a youth who is involved in athletics or plays a musical instrument, etc. would be rated here.
2	This level indicates a child who has expressed interest in developing a specific talent or talents even if they have not developed that talent to date.
3	This level indicates a child with no known talents, interests, or hobbies.

27. SPIRITUAL/RELIGIOUS - *This rating should be based on the child or adolescents and their families involvement in spiritual or religious beliefs and activities.*

0	This level indicates a child with strong moral and spiritual strengths. Child may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times.
1	This level indicates a child with some moral and spiritual strengths. Child may be involved in a religious community.
2	This level indicates a child with few spiritual or religious strengths. Child may have little contact with religious institutions.
3	This level indicates a child with no known spiritual or religious involvement.

28. COMMUNITY LIFE - *This rating should be based on the child or adolescent's level of involvement in the cultural aspects of life in his/her community.*

0	This level indicates a child with extensive and substantial long-term ties with the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout etc.) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
1	This level indicates a child with significant community ties although they may be relatively short term (e.g. past year).
2	This level indicates a child with limited ties and/or supports from the community.
3	This level indicates a child with no known ties or supports from the community.

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29. RELATIONSHIP PERMANENCE - *This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.*

0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A child who has a stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships.

30. RESILIENCE - *This rating refers to the child or youth's ability to identify and use his or her internal strengths and use them in times of need and in managing their lives.*

0	This level indicates an individual who is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges.
1	This level indicates an individual who able to identify most of his/her internal strengths and is able to partially utilize them.
2	This level indicates an individual who is able to identify internal strengths but is not able to utilize them effectively.
3	Child fails to recognize his/her strengths and is therefore unable to utilize them.

31. RESOURCESFULNESS *This rating should be based on the individual's ability to identify and use external/environmental strengths in managing their lives*

0	Child is quite skilled at finding the necessary resources required to aid him/her in his/her managing challenges.
1	Child is some skills at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
2	Child has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
3	Child has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

LIFE DOMAIN FUNCTIONING

These ratings describe how children and adolescents are doing in their various environments or life domains. The domains were identified from the children's research literature on wraparound philosophy. Functioning well in all life domains is the goal of a lifetime developmental framework.

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

- 0** indicates a life domain in which the child is excelling. This is an area of considerable strength.
- 1** indicates a life domain in which the child is doing OK. This is an area of potential strength.
- 2** indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
- 3** indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

32. FAMILY - *Family ideally should be defined by the child; however, in the absence of this knowledge consider biological and adoptive relatives and their significant others with whom the child has contact as the definition of family. Foster families should only be considered if they have made a significant commitment to the child. Is the family (as defined by the child) functioning well together?*

0	Child gets along well with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.

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2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

33. LIVING SITUATION - *This item refers to how the child is functioning in his/her current living arrangement, which could be with a relative, in a temporary foster home, shelter, etc.*

0	Child is functioning well in his/her current living environment. Child and caregivers feel comfortable and safe dealing with issues that come up in day-to-day life.
1	Mild problems with functioning in current living situation. Caregivers express some concern about child's behavior in living situation and/or child and caregiver have some difficulty dealing with issues that arise in daily life.
2	Moderate to severe problems with functioning in current living situation. Child and caregivers have difficulty interacting effectively with each other much of the time. Difficulties may create significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation.

34. SOCIAL FUNCTIONING - *This item refers to the child's social functioning from a developmental perspective.*

0	Child interacts appropriately with others and builds and maintains relationships.
1	Child is having some difficulty interacting with others and building and/or maintaining relationships.
2	Child often has problems interacting with others and building and maintaining relationships.
3	Child consistently and pervasively has problems interacting with others and building and maintaining relationships.

35. DEVELOPMENTAL/INTELLECTUAL - *This item rates the presence of Mental Retardation or Developmental Disabilities. All developmental disabilities occur on a continuum; a child with Autism may be designated a 0, 1, 2, or 3 depending on the significance of the disability and the impairment.*

0	No evidence of developmental problems or mental retardation.
1	Documented delay, learning disability, or documented borderline intellectual disability, (i.e. FSIQ 70 to 85.)
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay or child has mild mental retardation (FSIQ 50 to 69).
3	Moderate, Severe, or Profound developmental disability or FSIQ below 50.

36. RECREATIONAL - *This item is intended to reflect the child's access to and use of leisure time activities.*

0	Child makes full use of leisure time to pursue recreational activities that support his/her healthy development and enjoyment.
1	Child at times has difficulty using leisure time to pursue recreational activities.
2	Child is having moderate problems with recreational activities, and may be unable to use leisure time to enjoy recreational activities.
3	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

37. LEGAL - *This item describes the child's (not the family's) involvement with the legal system. This could include involvement in the Juvenile or Adult Justice Systems.*

0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system and is not currently on parole or probation.
2	Child has some legal problems, is currently involved in the legal system and may have active parole and/or probation mandates.
3	Child has serious current or pending legal difficulties that place him/her at risk for a re-arrest or youth is currently incarcerated.

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38. MEDICAL - *This item refers to the child's physical health status.*

0	Child has no current health problems or chronic conditions.
1	Child has mild/treatable medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.

39. PHYSICAL - *This item is used to identify physical limitations, including chronic conditions that entail impairment in eating, breathing, vision, hearing, mobility, or other functions.*

0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Also rate here treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

40. SLEEP – *This item rates any disruptions in sleep regardless of the cause including problems with going to bed, staying asleep, waking up early or sleeping too much.*

0	Child gets a full night's sleep each night.
1	Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or nightmares.
2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep.
3	Child is generally sleep deprived. Sleeping is difficult for the child and s/he is not able to get a full night's sleep

41. SEXUAL DEVELOPMENT – *This item looks at broad issues of sexual development, including sexual behavior, sexual identity, sexual concerns, and the reactions of significant others to any of these factors.*

0	No evidence of any problems with sexual development.
1	Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reactions of others.
2	Significant problems with sexual development. May include inappropriate or high-risk sexual behavior, distress due to gender identity issues, and/or some experience of negative reactions of others.
3	Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or the expectation of specific life-threatening reactions by others.

42. CHILD INVOLVEMENT WITH CARE *This item refers to the child's participation in efforts to address his/her identified needs.*

0	Child is knowledgeable of needs and helps direct planning to address them or is not involved in services.
1	Child is knowledgeable of needs and participates in planning to address them.
2	Child is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.
3	Child is neither knowledgeable about needs nor willing to participate in any process to address them.

43. DAILY FUNCTIONING *Please rate the highest level from the past 30 days*

0	Child demonstrates age appropriate or advanced self-care skills. Relies on others as expected for his/her age group.
1	Child shows mild or occasional problems in self-care skills for his/her age, but is generally self-reliant.
2	Child demonstrates moderate or routine problems in self-care skills and relies on others for help more than is expected for his/her age group.
3	Child shows severe or almost constant problems in self-care skills, and relies on others for help much more than is expected for his/her age group

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

44. NATURAL SUPPORTS *Refers to unpaid helpers in the child's natural environment. All family members and paid care givers are excluded.*

0	Child has significant natural supports who contribute to helping support the child's healthy development.
1	Child has identified natural supports that provide some assistance in supporting the child's healthy development.
2	Child has some identified natural supports however they are not actively contributing to the child's healthy development.
3	Child has no known natural supports (outside of family and paid caregivers)

The following three school related items can be scored for children under age 5 if they are in a pre-school/day-care setting or an early intervention program such as Head Start. If they are not in school you would score these items as a 0.

45. SCHOOL BEHAVIOR - *This item rates the behavior of the child or youth in school or school-like settings (e.g. Head Start, pre-school). A rating of 3 would indicate a child who is still having problems after special efforts have been made, i.e., problems in a special education class.*

0	No evidence of behavior problems at school or day care. Child is behaving well.
1	Child is having mild behavioral problems at school. May be related to either relationships with teachers or peers. A single detention might be rated here.
2	Child is having moderate behavioral difficulties at school. He/she is disruptive and may receive sanctions including suspensions or multiple detentions.
3	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

46. SCHOOL ACHIEVEMENT - *This item describes academic achievement and functioning.*

0	Child is working at grade level, passing all classes and is on track with his/her educational plan.
1	Child is doing adequately in school, although some problems with achievement exist.
2	Child is having moderate problems with school achievement. He/she may be failing some subjects and/or be at risk for failing the current grade.
3	Child is having severe achievement problems. He/she may be failing most subjects or is more than one year behind same age peers in school achievement, and/or will certainly not pass to next grade level.

47. SCHOOL ATTENDANCE - *If school is not in session, rate the last 30 days when school was in session.*

0	No evidence of attendance problems. Child attends regularly.
1	Child has some problems attending school, although he/she generally goes to school. He/she may miss up to one day per week on average. Or, he/she may have had moderate to severe problems in the past six months but has been attending school regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least two days per week on average.
3	Child is generally truant or refusing to go to school or a school-aged child not enrolled in school.

ACCULTURATION

All children are members of some identifiable cultural group. These ratings describe possible problems that children or adolescents may experience with the relationship between their cultural membership and the predominant culture in which they live.

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

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

48. LANGUAGE - *This item includes both spoken and sign language. This item concerns any language-related needs a family might have that affect their participation in services.*

0	Child and family have no problems communicating in English and do not require the assistance of a translator.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

49. IDENTITY - *Cultural identity refers to the child's view of him/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.*

0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding his/her cultural identity.
2	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
3	Child has no connection to his/her cultural identity or is experiencing significant problems due to internal conflict regarding his/her cultural identity.

50. RITUAL - *Cultural rituals are activities and traditions that are culturally specific including the celebration of holidays such as Kwanza, Cinco de Mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media). Rituals include being able to speak one's primary language with others.*

0	Child is consistently able to practice rituals consistent with his/her cultural identity.
1	Child is generally able to practice rituals consistent with his/her cultural identity; however, he/she sometimes experiences some obstacles to the performance of these rituals.
2	Child experiences significant barriers and is sometimes prevented from practicing rituals consistent with his/her cultural identity.
3	Child is unable to practice rituals consistent with his/her cultural identity.

51. CULTURE STRESS - *Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives.*

0	No evidence of stress between child's cultural identity and current living situation.
1	Some evidence of mild or occasional stress resulting from friction between the child's cultural identity and his/her current living situation.
2	Child is experiencing cultural stress from friction between the child's cultural identity and current living situation and that is causing some problems with functioning.
3	Child is experiencing a high level of cultural stress between his/her cultural identity and current living situation that is making functioning very difficult under the present circumstances.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

These ratings identify the behavioral health needs of the child or adolescent. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In DSM-IV a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This definition is consistent with the ratings of '2' or '3' as defined by the action levels below:

For **Behavioral/Emotional Needs**, the following categories and symbols are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

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52. PSYCHOSIS - *This item is used to rate symptoms of psychiatric disorders with a known neurological base. DSM-IV disorders included on this dimension are Schizophrenia and Psychotic disorders (unipolar, bipolar, NOS). The common symptoms of these disorders include hallucinations, delusions, unusual thought processes, strange speech, and bizarre/idiosyncratic behavior.*

0	This rating indicates a child with no evidence of thought disturbances. Both thought processes and content are within normal range.
1	This rating indicates a child with evidence of mild disruption in thought processes or content. The child may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes children with a history of hallucinations but none currently. The category would be used for children who are sub-threshold for one of the DSM diagnoses listed above.
2	This rating indicates a child with evidence of moderate disturbance in thought processes or content. The child may be somewhat delusional or have brief or intermittent hallucinations. The child's speech may be at times quite tangential or illogical. This level would be used for children who meet the diagnostic criteria for one of the disorders listed above.
3	This rating indicates a child with severe psychotic disorder. The child frequently is experiencing symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions or hallucinations or both. Command hallucinations would be coded here. This level is used for extreme cases of the diagnoses listed above.

53. ATTENTION DEFICIT/IMPULSE CONTROL - *Symptoms of Attention Deficit and Hyperactivity Disorder and Impulse Control Disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here.*

0	This rating is used to indicate a child with no evidence of attention/hyperactivity problems.
1	This rating is used to indicate a child with evidence of mild problems with attention/hyperactivity or impulse control problems. Child may have some difficulties staying on task for an age appropriate time period.
2	This rating is used to indicate a child with moderate symptoms of attention/hyperactivity or impulse control problems. A child who meets DSM-IV diagnostic criteria for ADHD would be rated here.
3	This rating is used to indicate a child with severe impairment of attention or dangerous impulse control problems. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g. running into the street, dangerous driving or bike riding). A child with profound symptoms of ADHD would be rated here.

54. DEPRESSION - *Symptoms included in this dimension are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation. This dimension can be used to rate symptoms of the following psychiatric disorders as specified in DSM-IV: Depressive Disorders (unipolar, dysthymia, NOS), Bipolar Disorder.*

0	This rating is given to a child with no emotional problems. No evidence of depression.
1	This rating is given to a child with mild emotional problems. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior.
2	This rating is given to a child with a moderate level of emotional disturbance. Any diagnosis of depression would be coded here. This level is used to rate children who meet the criteria for an affective disorder listed above.
3	This rating is given to a child with a severe level of depression. This would include a child who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

55. ANXIETY - *This item describes the child's level of fearfulness, worrying or other characteristics of anxiety.*

0	No evidence of any anxiety or fearfulness.
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the other listed disorders.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain

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56. OPPOSITIONAL BEHAVIOR (Compliance with authority) - *This item is intended to capture how the child relates to authority. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance with authority rather than inflicting damage and hurting others.*

0	This rating indicates that the child/adolescent is generally compliant.
1	This rating indicates that the child/adolescent has mild problems with compliance with some rules or adult instructions. Child may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
2	This rating indicates that the child/adolescent has moderate problems with compliance with rules or adult instructions. A child who meets the criteria for Oppositional Defiant Disorder in DSM-IV would be rated here.
3	This rating indicates that the child/adolescent has severe problems with compliance with rules or adult instructions. A child rated at this level would be a severe case of Oppositional Defiant Disorder. They would be virtually always noncompliant. Child repeatedly ignores authority.

57. CONDUCT - *These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault. This dimension would include the symptoms of Conduct Disorder as specified in DSM-IV.*

0	This rating indicates a child with no evidence of behavior disorder.
1	This rating indicates a child with a mild level of conduct problems. The child may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex, and community. This might include occasional truancy, repeated severe lying, or petty theft from family.
2	This rating indicates a child with a moderate level of conduct disorder. This could include episodes of planned aggressive or other anti-social behavior. A child rated at this level should meet the criteria for a diagnosis of Conduct Disorder.
3	This rating indicates a child with a severe Conduct Disorder. This could include frequent episodes of unprovoked, planned aggressive or other anti-social behavior.

58. SUBSTANCE ABUSE - *These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with DSM-IV Substance-related Disorders.*

0	This rating is for a child who has no substance use difficulties at the present time. If the person is in recovery for greater than 1 year, they should be coded here, although this is unlikely for a child or adolescent.
1	This rating is for a child with mild substance use problems that might occasionally present problems for the person (intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently abstinent for at least 30 days.
2	This rating is for a child with a moderate substance abuse problem that impairs his/her ability to function, but does not preclude functioning in an unstructured setting while participating in treatment.
3	This rating is for a child with a severe substance dependence condition that consistently impairs his/her ability to function. Substance abuse problems may present significant complications to the coordination of care for the individual. A substance-exposed infant who demonstrates symptoms of substance dependence would also be rated here.

59. ATTACHMENT DIFFICULTIES - *This item should be rated within the context of the child's significant parental or caregiver relationships.*

0	No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver appears able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.
1	Mild problems with attachment. There is some evidence of insecurity in the child-caregiver relationship. Caregiver may at times have difficulty accurately reading child bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child may have mild 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 may have minor difficulties with appropriate physical/emotional boundaries with others.
2	Moderate problems with attachment. Attachment relationship is marked by sufficient difficulty as to require intervention. Caregiver may consistently misinterpret child cues, act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and may have ongoing difficulties with physical or emotional boundaries with others.

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3	Severe problems with attachment. Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of his/her attachment behaviors. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.
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60. EATING DISTURBANCES - *These symptoms include problems with eating including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating and hoarding food. These ratings are consistent with DSM-IV Eating Disorders.*

0	This rating is for a child with no evidence of eating disturbances.
1	This rating is for a child with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
2	This rating is for a child with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa).
3	This rating is for a child with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

61. AFFECT DYSREGULATION - *These symptoms include difficulties modulating or expressing emotions, intense fear or helplessness, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.*

0	This rating is given to a child with no difficulties regulating emotional responses. Emotional responses are appropriate to the situation.
1	This rating is given to a child with some minor difficulties with affect regulation. This child could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hyper vigilant in general. This child may have some difficulty sustaining involvement in activities for any length of time.
2	This rating is given to a child with moderate problems with affect regulation. This child may be unable to modulate emotional responses. This child 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). This child may also exhibit persistent anxiety, intense fear or helplessness, or lethargy/loss of motivation.
3	This rating is given to a child with severe problems with highly dysregulated affect. This child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions). This child may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this child 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”).

62. BEHAVIORAL REGRESSIONS - *These ratings are used to describe shifts in previously adaptive functioning evidenced in regression in behaviors or physiological functioning.*

0	This rating is given to a child with no evidence of behavioral regression.
1	This rating is given to a child with some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate).
2	This rating is given to a child with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.
3	This rating is given to a child with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.

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63. SOMATIZATION - *These symptoms include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).*

0	This rating is for a child with no evidence of somatic symptoms.
1	This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
2	This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).
3	This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

64. ANGER CONTROL - *This item captures the youth's ability to identify and manage their anger when frustrated from a developmental perspective.*

0	This rating indicates a child with no evidence of any significant anger control problems.
1	This rating indicates a child with some problems with controlling anger. He/she may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts. Child may have a history of physical aggression arising from inability to control anger, but none within the last 3 months.
2	This rating indicates a child with moderate anger control problems. His/her temper has gotten him/her in significant trouble with peers, family, and/or school. This level may be associated with some physical violence, or increasing verbal outbursts. Others are likely quite aware of anger potential.
3	This rating indicates a child with severe anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

CHILD RISK BEHAVIORS

Risk behaviors are the types of things that can get children and adolescents in trouble or put them in danger of harming themselves or others. Notice that the time frames for the ratings change, particularly for the '1' and '3' ratings away from the standard 30 day rating window.

For **Risk Behaviors**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

65. SUICIDE RISK - *This rating describes both suicidal and significant self-injurious behavior. A rating of '2' or '3' would indicate the need for a safety plan.*

0	Child has no evidence or history of suicidal or self-injurious behaviors.
1	History of suicidal or self-injurious behaviors or significant ideation but no self-injurious behavior during the past 30 days.
2	Recent, (last 30 days) but not acute (today) suicidal ideation or gesture. Self-injurious in the past 30 days (including today) without suicidal ideation or intent.
3	Current suicidal ideation and intent in the past 24 hours.

66. SELF-MUTILATION - *This rating includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child.*

0	No evidence of any forms of self-mutilation (e.g. cutting, burning, face slapping, head banging)
1	History of self-mutilation but none evident in the past 30 days.
2	Engaged in self-mutilation that does not require medical attention.
3	Engaged in self-mutilation that requires medical attention.

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67. OTHER SELF HARM - *This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child or others at some jeopardy. Suicidal or self-mutilative behaviors are NOT rated here.*

0	No evidence of behaviors that place the child at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death . This includes reckless behavior or intentional risk-taking behavior.

68. DANGER TO OTHERS - *This rating includes actual and threatened violence. Imagined violence, when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan.*

0	Child has no evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
1	History of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days. History of fire setting (not in past year) would be rated here.
2	Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression.
3	Frequent or dangerous (significant harm) level of aggression to others. Child or youth is an immediate risk to others.

69. BULLYING

0	Youth has never engaged in bullying at school or in the community.
1	Youth has been involved with groups that have bully other youth either in school or the community; however, youth has not had a leadership role in these groups.
2	Youth has bullied other youth in school or community. Youth has either bullied the other youth individually or led a group that bullied youth
3	Youth has repeated utilized threats or actual violence to bully youth in school and/or community

70. SEXUALLY ABUSIVE - *Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which the child or adolescent takes advantage of another person, including a younger or less powerful child through seduction, coercion, or force.*

0	No evidence of any history of sexually abusive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of sexually abusive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk touching or rubbing against a non-consenting person, etc.
2	Child is engaged in sexually abusive behavior in the past year but not in the past 30 days.
3	Child has engaged in sexually abusive behavior in the past 30 days.

71. RUNAWAY - *In general, to classify as a runaway or elopement, the child is gone overnight or very late into the night. Impulsive behavior that represents an immediate threat to personal safety would also be rated here.*

0	This rating is for a child with no history of running away and no ideation involving escaping from the present living situation.
1	This rating is for a child with no recent history or running away but who has expressed ideation about escaping present living situation or treatment. Child may have threatened running away on one or more occasions or have a history (lifetime) of running away but not in the past year.
2	This rating is for a child who has run away from home once or run away from one treatment setting within the past year. Also rated here is a child who has run away to home (parental or relative) in the past year.
3	This rating is for a child who has (1) run away from home and/or treatment settings within the last 7 days or (2) run away from home and/or treatment setting twice or more overnight during the past 30 days. Destination is not a return to home of parent or relative.

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72. DELINQUENCY - *This rating includes both criminal behavior and status offenses that may result from child or youth failing to follow required behavioral standards (e.g. truancy). Sexual offenses should be included as criminal behavior.*

0	Child shows no evidence or has no history of criminal or delinquent behavior.
1	History of criminal or delinquent behavior but none in the past 30 days. Status offenses in the past 30 days would be rated here.
2	Moderate level of criminal activity including a high likelihood of crimes committed in the past 30 days. Examples would include vandalism, shoplifting, etc.
3	Serious level of criminal or delinquent activity in the past 30 days. Examples would include car theft, residential burglary, gang involvement, etc.

73. JUDGMENT - *This item describes the child's decision-making processes and awareness of consequences.*

0	No evidence of problems with judgment or poor decision making that result in harm.
1	History of problems with judgment in which the child makes decisions that are in some way harmful (e.g. a child who has a history of hanging out with other children who shoplift.)
2	Problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being that may place him/her at moderate risk of harm.
3	Problems with judgment that place the child at risk of significant imminent physical harm.

74. FIRE SETTING - *This item refers to behavior involving the intentional setting of fires that might be dangerous to the child or others. This does not include the use of candles or incense or matches to smoke.*

0	No evidence or history of fire setting behavior
1	History of fire-setting but not in past six months
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others (e.g. playing with matches) OR repeated fire setting behavior over a period of at least two years even if not in the past six months.
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

75. INTENTIONAL MISBEHAVIOR - *This rating describes intentional obnoxious social behaviors that a child engages in to intentionally force adults to sanction him/her. This item should reflect problematic intentional behaviors (socially unacceptable behavior for the culture and community in which he/she lives) that put the child at some risk of sanctions.*

0	Child shows no evidence of problematic social behaviors.
1	Mild level of problematic social behaviors that force adults to sanction the child. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
2	Moderate level of problematic social behaviors. Child may be intentionally getting in trouble in school or at home and the sanctions or threat of sanctions that result are causing problems in the child's life.
3	Severe level of problematic social behaviors. This would be indicated by frequent seriously inappropriate social behavior that force adults to seriously and/or repeatedly sanction the child. Intentional behaviors are sufficiently severe (cause harm to others) that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community).

76. SEXUALIZED BEHAVIOR - *Sexualized behavior includes both age-inappropriate or highly sexualized behaviors that may place a child at risk for victimization and risky sexual practices or possible.*

0	No evidence of problems with high-risk sexual behaviors.
1	Some evidence of sexualized behavior. Child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here, including the use of pornography, excessive masturbation, making obscene phone calls, peeping, flashing, exposing genitals to others, fetishes (using nonliving objects for sexual gratification, touching or rubbing against a non-consenting person, etc.
2	Moderate problems with sexually reactive behavior that place child at some risk. Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, or poses legal risk, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
3	Significant problems with sexualized behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

DEVELOPMENT (Required if child is 5 years old or younger or if any items are relevant needs regardless of age)

77. MOTOR - *This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning.*

0	Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.
1	The child has mild fine (e.g. using scissors) or gross motor skill deficits. The child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
2	The child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g. reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn that does not have a sucking reflex in the first few days of life would be rated here.
3	The child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.

78. SENSORY - *This rating describes the child's ability to use all senses including vision, hearing, smell, touch, taste, and kinesthetics.*

0	The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.
1	The child has mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
2	The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
3	The child has significant impairment on one or more senses (e.g. profound hearing or vision loss).

79. COMMUNICATION - *This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations.*

0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child's receptive abilities are intact, but child has limited expressive capabilities (e.g. if the child is an infant, he or she engages in limited vocalizations; if older than 24 months, he or she can understand verbal communication, but others have unusual difficulty understanding child).
2	Child has limited receptive and expressive capabilities.
3	Child is unable to communicate in any way, including pointing or grunting.

80. FAILURE TO THRIVE - *Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.*

0	The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
1	The child has mild delays in physical development (e.g. is below the 25 th percentile in terms of height or weight).
2	The child has significant delays in physical development that could be described as failure to thrive (e.g. is below the 10 th percentile in terms of height or weight).
3	The child has severe problems with physical development that puts his/her life at risk (e.g. is at or beneath the 1 st percentile in height or weight).

81. FEEDING/ELIMINATION - *This category refer to all dimensions of eating and/or elimination. Pica would be rated here.*

0	Child does not appear to have any problems with feeding or elimination.
1	Child has mild problems with feeding and/or elimination (e.g. picky eating).
2	Child has moderate to severe problems with feeding and/or elimination. Problems are interfering with functioning in at least one area.
3	Child has profound problems with feeding and/or elimination.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

82. BIRTH WEIGHT - *This dimension describes the child's weight as compared to normal development.*

0	Child is within normal range for weight and has been since birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
1	Child was born underweight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.
2	Child is considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
3	Child is extremely under weight to the point where the child's life is threatened. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

83. PRENATAL CARE - *This dimension refers to the health care and birth circumstances experienced by the child in utero.*

0	Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
1	Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
3	Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.
U	Unknown

84. SUBSTANCE EXPOSURE - *This dimension describes the child's exposure to substance use and abuse both before and after birth.*

0	Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
1	Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.
2	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine, methamphetamine), or use of alcohol or tobacco, would be rated here.
3	Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.
U	Unknown

85. LABOR AND DELIVERY - *This dimension refers to conditions associated with, and consequences arising from complications in labor and delivery of the child.*

0	Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
1	Child or mother had some mild problems during delivery, but child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the child would be rated here.
2	Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
3	Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.
U	Unknown

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

86. PARENT OR SIBLING PROBLEMS - *This dimension describes how this child's parents and older siblings have done/are doing in their respective developments.*

0	The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems
1	The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g. Attention Deficit, Oppositional Defiant, or Conduct Disorders). It may be that child has at least one healthy sibling.
2	The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g. a severe version of any of the disorders cited above, or any developmental disorder).
3	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).
U	Unknown

87. MATERNAL/CARETAKER AVAILABILITY - *This dimension addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.*

0	The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
1	The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (e.g. another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the child reached six weeks of age).
2	The primary caretaker experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children in the house under four years of age).
3	The primary caretaker was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).
U	Unknown

88. CURIOSITY - *This rating describes the child's self-initiated efforts to discover his/her world.*

0	This level indicates a child with exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
3	This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.

89. PLAYFULNESS - *This rating describes the child's enjoyment of play alone and with others.*

0	This level indicates a child with substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.
1	This level indicates a child with good play abilities. Child may enjoy play only with self or only with others, or may enjoy play with a limited selection of toys.
2	This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.
3	This level indicates a child who has significant problems with play both by his/her self and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

90. TEMPERAMENT *This rating describes the child's general mood state and ability to be soothed.*

0	This level indicates a child with an easy temperament. S/he is easily calmed or distracted when angry or upset
1	This level indicates a child with some mild problems being calmed, soothed, or distracted when angry or upset. Child may have occasional episodes or extended crying or tantrums.
2	This level indicates a child with a difficult temperament. Child has difficulty being calmed, soothed, or distracted. Persistent episodes of crying, tantrums, or other difficult behaviors are observed.
3	This level indicates a child who has significant difficulties being calmed, soothed, or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums, or other difficult behaviors are observed when the child is angry or upset.

91. DAY CARE PRESCHOOL

0	This level indicates a child with no problems in day care or preschool environments or who does not attend.
1	This level indicates a child with mild problems in day care of school environments.
2	This level indicates a child who has difficulties in day care or preschool environments. These problems may include things such as separation anxiety or difficult behavior.
3	This level indicates a child who has significant problems in day care or preschool environments. Child may have recently been asked to stop attending.

LIFE SKILLS (Required if child is 16 years old or older or if any of these are relevant needs regardless of age)

92. INDEPENDENT LIVING SKILLS - *This rating focuses on the presence or absence of skills and impairments in independent living abilities or the readiness to take on those responsibilities.*

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

93. TRANSPORTATION - *This item is used to rate the level of transportation required to ensure that the individual could effectively participate in his/her own treatment and in other life activities. Only unmet transportation needs should be rated here.*

0	The individual has no unmet transportation needs.
1	The individual has occasional unmet transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle. The needs can be met with minimal support, for example, assistance with bus routes to facilitate independent navigation, or provision of a bus card.
2	The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle. Individual can self-transport with a med-van service.
3	The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle. He or she is completely reliant on others for transportation and cannot self-transport.

94. PARENTING ROLES - *This item is intended to rate the individual in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.*

0	Individual has a parenting role and he/she is functioning appropriately in that role or is not in a parenting role.
1	The individual has responsibilities as a parent but occasionally experiences difficulties with this role.
2	The individual has responsibilities as a parent and either the individual is struggling with these responsibilities or these issues are currently interfering with the individual's functioning in other life domains.
3	The individual has responsibilities as a parent and the individual is currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function in other life domains. Individual

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

	has the potential of abuse or neglect in his/her parenting.
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95. INTIMATE RELATIONSHIPS - *This item is used to rate the individuals current status in terms of romantic/intimate relationships.*

0	Adaptive partner relationship. Individual has a strong, positive, partner relationship with another adult, or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.
1	Mostly adaptive partner relationship. Individual has a generally positive partner relationship with another individual. This relationship may, at times, impede the individual's healthy development.
2	Limited adaptive partner relationship. The individual has a recent history of being in a domestically violent relationship or a recent history of being in a relationship where he/she was overly dependent on his/her partner. Individual may or may not be currently involved in any partner relationship with another individual.
3	Significant difficulties with partner relationships. Individual is currently involved in a negative or domestically violent relationship or a relationship where he/she is totally dependent on his/her partner.

96. MEDICATION COMPLIANCE - *This rating focuses on the level of the individual's willingness or ability to participate in taking prescribed medications.*

0	This level indicates a person who self-administers any prescribed medications as prescribed and without reminders or is not currently on medication.
1	This level indicates a person who will take prescribed medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.
2	This level indicates a person who is sporadically non-compliant. This person may be resistant to taking prescribed medications or this person may tend to overuse his or her medications. He/she might comply with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol. This would include youth who are sporadically noncompliant with medications for physical health that may place youth at medical risk.
3	This level indicates a person who has refused to take prescribed medications during the past 30-day period or a person who has abused his or her medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree).

97. EDUCATIONAL ATTAINMENT - *This rates the degree to which the individual has completed his/her planned education.*

0	Individual has achieved all educational goals OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.
1	Individual has set educational goals and is currently making progress towards achieving them.
2	Individual has set educational goals but is currently not making progress towards achieving them.
3	Individual has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning.

98. VICTIMIZATION - *This item is used to examine a history and level of current risk for victimization.*

0	This level indicates a person with no evidence of recent victimization and no significant history of victimization within the past year. The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Person is not presently at risk for re-victimization.
1	This level indicates a person with a history of victimization but who has not been victimized to any significant degree in the past year. Person is not presently at risk for re-victimization.
2	This level indicates a person who has been recently victimized (within the past year) but is not in acute risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.
3	This level indicates a person who has been recently victimized and is in acute risk of re-victimization. Examples include working as a prostitute or living in an abusive relationship.

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99. JOB FUNCTIONING - *This item is intended to describe functioning in vocational settings.*

0	Youth is gainfully employed in a job and experiencing no problems in attendance, performance or relationships at work.
1	Youth is gainfully employed but may have some difficulties at work with attendance, performance or relationships
2	Youth has significant job-related problems with attendance, performance, or relationships.
3	Youth is experiencing severe problems in an employment situation with performance or relationships. Youth may have recently been fired.
NA	Not applicable as the child is not employed.

CAREGIVER NEEDS AND STRENGTHS

These ratings should be completed for caregivers (birth parents, legal guardian, adoptive,) when the permanency plan is reunification or permanency plan is for the child to remain in the current setting (parent, legal guardian, adoptive). In general, caregiver ratings should be completed for the household. If multiple households are involved in the permanency planning, then this section should be completed once for each household under consideration for permanency. When the child is living in a residential home, group home, or Independent Living setting, the substitute caregiver items do not need to be completed. In the instructions below, PARENTS refers to birth parents, adoptive parents, and legal guardians.

For Caregiver Needs and Strengths the following definitions and action levels apply:

- 0** indicates a dimension where there is no evidence of any needs. This is a strength.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

KNOWLEDGE OF PARENTING & CHILD DEVELOPMENT – Complete items 100-105 for birth parents and substitute caregivers. (Understanding of role of parent, child development and parenting skills)

100. KNOWLEDGE OF CHILD'S NEEDS - *This rating should be based on caregiver's knowledge of the specific strengths of the child and any needs experienced by the child and their ability to understand the rationale for the treatment or management of these problems.*

0	This level indicates that the parent/caregiver is fully knowledgeable about the child's psychological strengths and needs, talents and limitations.
1	This level indicates that the parent/caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of either the child's psychological condition or his/her talents, skills and assets.
2	This level indicates that the parent/caregiver does not know or understand the child well and that significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.
3	This level indicates that the parent/caregiver has little or no understanding of the child's current condition. The placement is unable to cope with the child given his/her status at the time, not because of the needs of the child but because the caregiver does not understand or accept the situation.

101. NUTRITION MANAGEMENT - *This item refers to the parent/caregiver's ability to understand his/her child/children's nutritional needs and provide a reasonably healthy diet.*

0	Parent/caregiver is able to plan and produce a healthy diet for children.
1	Parent/caregiver is able to plan a healthy diet but may struggle with providing it consistently.
2	Parent/caregiver is unable to provide a consistently healthy diet for children. Parent/caregiver is not knowledgeable about nutritional needs of children.
3	Parent/caregiver is not able or not willing to provide healthful nutrition management for children

102. DISCIPLINE - *Discipline is defined as all parenting behaviors and strategies that support positive behavior in children.*

0	Parent/caregiver generally demonstrates an ability to discipline her/his children in a consistent and respectful manner. Parent/caregiver's expectations are age-appropriate and he/she usually is able to set age appropriate limits and to enforce them.
1	Parent/caregiver is often able to set age appropriate limits and to enforce them. On occasion her/his interventions may be too harsh, too lenient, or inconsistent. At times, her/his expectations of her/his children may be too high

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	or too low.
2	Parent/caregiver demonstrates limited ability to discipline his/her children in a consistent and age-appropriate manner. She/he rarely is able to set age appropriate limits and to enforce them. Her/his interventions may be erratic and overly harsh but not physically harmful. Her/his expectations of her/his children are frequently unrealistic.
3	Significant difficulties with discipline methods. Parent/caregiver disciplines her/his children in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful (such as shaking the child, whipping, etc.).

103. LEARNING ENVIRONMENT - *This item describes the parent/caregiver's ability to create a home environment that encourages the child/children to learn.*

0	Parent/caregiver is able to provide a positive, developmentally appropriate learning environment for children.
1	Parent/caregiver is able to provide an environment that generally supports learning, although parent/caregiver may be somewhat uninvolved in that learning.
2	Parent/caregiver does not actively or consistently support a learning environment for children.
3	Parent/caregiver actively works to prevent the creation of a learning environment for children.

104 . DEMONSTRATES EFFECTIVE PARENTING APPROACHES - *This item refers to the parent/caregiver's knowledge of parenting skills and strategies and his/her ability to actually use these skills and strategies with his/her child/children.*

0	Parent/caregiver(s) applies flexibility in parenting role; parent has knowledge of multiple parenting practices and is able to implement them effectively with his/her children in a manner that is consistent with the child's development and needs.
1	Parent/caregiver(s) has knowledge of parenting practices that are consistent with child's needs and development, but may struggle at times to effectively implement them.
2	Parent/caregiver has limited flexibility and/or knowledge of parenting practices; parenting practices are seldom effective and/or consistent with child's development and needs.
3	Parent/caregiver(s) is extremely limited in his/her understanding of parenting practices. May be very concrete or rigid in his/her approach to child rearing.

IDENTIFICATION AND USE OF CONCRETE SUPPORTS IN TIMES OF NEED – Complete items 105-113 for the birth parents and substitute caregivers.

(Promotes a safe and healthy environment for their child, and has ability to identify and access resources as needed)

105. INVOLVEMENT WITH CARE - *This rating should be based on the level of involvement and follow-through the caregiver(s) has in the planning and provision of needed services.*

0	This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adolescent.
1	This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the child or adolescent but is not an active advocate on behalf of the child or adolescent.
2	This level indicates a caregiver(s) who is minimally involved in the care of the child or adolescent. Caregiver may visit the child when in out of home placement, but does not become involved in service planning and implementation.
3	This level indicates a caregiver(s) who is uninvolved with the care of the child or adolescent. Caregiver may want individual out of home or fails to visit the child when in residential placement.

106. PARENT/CAREGIVER'S KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES - *This item refers to the parent/caregiver's ability to be knowledgeable both about his/her legal rights and legal and moral responsibilities as a parent/caregiver.*

0	Parent/caregiver has a strong understanding of rights and responsibilities.
1	Parent/caregiver has an understanding of rights and responsibilities but may still require some help in learning about certain aspects of these needs.
2	Parent/caregiver requires assistance in understanding rights and responsibilities.
3	Parent/caregiver requires substantial assistance in identifying and understanding rights and responsibilities.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

107. FINANCIAL STATUS - *This item refers to the family's income regardless of its source in comparison to the family's financial needs.*

0	Family has financial resources necessary to meet needs or has limited resources but is effectively utilizing those to meet needs.
1	Family has financial resources necessary to meet most needs; however, some limitations exist.
2	Family has financial difficulties that limit their ability to meet significant family needs.
3	Family is experiencing financial hardship that has made them unable to meet family needs.

108. ORGANIZATION - *This rating should be based on the ability of the parent/caregiver to participate in or direct the organization of the household, services, and related activities.*

0	Parent/caregiver is well organized and efficient in coordinating household, services, and activities
1	Parent/caregiver has minimal difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager.
2	Parent/caregiver has moderate difficulty organizing or maintaining household to support needed services.
3	Parent/caregiver is unable to organize household to support needed services.

109. RESOURCES - *This item refers to the assets and resources that the parent/caregiver(s) can bring to bear in addressing the multiple needs of the child and family. This item would include access to and utilization of extended family, social supports, and community institutions such as libraries, YMCAs, Park District and other services.*

0	Parent/caregiver has sufficient social and familial supports so that there are few limitations on what can be provided for the child.
1	Parent/caregiver can access the necessary resources to help address the child's major and basic needs but those resources might be stretched.
2	Parent/caregiver has limited resources (e.g. a grandmother living in same town who is sometimes available to watch the child) that may not be sufficient to meet the needs of the child.
3	Parent/caregiver has severely limited resources or no social/family supports available to assist in the care and treatment of the child.

110. KNOWLEDGE OF SOCIAL SERVICE OPTIONS - *This item refers to the family's knowledge of choices they might have for specific treatments, interventions or other services that might help the family address their needs or the needs of one of the family's members. A family with a child having special needs (e.g., hearing-impaired, medically complex, developmental disability, etc.) would be included here.*

0	Parent/caregiver has strong understanding of service needs and options.
1	Parent/caregiver has understanding of service needs and options but may still require some help in learning about certain aspects of these services.
2	Parent/caregiver requires assistance in understanding service needs and options.
3	Parent/caregiver requires substantial assistance in identifying and understanding service needs and options.

111. RESIDENTIAL STABILITY - *This item rates the parent/caregiver's current and likely future housing circumstances.*

0	This rating indicates a family/parent in stable housing with no known risks of instability.
1	This rating indicates a family/parent that is currently in stable housing but there are significant risks of housing disruption (e.g. loss of job).
2	This rating indicates a family/parent that has moved frequently or has very unstable housing.
3	This rating indicates a family/parent that is currently homeless.

112. JOB FUNCTIONING - *This item is rated only for individuals who are employed or are in an employment like environment (e.g. training program, internship). An individual whose disability prevents employment would be rated as N/A.*

0	If able, parent/caregiver is fully employed with no problems at work. Alternatively, Parent/caregiver may not be seeking employment or chooses to be a full-time homemaker.
1	Parent/caregiver is partially employed, employed significantly below her/his level of education/experience/training, or is having some work related problems.
2	Parent/caregiver is having significant work-related problems or is temporarily unemployed because of such difficulties.
3	Significant difficulties with vocational functioning. Parent/caregiver is chronically unemployed or obtains financial resources through activities that are illegal and/or potentially harmful to her/himself and her/his family

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

	members (prostitution, drug dealing, for example).
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113. MILITARY TRANSITIONS *Please rate the higher level from the past 30 days.*

0	Caregiver not experiencing any transitions related to military service. Caregivers not involved in military services would be rated here.
1	Caregiver anticipating a transition related to military service in the near future or a caregiver experienced a transition in the past which was challenging.
2	Caregiver experiencing a transition related to military service.
3	Caregiver experiencing a transition related to military service that has a major impact on their care giving roles.

POSITIVE FAMILY, COMMUNITY & SOCIAL CONNECTIONS – Complete items 114-118 for the birth parents and substitute caregivers (Parent/caregiver’s Support Network)

114. PARTNER RELATIONS - *This item refers to the parent/caregiver’s relationship with another adult. If married, this refers to the parent/caregiver’s husband or wife.*

0	Parent/caregiver has a strong, positive, partner relationship with another adult. This adult functions as a member of the family. A person without a relationship who currently has no interest in one would be rated here.
1	Parent/caregiver has a generally positive partner relationship with another adult. This adult may not function as a member of the family.
2	Parent/caregiver is currently not involved in any partner relationship and the lack of relationship interferes with functioning.
3	Parent/caregiver is currently involved in a negative, unhealthy relationship with another adult. This would also include a parent/caregiver involved in a relationship with domestic violence issues.

115. RELATIONS WITH EXTENDED FAMILY - *This item refers to the parent/caregiver’s relationship with other relatives who do not currently live with the family.*

0	Extended family members play a central role in the functioning and wellbeing of the family. They have predominately positive relationships with members of the extended family and conflicts are resolved quickly.
1	Extended family members play a supportive role in family functioning. They generally have positive relationships with members of the extended family. Conflicts may linger but eventually are resolved.
2	Extended family members are marginally involved in the functioning and wellbeing of the family. They have generally strained or absent relationships with extended family members.
3	Family is not in contact or estranged from extended family members. They have negative relationships with continuing conflicts.

116. COMMUNITY INVOLVEMENT - *Community is broadly defined as the people and institutions where the parent/caregiver lives. This could include a neighborhood, a city or town, or even a county. ‘Community’ is generally understood as the institutions that comprise it—businesses, churches, community centers, etc.*

0	The parent/caregiver is actively involved in his/her community.
1	The parent/caregiver is somewhat involved in his/her community. He/she is supportive of and involved in community institutions.
2	The parent/caregiver identifies with a community but is not currently involved.
3	The parent/caregiver is not involved with any community.

117. NATURAL SUPPORTS - *Natural supports refer to help that one does not have to pay for. This could include friends and families or a church or other organization that helps the family in times of need.*

0	Parent/caregiver(s) has substantial natural supports to assist in address most family and child needs.
1	Parent/caregiver(s) has natural supports but some limitations exist whereby these supports are insufficient to address some family and child needs.
2	Parent/caregiver(s) has limited natural supports.
3	Parent/caregiver(s) has no natural supports.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

118. ACCESSIBILITY TO CHILD CARE SERVICES *Please rate the highest level from the past 30 days*

0	Caregiver has access to sufficient child care services.
1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
2	Caregiver has limited access to child care services. Current services do not meet the caregiver's needs.
3	Caregiver has no access to child care services.

ABILITY TO NURTURE SOCIAL & EMOTIONAL COMPETENCE OF CHILDREN – Complete items 119-122 for birth parents and substitute caregivers (Parent/caregiver's ability to communicate with and relate to child and to thereby foster child's healthy social and emotional life)

119. PARENT/CAREGIVER'S UNDERSTANDING OF IMPACT OF OWN BEHAVIOR ON CHILDREN - *This item is intended to describe the degree to which a parent/caregiver has self-awareness regarding how his/her actions and behavior affect his/her children.*

0	Parent/caregiver(s) has a clear understanding of the impact of his/her behavior on children and is able to adjust behavior to limit negative impact.
1	Parent/caregiver(s) has some understanding of impact of his/her behavior but may struggle at times to change behavior to limit negative impact.
2	Parent/caregiver(s) has limited understanding of the impact of his/her behavior on children.
3	Parent/caregiver(s) has no understanding or denies any impact of his/her behavior on children.

120. EMPATHY WITH CHILDREN - *This item refers to the parent/caregiver's ability to understand and respond to the joys, sorrows, anxieties and other feelings of children with helpful, supportive emotional responses.*

0	Adaptive emotional responsiveness. Parent/caregiver is emotionally empathic and attends to child's emotional needs.
1	Parent/caregiver is generally emotionally empathic and typically attends to child's emotional needs.
2	Limited adaptive emotional responsiveness. Parent/caregiver is often not empathic and frequently is not able to attend to child's emotional needs.
3	Significant difficulties with emotional responsiveness. Parent/caregiver is not empathic and rarely attends to the child's emotional needs.

121. ABILITY TO COMMUNICATE - *This item describes the parent/caregiver's ability to articulate in an understandable way their thoughts, feelings, beliefs, and concerns regarding parenting and children's needs and strengths.*

0	Parent/caregiver(s) is able to express feeling and thoughts effectively with regard to family and child issues.
1	Parent/caregiver(s) is able to express feeling and thoughts but sometimes struggle to express these so that others can listen and/or understand.
2	Parent/caregiver(s) requires help learning to express feelings and thoughts effectively with regard to family and child issues.
3	Parent/caregiver(s) requires substantial help learning to express feelings and thoughts effectively with regard to family and child issues.

122. FAMILY STRESS *Please rate the highest level from the past 30 days*

0	Caregiver able to manage the stress of child/children's needs.
1	Caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

PARENT/CAREGIVER RESILIENCE – Complete items 123-130 for birth parents and substitute caregivers

123. PHYSICAL HEALTH - *Physical health includes medical and physical challenges faced by the parent/caregiver(s).*

0	Parent/caregiver(s) has no physical health limitations that require assistance or impact childcare.
1	Parent/caregiver (s) has some physical health limitations but they do not require assistance or interfere with ability to care for the child at this time.
2	Parent/caregiver (s) has significant physical health limitations that make difficult or prevent them from being able to care for the child without immediate assistance.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

3	Parent/caregiver(s) is physically unable to provide care or assistance to the child as needed.
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124. MENTAL HEALTH - *This item refers to the parent/caregiver's mental health status. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery or successfully managing illness.*

0	Parent/caregiver (s) has no mental health limitations that require assistance or impact childcare.
1	Parent/caregiver (s) has some mental health limitations but they do not significantly interfere with ability to care for the child at this time.
2	Parent/caregiver(s) has significant mental health limitations that make difficult or prevent them from being able to care for the child without immediate assistance.
3	Parent/caregiver (s) is unable to provide any needed assistance or attendant care to child due to serious mental illness.

125. SUBSTANCE USE - *This item rates the parent/caregiver's pattern of alcohol and/or drug use. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery.*

0	Parent/caregiver (s) has no substance-related limitations that impact or impair parent/caregiving ability and childcare.
1	Parent/caregiver (s) has some substance-related limitations that interfere or may interfere with parenting ability and childcare.
2	Parent/caregiver (s) has significant substance-related limitations that make difficult or prevent them from being able to parent and care for their child without assistance.
3	Parent/caregiver (s) is unable to provide any needed assistance or childcare due to serious substance dependency or abuse.

126. DEVELOPMENTAL - *This item describes the parent/caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities and the impact of these conditions on his/her ability to care for child.*

0	Parent/caregiver (s) has no developmental limitations that impact childcare.
1	Parent/caregiver (s) has some developmental limitations that interfere or may interfere with his or her ability for childcare at this time.
2	Parent/caregiver (s) has significant developmental limitations that make difficult or prevent them from being able to parent and care for their child without assistance.
3	Parent/caregiver (s) is unable to provide any needed assistance or childcare due to serious developmental disabilities.

127. PARENT/CAREGIVER POSTTRAUMATIC REACTIONS - *This rating describes posttraumatic reactions faced by parent/caregiver, including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.*

0	Parent/caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.
1	Parent/caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Parent/caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide childcare.
2	Parent/caregiver has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide childcare. Parent/caregiver may have nightmares or flashbacks of the trauma.
3	Parent/caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact the caregiver's ability to provide childcare. Symptoms might include intrusive thoughts, hyper vigilance, and constant anxiety.

128. HYGIENE AND SELF-CARE - *This item describes the parent/caregiver's ability to take care of personal hygiene and self-care needs, including dressing, bathing, eating, etc.*

0	No evidence of hygiene or grooming problems. This is characterized by the ability to independently complete all relevant activities such as bathing, grooming, and dressing.
1	This is characterized by difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well-being.
2	This is characterized by an extreme disruption in one's self-care skill or moderate disruption in more than one self-care skill. The person's self-care does not represent an immediate threat to the person's safety but has the potential for creating significant long-term problems if not addressed.
3	This is characterized by extreme disruptions in multiple self-care skills. The person's self-care abilities are sufficiently impaired that he/she represents an immediate threat to himself/herself and requires 24-hour supervision to ensure safety. For example, a person with an eating disorder that prevents sufficient nutritional

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

	intake would be coded here.
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129. INDEPENDENT LIVING SKILLS - *This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities like money management, transportation, job readiness, housekeeping, and cooking.*

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

130. RECREATION - *This item describes the parent/caregiver's use of leisure time for legal recreational activities.*

0	The parent/caregiver has active legal recreational interests that he/she pursues consistently.
1	The parent/caregiver has legal recreational interests but does not pursue them consistently.
2	The parent/caregiver has limited legal recreational activities.
3	The parent/caregiver has no recreational activities. (Watching television alone is not considered a recreational activity.)

COMMITMENT TO PERMANENCY PLAN GOAL – CAREGIVER (Please rate items 131-133 for substitute caregivers only)

131. COLLABORATION WITH OTHER PARENTS/CAREGIVERS - *This item refers to the foster parent's relationship with the biological parent or other caregivers with regard to working together in child rearing activities.*

0	Caregiver works with the parent(s) regarding issues of the development and wellbeing of the children. Caregiver supports continual family membership, visitation, and shared parenting. They demonstrate good communication and partnership.
1	Generally good caregiver-parental collaboration with occasional difficulties but are willing to work towards better communications and partnership regarding the development and wellbeing of the children.
2	Limited adaptive collaboration. Caregiver has moderate problems of communication and collaboration with parent(s) and/or caregivers with regard to issues of the development and wellbeing of the youth.
3	Significant difficulties with collaboration. Caregiver has minimal collaboration and destructive or sabotaging communication among any parents and caregivers regarding issues related to the development and wellbeing of the youth.
NA	Not Applicable

132. CAREGIVER SUPPORT FOR PERMANENCY PLAN GOAL - *This item is a global rating of the degree to which the caregiver appears to be committed to facilitating progress toward permanency plan goals, including supporting the parent in doing the things necessary to allow for reunification with his/her child(ren).*

0	Caregiver is completely committed to doing whatever he/she needs to support permanency plan goals, including supporting the parent in moving towards reunification.
1	Caregiver is generally committed to doing the required tasks in order to support permanency plan goals, including reunification.
2	Caregiver is ambivalent or uncommitted to supporting permanency plan goals, including reunification, at this time.
3	Caregiver is uninterested in supporting the current permanency plan goals.
NA	Not Applicable

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

133. INCLUSION OF THE CHILD IN THE FOSTER FAMILY – *This item rates the degree to which family members accept and welcome the foster child as an equal member of the family.*

0	All members of the family view the child as an equal member. Child is included in all family celebrations and events, and child's accomplishments and milestones are given attention equal to that of other children in the family.
1	Most family members accept the child in a welcoming manner, celebrate the child's accomplishments, and include the child in family events. There may be one family member who treats the child differently, but this has little impact on the child's well-being; or the child is occasionally left out.
2	At least one parent treats the child as an unequal member of the family. The child is sometimes left out of family celebrations, trips, and events. The child's milestones are not acknowledged in a manner equal to that of other children in the family.
3	The child's status in the foster family is beneath that of other children in the family. The child may be left behind when the family takes trips, and the child's milestones are ignored when those of other family members are celebrated. Some or all of the family members ignore or resent the child's presence in the family.
NA	Not Applicable

COMMITMENT TO PERMANENCY PLAN GOAL – BIOLOGICAL PARENT (Please rate items 134-141 for the biological parent or any other individual/household under consideration for permanency)

134. PARENT PARTICIPATION IN PLANNED-SUPERVISED VISITATION - *This item describes both the parent's attendance at visitation and their involvement in activities with his/her child/children during these visits.*

0	Parent consistently adheres to all planned visitations and actively participates.
1	Parent generally adheres to planned visitations but may sometimes miss or engage in unplanned visitation or always attends but does not actively participate with the child/children.
2	Parent sporadically adheres to planned visitation
3	Parent does not participate in planned visitation.
NA	Not Applicable

135. RELATIONSHIP/CONTACT WITH CASEWORKER - *This item describes the parent's relationship and level of responsiveness/cooperation with his/her child/children's caseworker.*

0	Parent actively stays in contact with the caseworker and consistently responds to the caseworker's input and requests.
1	Parent does not always stay in contact with the caseworker, <u>but</u> is generally responsive to the worker's requests and input. Parent is generally good about following through on appointments, returning the caseworker's phone calls, etc.
2	Parent is inconsistent in his or her response to the caseworker's requests and input.
3	Parent is unresponsive and uncooperative with the caseworker. He/she may be actively hostile or seeks to avoid the worker.
NA	Not Applicable

136. INVOLVEMENT IN TREATMENT - *This item describes the degree to which the parent participates in any suggested or mandated treatment programs.*

0	Parent consistently participates in personal treatment and shows progress on targeted treatment issues as evidenced by documentation from treatment provider.
1	Parent generally participates in personal treatment, but may sometimes miss scheduled treatment visits, <u>or</u> parent has been attending treatment but provider's documentation suggests minimal progress on targeted treatment issues.
2	Parent sporadically participates in personal treatment.
3	Parent refuses to participate in personal treatment.
NA	Not Applicable

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

137. PARENT INVOLVEMENT/PARENT PARTICIPATION - *This item pertains to a parent who is participating in "shared parenting activities" by attending school conferences, medical appointments, residential or group home, etc.*

0	Parent is actively involved in child's life while in placement and may take part in shared parenting with the substitute caregiver.
1	Parent is generally involved in the child's life while in placement, but still has periods of time where he or she has been less involved or inconsistent.
2	Parent is involved in child's life but only has minimal interactions over an extended period of time.
3	Parent is mostly uninvolved in child's life; he or she may not interact with the child.
NA	Not Applicable

138. COMMITMENT TO REUNIFICATION - *This item is a global rating of the degree to which the parent appears to be committed to doing the things necessary to allow for reunification with his/her child/children.*

0	Parent is doing whatever he/she needs to accomplish in order to be reunified.
1	Parent is generally committed to doing the required tasks in order to achieve reunification and has once or twice in the last month failed to follow through consistently (e.g., misses visits, therapy sessions and/or court appearances, etc.)
2	Parent appears or reports being ambivalent or uncommitted to reunification at this time.
3	Parent is uninterested in achieving reunification at this time.
NA	Not Applicable

139. RESPONSIBILITY IN MALTREATMENT - *This item describes the degree to which the parent is aware of their role (even if only present and not directly involved) in the maltreatment of his/her child/children.*

0	Parent accepts responsibility for his/her role in prior child maltreatment and demonstrates behavior changes that reduce risk of future maltreatment.
1	Parent understands his/her role in prior child maltreatment, but there may be some concern about their ability to translate that awareness into the prevention of future maltreatment.
2	Parent does not accept primary responsibility. He/she blames others.
3	Parent denies any role in prior child maltreatment. Parent may deny that maltreatment took place, or may deny any connection and any level of responsibility for the maltreatment of the child.
NA	Not Applicable

140. RELATIONSHIP WITH ABUSER(S) - *If the parent is not the actual abuser, this item describes the parent's current level of contact and involvement with the perpetrator of the abuse or with anyone who may have abused children in the past.*

0	Parent has no contact/relationships with individuals who were involved in earlier maltreatment of children. Anyone who had engaged in prior child maltreatment (e.g. babysitter, significant other, etc.) is now out of his/her life.
1	Parent has limited contact with individuals who were involved in earlier maltreatment of child, but he/she is aware of the importance of protecting children from this individual(s).
2	Parent remains in relationship with individuals who were involved in earlier maltreatment.
3	Parent remains in relationship with individuals who were involved in earlier maltreatment and denies any risk with these individuals; and/or parent continues to associate with individuals who could be harmful to children.
NA	Not Applicable

141. HISTORY OF MALTREATMENT OF CHILDREN - *This item describes whether the parent has any prior history of maltreating a child in his/her care.*

0	No evidence of any history of maltreatment
1	Parent's maltreatment of children is limited to the most recent findings. He/she has only the current episode of CPS involvement.
2	Parent has two indicated incidents of CPS involvement.
3	Parent has three or more indicated incidents of CPS involvement or any episode ending in the termination of parental rights.

CANS SUB-MODULES

DIRECTIONS: Complete the following sub-modules as indicated

Fire-Setting

Sexually Abusive Behavior

Older Youth (complete on all youth age 16 and over)

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

FIRE SETTING (FS) MODULE Coding Definitions

<i>Check</i>	SERIOUSNESS <i>Please rate most recent incident</i>
0	Child has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
1	Child has engaged in fire setting that resulted only in some property damage that required repair.
2	Child has engaged in fire setting which caused significant damage to property (e.g. burned down house).
3	Child has engaged in fire setting that injured self or others.

<i>Check</i>	HISTORY <i>Please rate using time frames provided in the anchors</i>
0	Only one known occurrence of fire setting behavior.
1	Youth has engaged in multiple acts of fire setting in the past year.
2	Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.
3	Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.

<i>Check</i>	PLANNING <i>Please rate most recent incident</i>
0	No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.
2	Evidence of some planning of fire setting behavior.
3	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

<i>Check</i>	USE OF ACCELERANTS <i>Please rate most recent incident</i>
0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

<i>Check</i>	INTENTION TO HARM <i>Please rate most recent incident</i>
0	Child did not intend to harm others with fire. He/she took efforts to maintain some safety.
1	Child did not intend to harm others but took no efforts to maintain safety.
2	Child intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Child intended to injure or kill others.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

SEXUALLY ABUSIVE BEHAVIOR (SAB) MODULE Coding Definitions

SAB 1 - RELATIONSHIP *Please rate the most recent episode of sexual behavior*

0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child or adolescent being in the position of authority.
2	Child is clearly victimizing at least one other individual with sexually abusive behavior.
3	Child is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

SAB 2 - PHYSICAL FORCE/THREAT *Please rate the highest level from the most recent episode of sexual behavior*

0	No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.
1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
3	Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.

SAB 3 - PLANNING *Please rate the highest level from the most recent episode of sexual behavior*

0	No evidence of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity is enhanced.
2	Evidence of some planning of sex act.
3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

SAB 4 - AGE DIFFERENTIAL *Please rate the highest level from the most recent episode of sexual behavior*

0	Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).
1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
2	Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.
3	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

SAB 5 - TYPE OF SEX ACT *Please rate the highest level from the most recent episode of sexual behavior*

0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS
SEXUALLY ABUSIVE BEHAVIOR MODULE Coding Definitions (continued)

SAB 6 - RESPONSE TO ACCUSATION *Please rate the highest level from the past 30 days*

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

SAB 7 - TEMPORAL CONSISTENCY

0	This level indicates a child who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.
1	This level indicates a child who has been sexually abusive during the past two years OR child who has become sexually abusive in the past three months despite the absence of any clear stressors.
2	This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
3	This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

SAB 8 - HISTORY OF SEXUALLY ABUSIVE BEHAVIOR (toward others)

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

SAB 9 - SEVERITY OF SEXUAL ABUSE

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

SAB 10 - PRIOR TREATMENT

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

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
WV OLDER YOUTH CHECKLIST (6-13-2011)**

(Please complete with all youth over the age of 16)

Essential Documents/Activities	Yes	No	In Process	Date of Completion
I have obtained a State Issued Identification Card				
I have obtained a Social Security Card				
I have obtained a certified copy of my birth certificate				
I have obtained a driver's license (if applicable) or I know where to get a study guide and where and how to take a drivers exam.				
I have registered with Selective Service (if a male 18 or older).				
I have completed a credit check prior to turning 18.				
I have applied for disability benefits prior to age 18 (if applicable).				
I have obtained proof of Citizenship (if applicable)				
I have Obtained my education records				
I have obtained my medical records (including immunization record)				
I have applied for and received a Medical Card (if applicable).				
I have obtained religious documents and information (if applicable)				
I have obtained death Certificate(s) (if parent(s) are deceased).				
I have established an individual portfolio that contains medical history (current medical information, identified primary care physician, dentist, optometrist, etc.), family medical history (any information that could be relevant to potential future medical issues) financial information (account numbers, cd maturity dates, W2,s, taxes, receipts, etc.), critical documents, work documents (current resume, employment dates, emergency contacts, etc.) and personal information (passwords, wills, living will, medical power of attorney, social worker name, etc.).				
I have developed a resume (when work experience can be described).				
I have a Food Handlers Card				
I have a library card.				
I have a realistic Independent Living Plan that is reviewed by the MDT.				

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

I have completed the Ansell Casey Life Skills (ACLSA) Assessment within the past year.				
I have completed an Individual Learning Plan based on ACLSA results within last year.				
I have met with a Chafee Specialist and I am aware of all independent living services available to me now and after I turn 18.				
Essential Life Skills/Experiences	Yes	No	In Process	Date of Completion
I am participating in and receiving ongoing life skills instruction.				
I have completed a career interest inventory.				
I can demonstrate basic home repairs and basic safety (overflowing commode, leaky faucet, change light bulb, vacuum canister, filter replacement, fuse box, smoke detector, refrigerator contents, etc.)				
I can demonstrate understanding of basic home and fire safety.				
I can demonstrate that I know how to and can utilize independent kitchen safety, menu planning , and budgeting				
I know where to get tax forms, how to fill them out as well as how to submit them. I fully understand tax filing requirement and where to access free assistance.				
I have prepared a 3 course meal on my own with invited guest (s).				
I have explored, participated and maintained at least 1 hobby that I am likely to continue as an adult.				
I have completed and enrolled (or on a waiting list) for drivers education.				
I Know how to purchase tickets, ride a bus, make exchanges and can navigate public bus transportation independently.				
I Know how to purchase and utilize taxi, air and train transportation independently.				
I have participated in career and educational exploration/counseling.				
I have established a checking or savings account.				
I have established a safety deposit box.				
I am employed or have work experience.				
I am currently volunteering or have volunteer experience.				
I have 3 non-parent adults to provide support.				

WV TRIGGERED CLINICAL ASSESSMENT PATHWAYS

DIRECTIONS: Complete the triggered clinical assessment pathways for WV CAPS, any other WV programs requiring completion. These triggered clinical assessment pathways are recommended best practice assessment pathways to be completed as indicated by initial screening.

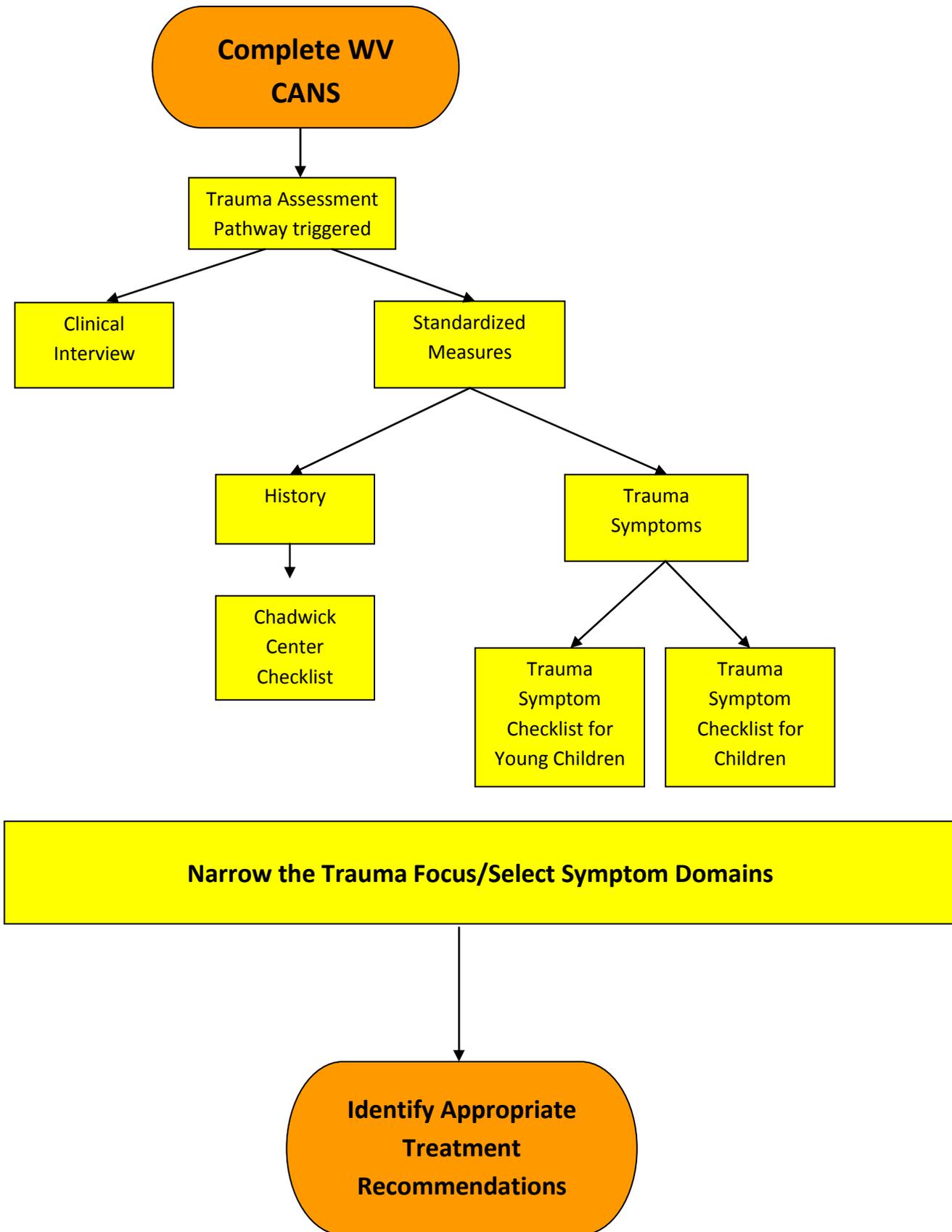
Trauma

Co-Occurring

MR/DD

Suicide

CHILD AND ADOLESCENT NEEDS AND STRENGTHS
WV CAPS Trauma Assessment Pathway



CHILD AND ADOLESCENT NEEDS AND STRENGTHS
Clinical Pathways for Co-occurring Disorders

Part I: Transfer the scores from the CANS for the following indicators:

Dimension	0	1	2	3	U	NA	Justification
#58 Substance Abuse							

If score is 1 to 3 on the above items do the CAGE and evaluate the items in Part II below.

CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)

1. Have you felt you ought to cut down on your drinking or drug use? Y/N
2. Have people annoyed you by criticizing your drinking or drug use? Y/N
3. Have you felt bad or guilty about your drinking or drug use? Y/N
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? Y/N

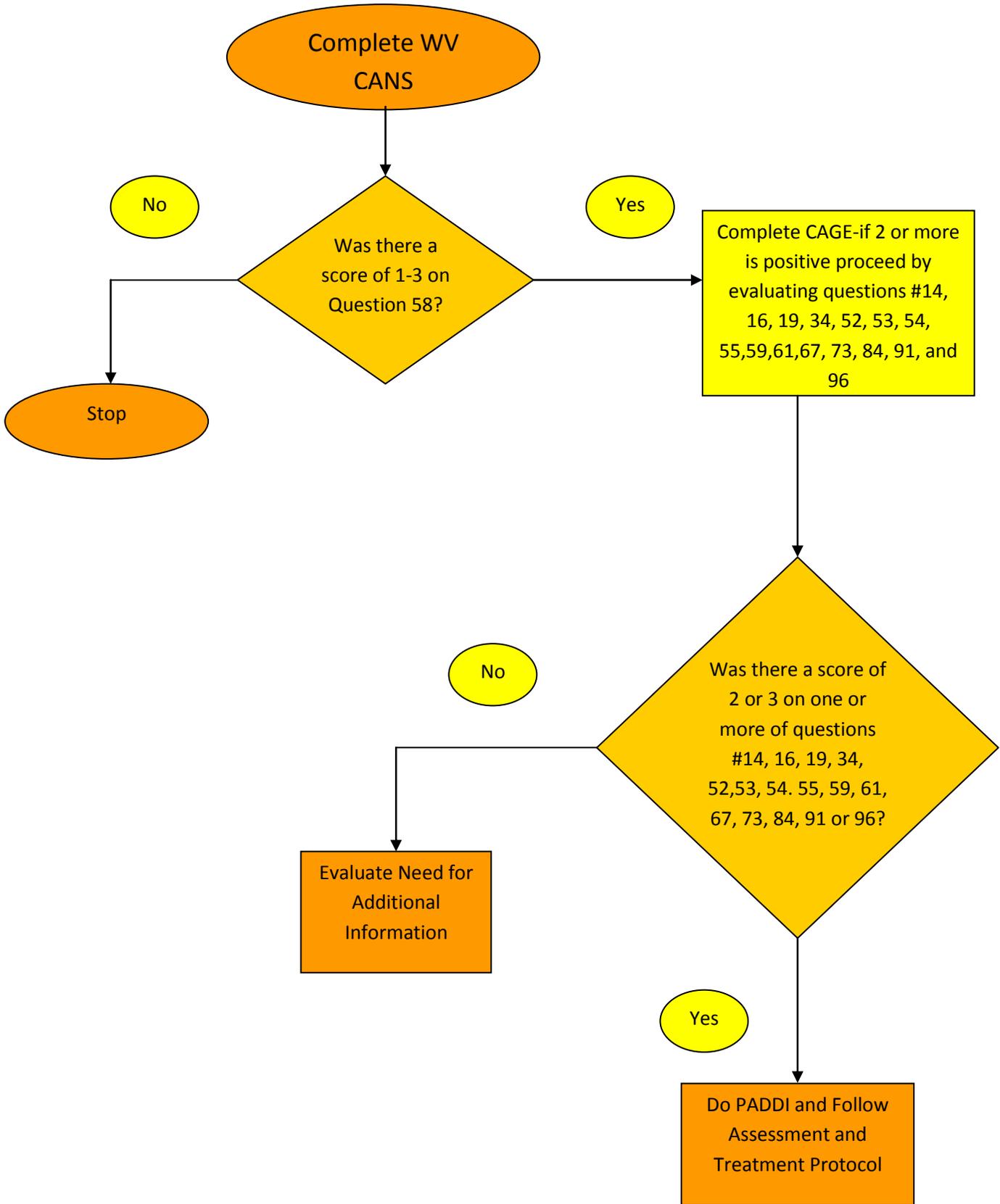
Score: ___/4 (2 of 4 or greater = positive CAGE, further evaluation indicated)

Part II: Transfer the scores from the CANS for the following indicators:

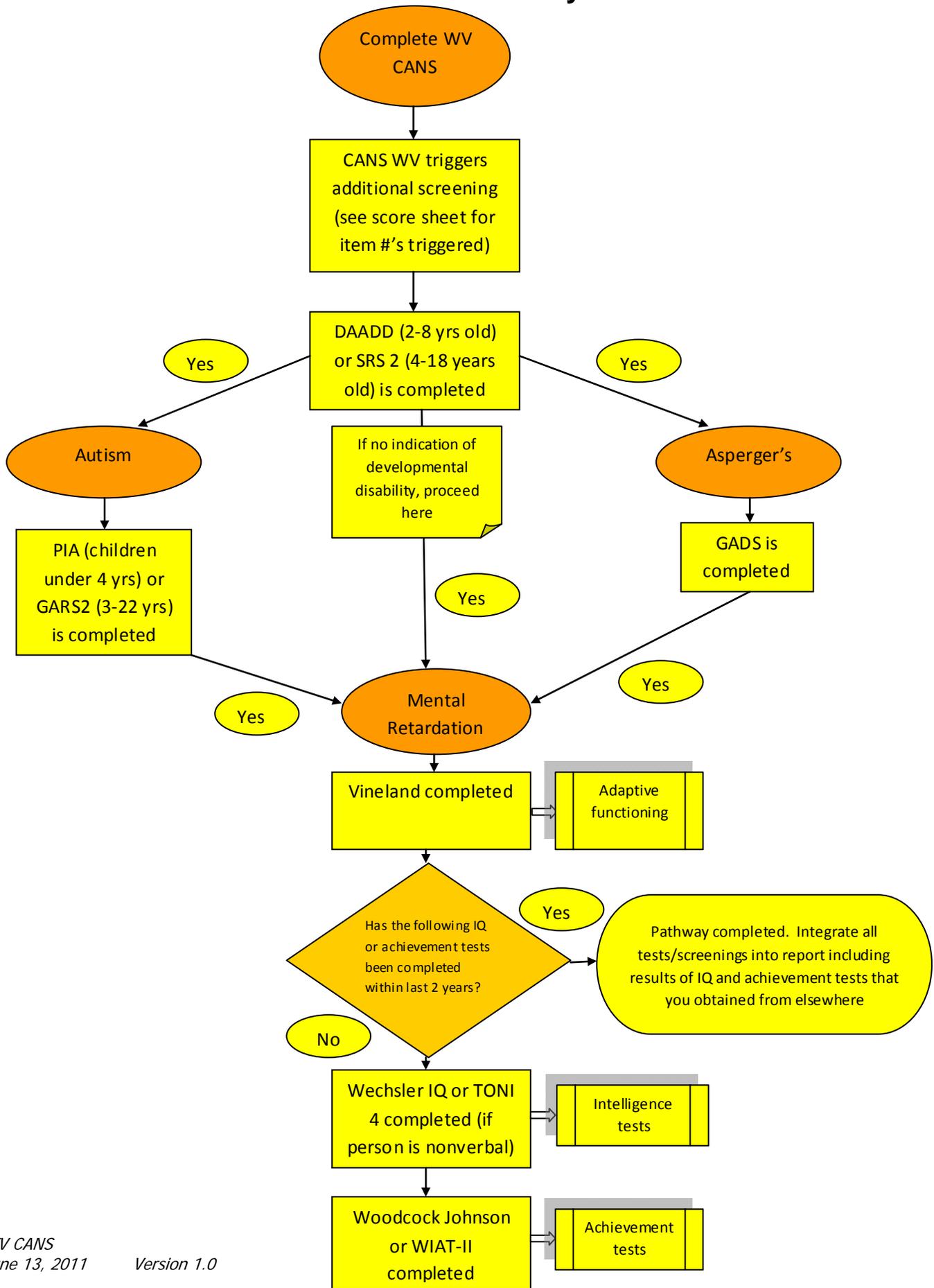
Dimension	0	1	2	3	U	NA	Justification
#14 Adjustment to Trauma							
#16 Re-experiencing							
#19 Dissociation							
#34 Social Functioning							
#52 Psychosis							
#53 Attention Deficit/Impulse Control							
#54 Depression							
#55 Anxiety							
#59 Attachment							
#61 Affect Dysregulation							
#67 Other Self-Harm							
#73 Judgment							
#84 Substance Exposure							
#96 Medication Compliance (overusing Medication)							

The above risk factors may be indicative of the presence of a co-occurring disorder when experienced in addition to substance abuse. If score is 2-3 on one or more of the above items, do PADDI and follow assessment/treatment protocol.

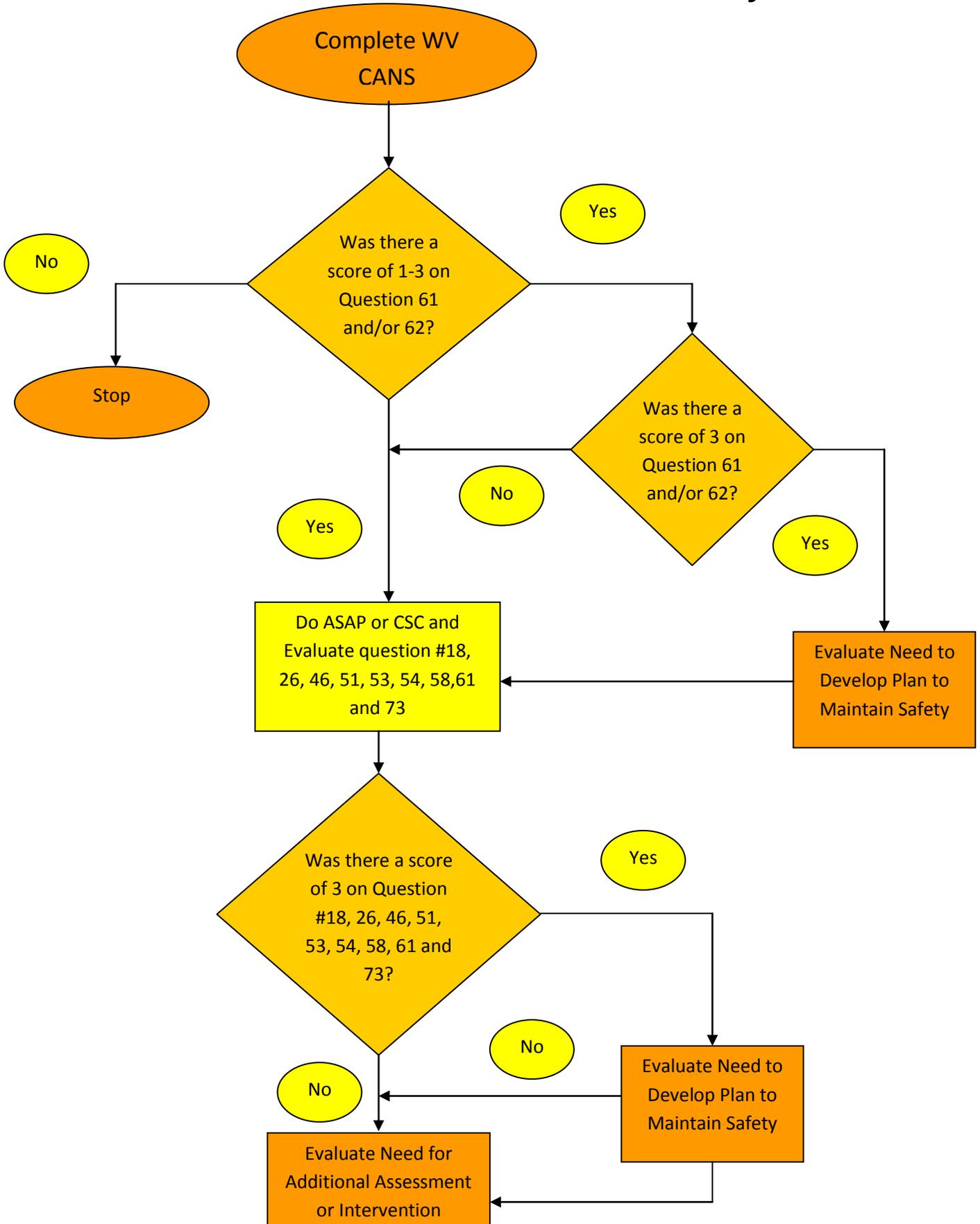
WV CAPS Co-Occurring Disorders Assessment Pathway



CHILD AND ADOLESCENT NEEDS AND STRENGTHS
WV CAPS MR/DD Assessment Pathway



CHILD AND ADOLESCENT NEEDS AND STRENGTHS
WV CAPS Suicide Assessment Pathway



CHILD AND ADOLESCENT NEEDS AND STRENGTHS
Clinical Pathways for Suicide Assessment

Part I: Transfer the scores from the CANS for the following indicators:

Dimension	0	1	2	3	U	NA	Justification
#65 Suicide Risk							
#66 Self-Mutilation							

If score is 1 to 3 on the above items do the ASAP and evaluate the items in Part II below. If youth is under age 12, use Child Suicide Checklist (CSC) and evaluate items in Part II. A score of 2 or 3 on the above items may indicate need for immediate intervention; at a minimum the need for a safety plan should be considered.

Part II: Transfer the scores from the CANS for the following indicators:

Dimension	0	1	2	3	U	NA	Justification
#18 Numbing							
#26 Talents/Interests							
#46 School Achievement							
#51 Culture Stress							
#53 Attention Deficit/ Impulse Control							
#54 Depression							
#58 Substance Abuse							
#61 Affect Dysregulation							
#73 Judgment							

The above risk factors may be indicative of suicidal ideation/intent when experienced in addition to the previous indicators. A score of 3 (or a change from a lesser score) on the above items, in addition to the identified risk scores on the previous indicators, are cause for concern and may indicate an increase in seriousness and the need for further evaluation or intervention, including inpatient admission.

TECHNICAL ASSISTANCE AND SUPPORT

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