

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)
COMPREHENSIVE MULTISYSTEM ASSESSMENT**

Indiana CANS Birth to 5 Manual

Version 2.2

An Information Integration Tool for Young Children



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Acknowledgements

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, and mental health this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive Birth to 5 is an open domain tool for use in service delivery systems that address the mental health of young children and their families. For more information on the CANS-Comprehensive assessment tool contact:

John S. Lyons, Ph.D.
Senior Researcher
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
jl Lyons@chapinhall.org

Betty A. Walton, Ph.D., LCSW
Indiana University School of Social Work
Indiana Family & Social Services Administration
Division of Mental Health and Addiction
402 W. Washington St., W353
Indianapolis, IN 46204
betty.walton@fssa.IN.gov

In early 2013, the Indiana CANS birth to 5 and 5 to 17 manuals were revised to enhance item and rating descriptions and to add trauma related items. Primary resources included *Indiana CANS Birth to 5 Glossary*, the *NCTSN CANS Comprehensive – Trauma Version* (Kisiel, et al., 2010), and the *Child and Adolescent Needs and Strengths, Illinois Department of Children and Family Services Version*.

Praed Foundation
<http://praedfoundation.org>
praedfoundation@yahoo.com

INTRODUCTION

The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment for young children is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to monitor progress.

As an information integration tool, the CANS tool supports communication in a complex environment to help reach agreement about the needs and strengths of children and families. The CANS integrates information from available resources. To accurately reflect the needs and strengths/resources of a youth and family, the six key characteristics of a Communimetric tool and scoring guidelines are considered.

Six Key Principles Characteristics of a Communimetric Tool (CANS)

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4 (“0-3”) level rating system. The levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
3. Consider cultural and developmental factors before rating any item and establishing the action level.
4. Rating should describe the child and family, not the child and family in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in the rating of an ‘actionable’ need (i.e. ‘2’ or ‘3’).
5. The ratings are generally “agnostic as to etiology”. In other words, this is a descriptive tool. It is about the “what” not the “why”. The CANS describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
6. Unless otherwise specified, a 30-day window is used for ratings in order to make sure assessments stay ‘fresh’ and relevant to the individual’s present circumstances. However, if the need remains relevant, the action levels can be used to over-ride the 30-day rating period.

The CANS is easy to learn and is well liked by youth and families, providers and other partners in the services system because it is easy to understand. The way CANS works is that each item suggests

different pathways for service planning. There are four levels of rating of each item using anchored definitions; based on evidence of how needs impact functioning and strengths might help moderate needs, the anchored definitions are designed to translate into the following action levels (separate for needs and strengths):

The basic design for rating NEEDS

| Rating | Level of Needs | Appropriate Action |
|---------------|--|---|
| 0 | No evidence of need | No action needed |
| 1 | Significant history or possible need which is not interfering with functioning | Watchful waiting/ Prevention/ Additional assessment |
| 2 | Need interferes with functioning | Action/Intervention |
| 3 | Need is dangerous or disabling | Immediate and/or Intensive action |

The basic design for rating STRENGTHS

| Rating | Level of Strengths | Appropriate Action |
|---------------|---------------------------|--|
| 0 | Centerpiece strength | Central to planning |
| 1 | Strength present | Useful in planning |
| 2 | Identified strength | Build or Develop strength |
| 3 | No strength identified | Strength creation or identification may be indicated |

Remember that the item anchored definitions or descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions are not inclusive. Sometimes the rater must consider the basic meaning of each level to determine the appropriate rating on a item (item) for an individual. Ratings of 1, 2, or 3 on key core items trigger additional questions in extension modules: Preschool/Day Care and Developmental Functioning, Safety, Regulatory, and Adjustment to Trauma.

Using the CANS and Related Information in Practice

The CANS can be used in practice to engage a child and family; to reach agreement about and describe needs and strengths; to help develop targeted, individualized intervention plans; to recommend the appropriate intensity of intervention, and to monitor progress. Resulting information can help plan, monitor and improve services.

The CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans. As quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of ‘2’ or ‘3’ on a CANS need suggests that this area must be addressed in the plan. A rating of a ‘0’ or ‘1’ identifies a strength that can be used for strength-based planning and a ‘2’ or ‘3’ a strength that should be the focus on strength-building activities.

Decision support applications include the development of specific algorithms for levels of care including treatment foster care, residential treatment, intensive community services, supportive, and traditional outpatient care. Algorithms can be localized for sensitivity to varying service delivery systems and cultures. Algorithms can also be developed for specific evidence based practices.

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

The CANS has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The CANS is auditable; audit reliabilities demonstrate that the CANS tool is reliable at the item level. Validity is demonstrated with the CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

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

The structure and coding descriptions (anchored definitions) for Indiana's comprehensive Birth to 6 CANS follow. A related rating/summary sheet is also available.

References

- Lyons, J.S (2009). *Communitometrics: A communication theory of measurement in human service settings*. New York: Springer.
- Kisiel, C., Lyons, J. S. Blaustein, M., Fehrenbach, T., Griffin, G., Germain, J., Saxe, G., Ellis, H., Praed Foundation, & national Child Trauma Stress Network. (2010). *Child and adolescent needs and strengths (CANS) manual: The NCTSN CANS Comprehensive—Trauma Version: A comprehensive information integration tool for children and adolescents exposed to traumatic events*. Chicago, IL: Praed Foundation/Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Basic Structure of the CANS Comprehensive Tool for Youth Birth to 5

The CANS Comprehensive Multisystem Tool expands depending upon the needs of youth and the

family. Basic core items are rated for all youth and unpaid caregivers. Extension modules are triggered by key core questions. Additional questions are required for the decision models to function. (See CANS Comprehensive 0 to 5 Form.)

Core Items

Life Functioning Domain

Family Functioning
Living Situation
Preschool/Daycare
Social Functioning
Recreation/Play
Developmental
Motor
Communication
Medical
Physical
Sleep
Relationship Permanence

Child Strengths Domain

Family Strengths
Extended Family Relationships
Interpersonal
Adaptability
Persistence
Curiosity

Acculturation Domain

Language
Identity
Ritual
Culture Stress
Cultural Differences

Caregiver Strengths & Needs Domain

Supervision
Involvement with care
Knowledge
Empathy for Child
Organization
Social Resources
Residential Stability
Physical
Mental Health
Substance Use

Developmental

Accessibility to Child Care

Military Transitions

Family Stress

Safety

Marital/Partner Violence in the Home

Abuse/Neglect

Child Behavioral/Emotional Needs Domain

Attachment

Regulatory

Failure to Thrive

Depression

Anxiety

Atypical Behaviors

Impulsivity/Hyperactivity

Oppositional

Adjustment to Trauma

Child Risk Factors Domain

Birth Weight

Pica

Prenatal Care

Labor and Delivery

Substance Exposure

Parent or Sibling Problems

Parental Availability

Child Risk Behaviors Domain

Self Harm

Aggressive Behavior

Intentional Misbehavior

CODING DEFINITIONS

LIFE FUNCTIONING DOMAIN

| | |
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| | FAMILY FUNCTIONING <i>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. For youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan.</i> |
| 0 | No evidence of problems in interaction 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 mild problems in their relationships with child including sibling rivalry or under-responsiveness to child needs. |
| 2 | Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, strained interaction with parent, and poor sibling relationships 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, and aggression with siblings. |
| NA | Not Applicable. |

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| | LIVING SITUATION <i>This item refers to the functioning of the child within their current living arrangement. When the child is potentially returning to biological parents, this item is rated independent of the Family Functioning item. When the child lives with biological or adoptive parents this item is rated the same as the Family Functioning item. Hospitals and shelters do not count as "living situations". If a child is presently in one of these places, rate the previous living situation.</i> |
| 0 | No evidence of problem with functioning in current living environment. |
| 1 | Mild problems with functioning in current living situation. Caregivers concerned about child's behavior or needs at home. |
| 2 | Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Parents of infants concerned about irritability of infant and ability to care for infant. |
| 3 | Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs. |

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| | PRESCHOOL/DAYCARE <i>This item rates the child's experiences in preschool or day care settings and the child's ability to get his/her needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, academic achievement, support from the day care or preschool staff to meet the child's needs, and child's behavioral response to these environments.</i> |
| 0 | No evidence of problem with functioning in current preschool or daycare environment. |
| 1 | Mild problems with functioning in current preschool or daycare environment. |
| 2 | Moderate to severe problems with functioning in current preschool or daycare environment. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others. |
| 3 | Profound problems with functioning in current preschool or daycare environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs. |

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| | SOCIAL FUNCTIONING <i>This item rates the child's current social and relationship functioning. This includes age appropriate behavior and the ability to make and maintain relationships during the past 30 days. When rating this item, consider the child's level of development.</i> |
| 0 | No evidence of problems in social functioning. |
| 1 | Child is having some minor problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations. |
| 2 | Child is having some moderate problems with his/her social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support. |
| 3 | Child is experiencing severe disruptions in his/her social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk. |

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| | RECREATION/PLAY <i>This item rates the degree to which an infant/child is given opportunities for and participates in age appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.</i> |
| 0 | No evidence that infant or child has problems with recreation or play. |
| 1 | Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play. |
| 2 | Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support. |
| 3 | Child has no access to or interest in play or recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement cannot demonstrate enjoyment or use play to further development. |

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| | DEVELOPMENTAL <i>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.</i> |
| 0 | Child has no developmental problems. |
| 1 | Child has some problems with immaturity or there are concerns about possible developmental delay. Child may have low IQ. |
| 2 | Child has developmental delays or mild mental retardation. |
| 3 | Child has severe and pervasive developmental delays or profound mental retardation. |

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| | MOTOR <i>This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning.</i> |
| 0 | No evidence of fine or gross motor development problems. |
| 1 | Child has some indicators that motor skills are challenging and there may be some concern that there is a delay. |
| 2 | Child has either fine or gross motor skill delays. |
| 3 | Child has significant delays in fine or gross motor development or both. Delay causes impairment in functioning. |

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| | COMMUNICATION <i>This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations. This item refers to learning disabilities involving expressive and/or receptive language. This item does not refer to challenges expressing feelings.</i> |
| 0 | No evidence of communication problems. |
| 1 | Child has a history of communication problems but currently is not experiencing problems. An infant may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand. |
| 2 | Child has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands. |
| 3 | Child has serious communication difficulties and is unable to communicate in any way including pointing and grunting. |

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| | MEDICAL <i>This item rates the child's current health status.</i> |
| 0 | Child is healthy. |
| 1 | Child has some 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. |

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| | PHYSICAL <i>This item is used to identify any physical limitations and could include chronic physical conditions such as limitations in vision or hearing or difficulties with fine or gross motor functioning.</i> |
| 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. 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. |

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| | <p>SLEEP <i>This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Bedwetting and nightmares should be considered a sleep issue.</i></p> <p>The child must be 12 months of age or older to rate this item.</p> |
| 0 | No evidence of problems with sleep. |
| 1 | Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week. |
| 2 | Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis. |
| 3 | Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child. |
| NA | Child is younger than 12 months of age. |

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| | <p>RELATIONSHIP PERMANENCE <i>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.</i></p> |
| 0 | This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of child's 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 stable relationship with only one parent may be rated here. |
| 2 | This level indicates a child 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 with any caregiver. Independent living or adoption must be considered. |

CHILD STRENGTHS DOMAIN

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| | FAMILY STRENGTHS <i>This item refers to the presence of a family identity, as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. As with Family Functioning, the definition of family comes from the child’s perspective (i.e., who the child describes as his/her family). If you do not know this information, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child is still in contact.</i> |
| 0 | Significant family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other’s lives. Child is fully included in family activities. |
| 1 | Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other’s company. There may be some problems between family members. |
| 2 | Mild level of family strengths. Family is able to communicate and participate in each other’s lives; however, family members may not be able to provide significant emotional or concrete support for each other. |
| 3 | This level indicates a child with no known family strengths. Child is not included in normal family activities. |

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| | EXTENDED FAMILY RELATIONSHIPS <i>This item rates the close relationships that the child has with extended family members.</i> |
| 0 | Infant/child has well established relationships with extended family that serve to support his/her growth and development. Family members are a significant support to parents and involved most of the time with infant/child. |
| 1 | Child has extended family relationships that are supportive most of the time. Extended family participates in the life of the child and his/her family much of the time. |
| 2 | Infant/child has infrequent contact with extended family members. The support the infant/child receives is not harmful but inconsistent. |
| 3 | Infant/child has no contact with extended family members or the contact with extended family is detrimental to the infant/child. |

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| | INTERPERSONAL <i>This item identifies a child’s social and relationships skills. This strength indicates long standing relationship making and maintaining skills.</i> |
| 0 | Significant interpersonal strengths. Child has a prosocial or “easy” temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held. |
| 1 | Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him or herself. |
| 2 | Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others or if still an infant, child may have a temperament that makes attachment to others a challenge. |
| 3 | This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here. |

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| | ADAPTABILITY <i>This item rates how the child reacts to new situations or experiences, as well as how she/he responds to changes in routines.</i> |
| 0 | Child has a strong ability to adjust to changes and transitions. |
| 1 | Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support. |
| 2 | Child has difficulties much of the time adjusting to changes and transitions even with caregiver support. |
| 3 | Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area. |

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| | PERSISTENCE <i>This item rates the child's ability to keep trying a new task/skill, even when it is difficult for him/her.</i> |
| 0 | Infant/child has a strong ability to continue an activity when challenged or meeting obstacles. |
| 1 | Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity. |
| 2 | Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area. |
| 3 | Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence. |

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| | CURIOSITY <i>This rating describes the child's self-initiated efforts to discover his/her world. This item rates whether the child is interested in his/her surroundings and in learning and experiencing new things.</i> |
| 0 | This level indicates a child with exceptional curiosity. Infant displays 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. |

ACCULTURATION DOMAIN

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| | LANGUAGE <i>This item looks at whether the child and family need help in communication with you or others in their world. It includes both spoken and sign language.</i> |
| 0 | Child and family speak English well. |
| 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. |
| 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. |

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| | IDENTITY <i>This item refers to whether the child is experiencing any difficulties or barriers to their connection to their cultural identity. Cultural Identity may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.</i> |
| 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 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 cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity. |

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| | RITUAL <i>This item looks to identify whether barriers exist for a youth to engage in rituals relevant to his/her culture. Cultural rituals are activities and traditions that are culturally (or family) specific (e.g. 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).</i> |
| 0 | Child and family are consistently able to practice rituals consistent with their cultural identity. |
| 1 | Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals. |
| 2 | Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity. |
| 3 | Child and family are unable to practice rituals consistent with their cultural identity. |

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| | CULTURE STRESS <i>This item identifies circumstances in which the youth's cultural identity is met with hostility or other problems within his/her environment due to differences in the attitudes, behaviors, or beliefs of others. Racism is a form of cultural stress as are all forms of discrimination.</i> |
| 0 | No evidence of stress between caregiver's cultural identify and current living situation. |
| 1 | Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation. |
| 2 | Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress. |
| 3 | Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress. |

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| | CULTURAL DIFFERENCES <i>This item identifies cultural differences regarding child development and child rearing practices between the family and majority cultural values.</i> |
| 0 | The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child. |
| 1 | The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child at risk. |
| 2 | The family has cultural differences related to child rearing practices and development that are considered by the majority culture as problematic for the child. |
| 3 | The family has cultural differences related to child rearing practices and child development that is considered abusive or neglectful and may result in intervention. |

CAREGIVER STRENGTHS & NEEDS DOMAIN

(For this domain, rate the permanency plan caregiver’s capacity to meet the child or youth’s needs and to build strengths. Document who is rated as the “caregiver” in your clinical or case notes.

** Module items can be “Not applicable” if no caregiver has been identified.)*

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| | SUPERVISION <i>This item refers to the parent/caregiver’s ability to provide monitoring and discipline to the rated child. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children.</i> |
| 0 | Caregiver has good monitoring and discipline skills. |
| 1 | Caregiver provides generally adequate supervision. May need occasional help or technical assistance. |
| 2 | Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills. |
| 3 | Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision. |

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| | INVOLVEMENT with CARE <i>This rating should be based on the level of involvement and follow-through the caregiver(s) has in the planning and provision of treatment, health, preschool/day care, child welfare, and related services.</i> |
| 0 | Caregiver is able to act as an effective advocate for child. |
| 1 | Caregiver has history of seeking help for their children. Caregiver is open to receiving support, education, and information. |
| 2 | Caregiver does not wish to participate in services and/or interventions intended to assist their child. |
| 3 | Caregiver wishes for child to be removed from their care. |

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| | KNOWLEDGE <i>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.</i> |
| 0 | Caregiver is knowledgeable about the child’s needs and strengths. |
| 1 | Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity of parent. |
| 2 | Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent. |
| 3 | Caregiver has knowledge problems that place the child at risk of significant negative outcomes. |

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| | EMPATHY FOR CHILD <i>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.</i> |
| 0 | Caregiver is strong in his/her capacity to understand how the child is feeling and consistently demonstrates this in interactions with the child. |
| 1 | Caregiver has the ability to understand how the child is feeling in most situations and is able to demonstrate support for the child in this area most of the time. |
| 2 | Caregiver is only able to be empathetic toward the child in some situations and at times the lack of empathy interferes with the child’s growth and development. |
| 3 | Caregiver shows no empathy for the child in most situations especially when the child is distressed. Caregiver’s lack of empathy is impeding the child’s development. |

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| | ORGANIZATION <i>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.</i> |
| 0 | Caregiver is well organized and efficient. |
| 1 | Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls. |
| 2 | Caregiver has moderate difficulty organizing and maintaining household to support needed services. |
| 3 | Caregiver is unable to organize household to support needed services. |

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| | SOCIAL RESOURCES <i>This item refers to the financial and social assets (e.g. extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.</i> |
| 0 | Caregiver has significant family and friend social network that actively helps with raising the child (e.g., child rearing). |
| 1 | Caregiver has some family or friend social network that actively helps with raising the child (e.g. child rearing). |
| 2 | Caregiver has some family or friend social network that may be able to help with raising the child (e.g., child rearing). |
| 3 | Caregiver has no family or social network that may be able to help with raising the child (e.g. child rearing). |

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| | RESIDENTIAL STABILITY <i>This item rates the parent/caregiver's current and likely future housing circumstances.</i> |
| 0 | Caregiver has stable housing for the foreseeable future. |
| 1 | Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months. |
| 2 | Caregiver has moved multiple times in the past year. Housing is unstable. |
| 3 | Caregiver has experienced periods of homelessness in the past six months. |

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| | PHYSICAL <i>Physical health includes medical and physical challenges faced by the parent/caregiver(s).</i> |
| 0 | Caregiver is generally healthy. |
| 1 | Caregiver is in recovery from medical/physical problems. |
| 2 | Caregiver has medical/physical problems that interfere with their capacity to parent. |
| 3 | Caregiver has medical/physical problems that make it impossible for them to parent at this time. |

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| | MENTAL HEALTH <i>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.</i> |
| 0 | Caregiver has no mental health needs. |
| 1 | Caregiver is in recovery from mental health difficulties. |
| 2 | Caregiver has some mental health difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has mental health use difficulties that make it impossible for them to parent at this time. |

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| | SUBSTANCE USE <i>This item rates the 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.</i> |
| 0 | Caregiver has no substance use needs. |
| 1 | Caregiver is in recovery from substance use difficulties. |
| 2 | Caregiver has some substance use difficulties that interfere with their capacity to parent. |
| 3 | Caregiver has substance use difficulties that make it impossible for them to parent at this time. |

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| | DEVELOPMENTAL <i>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.</i> |
| 0 | Caregiver has no developmental needs. |
| 1 | Caregiver has developmental challenges but they do not currently interfere with parenting. |
| 2 | Caregiver has developmental challenges that interfere with their capacity to parent. |
| 3 | Caregiver has severe developmental challenges that make it impossible for them to parent at this time. |

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| | ACCESSIBILITY TO CHILD CARE SERVICES <i>This item refers to the caregiver's access to appropriate child care for young children.</i> |
| 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 or access to limited child care services. Current services do not meet the caregiver's needs. |
| 3 | Caregiver has no access to child care services. |

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| | MILITARY TRANSITIONS |
| 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. |

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| | FAMILY STRESS <i>This item rates the impact of the managing the child's needs on the caregiver(s).</i> |
| 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. |

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| | SAFETY <i>This rating refers to the safety of the assessed child. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.</i> |
| 0 | Household is safe and secure. Child is at no risk from others. This level indicates that the present placement environment is as safe or safer for the child (in his or her present condition) as could be reasonably expected. |
| 1 | Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood who might be abusive. This level indicates that the present placement environment presents some mild risk of neglect, exposure to undesirable environments (e.g. drug use or gangs in the neighborhood, etc.) but that no immediate risk is present. |
| 2 | Child is in some danger from one or more individuals with access to the household. This level indicates that the present placement environment presents a moderate level of risk to the child, including such things as the risk of neglect or abuse or exposure to individual who could harm the child. |
| 3 | Child is in immediate danger from one or more individuals with unsupervised access. This level indicates that the present placement environment presents a significant risk to the well being of the child. Risk or neglect or abuse is imminent and immediate. An individual in the environment offers the potential of significantly harming the child. |

***All referrants are legally required to report suspected child abuse or neglect to the hotline**

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| | MARITAL/PARTNER VIOLENCE IN THE HOME <i>This rating describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and childcare.</i> |
| 0 | Parent/caregiver(s) appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power. |
| 1 | Mild to moderate level of family problems including marital difficulties and partner arguments. Parent/caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another. |
| 2 | Significant level of caregiver difficulties including frequent arguments that often escalate to verbal aggression, the use of verbal aggression by one partner to control the other or significant destruction of property. Child often witnesses these arguments between caregivers, the use of verbal aggression by one partner to control the other or significant destruction of property. |
| 3 | Profound level of caregiver or marital violence that often escalates to the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk. |

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| | ABUSE and/or NEGLECT <i>This item refers to physical, emotional, or sexual abuse occurring, or at risk of occurring in the child's living situation, AND/OR the failure to provide adequate supervision and expectations and access to the basic necessities of life, including food, shelter, and clothing.</i> |
| 0 | No evidence of emotional, physical, sexual abuse or neglect. |
| 1 | Mild level of emotional abuse or occasional spanking without physical harm, or intention to commit harm. No sexual abuse. OR Mild level of neglect of caretaker responsibilities, such as failure to provide adequate expectations or supervision to child. |
| 2 | Moderate level of emotional abuse and/or frequent spanking or other forms of physical punishment. OR Moderate level of neglect, including some supervision and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action. |
| 3 | Severe level of emotional or physical abuse with intent to do harm and/or actual physical harm, or any form of sexual abuse. This would include regular beatings with physical harm and frequent and ongoing emotional assaults. OR Severe level of neglect, including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. |

***All referrants are legally required to report suspected child abuse or neglect to DCS.**

CHILD BEHAVIORAL/EMOTIONAL NEED DOMAIN

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| | ATTACHMENT <i>This item rates the relationship between the parent/primary caregiver and the child.</i> |
| 0 | No evidence of problems with attachment. |
| 1 | Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others. |
| 2 | Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk. |
| 3 | Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here. |

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| | REGULATORY: BODY CONTROL/EMOTIONAL CONTROL <i>This item refers to the child's ability to control bodily functions such as eating, sleeping and elimination as well as activity level/intensity and sensitivity to external stimulation. The child's ability to control and modulate intense emotions is also rated here.</i> |
| 0 | No evidence of regulatory problems. |
| 1 | Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions. |
| 2 | Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions, and irritability such that consistent adult intervention is necessary and disruptive to the family. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed. |
| 3 | Profound problems with regulation are present that place the child's safety, well being and/or development at risk. |

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| | FAILURE TO THRIVE <i>This item rates the presence of problems with weight gain or growth. Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.</i> |
| 0 | No evidence of failure to thrive. |
| 1 | The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area. |
| 2 | The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5 th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75 th to 25 th). |
| 3 | The infant/child has one or more of all of the above and is currently at serious medical risk. |

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| | DEPRESSION <i>This item refers to any symptoms of depression which may include sadness, irritable mood most of the day nearly every day, changes in eating and sleeping, and diminished interest in playing or activities that were once of interest. A rating of '2' could be a two year old who is often irritable, does not enjoy playing with toys as she/he used to, is clingy to his/her caregiver, and is having sleep issues.</i> |
| 0 | No evidence of problems with depression. |
| 1 | There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect. |
| 2 | Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child meets criteria for a DSM IV diagnosis. |
| 3 | Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain. This rating is given to a child with a severe level of depression. |

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| | ANXIETY <i>This item describes the child's level of fearfulness, worrying or other characteristics of anxiety.</i> |
| 0 | No evidence |
| 1 | History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed. |
| 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. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations. |
| 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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| | ATYPICAL BEHAVIORS <i>This item rates whether the child repeats certain actions over and over again, or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations. This is important in early childhood to assess due to the possible indication that this may be related to pervasive developmental disorders. Early intervention to assess the etiology of these symptoms is critical.</i> |
| 0 | No evidence of atypical behaviors in the infant/child |
| 1 | History or reports of atypical behaviors from others that have not been observed by caregivers. |
| 2 | Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis. |
| 3 | Clear evidence of atypical behaviors that are consistently present and interfere with the infant's/child's functioning on a regular basis. |

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| | IMPULSIVITY/HYPERACTIVITY <i>This item refers to the child's level of difficulty controlling activity level or actions. This item refers to both a child's ability to control impulses as well as his/her activity level.</i> The child should be 3 years of age or older to rate this item. |
| 0 | No evidence |
| 1 | Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties. |
| 2 | Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. The child may run and climb excessively even with adult redirection. The child may not be able to sit still even to eat and is often into things. The child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others space. |
| 3 | Clear evidence of a dangerous level of impulsive and hyperactive behavior that can place the child at risk of physical harm. |
| NA | Child is younger than 3 years of age. |

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| | <p>OPPOSITIONAL (<i>Compliance with authority</i>) <i>This item is intended to capture how the child relates to authority. Oppositional behavior refers to reactions towards adults, not peers.</i></p> <p style="text-align: center;">The child should be 3 years of age or older to rate this item.</p> |
| 0 | No evidence |
| 1 | History or recent onset (past 6 weeks) of defiance towards authority figures |
| 2 | Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior is persistent and caregiver's attempts to change behavior have failed. |
| 3 | Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others or problems in more than one life domain that is resulting in interference with child's social and emotional development. |
| NA | Child is younger than 3 years of age. |

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| | <p>ADJUSTMENT TO TRAUMA. <i>This item covers the child's reaction to any of a variety of traumatic experiences—such as emotional, physical, or sexual abuse, disasters, neglect, separation from family members, witnessing violence, or the victimization or murder of family members or close friends.</i></p> <p><i>This item should be rated 1 -3 for individuals who are exhibiting any symptoms related to a traumatic or adverse experience in their past. The item allows you to rate the overall severity of the broad range of symptoms the child may be experiencing. The remaining items in the CANS will allow you to rate the specific types of symptoms. (Adjustment to Trauma language Adapted from Kisiel, et al., 2011)</i></p> <p style="text-align: center;"><u>If abuse or neglect of the child/youth has been substantiated by child welfare, the rating would be a 1, 2, or 3.</u></p> |
| 0 | Child has not experienced any significant trauma. |
| 1 | History or suspicion of problems associated with traumatic life event/s. Child has some mild problems with adjustment due to trauma that might ease with the passage of time. This may include one or mental health difficulty (such as depression, sleep problems) that may be associated with their trauma history. Child may also be in the process of recovering from a more extreme reaction to a traumatic experience. |
| 2 | Clear evidence of moderate adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) or Adjustment Disorder. |
| 3 | Clear evidence of severe adjustment problems associated with traumatic life event/s, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts, re-experiencing trauma (consistent with PTSD). OR Child likely meets criteria for more than one diagnosis or may have several symptoms consistent with complex trauma (e.g. problems with attachment, affect and behavioral regulation, cognition/learning, etc.). Child has severe symptoms as a result of traumatic or adverse childhood experiences that require intensive or immediate attention . |

CHILD RISK FACTOR DOMAIN

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| | BIRTH WEIGHT <i>This item describes the child's weight as compared to normal development.</i> |
| 0 | Child is within normal range for weight and has been since birth. A child 5.5 pounds or over would be rated here. |
| 1 | Child was born under weight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 3.3 pounds and 5.5 pounds would be rated here. |
| 2 | Child is considerably under weight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here. |
| 3 | Child is extremely under weight to the point of the child's life being threatened. A child with a birth weight of less than 2.2 pounds would be rated here. |

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| | PICA <i>Pica refers to the child eating dangerous or unusual materials. This item includes the symptoms of Pica as specified in DSM.</i> Child must be older than 18 months to rate this item. |
| 0 | No evidence that the child eats unusual or dangerous materials. |
| 1 | Child has a history of eating unusual or dangerous materials but has not done so in the last 30 days. |
| 2 | Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days. |
| 3 | Child has become physically ill during the past 30 days by eating dangerous materials. |
| NA | Child is younger than 18 months of age. |

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| | PRENATAL CARE <i>This item refers to the health care and birth circumstances experienced by the child in utero.</i> |
| 0 | Child's biological mother received adequate prenatal care 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. |
| 2 | Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness. |
| 3 | Child's biological mother had no prenatal care or had a severe pregnancy related illness. |

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| | LABOR AND DELIVERY <i>This item refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child.</i> |
| 0 | Child and biological mother had normal labor and delivery. |
| 1 | Child or mother had some mild problems during delivery, but child does not appear affected by problems. |
| 2 | Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. |
| 3 | Child had severe problems during delivery that have resulted in long term implications for development. |

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| | SUBSTANCE EXPOSURE <i>This item refers to the child's exposure to substance use and abuse both before and after birth.</i> |
| 0 | Child had no in utero exposure to alcohol or drugs, and there is no current exposure in the home. |
| 1 | Child had either mild in utero exposure 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 or significant 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. |

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| | PARENT OR SIBLING PROBLEMS <i>This item describes how this child's parents and older siblings have done/are doing in their respective developments.</i> |
| 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. It may be that the 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. |
| 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. |

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| | PARENTAL AVAILABILITY <i>This item addresses the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate paternal availability up until 12 weeks post partum.</i> |
| 0 | The child's parent/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 the parent slightly less available to the child. |
| 2 | The primary caregiver 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. |
| 3 | The primary caregiver was unavailable to the child to such an extent that the child's emotional or physical well being was severely compromised. |

CHILD RISK BEHAVIOR DOMAIN

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| | SELF HARM <i>This item refers to repetitive behaviors that result in physical injury to the child, e.g. head banging.</i> |
| 0 | No evidence |
| 1 | Mild level of self harm behavior or history of self harm. |
| 2 | Moderate level of self harm behavior such as head banging that cannot be impacted by caregiver and interferes with child's functioning. |
| 3 | Severe level of self harm behavior that puts the child's safety and well being at risk. |

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| | AGGRESSIVE BEHAVIOR <i>This item rates whether there have been times when the child hurt or threatened to hurt another child or adult.</i> |
| 0 | No evidence of aggressive behavior towards people or animals. |
| 1 | There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning. |
| 2 | There is clear evidence of aggressive behavior towards animals or others. Behavior is persistent, and caregiver's attempts to change behavior have not been successful. Help is needed. |
| 3 | The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves harm to animals or others. Caregivers have difficulty managing this behavior. |

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| | INTENTIONAL MISBEHAVIOR (Social Behavior) <i>This item refers to obnoxious behaviors that force adults to sanction the child. These behaviors occur in such a way that the child is intentionally seeking negative attention, acting out, or the behavior could be seen as a cry for help. It is not necessary that the child have an awareness of the purpose of his/her misbehavior as it is not always conscious or planned. This item should not be rated for children who engage in such behavior solely due to developmental delays or lack of social skill. The child should be 3 years of age or older to rate this item.</i> |
| 0 | No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her. |
| 1 | Mild level of intentional misbehavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level. |
| 2 | Moderate level of problematic intentional misbehavior. Such behavior is causing problems in the child's life. Child may be intentionally getting in trouble in preschool or at home. |
| 3 | Severe level of problematic intentional misbehavior. This level would be indicated by frequent serious misbehavior that forces adults to seriously and/or repeatedly sanction the child. Behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion from preschool, removal from the home, or community). |
| NA | Child is younger than 3 years of age. |

INDIVIDUALIZED ASSESSMENT MODULES

Complete any specific module only if indicated on the initial page(s)

SCHOOL MODULE

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| | PRESCHOOL/DAYCARE QUALITY <i>This item rates the overall quality of the preschool or daycare as well as the ability of the program to meet the needs of the child within a larger care giving context.</i> |
| 0 | Infant/child's preschool/daycare meets the needs of the infant/child. |
| 1 | Infant/child's preschool/daycare is marginal in its ability to meet the needs of the infant/child. Caregivers may be inconsistent or curriculum may be weak in areas. |
| 2 | Infant/child's preschool/daycare does not meet the needs of the infant/child in most areas. Care giving may not support the child's growth or promote further learning. |
| 3 | The infant/child's preschool/daycare is contributing to problems for the infant/child in one or more areas. |

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| | PRESCHOOL/DAYCARE BEHAVIOR <i>This item rates the child's behavior in day care or preschool. This is rated independently from attendance. Sometimes children are often absent but when they are in school they behave appropriately. If the child's behavior is disruptive and multiple interventions have been tried, rate this item '2'. If the day care/preschool placement is in jeopardy due to behavior, this would be rated a "3."</i> |
| 0 | Child is behaving well in preschool/daycare. |
| 1 | Child is behaving adequately in preschool/daycare although some mild behavior problems may exist. Child may have a history of behavioral problems. |
| 2 | Child is having moderate behavioral problems at school. He/she is disruptive and many types of interventions have been implemented. |
| 3 | Child is having severe problems with behavior in preschool/daycare. He/she is frequently or severely disruptive. The threat of expulsion is present. |

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| | PRESCHOOL/DAY CARE ACHIEVEMENT <i>This item rates the child's level of developmentally appropriate achievement.</i> |
| 0 | Child is doing well acquiring new skills. |
| 1 | Child is doing adequately acquiring new skills with some challenges. Child may be able to compensate with extra adult support. |
| 2 | Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas. |
| 3 | Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas. |

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| | PRESCHOOL/DAYCARE ATTENDANCE <i>This item assesses the degree to which the child attends preschool or day care.</i> |
| 0 | Child attends preschool/daycare regularly. |
| 1 | Child has some problems attending preschool/daycare but generally is present. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending regularly in the past month. |
| 2 | Child is having problems with school attendance. He/she is missing at least two days each week on average. |
| 3 | Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine. |

DEVELOPMENTAL NEEDS MODULE

| COGNITIVE | |
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| 0 | There is no evidence of cognitive development problems. |
| 1 | Infant/child has some indicators that cognitive skills are not appropriate for age or are at the upper end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time. |
| 2 | Infant/child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks. |
| 3 | Infant/child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/child is completely reliant on caregiver to function. |

| SELF CARE DAILY LIVING SKILLS | |
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| 0 | Child's self care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills. |
| 1 | Child requires some assistance on self care tasks or daily living skills at a greater level than would be expected for age. Development in this area may be slow. Infants may require greater than expected level of assistance in eating and may demonstrate a lack of progression in skills. |
| 2 | Infant/ child requires consistent assistance (physical prompting) on developmentally appropriate self care tasks and/or does not appear to be developing the needed skills in this area. |
| 3 | Child is not able to function independently at all in this area. |

FAMILY/CAREGIVER MODULE

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| | SELF CARE/DAILY LIVING SKILLS <i>This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, and clothing) of their youth.</i> |
| 0 | The caregiver has the daily living skills needed to care for their youth. |
| 1 | The caregiver needs verbal prompting to complete the daily living skills required to care for their youth. |
| 2 | The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their youth. |
| 3 | The caregiver is unable to complete the daily living skills required to care for their youth. Caregiver needs immediate intervention. |

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| | CULTURE STRESS <i>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.</i> |
| 0 | There is no evidence of stress between caregiver's cultural identify and current living situation. |
| 1 | Some mild or occasional stress resulting from friction between the caregiver's cultural identify and his/her current living situation. |
| 2 | Caregiver is experiencing cultural stress that is causing problems of functioning in at least one life domain. Caregiver needs to learn how to manage culture stress. |
| 3 | Caregiver is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Caregiver needs immediate plan to reduce culture stress. |

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| | EMPLOYMENT/EDUCATIONAL FUNCTIONING <i>This item rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.</i> |
| 0 | Caregiver is gainfully employed and/or in school. |
| 1 | A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further. |
| 2 | A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties. |
| 3 | A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention. |

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| | EDUCATIONAL ATTAINMENT <i>This rates the degree to which the individual has completed his/her planned education.</i> |
| 0 | Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning. |
| 1 | Caregiver has set educational goals and is currently making progress towards achieving them. |
| 2 | Caregiver has set educational goals but is currently not making progress towards achieving them. |
| 3 | Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention. |

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| | LEGAL <i>This item rates the family's involvement in the criminal justice system.</i> |
| 0 | Caregiver has no known legal difficulties. |
| 1 | Caregiver has a history of legal problems but currently is not involved with the legal system. |
| 2 | Caregiver has some legal problems and is currently involved in the legal system. |
| 3 | Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. |

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| | MOTIVATION FOR CARE <i>This rating captures the desire of the caregiver to support their youth in care. The person need not have an understanding of their illness; however they participate in recommended or prescribed care (e.g., taking prescribed medications and cooperating with care providers).</i> |
| 0 | The caregiver is engaged in his/her youth's care and supports his/her youth in participating in care. |
| 1 | The caregiver is willing for his/her youth to participate in care; however the caregiver may need prompts at times. Caregiver needs to be monitored and assessed further. |
| 2 | The caregiver is often unwilling to support his/her youth's care and is often uncooperative with service providers. Caregiver/youth needs to be engaged in care. |
| 3 | The caregiver refuses to allow his/her youth to participate in care including taking prescribed medications or cooperating with recommended care. Service coordinator needs to meet with referral source and team to revisit goals. |

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| | FINANCIAL RESOURCES |
| 0 | Caregiver has sufficient financial resources to raise the youth (e.g., youth rearing). |
| 1 | Caregiver has some financial resources that actively help with raising the youth (e.g. youth rearing). |
| 2 | Caregiver has limited financial resources that may be able to help with raising the youth (e.g., youth rearing). |
| 3 | Caregiver has no financial resources to help with raising the youth (e.g. youth rearing). Caregiver needs financial resources |

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| | TRANSPORTATION <i>This rating reflects the caregiver's ability to provide appropriate transportation for his/her youth.</i> |
| 0 | Youth and his/her caregiver have no transportation needs. Caregiver is able to get his/her youth to appointments, school, activities, etc. consistently. |
| 1 | Youth and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. no more than weekly. |
| 2 | Youth and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting youth and access to transportation resources. |
| 3 | Youth and his/her caregiver have no access to appropriate transportation and is unable to get his/her youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources. |

REGULATORY FUNCTIONING MODULE

This module is intended to describe the items of regulatory functioning.

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| | EATING <i>This category refers to all items of eating.</i> |
| 0 | There is no evidence of problems related to eating. |
| 1 | Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning. |
| 2 | Infant/child has moderate problems with eating are present and impair the child's functioning. Infants may be finicky eaters, spit food or overeats. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat. |
| 3 | Infant/child has severe problems with eating are present putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area. |

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| | ELIMINATION <i>This category refers to all items of elimination.</i> |
| 0 | There is no evidence of elimination problems. |
| 1 | Infant/child may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion. |
| 2 | Infant/child demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis. |
| 3 | Infant/child demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed. |

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| | SENSORY REACTIVITY <i>This rating describes the child's ability to use all senses including vision, hearing, smell, touch, taste, and kinesthetics.</i> |
| 0 | There is no evidence of sensory reactivity that is hyper or hypo reactive. |
| 1 | Infant/child may have a history of sensory issues or have mild issues currently that are controlled by caregiver support. |
| 2 | Infant/child demonstrates hyper/hypo reactivity to sensory input in one or more sensory modality such that impairment in functioning is present. |
| 3 | Infant/child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects of such. |

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| | EMOTIONAL CONTROL <i>This rating describes the child's general mood state and ability to be soothed.</i> |
| 0 | Infant/child has no problems with emotional control. |
| 1 | Infant/child has mild problems with emotional control that can be overcome with caregiver support. |
| 2 | Infant/child has a moderate level of problems with emotional control that interferes most of the time with functioning. Infants may be difficult to console most of the time and do not respond well to caregiver support. Older children may quickly become frustrated and hit or bite others. |
| 3 | Infant/child has a significant level of emotional control problems that are interfering with development. Caregivers are not able to mediate the effects of this. |

TRAUMA MODULE

Rating Guide for Characteristics of Potentially Traumatic/Adverse Experiences Section

0 – No evidence of any trauma of this type

1 – A single incident of trauma occurred or suspicion exists of this type of trauma

2 – Multiple incidents or a moderate degree of trauma of this type

3 – Repeated and severe incidents of trauma of this type

The trauma experience rating guide and language in the TRAUMA MODULE were adapted from the NCTSN CANS (Kisiel, et al., 2011).

Potentially Adverse Traumatic Experiences are rated over the lifetime of the youth:

| | SEXUAL ABUSE <i>This rating describes the child’s experience of sexual abuse.</i> |
|---|---|
| 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 or the child has experienced “mild” sexual abuse including but not limited to direct exposure to sexually explicit materials . Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation . Children who have experiences secondary sexual abuse (e.g. witnessing sexual abuse, having a sibling sexually abused) would also be rated here. |
| 2 | Child has experienced one or a couple of incidents of sexual abuse that were 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, multiple perpetrators, and/or associated physical injury . |

| | PHYSICAL ABUSE <i>This rating describes the child’s experience of physical abuse.</i> |
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| 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. |

| | NEGLECT <i>This rating describes the degree of severity of neglect an individual has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or lack of access to needed medical care (medical neglect), or failure to receive an academic instruction (educational neglect).</i> |
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| 0 | There is no evidence that child has experienced neglect. |
| 1 | Child has experienced minor occasional neglect. Child may have been left home alone for a short period of time 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. Child may have been left home alone overnight or there may be occasional failure to provide adequate food, shelter, or clothing with corrective action . |
| 3 | Child has experienced a severe level of neglect including multiple and/or prolonged absences by adults, with minimal supervision, and failure to provide basic necessities of life on a regular basis . |

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| | EMOTIONAL ABUSE <i>The rating describes the degree of severity of emotional abuse, including verbal and nonverbal forms. This item includes both “emotional abuse,” which would include psychological maltreatment such as insults or humiliation towards a child and “emotional neglect” defined as the denial of emotional attention and /or support from caregivers.</i> |
| 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 a 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 or severe 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. |

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| | MEDICAL TRAUMA <i>This rating describes the severity of medical trauma. Not all medical procedures are experienced as traumatic. Medical trauma results when a medical experience is perceived by the child as mentally or emotionally overwhelming. Potential medical trauma include but are not limited to the following examples: the onset of a life threatening illness; sudden painful medical events; chronic medical conditions resulting from an injury or illness or another type of traumatic event.</i> |
| 0 | There is no evidence that child has experienced any medical trauma. |
| 1 | Child has had a medical experience that was mildly overwhelming for the child. Examples include events that were acute in nature and did not result in ongoing medical needs and associated distress such as minor surgery, stitches or bone setting. |
| 2 | Child has had a medical experience that was perceived as moderately emotionally or mentally overwhelming. Such events might include acute injuries and moderately invasive medical procedures such as major surgery that require only short term hospitalization. |
| 3 | Child has had a medical experience that was perceived as extremely emotionally or mentally overwhelming . The event itself may have been life threatening and may have resulted in chronic health problems that alter the child’s physical functioning. |

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| | NATURAL or MANMADE DISASTER <i>This rating describes the severity of exposure to natural and manmade disasters.</i> |
| 0 | There is no evidence that child has experienced any natural or manmade disaster. |
| 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 care accident, plane crashes, or bombing. |
| 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 multiple and severe natural or manmade disasters and /or 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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| | WITNESS TO FAMILY VIOLENCE <i>This rating describes the severity of exposure to family violence.</i> |
| 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 as a direct result of the violence. |

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| | COMMUNITY VIOLENCE <i>This rating describes the severity of exposure to community violence.</i> |
| 0 | There is no evidence that child has witnessed 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 multiple instances of community violence and/or 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 . |
| 3 | Child has witnessed or experienced severe and repeated instances of community violence and/or 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). |

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| | WITNESS/VICTIM TO CRIMINAL ACTIVITY <i>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.</i> |
| 0 | There is no evidence that child has been victimized or witness significant criminal activity. |
| 1 | There is a strong suspicion or evidence that child is a witness of at least one significant criminal activity . |
| 2 | Child has witnessed multiple criminal activities and/or is a direct victim of criminal activity or witnessed the victimization of a family or friend . |
| 3 | Child has been exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one . |

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| | WAR AFFECTED <i>This rating describes the degree of severity of exposure to war, political violence or torture. Violence or trauma related to Terrorism is not included here.</i> |
| 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, or both. 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 affects of war. Child may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped . Some may have served as soldiers, guerrillas or other combatants in their home countries. |

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| | TERRORISM AFFECTED <i>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).</i> |
| 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 they 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. |

Rate Adjustment Items for all Youth with Trauma Experience:

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| | <p>AFFECT REGULATION <i>These symptoms include difficulties modulating or expressing emotions, intense fear or helplessness, difficulties regulating sleep/wake cycle, and inability to fully engage in activities. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyperaroused, or quickly fluctuating energy level. The child may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The child’s behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.</i></p> |
| 0 | Child has no problems with affect regulation. |
| 1 | Child has mild to moderate problems with affect regulation. This rating is given to a child with some minor and occasional difficulties with affect/physiological 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 hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). This child may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints. |
| 2 | Child has moderate problems with affect /physiological regulation, but is able to control affect at times. Problems with affect regulation interfere with child’s functioning in some life domains. This child may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. 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, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or underarousal (e.g. lack of movement and facial expressions, slowed walking and talking). |
| 3 | Child unable to regulate affect. This rating is given to a child with severe and chronic problems with highly dysregulated affective and /or physiological responses. This child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). 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”). This child may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or with elimination problems. |

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| | RE-EXPERIENCING THE TRAUMA (Intrusions) <i>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.</i> |
| 0 | This rating is given to a child with no evidence of intrusive symptoms. |
| 1 | Child experiences some intrusive thoughts of trauma but they do not affect his/her functioning. For example, a child with some problems with intrusive symptoms, distressing memories , including occasional nightmares about traumatic events would be rated here. |
| 2 | This rating is given to a child with moderate difficulties with intrusive symptoms/distressing memories , intrusive thoughts that interfere in his/her ability to function in some, but not all life domains. For example, the child may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The 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 repeated and/or severe intrusive symptoms/distressing memories. 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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| | AVOIDANCE <i>These symptoms include efforts to avoid stimuli associated with traumatic experiences.</i> |
| 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 . The child may experience 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 . |

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| | INCREASED AROUSAL <i>These symptoms include difficulty falling or staying asleep, irritability or outbursts or anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Children may also manifest physical symptoms such as stomach aches and headaches.</i> |
| 0 | There is no evidence of increased arousal. |
| 1 | This rating is given to a child who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Children may also occasionally manifest physical symptoms such as stomach aches or headaches. |
| 2 | This rating is given to a child which moderate symptoms of hyperarousal or alternations in arousal and reactivity associated with traumatic event(s). Infants appear wide eyed, over reactive to stimuli, and have an exaggerated startle response. The child may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Children may commonly have physical symptoms such as stomach aches or headaches. |
| 3 | This rating is given to a child who exhibits multiple and/or severe hyperarousal symptoms including alternations in arousal and reactivity associated with traumatic event(s). These may include symptoms listed above; the intensity or frequency of these symptoms is distressing for the child and leads to frequent problems with day-to-day functioning . |

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| | NUMBING OF RESPONSIVENESS <i>These symptoms include numbing responses which were not present before the trauma experience(s).</i> |
| 0 | There is no evidence of numbing of responsiveness. |
| 1 | This rating is given to a child who exhibits some problems with numbing. This infant or 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. Infants and toddlers may appear emotionally subdued, socially withdrawn and constricted in their play. Older children may exhibit all of the same symptoms as well as less spontaneous speech and peer interaction. |
| 3 | This rating is given to a child which significant numbing responses or multiple symptoms of numbing . This child may have a markedly diminished interest or participation in significant activities. Infant/child demonstrates numbing of responsiveness most of the time and this is impeding development. |

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| | TIME BEFORE TREATMENT |
| 0 | Trauma was recognized and treatment started within one month of initial experience. |
| 1 | Trauma was recognized and treatment started within one to six months of initial experience. |
| 2 | Trauma was recognized and treatment started within six months to one year of the initial experience. |
| 3 | Trauma was not recognized nor treated for more than one year after the initial experience. |

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| | TRAUMATIC GRIEF <i>This rating describes the level of traumatic grief the child is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.</i> |
| 0 | There is no evidence that the child is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g. death of a loved one) or the child has adjusted well to separation. |
| 1 | Child is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. |
| 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 or other problems with day-to-day functioning. |
| 3 | Child is experiencing significant traumatic grief reactions . Child exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention. |

If a child has been sexually abused, rate the following items:

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

| FREQUENCY OF ABUSE | |
|---------------------------|-------------------------------------|
| 0 | Abuse occurred only one time. |
| 1 | Abuse occurred two times. |
| 2 | Abuse occurred two to ten times. |
| 3 | Abuse occurred more than ten times. |

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

| FORCE | |
|--------------|--|
| 0 | No physical force or threat of force occurred during the abuse episode(s). |
| 1 | Sexual abuse was associated with threat of violence but no physical force. |
| 2 | Physical force was used during the sexual abuse. |
| 3 | Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force. |

| REACTION TO DISCLOSURE | |
|-------------------------------|---|
| 0 | All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience. |
| 1 | Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse. |
| 2 | Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience. |
| 3 | Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened. |