

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Indiana CANS Manual for Children and Youth 5 to 17

Short Form



**Copyright, 1999
Praed Foundation
Acknowledgements**

A large number of individuals have collaborated in the development of the CANS-Comprehensive tool. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the CANS-Comprehensive assessment tool contact:

John S. Lyons, Ph.D.

Endowed Chair of Child & Youth Mental Health Research
University of Ottawa
Children's Hospital of Eastern Ontario
401 Smyth Road, R1118
Ottawa, ON
Canada
jlyons@uottawa.ca
613-562-5800 X8701

Betty A. Walton, Ph.D.

Indiana University School of Social Work &
Indiana Family Social Services Administration
Division of Mental Health and Addiction
402 W. Washington Street, W353
Indianapolis, IN 46204-2739
Betty.Walton@fssa.in.gov

In 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 *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

The Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment was developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to monitor the outcomes of services. Developed from a communication perspective, the CANS creates a common language to help link the assessment

process and the design of individualized service plans, including the use of evidence-based practices.

As an information integration tool, the CANS tool supports communication in a complex environment. The CANS integrates information from whatever sources are available. To accurately reflect the needs and strengths/resources of a youth and family, consider the six key characteristics of a Communimetric tool and scoring guidelines.

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 Indiana ‘Short’ CANS tool is used only in crisis shelters and child welfare initial assessments. 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; these definitions are designed to translate into the following action levels:

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 rating of ‘NA’ for ‘not applicable’ should be use with cases in the *rare instances where an item does not apply to that particular client*. ‘NA’ is available for a few items under specified circumstances (see manual descriptions).

To administer the CANS, a CANS trained and certified care coordinator or other service provider should read the anchor descriptions for each dimension (item) and then record the appropriate rating on the CANS assessment form (or electronic record).

Remember that the item anchor 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 dimension (item) for an individual.

See the Indiana **CANS Glossary** for addition information about each item and **the Family Friendly Interview** for suggested questions. 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.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS assessment. A rating of ‘2’ or ‘3’ on a CANS need suggests that this area must be addressed in the plan.

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, dimension scores can be generated by summing items within each of the dimensions (Symptoms, Risk Behaviors, Functioning, etc). These scores can be compared over the course of treatment. CANS dimension (domain) scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS 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, and 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.

References

Lyons, J.S (2009). *Communiometrics: 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.

CODING DEFINITIONS

CHILD BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

	PSYCHOSIS (Thought Disturbance) <i>This item is used to rate the symptoms of psychiatric disorders with a known neurological base. DSM disorders included on this dimension are Schizophrenia and Psychotic disorders (unipolar, bipolar, NOS). The common symptoms of these disorders include hallucinations, delusions, unusual thought processes, strange speech, and bizarre/idiosyncratic behavior.</i>
0	No evidence
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

	IMPULSIVITY/HYPERACTIVITY <i>Problems with impulse control, impulsive behaviors, including motoric disruptions would be rated here. Manic behavior would be rated here.</i>
0	This rating is used to indicate a child with no evidence of age-appropriate impulsivity in action or thought.
1	This rating is used to indicate a child with evidence of mild levels of impulsivity evident in either action or thought. The child may behave in a fashion that suggests limited impulse control. For instance, child may yell out answers to questions or may have difficulty waiting his turn. Child may exhibit some motor difficulties as well, for instance pushing or shoving others without waiting turn.
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. This rating is used to indicate a child with moderate levels of impulsivity evident in behavior. The child is frequently impulsive and may represent a significant management problem. A child who often intrudes on others and often exhibits aggressive impulses would be rated here.
3	Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm. This rating is used to indicate a child with significant levels of impulsive evident in behavior. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g., running into the street, dangerous driving, or bike riding). The child may be impulsive on a nearly continuous basis. He or she endangers self or others without thinking.

	DEPRESSION <i>Symptoms included in this dimension are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation. This dimension can be used to rate symptoms of the following psychiatric disorders as specified in DSM: Depressive Disorders (unipolar, dysthymia, NOS), and Bipolar Disorder.</i>
0	No evidence
1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
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. This would include a child who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

	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. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the other listed disorders.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

	OPPOSITIONAL (Non-compliance with Authority) <i>This item is intended to capture how the child relates to authority. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance with authority rather than inflicting damage and hurting others.</i>
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures. This rating indicates that the child/adolescent has mild problems with compliance with some rules or adult instructions. Child may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
2	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 causes emotional harm to others. A child who meets the criteria for Oppositional Defiant Disorder in DSM would be rated here.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/adolescent has severe problems with compliance with rules or adult instructions. A child rated at this level would be a severe case of Oppositional Defiant Disorder. They would be virtually always noncompliant. Child repeatedly ignores authority.

	CONDUCT <i>These symptoms include antisocial behaviors like shoplifting, pathological lying, vandalism, cruelty to animals, and assault. This dimension would include the symptoms of Conduct Disorder as specified in DSM.</i>
0	No evidence
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals. This level indicates a child with a mild level of conduct problems. The child may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community. This might include occasional truancy, repeated severe lying, or petty theft from family.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child rated at this level should meet criteria for a diagnosis of Conduct Disorder.
3	Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors. This rating indicates a child with a severe conduct disorder. This could include frequent episodes of unprovoked, planned aggressive or other anti-social behavior.

	<p>ADJUSTMENT TO TRAUMA <i>This item covers the youth'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 in their home or community, 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 they 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><u>If abuse or neglect of the child/youth has been substantiated by child welfare, the rating would automatically be a 1, 2, or 3.</u></p>
0	Child has not experienced any significant trauma or has adjusted well to traumatic/adverse child experiences.
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.

	ANGER CONTROL <i>This item captures the youth's ability to identify and manage their anger when frustrated.</i>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

	SUBSTANCE USE <i>This item describes problems related to the use of alcohol and/or illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a child and youth. This rating is consistent with DSM substance-related disorders.</i>
0	There is no evidence of substance use.
1	The child or youth has a significant history OR substance use is suspected.
2	There is clear evidence of substance use that interferes with functioning in any life domain, (e.g. intoxication, loss of money, reduced school performance, social problems, parental concern, impaired driving, and/or legal involvement). This rating is for a child or youth with a substance abuse problem that impairs his/her ability to function, but does not preclude functioning in an unstructured setting while participating in treatment.
3	This rating is for a youth with a severe substance use problem that presents complications to functional issues which may result in danger to self, public safety issues, or the need for detoxification of the youth. Include here a youth who is intoxicated at the time of the assessment (currently under the influence).

	EATING DISTURBANCE <i>These symptoms include problems with eating including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating and hoarding food. These ratings are consistent with DSM Eating Disorders.</i>
0	No evidence of eating disturbance
1	Mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
2	Clear evidence of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa). Food hoarding also would be rated here.
3	Eating disturbance is disabling. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

CHILD RISK BEHAVIOR DOMAIN

	SUICIDE RISK <i>This rating describes both suicidal and significant self-injurious behavior. A rating of 2 or 3 would indicate the need for a safety plan. Notice the specific time frame for each rating.</i>
0	No evidence or history of suicidal ideation or behavior
1	History but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the past 30 days.
2	Recent ideation or gesture but not in past 24 hours. Recent, (last 30 days) but not acute (today) suicidal ideation or gesture.
3	Current ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation and intent in the past 24 hours.

	SELF-MUTILATION (Non-Suicidal Self-Injury) <i>This rating includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child.</i>
0	No evidence of any forms of self-injury (e.g., cutting, burning, face slapping, head banging)
1	History of self-mutilation, but none in the last 30 days.
2	Engaged in self mutilation that does not require medical attention.
3	Engaged in self mutilation that requires medical attention.

	OTHER SELF HARM <i>This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child or others at some jeopardy. Suicidal or self-mutilative behaviors are NOT rated here.</i>
0	No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

	DANGER TO OTHERS <i>This rating includes actual and threatened violence. Imagined violence, when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan.</i>
0	Child has no evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals)
1	History of aggressive behavior or verbal aggression towards others, but no aggression during the past 30 days. History of fire setting (not in the past year) would be rated here.
2	Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression.
3	Frequent or dangerous (significant harm) level of aggression to others. Child or youth in immediate risk to others.

	SEXUAL AGGRESSION <i>Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which the child or adolescent takes advantage of a younger or less powerful child through seduction, coercion, or force.</i>
0	No evidence of any history of sexually aggressive behavior in the last year.
1	Mild problems of sexually abusive behavior. For example, occasional inappropriate sexually aggressive/harassing language or behavior. History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or language.
2	Moderate problems with sexually abusive behavior. For example, frequent inappropriate sexual behavior. Frequent disrobing would be rated here only if it was sexually provocative. Frequent inappropriate touching would be rated here.
3	Severe problems with sexually abusive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

	RUNAWAY <i>In general, to classify as a runaway or elopement, the child is gone overnight or very late into the night. Impulsive behavior that represents an immediate threat to personal safety would also be rated here.</i>
0	This rating is for a child with no history of running away and no ideation involving escaping from the present living situation.
1	This rating is for a child with no recent history of running away but who has expressed ideation about escaping present living situation or treatment. Child may have threatened running away on one or more occasions or have a history (lifetime) of running away but not in the past year.
2	This rating is for a child who has run away from home once or run away from one treatment setting within the past year. Also rated here is a child who has runaway to home (parental or relative) in the past year.
3	This rating is for a child who has (1) run away from home and/or treatment settings with the last 7 days or (2) run away from home and/or treatment setting twice or more overnight during the past 30 days. Destination is a return to home of parent or relative.

	DELINQUENCY <i>This rating includes both criminal behavior and status offenses that may result from child or youth failing to follow required behavioral standards (e.g. truancy). Sexual offenses should be included as criminal behavior. If caught, the youth could be arrested for this behavior.</i>
0	No evidence child shows no evidence or has no history or criminal or delinquent behavior.
1	History of delinquency but no acts of delinquency in past 30 days. History or criminal or delinquent behavior but none in the past 30 days. Status offenses in the past 30 days would be rated here.
2	Moderate level of criminal activity including a high likelihood of crimes committed in the past 30 days. Examples would include vandalism, shoplifting, etc.
3	Serious level of criminal or delinquent activity in the past 30 days. Examples would include car theft, residential burglary, gang involvement, etc.

	FIRE SETTING <i>This item refers to behavior involving the intentional setting of fires that might be dangerous to the child or others. This does not include the use of candles or incense or matches to smoke. Notice the specific time frames for each rating level.</i>
0	No evidence or history or fire setting behavior.
1	History of fire setting, but not in the past six months
2	Recent fire setting behavior (in past six months), but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months
3	Acute threat of fire setting: for example, set fire that endangered the lives of others (e.g. attempting to burn down a house)

	INTENTIONAL MISBEHAVIOR (Social Behavior) <i>This rating describes obnoxious social behaviors that a child engages in to intentionally force adults to sanction him/her. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which he/she lives) that put the child at some risk of sanctions. 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.</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 intentional misbehavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community.
3	Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

	BULLYING <i>This time describes the behavior of a youth who bullies others.</i>
0	Youth has never engaged in bullying at school or in the community.
1	Youth has been involved with groups that have bully other youth either in school or the community; however, youth has not had a leadership role in these groups.
2	Youth has bullied other youth in school or community. Youth has either bullied the other youth individually or led a group that bullied youth
3	Youth has repeated utilized threats or actual violence to bully youth in school and/or community.

LIFE FUNCTIONING DOMAIN

	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	Child is doing well in relationships with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

	LIVING SITUATION <i>This item refers to how the child is functioning in his/her current living arrangement, which could be with a relative, in a foster home, shelter, etc. (If child is living with the family, ratings for Family and Living Situation would be the same.</i>
0	No evidence of problem with functioning in current living environment. Child and caregivers feel comfortable and safe dealing with issues that come up in day-to-day life.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior at home. Caregivers express some concern about child's behavior in living situation and/or child and caregiver have some difficulty dealing with issues that arise in daily life.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Child and caregivers have difficulty interacting effectively with each other much of the time.
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.

	SCHOOL FUNCTIONING <i>This item reflects the highest level of need related to school behavior, attendance, achievement or relationship with teacher(s) during the last 30 days or, if not attending school, when the child was last in school.</i>
0	Child is performing well in school.
1	Child is performing adequately in school although some problems may exist.
2	Child is experiencing moderate problems with school attendance, behavior, and/or achievement.
3	Child is experiencing severe problems in school with school attendance, behavior and/or achievement.

	SOCIAL FUNCTIONING <i>This item refers to the child's social functioning, how they are interacting with others within the last 30 days. Consider the child's level of development.</i>
0	Child has positive social relationships.
1	Child is having some minor problems in social relationships Child is having some difficulty interacting with others and building and/or maintain relationships
2	Child is having some moderate problems with his/her social relationships. Child often has problems interacting with others and building and maintain relationships
3	Child is experiencing severe disruptions in his/her social relationships. Child consistently and pervasively has problems interacting with others and building and maintaining relationships.

	RECREATION <i>This item is intended to reflect the child's access to and use of leisure time activities.</i>
0	Child has and enjoys positive recreation activities on an ongoing basis. Child makes full use of leisure time to pursue recreational activities that support his/her healthy development and enjoyment.
1	Child is doing adequately with recreational activities although some problems may exist. Child at times has difficulty using leisure time to pursue recreational activities.
2	Child is having moderate problems with recreational activities. Child may experience some problems with effective use of leisure time.
3	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

	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. No evidence of developmental problems or mental retardation
1	Child has some problems with physical immaturity or there are concerns about possible developmental delay. Child may have low IQ, a documented delay, learning disability, or documented borderline intellectual disability, (i.e. FSIQ 70-85).
2	Child has developmental delays or mild mental retardation. Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay or child has mild mental retardation (FSIQ 50-69)
3	Child has severe and pervasive developmental delays or profound mental retardation. Moderate, Severe, or Profound developmental disability or FSIQ below 50.

	COMMUNICATION <i>This item rates the child's ability to understand what is said and to express his or her thoughts.</i>
0	Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
1	Child has receptive communication skills but limited expressive communication skills
2	Child has both limited receptive and expressive communication skills.
3	Child is unable to communicate.

	JUDGMENT <i>This item describes the child's decision-making processes and awareness of consequences.</i>
0	No evidence of problems with judgment or poor decision making that result harm to development and/or well-being.
1	History of problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being. For example, a child who has a history of hanging out with other children who shoplift.
2	Problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being.
3	Problems with judgment that place the child at risk of significant physical harm.

	JOB FUNCTIONING <i>If the youth is working, this item describes their functioning in a job setting.</i>
0	Youth is excelling in a job environment.
1	Youth is functioning adequately in a job environment.
2	Youth has problems with his/her development of vocational or prevocational skills.
3	Youth is having major difficulties functioning in a job environment.
NA	Child/youth is not working.

	LEGAL <i>This item describes the child's involvement with the legal system. This could include involvement in the juvenile or adult criminal justice systems.</i>
0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system.
2	Child has some legal problems and is currently involved in the legal system.
3	Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.

	MEDICAL <i>This item refers to the child's physical 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.

	PHYSICAL <i>This item is used to identify physical limitations, including chronic conditions that entail impairment in eating, breathing, vision, hearing, mobility, or other functions.</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.

	SEXUAL DEVELOPMENT <i>This rating looks at broad issues of sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.</i>
0	No evidence of any problems with sexual development.
1	Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reaction of others.
2	Significant problems with sexual development. May include multiple older partners or high-risk sexual behavior.
3	Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression.

	SLEEP <i>This item rates any disruptions in sleep regardless of the cause including problems with going to bed, staying asleep, waking up early or sleeping too much.</i>
0	Child gets a full night's sleep each night.
1	Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally waking or bed wetting or nightmares.
2	Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep
3	Child is generally sleep deprived. Sleeping is difficult for the child and they are not able to get a full night's sleep.

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

	ATTACHMENT <i>This item should be rated within the context of the child's significant parental or caregiver relationships.</i>
0	There is no evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
1	There is evidence of mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
2	This is evidence of moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM would be rated here.
3	There is evidence of severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

CAREGIVER STRENGTHS AND 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.)

	PHYSICAL <i>Physical health includes medical and physical challenges faced by the 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.

	MENTAL HEALTH <i>This item refers to the caregiver's mental health status. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery.</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.

	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.

	DEVELOPMENTAL <i>This item describes the caregiver's developmental status in terms of low IQ, mental retardation.</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.

	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.

	SUPERVISION <i>This rating is used to determine the caregiver's capacity to provide the level of monitoring and discipline needed by the child.</i>
0	Caregiver has good monitoring and discipline skills. This rating is used to indicate a caregiver circumstance in which supervision and monitoring are appropriate and functioning well.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance. This level indicates a caregiver circumstance in which appropriate supervision and monitoring are generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills. This level indicates a caregiver circumstance in which appropriate supervision and monitoring are very inconsistent and frequently absent.
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.

	INVOLVEMENT WITH CARE <i>This rating should be based on the level of involvement the caregiver(s) has in the planning and provision of child welfare and related services.</i>
0	Caregiver is actively involved in planning or implementation of services and 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 or is not visiting child in foster care, group home or residential care.

	KNOWLEDGE <i>This rating should be based on caregiver's knowledge of the specific strengths of the child and any problems 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. This level indicates that the present caregiver is fully knowledgeable about the child's psychological strengths and weaknesses, talents and limitations.
1	This level indicates that the present caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of either the child's psychological condition or his/her talents, skills and assets.
2	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. This level indicates that the caregiver does not know or understand the child well and that significant deficits exist in the caregiver's ability to relate to the child's problems and strengths.
3	This level indicates that the present caregiver has little or no understanding of the child's current condition. The caregiver is unable to cope with the child given his/her status at the time, not because of the needs of the child but because the caregiver does not understand or accept the situation. The lack of knowledge places the child at risk of significant negative outcomes.

	ORGANIZATION <i>This rating should be based on the ability of the 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.

	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 help 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 no family or social network that may be able to help with raising the child (e.g. child rearing).

	RESIDENTIAL STABILITY <i>This item rates the 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.

	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.

	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.

	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.