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**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

for

Indiana

COMPREHENSIVE MULTISYSTEM ASSESSMENT

Birth to 5

Manual

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**INDIANA CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE ASSESSMENT, BIRTH TO 5**

A large number of individuals have collaborated in the development of the CANS-Comprehensive. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The 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:

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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 allow for the monitoring of outcomes of services.

The CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The following are the key characteristics that distinguish a communimetric tool from a traditional measure.

SIX KEY COMPONENTS OF A COMMUNIMETRIC TOOL

1. Items are selected based on relevance to planning.
2. Action levels for all items
3. Consider culture and development before establishing the action level
4. Agnostic as to etiology—descriptive, no cause and effect
5. About the individual, not about the service. Rate needs when masked by interventions.
6. Specific ratings window (e.g. 30 days) can be over-ridden based on action levels

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 and does not necessarily require scoring in order to be meaningful to a child and family. The way the CANS works is that each item suggests different pathways for service planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels:

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

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

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

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

For **Behavioral/Emotional Needs, Risk Behaviors, Caregiver Needs and Strengths, and Acculturation** the following categories and action levels are used:

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

Decision support applications include the development of specific algorithms to recommend the appropriate intensity of services including treatment foster care, intensive community services, supportive and traditional outpatient care.

In terms of quality improvement activities, 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.

Finally, 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, any one 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 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. There is a community of people who use the various versions of the CANS and share experiences and additional items and supplementary tools.

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 Domain Functioning

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

Child's Strengths

Family
Extended Family Relationships
Interpersonal
Adaptability
Persistence
Curiosity

Acculturation

Language
Identity
Ritual
Culture Stress
Cultural Differences

Caregiver Strengths

Supervision
Involvement with care
Knowledge
Empathy for Child
Organization
Social Resources
Residential Stability

Caregiver Needs

Physical
Mental Health
Substance Use
Developmental
Accessibility to Child Care
Military Transitions
Family Stress
Safety
Marital/Partner Violence in the Home

Child Behavioral/Emotional Needs

Attachment
Regulatory
Failure to Thrive
Depression
Anxiety
Atypical Behaviors
Impulsivity/Hyperactivity
Oppositional
Adjustment to Trauma

Child Risk Factors

Birth Weight
Pica
Prenatal Care
Labor and Delivery
Substance Exposure
Parent or Sibling Problems
Maternal Availability
Abuse/Neglect

Child Risk Behaviors

Self Harm
Aggressive Behavior
Social Behavior

CODING DEFINITIONS

LIFE DOMAIN FUNCTIONING

	FAMILY <i>Please rate the highest level from the past 30 days</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.

	LIVING SITUATION <i>Please rate the highest level from the past 30 days</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.

	PRESCHOOL/DAYCARE <i>Please rate the highest level from the past 30 days</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.

	SOCIAL FUNCTIONING <i>Please rate the highest level from the past 30 days</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.

	RECREATION/PLAY <i>Please rate the highest level from the past 30 days</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 can not demonstrate enjoyment or use play to further development.

	DEVELOPMENTAL <i>Please rate the highest level from the past 30 days</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.

	MOTOR <i>Please rate the highest level from the past 30 days</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.

	COMMUNICATION <i>Please rate the highest level from the past 30 days</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.

	MEDICAL <i>Please rate the highest level from the past 30 days</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>Please rate the highest level from the past 30 days</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.

	SLEEP <i>Please rate the highest level from the past 30 days</i> The child must be 12 months of age or older to rate this item.
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.

	RELATIONSHIP PERMANENCE <i>Please rate the highest level from the past 30 days. 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 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

	FAMILY <i>Please rate the highest level from the past 30 days</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 full 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.

	EXTENDED FAMILY RELATIONSHIPS <i>Please rate the highest level from the past 30 days</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.

k	INTERPERSONAL <i>Please rate the highest level from the past 30 days</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.

	ADAPTABILITY <i>Please rate the highest level from the past 30 days</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.

	PERSISTENCE <i>Please rate the highest level from the past 30 days</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.

	CURIOSITY <i>Please rate the highest level from the past 30 days</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

	LANGUAGE <i>This item 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.

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

	RITUAL <i>Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific 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.

	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	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.

	CULTURAL DIFFERENCES
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

	SUPERVISION <i>Please rate the highest level from the past 30 days</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.

	INVOLVEMENT <i>Please rate the highest level from the past 30 days</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.

	KNOWLEDGE <i>Please rate the highest level from the past 30 days</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.

	EMPATHY FOR CHILD <i>Please rate the highest level from the past 30 days</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. Caregivers lack of empathy is impeding the child's development.

	ORGANIZATION <i>Please rate the highest level from the past 30 days</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>Please rate the highest level from the past 30 days</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 no family or social network that may be able to help with raising the child (e.g. child rearing).

	RESIDENTIAL STABILITY <i>Please rate the highest level from the past 30 days</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.

CAREGIVER NEEDS

	PHYSICAL <i>Please rate the highest level from the past 30 days</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>Please rate the highest level from the past 30 days</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>Please rate the highest level from the past 30 days</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>Please rate the highest level from the past 30 days</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.

	ACCESSIBILITY TO CHILD CARE SERVICES <i>Please rate the highest level from the past 30 days</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.

	MILITARY TRANSITIONS <i>Please rate the higher level from the past 30 days.</i>
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.

	FAMILY STRESS <i>Please rate the highest level from the past 30 days</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.

	SAFETY <i>Please rate the highest level from the past 30 days</i>
0	Household is safe and secure. Child is at no risk from others.
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.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.

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

	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.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

	ATTACHMENT <i>Please rate based on the past 30 days</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.

	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. Please rate based on the past 30 days</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.

	FAILURE TO THRIVE <i>Please rate based on the past 30 days</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.

	DEPRESSION <i>Please rate based on the past 30 days</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 debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

	ANXIETY <i>Please rate based on the past 30 days</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.

	ATYPICAL BEHAVIORS <i>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. Please rate based on the past 30 days.</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 infants/child's functioning on a regular basis.

	IMPULSIVITY/HYPERACTIVITY <i>Please rate based on the past 30 days. The child should be 3 years of age or older to rate this item.</i>
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.

	OPPOSITIONAL <i>Please rate based on the past 30 days. The child should be 3 years of age or older to rate this item.</i>
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.

	ADJUSTMENT TO TRAUMA <i>Please rate based on the past 30 days</i>
0	No evidence of adjustment to trauma.
1	The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavioral symptoms, tantrums and withdrawn behavior.
3	Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain.

CHILD RISK FACTORS

	BIRTH WEIGHT
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.

	PICA <i>Please rate the highest level from the past 30 days</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.

	PRENATAL CARE
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.

	LABOR AND DELIVERY
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.

	SUBSTANCE EXPOSURE
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.

	PARENT OR SIBLING PROBLEMS
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.

	MATERNAL AVAILABILITY: <i>This dimension addresses the primary caretakers emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 12 weeks post partum.</i>
0	The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
1	The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child.
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.

	ABUSE/NEGLECT <i>Please rate the highest level from the past 30 days</i>
0	No evidence nor does the caregiver have any history of abuse/neglect.
1	No evidence of abuse/neglect, parent has received treatment to address this behavior.
2	No evidence of abuse or neglect. Parent has history of this behavior without treatment.
3	Evidence of current abuse/neglect.

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

CHILD RISK BEHAVIORS

	SELF HARM <i>Please rate the highest level from the past 30 days</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 can not 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.

	AGGRESSIVE BEHAVIOR <i>Please rate the highest level from the past 30 days</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.

	SOCIAL BEHAVIOR <i>Please rate the highest level from the past 30 days</i> The child should be 3 years of age or older to rate this item.
0	No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.
1	Mild level of problematic social behavior. 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 social behavior. Social behavior is causing problems in the child's life. Child may be intentionally getting in trouble in school or at home.
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)

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

SCHOOL MODULE
Coding Definitions

<i>Check</i>	PRESCHOOL/DAYCARE QUALITY <i>Please rate the highest level from the past 30 days</i>
0	Infant/child's preschool/daycare meets the needs of the infant/child.
1	Infant/child's preschool/daycare is marginal in it's 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.

<i>Check</i>	PRESCHOOL/DAYCARE BEHAVIOR <i>Please rate the highest level from the past 30 days</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.

<i>Check</i>	PRESCHOOL/DAY CARE ACHIEVEMENT <i>Please rate the highest level from the past 30 days</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.

	PRESCHOOL/DAYCARE ATTENDANCE <i>Please rate the highest level from the past 30 days</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 DISABILITY (DD) MODULE
Coding Definitions

<i>Check</i>	COGNITIVE <i>Please rate the highest level from the past 30 days</i>
0	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.

<i>Check</i>	SELF-CARE DAILY LIVING SKILLS <i>Please rate the highest level from the past 30 days</i>
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/CARETAKER MODULE

Child's Name: _____ Date of Birth: _____

FAMILY/CARETAKER MODULE

KEY:
 0=no evidence
 1=history or sub-threshold, watch/prevent
 2=causing problems, intervene
 3=causing severe/dangerous problems, immediate and/or intensive intervention

	SELF-CARE/DAILY LIVING SKILLS <i>This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, 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.

	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	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.

	EMPLOYMENT/EDUCATIONAL FUNCTIONING <i>This 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.

	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.

	LEGAL <i>Please rate the highest level from the past 30 days</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.

	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.

	FINANCIAL RESOURCES <i>Please rate the highest level from the past 30 days</i>
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

	TRANSPORTATION This rating reflects the caregiver's ability to provide appropriate transportation for his/her youth.
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.

TRAUMA MODULE
Coding Definitions

Characteristics of the Traumatic Experience:

	SEXUAL ABUSE <i>Please rate within the lifetime</i>
0	There is no evidence that infant/child has experienced sexual abuse.
1	Infant/child has experienced one episode of sexual abuse or there is a suspicion that infant/child has experienced sexual abuse but no confirming evidence.
2	Infant/child has experienced repeated sexual abuse.
3	Infant/child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

	PHYSICAL ABUSE <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced physical abuse.
1	Infant/child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.
2	Infant/child has experienced repeated physical abuse.
3	Infant/child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

	EMOTIONAL ABUSE <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced emotional abuse.
1	Infant/child has experienced mild emotional abuse.
2	Infant/child has experienced emotional abuse over an extended period of time (at least one year).
3	Infant/child has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

	MEDICAL TRAUMA <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced any medical trauma.
1	Infant/child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
2	Infant/child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
3	Infant/child has experienced life threatening medical trauma.

	NATURAL DISASTER <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced any natural disaster.
1	Infant/child has been indirectly affected by a natural disaster.
2	Infant/child has experienced a natural disaster which has had a notable impact on his/her well-being.
3	Infant/child has experienced life threatening natural disaster.

	WITNESS TO FAMILY VIOLENCE <i>Please rate within the lifetime</i>
0	There is no evidence that infant/child has witnessed family violence.
1	Infant/child has witnessed one episode of family violence.
2	Infant/child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
3	Infant/child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

TRAUMA MODULE (continued)
Coding Definitions

	WITNESS TO COMMUNITY VIOLENCE <i>Please rate within the lifetime</i>
0	There is no evidence that infant/child has witnessed violence in the community.
1	Infant/child has witnessed fighting or other forms of violence in the community
2	Infant/child has witnessed the significant injury of others in his/her community.
3	Infant/child has witnessed the death of another person in his/her community.

	WITNESS/VICTIM TO CRIMINAL ACTIVITY <i>Please rate within the lifetime</i>
0	There is no evidence that infant/child has been victimized or witness significant criminal activity.
1	Infant/child is a witness of significant criminal activity.
2	Infant/child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Infant/child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.

	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.

k	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.

TRAUMA MODULE (continued)
Coding Definitions

If a child has been sexually abused:

	EMOTIONAL CLOSENESS TO PERPETRATOR
0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the infant/child at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the Infant/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.

Adjustment:

	AFFECT REGULATION <i>Please rate the highest level from the past 30 days</i>
0	Infant/child has no problems with affect regulation.
1	Infant/child has mild to moderate problems with affect regulation.
2	Infant/child has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.
3	Infant/child has severe problems regulating affect even with caregiver's support.

TRAUMA MODULE (continued)
Coding Definitions

RE-EXPERIENCING THE TRAUMA <i>Please rate the highest level from the past 30 days</i>	
0	There is no evidence that infant/child re experiences the trauma
1	The infant/child experienced some indications that the trauma was being re experienced in the form of sleep disruption or play after the trauma but is no longer present. Presently there may be some subtle changes in the infant/child's functioning.
2	Infant/child experiences consistent indications that the trauma is being re experienced. Infants may demonstrate significant sleep disturbance, nightmares and periods of disorganization. Older children may have the same symptoms with themes present in play.
3	Child experiences repeated and severe incidents of re experiencing trauma that significantly interferes with functioning and can not be mediated by caregivers.

AVOIDANCE <i>Please rate the highest level from the past 30 days</i>	
0	No evidence of avoidant behavior.
1	Mild problems with avoiding some situations either after the trauma or presently on an infrequent basis. Infants due to limited mobility rarely exhibit this symptom.
2	Moderate problems with avoidant behavior that occurs on a consistently when child is exposed to triggers related to the trauma. Caregiver can support the child.
3	Severe problems with avoidant behavior that occurs consistently but can not be mediated by caregivers and causes significant distress.

INCREASED AROUSAL <i>Please rate the highest level from the past 30 days</i>	
0	There is no evidence of increased arousal.
1	Infant/child may have a history of increased arousal or currently show this behavior on an infrequent basis.
2	Infant/child demonstrates increased arousal most of the time. Infants appear wide eyed, over reactive to stimuli, and have an exaggerated startle response. Older children may have all of the above with behavioral reactions such as tantrums.
3	Infant/child demonstrates increased arousal most of the time with significant impairment in their functioning that can not be mediated by the caregiver.

NUMBING OF RESPONSIVENESS <i>Please rate the highest level from the past 30 days</i>	
0	There is no evidence of numbing of responsiveness.
1	Infant/child may have a history of numbing of responsiveness after the trauma or is presently exhibiting this symptom on an infrequent basis.
2	Infant/child demonstrates numbing of responsiveness most of the time. 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	Infant/child demonstrates numbing of responsiveness most of the time and this is impeding development. Caregivers are unable to support infant/child in this area.

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.

REGULATORY FUNCTIONING MODULE

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

	EATING <i>Please rate the highest level from the past 30 days</i>
0	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	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	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.

	ELIMINATION <i>Please rate the highest level from the past 30 days</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.

Check	SENSORY REACTIVITY <i>Please rate the highest level from the past 30 days</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 can not mediate the effects of such.

Check	EMOTIONAL CONTROL <i>Please rate the highest level from the past 30 days.</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.

