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Oregon Version

Comprehensive Screening Tool Manual

Ages 6-20

Praed Foundation

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TABLE OF CONTENTS

1. INTRODUCTION.....	3
<i>THE CANS</i>	3
SIX KEY COMPONENTS OF THE CANS	3
<i>HISTORY AND BACKGROUND OF THE CANS</i>.....	3
HISTORY	4
MEASUREMENT PROPERTIES	4
<i>RATING NEEDS & STRENGTHS</i>	5
<i>HOW IS THE CANS USED IN OREGON?</i>.....	7
A DISCOVERY STRATEGY	7
GUIDES CARE AND TREATMENT/SERVICE PLANNING	7
FACILITATES OUTCOMES MEASUREMENT.....	7
A COMMUNICATION TOOL	7
A WRAPAROUND STRATEGY	7
<i>CANS: A YOUTH SERVING SYSTEM STRATEGY</i>	7
MAKING THE BEST USE OF THE CANS.....	8
LISTENING USING THE CANS	8
REDIRECT THE CONVERSATION TO FIRST PERSON FEELINGS & OBSERVATIONS.....	9
ACKNOWLEDGE FEELINGS.....	9
WRAPPING IT UP	9
2. YOUTH RISK BEHAVIORS DOMAIN	10
3. YOUTH STRENGTHS DOMAIN.....	15
4. EXPOSURE TO POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES DOMAIN	26
5. TRAUMA STRESS SYMPTOMS DOMAIN	31
6. LIFE FUNCTIONING DOMAIN	39
7. CULTURAL CONSIDERATIONS DOMAIN.....	50
8. BEHAVIORAL/EMOTIONAL NEEDS DOMAIN	54

1. INTRODUCTION

THE CANS

The Child and Adolescent Needs and Strengths (CANS) guides information gathering and team discussions, helping all team members focus on the needs and strengths of the youth and family. The approach is uniquely designed to support shared visioning and effective communication. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the design of the CANS is based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key components of a communitric measure that apply to understanding the CANS.

SIX KEY COMPONENTS OF THE CANS

1. Items are included because they are relevant for planning and decision-making.
2. Item ratings translate into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Focus is on the youth's needs, not interventions or services that could mask a need.
4. Consider culture and development before establishing action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the youth's developmental and/or chronological age depending on the item.
5. It's about the "what", not the "why". Don't explain away needs with what you think might be an underlying cause.
6. Specific ratings window (30-days) can be overridden based on action levels.

HISTORY AND BACKGROUND OF THE CANS

The Child and Adolescent Needs and Strengths (CANS) 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 in order to facilitate the linkage between the collection of information and the design of individualized service plans including the application of evidence-based practices.

The CANS gathers information on the youth's and the parents/caregivers' needs and strengths. Strengths are the youth's assets: areas life where they are doing well or have an interest or ability. Needs are areas where a youth requires help or serious intervention. CANS raters use an information gathering process to get to know the youth or youth and families with whom they work and to understand their strengths and needs. The CANS informs which of a youth's needs are the most important to address in treatment or service planning. The CANS also helps identify strengths that can be used in the planning process and/or built upon. By working with the youth and family during the information gathering process and talking together about the CANS, clinicians and practitioners can develop a treatment or service plan that addresses a youth's strengths and needs while building strong engagement.

The CANS is made of domains that focus on various areas in a youth's life, and each domain is made up of a group of specific items. There are domains that address how the youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. The CANS rater determines a number rating for each of these items. These ratings help everyone understand where intensive or immediate action is most needed, and also where a youth has assets that could be a major part of the treatment or

service plan.

The CANS ratings, however, do not tell the whole story of a youth's strengths and needs. Clinicians should also document narratives with more information about the youth and family, and not rely solely on CANS ratings.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use yet provides comprehensive information regarding clinical status.

The CANS tool builds upon the methodological approach of the CSPI, but expands the tool to include a broader conceptualization of needs and an assessment of strengths, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, and youth serving systems. It provides for a structured communication and critical thinking about the youth and their context. It can also be used as a communication tool that provides a common language for all youth-serving entities to discuss the youth's needs and strengths. A review of the case record, including the CANS tool ratings, will provide information as to the appropriateness of the individualized plan and whether goals and outcomes are achieved.

MEASUREMENT PROPERTIES

Reliability: Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, youth welfare case workers, probation officers, and family advocates. With approved training, anyone can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity: Studies have demonstrated the CANS' validity, or its ability to measure youth and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total ratings on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al, 2012, 2013, 2014; Cardall, et al, 2016; Epstein, et al, 2015; Israel, et al, 2015, Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children, youth, families, clinicians and practitioners, and other partners in the services system because it is easy to understand and does not necessarily require rating in order to be meaningful to the youth and family.

Each CANS rating suggests different pathways for planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths).

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible problem that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Problem interferes with functioning	Action/Intervention required
3	Problem is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Powerful/Centerpiece strength	Central to planning
1	Useful Strength	Opportunity to further develop for use in planning
2	Identified strength	Determine appropriateness for further development. Requires intensive strength building.
3	No evidence of strength	Significant efforts are needed to identify potential strengths on which to build.

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, the N/A rating should be used only in the rare instances where an item does not apply to that particular youth.

Ratings of 2 or 3 on Needs items necessitate further action such as intervention, assessment, or screening.

To complete the CANS, a CANS trained and certified care coordinator, case worker, clinician, practitioner, or other provider, should read the anchor descriptions for each item and then record the appropriate rating.

Remember that the item anchor descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS is an information integration tool, intended to include multiple sources of information (e.g., youth and family, referral source, treatment providers, school, and observation by the rater). As a strength-based approach, the CANS supports the belief that children, youth, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-

based approaches to assessment and service or treatment planning focus on collaborating with youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on youth's strengths instead of areas for growth with their families may result in enhanced motivation and improved performance. Involving the youth and family in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for youth and families.

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 tool. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' indicate a strength that should be the focus on strength-building activities. It is important to remember that when developing service and treatment plans for healthy youth/youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop youth and youth capabilities are a promising means for development and play a role in reducing risky behaviors.

Finally, the CANS can be used to monitor outcomes. This can be accomplished in two ways. First, CANS 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). Dimension ratings can also be generated by summing items within each of the domains (Symptoms, Risk Behaviors, Functioning, etc.). These ratings can be compared over the course of treatment. CANS dimension/domain ratings 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, additional items, and supplementary tools.

HOW IS THE CANS USED IN OREGON?

The CANS is used in many ways to impact the lives of children, youth, and their families and to improve our programs. Hopefully, this guide will help you to also use the CANS as a multi-purpose tool.

A DISCOVERY STRATEGY

When initially meeting children, youth, and families, this guide can be helpful in ensuring that all the information is gathered. Most items include "Questions to Consider" which may be useful in when asking about needs and strengths. These are not questions that must be asked but are available as suggestions. Many clinicians and practitioners have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our youth and families, but one that we are going to attempt to work on during the course of treatment and/or planning. As such, when you write an individualized plan, you should do your best to address any CANS items rated at a 2 or higher.

FACILITATES OUTCOMES MEASUREMENT

The CANS is completed regularly to measure change and transformation. Clinicians and practitioners work with children, youth, and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way to determine how supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

A COMMUNICATION TOOL

The CANS facilitates communication regarding strengths and needs that should be considered, provides a shared language across systems, and creates opportunities for collaboration. CANS can describe progress, measuring ongoing needs and supporting continuity of care decisions by linking recommendations for future care to current needs. CANS is a reflection of the story that needs to be heard.

A WRAPAROUND STRATEGY

The CANS can be a useful strategy to help inform the Wraparound planning process for multi-system involved youth and their families. The CANS is another way for Wraparound teams to follow the Team-based and Collaborative Wraparound principles, by providing consistent language and areas of focused support in the planning process. Identifying strengths in order to utilize them to meet identified needs aligns with Wraparound's Strengths-Based principle. Utilizing the tool to track rating changes over time allows youth, families, and their Wraparound teams to determine when the formal Wraparound process is nearing Transition.

CANS: A YOUTH SERVING SYSTEM STRATEGY

The CANS is a strategy to address children and youth's behavioral health care needs. It can be used to compile, organize, and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures and share information across systems.

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the information gathering process and describe CANS and how it will be used. The description of the CANS should include teaching the youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the youth and family the CANS domains and items and encourage the family to look over the items prior to meeting with them. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each youth and family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis. If the youth or family sees an item differently from the rating you gave, and it's within one point, always defer to the family's preference. If there is more than a one-point difference, it would warrant an additional conversation to better understand the youth's and family's perspective.

It is essential for raters to be familiar with the CANS domains and items prior to information gathering sessions/clinical interviews with children, youth, and families. This will not only help the organization of your interviews but will make the interview more conversational and natural. For example, if the family is talking about situations around the youth's anger control and then shift into something like "you know, he only gets angry when he is in Mr. S's classroom", you can follow that and ask some questions about situational anger, and then explore other school related issues that you know are a part of the School/Preschool/Daycare module.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes", "and"—things that encourage people to continue

★ **Be nonjudgmental and avoid giving personal advice.** You may find yourself thinking "if I were this person, I would do X" or "that's just like my situation, and I did X". But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. This process is about the youth and family, not you.

★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, and maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly.

★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "does that make sense to you?" "Or do you need me to explain that in another way?"

★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes

making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds like ... is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO FIRST PERSON FEELINGS & OBSERVATIONS

Often, people will make comments about other people's observations such as "well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "so your mother feels that when he does X, that is obnoxious. What do YOU think?" The CANS is a tool to organize all points of observation, and the youth, parent or caregiver's perspective is often the most informative. Once you have the youth's perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when..." demonstrates empathy.

WRAPPING IT UP

After compiling all of information and rating the CANS, we recommend reviewing the ratings with the youth and family. Take time to summarize the areas of strengths and needs to illustrate the "snapshot" of the youth and family. It's important to offer the youth and family the opportunity to discuss changing any ratings that they don't agree with.

It can be helpful to check with the youth and family by asking the following open-ended questions:

"Are there any past experiences that you want to share that might be of benefit to planning for the youth that we haven't yet discussed with the CANS?"

"Is there anything you would like to add?"

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

You might close with a statement such as: "OK, now the next step is a 'brainstorm' where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So, let's start ...

2. YOUTH RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

Question to Consider for this Domain: Does the youth's behaviors put the youth at risk for serious harm?

Youth Risk Behaviors Domain - use the following categories and action levels:

- 0 No evidence of need; no action needed.
- 1 History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problem is dangerous or disabling; requires immediate and/or intensive action

1. SUICIDE RISK

This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes suicidal ideation, suicidal gestures, and/or command hallucinations that involve self-harm. This item rates overt and covert thoughts and efforts on the part of a youth to end their life.

Ratings and Descriptions

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Has the youth ever talked about a wish or plan to die or kill themselves? • Has the youth ever attempted suicide? • Does the youth have an identified suicide plan? 	<p>0 No evidence of need; no action needed.</p> <p>No evidence or history of suicidal ideation, plans, or behavior.</p> <hr/> <p>1 History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities.</p> <p>History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the past 30 days.</p> <hr/> <p>2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</p> <p>Recent suicidal ideation or gesture in the past 30 days or evidence of preoccupation with death or suicide.</p> <hr/> <p>3 Problem is dangerous or disabling; requires action or intervention to ensure that the need is addressed.</p> <p>Active ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation and intent with identified plan.</p>
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2. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This rating includes repetitive, physically harmful behavior that may serve as a self-soothing function to the youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)? 	<p>0 No evidence of need; no action needed. No evidence or history of any forms of self-injury.</p>
	<p>1 History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities. A history or suspicion of self-injurious behavior.</p>
	<p>2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Engaged in self-injurious behavior that does not require medical attention but is a safety concern.</p>
<ul style="list-style-type: none"> Does the youth ever purposely hurt themselves (e.g., cutting)? 	<p>3 Problem is dangerous or disabling; requires action or intervention to ensure that the need is addressed. Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the youth's health and safety at risk.</p>

3. OTHER SELF-HARM/RECKLESSNESS

This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the youth or others in some jeopardy. Suicidal or self-injurious behaviors are NOT rated here. Examples of behavior might include reckless driving, climbing bridges or high structures, playing on train tracks, etc.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the youth act without thinking? Has the youth ever talked about or acted in a way that might be dangerous to themselves? (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)? 	<p>0 No evidence of need; no action needed. No evidence or history of behaviors that place the youth at risk of physical harm.</p>
	<p>1 History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion, or mild behavior that places the youth or others at risk of physical harm such as reckless and dangerous risk-taking behavior.</p>
	<p>2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Youth is engaged in reckless or intentional risk-taking behavior that places the youth or others in danger of physical harm.</p>
	<p>3 Problem is dangerous or disabling; requires action or intervention to ensure that the need is addressed. Youth is engaged in reckless or intentional risk-taking behavior that places the youth or others at immediate risk of death.</p>

4. DANGER TO OTHERS

This item rates the youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. Reckless behavior that may cause physical harm to others is not rated on this item.

Ratings and Descriptions

	0	No evidence of need; no action needed. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
Questions to Consider	1	History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities. History of aggressive behavior or verbal threats of aggression towards others. History of fire setting is rated here.
	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Occasional or moderate level of aggression towards others. Youth has made verbal threats of violence towards others.
	3	Problem is dangerous or disabling; requires action or intervention to ensure that the need is addressed. Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Youth is an immediate risk to others.

5. RUNAWAY

This item describes the risk of running away or actual running behavior.

Ratings and Descriptions

	0	No evidence of need; no action needed. No evidence or history of running away or ideation of leaving their current living situation.
Questions to Consider	1	History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities. Youth has no recent history of running away but has expressed ideation about leaving current living situation. Youth may have talked about running away on one or more occasions or has a history of running away, but not in the past 30 days.
	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. In the last 30 days, youth has run away from home once or from one treatment setting. Also rated here is a youth who has run away to a home or treatment setting that is not their current place of residence.
	3	Problem is dangerous or disabling; requires action or intervention to ensure that the need is addressed. Youth has run away from their current home or treatment setting and presents an active running risk. A youth who is currently on the run would be rated here.

6. DELINQUENT BEHAVIOR

This rating includes both criminal behavior and status offenses that may result from youth failing to follow required behavioral standards (e.g., truancy, curfew violations, driving without a license, sexual offenses). If caught, the youth could be arrested for this behavior.

Ratings and Descriptions

	0	No evidence of need; no action needed. No evidence or history of delinquent behavior.
Questions to Consider <ul style="list-style-type: none"> Do you know of laws that the youth has broken (even if the youth has not been charged or caught)? Has the youth ever been arrested? 	1	History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities. History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.
	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the youth at risk for arrest.
	3	Problem is dangerous or disabling; requires action or intervention to ensure that the need is addressed. Serious recent acts of delinquent activity that place others at risk of significant loss or injury or place the youth at risk of adult sanctions. Examples include car theft, residential burglary, and gang involvement.

7. DECISION MAKING

This item describes the youth's ability to make decisions from a developmental perspective.

Ratings and Descriptions

	0	No evidence of need; no action needed. No evidence or history of problems with judgment or poor decision making that result in harm to development and/or well-being.
Questions to Consider <ul style="list-style-type: none"> What is the youth's decision-making process? Does the youth typically make good choices for themselves? Do the youth's choices ever result in problems for themselves or others? 	1	History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities. History or suspicion of problems with judgment in which the youth makes decisions that are mildly harmful to the youth's development or well-being.
	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Problems with judgment in which the youth makes decisions that are in some way harmful to their development and/or well-being that may place them at moderate risk of harm.
	3	Problem is dangerous or disabling; requires action or intervention to ensure that the need is addressed. Problems with judgment that place the youth at risk of immediate and significant physical harm.

8. FIRE-SETTING

This item refers to behavior involving the intentional setting of fires that might be dangerous to the youth or others. This includes both malicious and non-malicious fire-setting. This does NOT include the use of candles or incense, or the use of matches/lighter to smoke (i.e., cigarettes), or accidental fire-setting.

Ratings and Descriptions

	0	No evidence of need; no action needed. No evidence or history of fire setting by the youth.
Questions to Consider	1	History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities. History of fire setting or talking about intentional fire-setting in the past.
	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Recent fire setting behavior but not of the type that has endangered the lives of others or repeated fire-setting behavior in the recent past.
	3	Problem is dangerous or disabling; requires action or intervention to ensure that the need is addressed. Acute threat of fire setting. The youth set a fire that endangered the lives of others (e.g. attempting to burn down a house).

9. SEXUALLY AGGRESSIVE BEHAVIOR

Sexualized behaviors include behavior perceived as both sexually reactive and sexually aggressive. This includes inappropriate sexualized behaviors that may place a youth at risk for victimization or risky sexual practices. It also includes aggressive sexual behavior and/or sexual behavior in which the youth or adolescent takes advantage of a younger or less powerful youth through seduction, coercion, or force. The severity and timeframe of the behavior provides the information needed to rate the item.

Ratings and Descriptions

	0	No evidence of need; no action needed. No evidence or history of developmentally inappropriate sexual behavior.
Questions to Consider	1	History or suspicion of problem; requires monitoring, watchful waiting, or preventive activities. History (but not in the past year) or suspension of mild sexually aggressive behaviors would be rated here, such as sexually harassing language, developmentally inappropriate excessive masturbation, or risky sexual behaviors.
	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Moderate problems with sexually aggressive behavior that places youth or others at some risk. Sexually aggressive behavior within the past year, but not in the past 30 days would be rated here.
	3	Problem is dangerous or disabling; requires action or intervention to ensure that the need is addressed. Severe problems with sexually aggressive behaviors that place the youth or others at significant risk of harm. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior. Sexually aggressive behaviors within the past 30 days would be rated here.

3. YOUTH STRENGTHS DOMAIN

This domain describes the qualities and/or environment of the youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a youth's strengths while also addressing their behavioral/emotional needs leads to better functioning and outcomes than focusing on needs alone. Identifying areas where strengths can be built is a key element of service planning. In these items, the 'best' assets and resources available to the youth are rated based on accessibility and usefulness.

Question to Consider for this Domain: What are the youth's strengths? Are they currently being used to better the youth's overall wellbeing? Is there potential for a strength to be further developed?

Youth Strengths Domain – use the following categories and action levels:

- 0 Powerful/ Centerpiece strength; Strength is central to planning.
- 1 Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning.
- 2 Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan.
- 3 No evidence of strength; Significant efforts are needed to identify potential strengths on which to build.

10. FAMILY STRENGTHS

This item refers to the sense of family identity (including all biological or adoptive relatives) as well as attachment, positive regard, and communication among family members. This item reflects a family's contributions to the youth's ability to manage difficulties. As with Family Functioning, the definition of family comes from the youth's perspective (i.e., who the youth describes as their family). If this information is not known, then the definition of family should include biological/adoptive relatives and their families with whom the youth is still in contact.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Does the youth have good relationships with any family member? 	<p>0 Powerful/Centerpiece strength; Strength is central to planning.</p> <p>Family has strong relationships and significant family strengths. This level indicates a family with much admiration and respect for one another. There are multiple family members who have a strong positive connection with the youth and are able to provide significant emotional or concrete support. Youth is fully included in family activities.</p>
<ul style="list-style-type: none"> Is there potential to develop positive family relationships? 	<p>1 Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning.</p>
<ul style="list-style-type: none"> Is there a family member that the youth can go to in time of need for support? 	<p>Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the youth and is able to provide limited emotional or concrete support.</p>
<ul style="list-style-type: none"> Does the presence of familial relationships help the youth through difficult times? 	<p>2 Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan.</p>
<ul style="list-style-type: none"> Is there a level of cohesion, commitment, or communication among family members that contributes to the youth's ability to manage difficulties? 	<p>Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.</p>
	<p>3 No evidence of strength; Significant efforts are needed to identify potential strengths on which to build.</p>
	<p>Family needs significant assistance in developing relationships and communications, OR youth has no identified family. Youth is excluded from family relationships and activities.</p>

11. INTERPERSONAL SKILLS

This item is used to identify a youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a youth can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Ratings and Descriptions

Questions to Consider

- Does the youth have the skills or ability to make friends?
- Are adults or same-age peers able to connect with the youth?
- Is the youth able to deal with conflict in their friendships and relationships?

0 Powerful/ Centerpiece strength; Strength is central to planning.

Significant interpersonal strengths. Youth has well-developed interpersonal skills and healthy friendships.

1 Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning.

Youth has good interpersonal skills and has shown the ability to develop healthy relationships.

2 Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan.

Youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy relationships.

3 No evidence of strength; Significant efforts are needed to identify potential strengths on which to build.

There is no evidence of observable interpersonal skills or healthy relationships at this time and/or youth requires significant help to learn to develop interpersonal skills and healthy relationships.

12. EDUCATIONAL SETTING

This item is used to evaluate the nature of the school’s relationship with the youth and family, as well as the level of support the youth receives from the school. Rate according to how much the school is an effective partner in promoting youth’s functioning and addressing youth’s needs in school. If school is not in session, rate the last 30 days when school was in session. A youth who excels at school would have this listed as a strength; however, a youth who struggles at school, but who is receiving good support from their district, would also have this indicated as a strength.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Is the school an active partner in the youth’s education? • Does the youth like school? • Does the youth have an active 504 plan or an IEP? • Does the youth have any positive adult mentors at school? • Does the school respond quickly to identified concerns? • Is the school willing to make adjustments to better meet the needs of the youth? 	<p>0 Powerful/ Centerpiece strength; Strength is central to planning. The school or educational setting works closely with the youth and family to identify and successfully address the youth’s educational needs; or the youth excels in school.</p> <hr/> <p>1 Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning. The school or educational setting works with the youth and family to address the youth’s educational needs; OR the youth likes school.</p> <hr/> <p>2 Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan. The school or educational setting is currently unable to adequately address the youth’s academic or behavioral needs.</p> <hr/> <p>3 No evidence of strength; Significant efforts are needed to identify potential strengths on which to build. There is no evidence of the school or educational setting working to identify or successfully address the youth’s needs at this time the school is unwilling to work to identify and address the youth’s needs there is no school to partner with at this time.</p>

13. VOCATIONAL

This item rates the development of skills that could be applied to a vocation and includes prevocational skills and work experience. Generally, this rating is reserved for adolescents and is not applicable for youth 14 years and younger.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the youth know what they want to 'be when they grow up?'	0 Powerful/ Centerpiece strength; Strength is central to planning. Youth is employed and job is consistent with developmentally appropriate career aspirations.
<ul style="list-style-type: none">Has the youth ever worked or is the youth developing pre-vocational skills?	1 Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning. Youth is working however, the job is not consistent with developmentally appropriate career aspirations.
<ul style="list-style-type: none">Does the youth have plans to go to college or vocational school for a career?	2 Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan. Youth is temporarily unemployed. Youth has a history of consistent employment and the potential for future employment without the need for vocational rehabilitation. This also may indicate a youth with clear vocational goals.
<ul style="list-style-type: none">Does the youth have all of the skills required for the desired career?	3 No evidence of strength; Significant efforts are needed to identify potential strengths on which to build.
<ul style="list-style-type: none">Has the youth taken steps to work toward vocational goals?	Youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a youth with no known or identifiable vocational skill and no expression of any future vocational preferences.
	NA Not applicable, youth is 14 years of age or younger.

14. COPING AND SAVORING SKILLS

This rating is based on the psychological strengths that the youth might have developed including both the ability to enjoy positive life experiences and cope with negative life experiences. This should be rated independent of the youth's current level of distress.

Ratings and Descriptions

Questions to Consider

- How does the youth handle stress and disappointment?
- How does the youth respond when good things happen to them?
- Does the youth react in a developmentally appropriate way when things don't go as they planned?

- 0 Powerful/ Centerpiece strength; Strength is central to planning.
This level indicates a youth with exceptional psychological strengths. Both coping and savoring skills are well developed.
-
- 1 Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning.
This level indicates a youth with good psychological strengths. The person has coping skills for managing negative life experiences or savoring skills that include the ability to enjoy positive life experiences/pleasurable events.
-
- 2 Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan.
This level indicates a youth with limited psychological strengths. A person with very low self-esteem or someone who has difficulty managing negative life events would be rated here.
-
- 3 No evidence of strength; Significant efforts are needed to identify potential strengths on which to build.
This level indicates a youth with no known psychological strengths. This youth is not able to enjoy positive experiences and has significant difficulties coping with negative life events. This may be due to intellectual impairment or serious psychiatric challenges.

15. OPTIMISM

This rating should be based on the youth's sense of their own future. This rates the youth's positive future orientation. Consider the degree to which the youth can see their attributes or imagine a positive future for themselves.

Ratings and Descriptions

Questions to Consider

- Does the youth have a generally positive outlook on things; do they have things they look forward to?
- How does the youth see themselves in the future?
- Is the youth forward looking and sees themselves as likely to be successful?

- 0 Powerful/ Centerpiece strength; Strength is central to planning.
Youth has a strong and stable optimistic outlook for their future.
-
- 1 Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning.
Youth is generally optimistic about their future.
-
- 2 Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan.
Youth has difficulty maintaining a positive view of themselves or their future. Youth's outlook may vary from overly optimistic to overly pessimistic.
-
- 3 No evidence of strength; Significant efforts are needed to identify potential strengths on which to build.
There is no evidence of optimism at this time. Youth has difficulties seeing positive aspects about themselves or their future.

16. TALENTS AND INTERESTS

This item refers to hobbies, skills, artistic interests, and talents that give the youth pleasure and a positive sense of self. If a youth has a talent/interest, but is not part of a group, that would still be rated here. Consider the degree to which the youth's talents or interests provide them with pleasure, self-esteem, or a positive peer group.

Ratings and Descriptions

	0	Powerful/ Centerpiece strength; Strength is central to planning. Youth has a talent that provides significant pleasure or self-esteem. Youth with significant creative, artistic, or athletic strengths would be rated here.
Questions to Consider	1	Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning. Youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a youth with a notable talent. For example, a youth who is involved in athletics or plays a musical instrument would be rated here.
	2	Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan. Youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether or not it would provide with any direct benefit to the youth.
	3	No evidence of strength; Significant efforts are needed to identify potential strengths on which to build. There is no evidence of identified talents, interests or hobbies at this time or youth requires significant assistance to identify and develop their talents and interests.

17. COMMUNITY CONNECTION

This item reflects the youth's connection to people, places, or institutions in their community as defined by them. This connection is measured by the degree to which the youth is involved with their community including community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections to specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the youth live in the same neighborhood or community.

Ratings and Descriptions

Questions to Consider <ul style="list-style-type: none">• Does the youth feel like they are part of a community?• Are there activities that the youth does in the community?• Is the youth a member of a community organization or group?	0	Powerful/ Centerpiece strength; Strength is central to planning. Youth is well integrated into their community. The youth is a member of community organizations and has positive ties to the community. For example, the youth may be a member of a community group for more than one year; they may be widely accepted by neighbors; or they are involved in other community activities, informal networks, etc.
	1	Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning. The youth is somewhat involved with their community. This level can also indicate a youth with significant community ties although they may be relatively short term.
	2	Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan. Youth has an identified community but has only limited, or unhealthy, ties to that community.
	3	No evidence of strength; Significant efforts are needed to identify potential strengths on which to build. There is no evidence of an identified community of which youth is a member at this time.

18. NATURAL SUPPORTS

This item refers to unpaid helpers in the youth's life. Examples might be family friends, neighbors, community organization members, and previously paid providers such as former teachers, mentors, or caregivers. All family members and currently paid caregivers are excluded.

Ratings and Descriptions

Questions to Consider	0
	Powerful/ Centerpiece strength; Strength is central to planning. Youth has significant natural supports that contribute to supporting the youth's healthy development and wellbeing.
• Who does the youth turn to for help?	1 Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning.
• Who does the youth consider to be a support?	2 Youth has identified natural supports that provide some assistance in supporting the youth's healthy development and wellbeing.
• Does the youth have non-family members in their life that are positive influences?	2 Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan. Youth has some identified natural supports however, the natural support is not actively contributing to the youth's healthy development or wellbeing.
	3 No evidence of strength; Significant efforts are needed to identify potential strengths on which to build. Youth has no known natural supports (family and paid caregivers not included).

19. RELATIONSHIP PERMANENCE

This rating refers to the stability and consistency of significant relationships in the youth's life. This likely includes family members but may also include other individuals. The focus is on the youth having a lasting relationship.

Questions to Consider Ratings and Descriptions

<ul style="list-style-type: none"> Does the youth have relationships with adults that have been long-lasting? 	0	<p>Powerful/ Centerpiece strength; Strength is central to planning.</p> <p>Youth has very stable relationships. Family members, friends, and community have been stable for most of the youth's life and are likely to remain so for the foreseeable future.</p>
<ul style="list-style-type: none"> Is the youth in contact with parents? Does the youth see them regularly? 	1	<p>Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning.</p>
<ul style="list-style-type: none"> Has anyone consistently been in the youth's life since birth? 	2	<p>Youth has stable relationships but there is some concern about instability in the near future due to transitions, illness, functioning, or age.</p> <p>Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan.</p>
<ul style="list-style-type: none"> Has the youth been in multiple out of home placements? 		<p>Youth has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.</p>
<ul style="list-style-type: none"> Does the youth have an adult in their life in whom they can rely in an emergency? 	3	<p>No evidence of strength; Significant efforts are needed to identify potential strengths on which to build.</p> <p>Youth does not identify any stable and permanent relationships.</p>

20. RESILIENCE

This rating refers to the youth's ability to recognize their internal strengths and use these strengths in times of stress and in managing daily life. Resilience also refers to the youth's ability to bounce back from stressful life events.

Ratings and Descriptions

0 Powerful/ Centerpiece strength; Strength is central to planning.

Youth's ability to overcome adversity or to "bounce back" is a core part of their identity; Youth has a well-developed and recognizable set of supports and strengths for dealing with challenges.

Questions to Consider

- What does the youth do well?
- Is the youth able to recognize their skills as strengths?
- Is the youth able to use their strengths to problem solve and address difficulties or challenges?

1 Useful strength is evident and an opportunity to further develop for use in planning is needed. Strength might be used and built upon in planning.

Youth has the ability to use internal strengths to overcome adversity for healthy development, problem solving, or dealing with stressful life events; further development is needed.

2 Strengths have been identified but require intensive strength building efforts before they can be effectively utilized as part of a plan.

Youth has limited ability to recognize and use internal strengths to overcome adversity. Significant support is needed for youth to build internal strengths to problem solve and deal with challenges to further positive development.

3 No evidence of strength; Significant efforts are needed to identify potential strengths on which to build.

Youth is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.

4. EXPOSURE TO POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES DOMAIN

These ratings are made based on exposure to trauma or adverse experiences that have occurred over the youth’s lifetime.

Question to Consider for this Domain: How does the youth and family define their experience of trauma?

This section may be particularly challenging to review as it refers to incidents of trauma connected to abuse, violence, and neglect.

Exposure to Potentially Traumatic/Adverse Childhood Experiences Domain - use the following categories and action levels:

No No evidence of any trauma of this type.

Yes Youth has had experience or there is suspicion that they have experienced this type of trauma – One incident, multiple incidents, or chronic, on-going incidents.

21. SEXUAL ABUSE
 This rating describes the youth’s experience of or exposure to sexual abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> • Has the caregiver or youth disclosed sexual abuse? 	<p>No No evidence that youth has experienced sexual abuse or exposure to secondary sexual abuse.</p> <hr/> <p>Yes Youth has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Youth with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.</p>
<ul style="list-style-type: none"> • How often did the abuse occur? 	
<ul style="list-style-type: none"> • Did the abuse result in physical injury? 	

22. PHYSICAL ABUSE

This rating describes the youth's experience of physical abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Has the youth or caregiver disclosed a history of physical abuse?	<p>No No evidence that youth has experienced physical abuse.</p> <hr/>
<ul style="list-style-type: none">What form of physical discipline was used in the home?	<p>Yes Youth has experienced or there is a suspicion that they have experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.</p>
<ul style="list-style-type: none">Has the youth ever received bruises, marks, or injury from discipline?	

23. EMOTIONAL/VERBAL ABUSE

This item rates whether the youth has experienced verbal and nonverbal emotional abuse, including belittling, shaming, humiliation, calling names, making negative comparisons to others, or telling a youth that they are, "no good." This item includes both emotional abuse, which includes psychological maltreatment such as insults or humiliation towards a youth and emotional neglect, described as the denial of emotional attention or support from caregivers.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">How does the caregiver talk to or interact with the youth?	<p>No No evidence that youth has experienced emotional/verbal abuse.</p> <hr/>
<ul style="list-style-type: none">Is there name calling or shaming in the home?	<p>Yes Youth has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention, completely ignored, threatened, or terrorized by others.</p>

24. NEGLECT

This rating describes whether the youth has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the youth receiving adequate supervision?	<p>No No evidence that youth has experienced neglect.</p> <hr/>
<ul style="list-style-type: none">Are the youth's basic needs for food and shelter being met?	<p>Yes Youth has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., youth left home alone for a short period of time when developmentally inappropriate, or occasional failure to provide adequate supervision of the youth); multiple or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing).</p>
<ul style="list-style-type: none">Is the youth allowed access to necessary medical care?	
<ul style="list-style-type: none">Do the caregivers prevent youth from accessing education?	

25. MEDICAL TRAUMA

This item rates the youth's experience of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries. When rating this item, take into consideration if the medical event(s) were emotionally or psychologically overwhelming for the youth. Procedures that are uncomfortable or unpleasant but common in childhood and adolescence would not be rated here.

Questions to Consider

Ratings and Descriptions

- Has the youth had any broken bones, stitches or other medical procedures?
No No evidence that youth has experienced medical trauma.
- Has the youth had to go to the emergency room, or stay overnight in the hospital?
Yes Youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short-term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the youth's physical functioning. A suspicion that a youth has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.
- Has the youth experienced an accident that requires on going medical attention or physical limitations?

26. WITNESS TO FAMILY VIOLENCE

This rating describes exposure to family violence.

Questions to Consider

Ratings and Descriptions

- Is there frequent fighting in the youth's family?
No No evidence that youth has witnessed family violence.
- Does the fighting ever become physical?
Yes Youth has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence without significant injuries not requiring emergency medical attention and episodes in which significant injuries have occurred as a direct result of the violence.

27. WITNESS TO COMMUNITY/SCHOOL VIOLENCE

This rating describes incidents of violence the youth has witnessed in their community. This includes witnessing violence at the youth's school or educational setting.

Questions to Consider

Ratings and Descriptions

- Does the youth live in a neighborhood with frequent violence?
No No evidence that youth has witnessed or experienced violence in the community or at school.
- Has the youth witnessed or directly experienced violence at their school?
Yes Youth has witnessed or experienced violence in the community or their school, such as: fighting; instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the youth has witnessed or experienced violence in the community would be rated here.
- Are there frequent fights or other acts of violence at the youth's school?
- Are weapons involved?

28. WAR AFFECTED

This rating describes exposure to war, political violence, or torture. Violence or trauma related to terrorism is NOT included here.

Questions to Consider Ratings and Descriptions

- | | |
|--|---|
| <ul style="list-style-type: none">• Has the youth or their family lived in a war-torn region? | <p>No No evidence that youth has been exposed to war, political violence, or torture.</p> <hr/> |
| <ul style="list-style-type: none">• How close was the youth to war, political violence, or torture?• Was the family displaced?• What acts of war did the youth or family witness or experience directly? | <p>Yes Youth has experienced, or there is suspicion that they have experienced or been affected by war or political violence. Examples include: Family members directly related to the youth may have been exposed to war, political violence, or torture resulting in displacement, injury, disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the youth; youth may have spent an extended amount of time in a refugee camp, or feared for their own life during war due to violence very near to them; youth may have been directly injured, tortured, or kidnapped; youth may have served as a soldier, guerrilla, or other combatant in their home country. Youth who did not live in a war affected region or refugee camp, but family was affected by war would be rated here.</p> |

29. TERRORISM AFFECTED

This rating describes the youth's exposure to 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).

Questions to Consider Ratings and Descriptions

- | | |
|---|---|
| <ul style="list-style-type: none">• Has the youth witnessed an act of terrorism? | <p>No No evidence that youth has been affected by terrorism or terrorist activities.</p> <hr/> |
| <ul style="list-style-type: none">• How close was the youth to terrorism?• Was the youth's community targeted in an act of terrorism?• Does the youth know people injured or killed in an act of terrorism? | <p>Yes Youth has experienced, or there is suspicion that they have experienced terrorism. Examples include: Youth may live near the area where attack occurred and be accustomed to visiting regularly in the past; infrastructure in the youth's daily life may be disrupted due to attack (e.g. utilities or school); youth may see signs of the attack in neighborhood (e.g., destroyed building); youth may know people who were injured in the attack; youth 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. Youth who did not live in a terrorism affected region, but family was affected by terrorism would be rated here.</p> |

30. WITNESS/VICTIM OF CRIMINAL ACTIVITY

This rating describes exposure to criminal activity. Criminal activity includes any behavior for which an adult could be incarcerated including drug dealing, prostitution, assault, or battery.

A youth who has been sexually abused or witnessed others being sexually abused or physically abused to the extent that assault charged could be filed would be rated. A youth who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

Questions to Consider Ratings and Descriptions

- | | |
|---|---|
| <ul style="list-style-type: none">• Has the youth or someone in their family ever been the victim of a crime? | <p>No No evidence that youth has been victimized by or witnessed significant criminal activity.</p> <hr/> |
| <ul style="list-style-type: none">• Has the youth witnessed criminal activity in the community or home? | <p>Yes Youth has been victimized, or there is suspicion that they have been victimized or have witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or youth has witnessed the death of a family friend or loved one due to criminal activity.</p> |

31. PARENTAL CRIMINAL BEHAVIOR

This item rates criminal behavior of biological and stepparents, and other legal guardians, not foster parents.

Questions to Consider Ratings and Descriptions

- | | |
|--|---|
| <ul style="list-style-type: none">• Do the child's parents engage in criminal acts? | <p>No No evidence that youth's parents have ever engaged in criminal behavior.</p> <hr/> |
| <ul style="list-style-type: none">• Are either of the parents in jail? If so, do they have contact with the child? | <p>Yes One or more of the youth's parents or guardians have a history of criminal behavior. A suspicion that one or more of the youth's parents or guardians have a history of criminal behavior would be rated here.</p> |

32. DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This rating describes disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses (e.g., placement in foster care, caregiver incarceration, caregiver deployment, caregiver deportation, death of caregiver, etc.). Youth who have experienced placement changes including stays in residential treatment facilities or juvenile justice settings can also be rated here. Short-term hospital stays or brief juvenile detention stays, during which the youth's caregiver remains the same, would not be rated on this item.

Questions to Consider Ratings and Descriptions

- | | |
|---|---|
| <ul style="list-style-type: none">• Has the youth ever lived apart from their caregiver? | <p>No No evidence that youth has experienced disruptions in caregiving or attachment losses.</p> <hr/> |
| <ul style="list-style-type: none">• Has the youth ever been placed in foster care? | <p>Yes Youth has been exposed to, or there is suspicion that they have been exposed to at least one disruption in caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.</p> |
| <ul style="list-style-type: none">• What happened that resulted in the youth living apart from their parents/caregiver? | |
| <ul style="list-style-type: none">• Has the youth lost contact or had limited access to the caregiver? | |

5. TRAUMA STRESS SYMPTOMS DOMAIN

This section focuses on behaviors that can get youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

Question to Consider for this Domain: How is the youth coping with their traumatic experience(s)? Are there symptoms of stress that didn't begin until after traumatic experience occurred? Could there be possible triggers that impact traumatic stress behaviors?

Trauma Stress Symptoms Domain - use the following categories and action levels:

- 0 No evidence of need; no action needed.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problem is dangerous or disabling; requires immediate and/or intensive action.

33. REACTION TO TRAUMATIC LIFE EXPERIENCES

This item covers the youth's overall reaction to any potentially traumatic or adverse childhood experiences, not the trauma or experience itself. This item should be rated 1-3 for youth who have ANY type of symptoms/needs that are related to their exposure to a traumatic/adverse event.

Any youth who meets diagnostic criteria for a trauma-related adjustment disorder, posttraumatic stress disorder and other diagnoses from DSM-5 that the youth may have as a result of their exposure to traumatic/adverse childhood experiences would be rated as a 2 or 3 on this item.

NOTE: This item allows you to rate the overall severity of a broad range of trauma-related symptoms the youth may be experiencing. The remaining items on the CANS will allow you to also rate each of the specific types of symptoms.

Ratings and Descriptions

0 No evidence of need; no action needed.

No evidence that youth has experienced a traumatic life event, OR youth has adjusted well after traumatic or adverse experiences.

1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

The youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted.

2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems, or problems with attachment. Adjustment is interfering with youth's functioning in at least one life domain.

3 Problem is dangerous or disabling; requires immediate and/or intensive action.

Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with Post Traumatic Stress Disorder).

Questions to Consider

- What trauma did the youth experience?
- How is it connected to the current issue(s)?
- What are the youth's coping skills?
- Who is supporting the youth?

34. TRAUMATIC GRIEF & SEPARATION

This rating describes the level of traumatic grief the youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant people.

Ratings and Descriptions

0 No evidence of need; no action needed.

There is no evidence that the youth is experiencing traumatic grief or separation from the loss of a significant person/people. Either the youth has not experienced a traumatic loss (e.g., death of a loved one) or the youth has adjusted well to separation.

Questions to Consider

- Is the youth isolated, withdrawn, depressed, or unresponsive?
- Is the youth's trauma reaction based on a grief/loss experience?
- How much does the youth's reaction to the loss impact their functioning?

1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

Youth is experiencing traumatic grief due to death or loss/separation from a significant person/people in a manner that is expected and/or appropriate given the recent nature of loss or separation.

History of traumatic grief symptoms would be rated here.

2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

Youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas of their life. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

3 Problem is dangerous or disabling; requires immediate and/or intensive action.

Youth is experiencing dangerous or debilitating traumatic-grief reactions that impair functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation.

35. INTRUSIONS/RE-EXPERIENCING

This rating describes the level of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.

Ratings and Descriptions

0 No evidence of need; no action needed.

There is no history or evidence that youth experiences intrusive thoughts of traumatic events.

1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

History or evidence of some intrusive thoughts of trauma but it does not affect the youth's functioning. A youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.

2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

Youth has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere in their ability to function in some life domains. For example, the youth may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.

3 Problem is dangerous or disabling; requires immediate and/or intensive action.

Youth has repeated or severe intrusive symptoms/distressing memories that are debilitating. Youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. Youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the youth to function in most life domains.

Questions to Consider

- Does the youth experience intrusive thoughts of trauma?
- If so, when and how often do they occur?
- Does youth reference experiences of traumatic events in conversation?

36. HYPERAROUSAL

This rating describes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance, and/or exaggerated startle response. Youth may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

Ratings and Descriptions

	0	No evidence of need; no action needed. Youth has no evidence of hyperarousal symptoms.
Questions to Consider <ul style="list-style-type: none">• Does the youth feel more jumpy or irritable than is usual?• Does the youth have difficulty relaxing and/or have a high startle response?• Does the youth have stress-related physical symptoms such as stomachaches or headaches?• Do these stress-related symptoms interfere with the youth's ability to function?	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. History or evidence of hyperarousal that does not interfere with their daily functioning. Youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.
	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Youth exhibits one significant symptom or a combination of two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Youth who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the youth or caregiver and negatively impact day-to-day functioning in several life domains.
	3	Problem is dangerous or disabling; requires immediate and/or intensive action. Youth exhibits multiple and/or severe hyperarousal symptoms. This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the youth or caregiver and impede day-to-day functioning in most life domains.

37. ATTEMPTS TO AVOID STIMULI

This rating describes the level of avoiding stimuli (e.g., sights, sounds, smells, conversations, places, people) associated with traumatic experiences.

Ratings and Descriptions

Questions to Consider

- Does the youth make specific and planned attempts to avoid sights, sounds, smells, etc. that are related to their traumatic experience?

- | | |
|-------|---|
| 0 | No evidence of need; no action needed.
Youth exhibits no avoidance symptoms. |
| <hr/> | |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
Youth may have history or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings, or conversations associated with the trauma. |
| <hr/> | |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
Youth exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the youth may also avoid activities, places, or people that arouse recollections of the trauma. |
| <hr/> | |
| 3 | Problem is dangerous or disabling; requires immediate and/or intensive action.
Youth's avoidance symptoms are debilitating. Youth may avoid thoughts, feelings, situations, and people associated with the trauma and is unable to recall important aspects of the trauma. |

38. NUMBING

This rating describes the level of reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Ratings and Descriptions

Questions to Consider

- Does the youth experience a normal range of emotions?
- Does the youth tend to have flat emotional responses?
- Did the youth's ability to process emotions change after their traumatic experience?

- | | |
|-------|--|
| 0 | No evidence of need; no action needed.
Youth has no evidence of numbing responses. |
| <hr/> | |
| 1 | History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
Youth has history or evidence of problems with numbing. They may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger, sadness, happiness, joy). |
| <hr/> | |
| 2 | Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
Youth exhibits numbing responses that impair their functioning in at least one life domain. Youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience. |
| <hr/> | |
| 3 | Problem is dangerous or disabling; requires immediate and/or intensive action.
Youth exhibits significant numbing responses or multiple symptoms of numbing that put them at risk. Youth may have a markedly diminished interest or participation in significant activities and a sense of a bleak future. |

39. DISSOCIATION

This rating describes the level of dissociative states the youth may experience. Symptoms included are daydreaming, spacing/blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.

Ratings and Descriptions

0 No evidence of need; no action needed.

No evidence or history of dissociation.

1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

Questions to Consider

• Does the youth ever enter a dissociative state?

Youth has history or evidence of dissociative problems, including some emotional numbing, avoidance, or detachment; some difficulty with forgetfulness, daydreaming, or spacing/blanking out.

• Does the youth often become confused about who or where they are?

2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

• Has the youth been diagnosed with a dissociative disorder?

Youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia of traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior. This rating would be used for someone who meets criteria for Dissociative Disorders or another diagnosis that is specified "with dissociative features"

• Does the youth have trouble recalling certain memories, experiences, or circumstances?

3 Problem is dangerous or disabling; requires immediate and/or intensive action.

Youth exhibits dangerous or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day-to-day functioning. Youth is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Youth shows rapid changes in personality or evidence of distinct personalities. Youth who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

40. EMOTIONAL AND/OR PHYSICAL REGULATION

This rating describes the level of difficulty managing or expressing emotions and energy levels. Examples might include: emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, intense, or quickly fluctuating energy level. The youth may demonstrate difficulties with a single type or a wide range of emotions and energy levels. This can be excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities. This item should be rated in the context of what is normative for a youth's age/developmental stage.

Ratings and Descriptions

- 0 No evidence of need; no action needed.

Youth has no history of or current difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.

- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

History or evidence of difficulties with affect/physiological regulation. The youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli. The youth may seem watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating, or elimination). The youth may have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.

Questions to Consider

- Does the youth have extreme emotional reactions to situations?
- Does the youth have reactions that seem out of proportion to the situation and their developmental level?

- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

The youth has challenges with affect/physiological regulation that are impacting functioning in some life domains but is able to control affect at times. The youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The youth may exhibit shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, physiological over-arousal and reactivity (e.g. silly behavior, loose active limbs), or physiological under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).

- 3 Problem is dangerous or disabling; requires immediate and/or intensive action.

Youth has challenges with affect/physiological regulation that are impacting their functioning in all life domains. The youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The youth may also exhibit tightly contained emotions with intense outbursts under stress.

Youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e. emotionally "shut down"). May have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

6. LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates how they are functioning in individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

Question to Consider for this Domain: How is the youth functioning in individual, family, peer, school, and community realms? Are there certain life domains that are particularly challenging for the youth and others? In what setting(s) do most of the challenges arise for the youth?

Life Functioning Domain - use the following categories and action levels:

- 0 No evidence of need; no action needed.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problem is dangerous or disabling; requires immediate and/or intensive action.

41. FAMILY FUNCTIONING

This rating describes youth's relationships with those who are in the youth's family. It is recommended that the description of family should come from the youth's perspective (i.e. who the youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the youth is still in contact. Foster families should only be considered for this item if they have made a significant long-term commitment to the youth. For youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan e.g., relative foster family, guardianship family, biological family, pre-adoption family). When rating this item, take into account the relationship the youth has with the youth's family as well as the relationship of the family as a whole. Consider the severity of family conflict.

Ratings and Descriptions

<p>Questions to Consider</p> <ul style="list-style-type: none"> • Is there conflict in the family relationship that requires resolution? • Is treatment required to restore or develop positive relationships in the family? • Has there ever been any violence between the youth and other family members? • How does the family deal with challenges as they arise? 	<p>0 No evidence of need; no action needed.</p> <p>No evidence of problems in relationships with family members, and/or youth is doing well in relationships with family members.</p> <hr/> <p>1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</p> <p>Youth might be doing okay in relationships with family members, although some challenges may exist. For example, some family members may have challenges in their relationships with the youth. Arguing may be common but does not result in major problems.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.</p> <p>The youth is having challenges with parents, siblings and/or other family members that are impacting the youth's functioning. Frequent arguing or difficulty maintaining positive relationships may be observed.</p> <hr/> <p>3 Problem is dangerous or disabling; requires immediate and/or intensive action.</p> <p>The youth is having severe challenges with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.</p>
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42. LIVING SITUATION

This rating describes how youth is functioning in their current living situation, which could be with a relative, in a foster home, etc. This item should exclude respite care, brief detention/jail, and brief medical and psychiatric hospitalization.

Ratings and Descriptions

- 0 No evidence of need; no action needed.
No evidence of challenges with functioning in current living environment. The youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.

- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
The youth experiences mild challenges with functioning in current living situation. Caregivers express some concern about the youth's behavior in living situation, or the youth and caregiver have some difficulty dealing with issues that arise in daily life.

- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
The youth has moderate to severe challenges with functioning in current living situation. The youth may have difficulties maintaining appropriate behavior in this setting and it is creating significant problems for others in the residence. The youth and caregivers have difficulty interacting effectively with each other much of the time.

- 3 Problem is dangerous or disabling; requires immediate and/or intensive action.
The youth has profound challenges with functioning in current living situation. The youth is at immediate risk of being removed from living situation due to problematic behaviors.

Questions to Consider

- How has the youth been behaving and getting along with others in the current living situation?

43. SOCIAL FUNCTIONING

This rating describes the difficulty a youth may have with relationships outside of the family, and particularly with peers. It includes age-appropriate social behavior, the ability to develop and maintain peer relationships, and evidence of adaptive peer relationships. A youth with negative or little social engagement may have a need to build social skills. Consider the severity of the social problems on social relationships.

Ratings and Descriptions

	0	No evidence of need; no action needed. No evidence of problems or the youth has developmentally appropriate social functioning.
Questions to Consider		
• Is the youth pleasant and likeable?	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
• Do same age peers like the youth?		The youth is having some difficulty interacting with others and building or maintaining relationships.
• Do you feel that the youth can act appropriately in social settings?	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. The youth is currently having some challenges with social relationships that interfere with functioning in other life domains. Youth may have limited friendships or change friends frequently. Youth may also have friendships that are not age-appropriate, such as friends that are much older or much younger than the youth.
• Does the youth know how to make new friends?		
• Does the youth tend to change friends frequently?	3	Problem is dangerous or disabling; requires immediate and/or intensive action. Youth is experiencing significant disruptions in social relationships. Youth may have no friends, have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the youth's social relationships present imminent danger to the youth's safety, health, or development.

44. DEVELOPMENTAL/INTELLECTUAL

This rating describes the youth's development as compared to developmental milestones, as well as rates the presence of any developmental or intellectual disabilities. Included are Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Ratings and Descriptions

Questions to Consider	0	1	2	3
	No evidence of need; no action needed. No evidence of developmental delay and/or youth has no developmental problems or intellectual disability.			
<ul style="list-style-type: none"> Has the youth reached appropriate developmental milestones (such as walking, talking)? 		History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. There are concerns about possible developmental delay. Youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e., FSIQ 70-85). Mild deficits in adaptive functioning are indicated.		
<ul style="list-style-type: none"> Did the youth receive early intervention services? 			Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. Youth has mild developmental delay (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (i.e., FSIQ 55-69.) Development or intellectual disabilities impact communication, social functioning, daily living skills, judgment, or risk of manipulation by others.	
<ul style="list-style-type: none"> Has anyone ever mentioned that the youth may have developmental problems? 				
<ul style="list-style-type: none"> Has the youth developed like other same age peers? 				Problem is dangerous or disabling; requires immediate and/or intensive action. Youth has severe to profound intellectual disability (i.e., FSIQ less than 55) or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments. Youth may not be receiving appropriate support for daily functioning.

45. SENSORY

This rating describes the youth's ability to use all senses including sight, hearing, smell, touch, and taste.

Ratings and Descriptions

Questions to Consider	0	No evidence of need; no action needed. The youth's sensory functioning appears normal. There is no reason to believe that the youth has any problems with sensory functioning.
<ul style="list-style-type: none">Does the youth have hearing or visual impairment?	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of sensory problems. The youth has mild impairment on a single sense (e.g., mild hearing deficits, correctable vision problems).
<ul style="list-style-type: none">Did the youth have sensory impairments in childhood?		2
<ul style="list-style-type: none">Does the youth become easily overwhelmed by sensory stimuli?	3	Problem is dangerous or disabling; requires immediate and/or intensive action. The youth has significant impairment to multiple senses (e.g., profound hearing or vision loss).
<ul style="list-style-type: none">Has the youth ever been referred for occupational therapy?		

46. SELF-CARE/DAILY LIVING SKILLS

This rating describes the youth's ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other tasks related to keeping up with one's personal hygiene. Consider the impact that the self-care concern has on daily functioning.

Ratings and Descriptions

Questions to Consider	0	No evidence of need; no action needed. The youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the youth has any challenges with performing daily living skills.
<ul style="list-style-type: none">Does the youth show age appropriate self-care skills?	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. The youth requires verbal prompting on self-care tasks or daily living skills.
<ul style="list-style-type: none">Is the youth able to groom themselves?		2
<ul style="list-style-type: none">Is the youth able to eat, shower, get dressed, and complete activities of daily living independently at an age-appropriate level?	3	Problem is dangerous or disabling; requires immediate and/or intensive action. The youth requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, and toileting.)
<ul style="list-style-type: none">Has concern about the youth's hygiene been expressed?		

47. RECREATIONAL

This rating describes the youth's access to and use of leisure activities.

Ratings and Descriptions

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the youth have things that they like to do with their free time?	<p>0 No evidence of need; no action needed.</p> <p>No evidence of any problems with functioning in recreational activities. The youth has access to sufficient activities that the youth enjoys.</p>
<ul style="list-style-type: none">Does the youth do activities that are a positive use of their free time?	<p>1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</p> <p>The youth participates in recreational activities although some challenges may exist.</p>
<ul style="list-style-type: none">Does the youth often claim to be bored or have nothing to do?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.</p> <p>The youth is having moderate challenges with recreational activities. The youth may experience some challenges with effective use of their leisure time.</p>
<ul style="list-style-type: none">Is there a positive activity that the youth enjoys doing but doesn't have access to?	<p>3 Problem is dangerous or disabling; requires immediate and/or intensive action.</p> <p>The youth has no access to or interest in recreational activities. The youth has significant difficulties making use of their leisure time.</p>

48. LEGAL

This item indicates the youth's level of involvement with the juvenile or adult justice system. Only the youth's involvement is relevant to this rating. The family's involvement with the courts and justice system is not rated here.

Ratings and Descriptions

	<p>0 No evidence of need; no action needed.</p> <p>Youth has no known legal involvement or involvement with the court system.</p>
<p>Questions to Consider</p> <ul style="list-style-type: none">Has the youth ever admitted that they have broken the law?	<p>1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</p> <p>Youth has a history of legal issues (e.g., status offenses such as juvenile/family conflict, truancy, petty offenses) but currently is not involved with the legal system, or at immediate risk of involvement.</p>
<ul style="list-style-type: none">Has the youth ever been in detention?Has the youth ever been arrested?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.</p> <p>Youth has some legal issues and is currently involved in the legal system due to moderate delinquent behaviors (e.g., misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).</p>
<ul style="list-style-type: none">Is the youth on probation?	<p>3 Problem is dangerous or disabling; requires immediate and/or intensive action.</p> <p>Youth has serious current or pending legal issues that place them at risk for a court ordered out of home placement, or incarceration (ages 18 to 21) such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).</p>

49. MEDICAL/PHYSICAL

This rating describes both health challenges and chronic or acute physical conditions or impediments. Consider the severity of the problem of the medical problem and whether this problem is chronic.

Ratings and Descriptions

Questions to Consider	0	No evidence of need; no action needed. No evidence that the youth has any medical or physical problems, and/or the youth is healthy.
	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. The youth has mild, temporary, or well-managed physical or medical challenges. These can include well-managed chronic conditions like juvenile diabetes or asthma.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. The youth has serious medical or physical challenges that require medical treatment or intervention. Or youth has a chronic illness or a physical challenge that requires ongoing medical intervention.
	3	Problem is dangerous or disabling; requires immediate and/or intensive action. The youth has a life-threatening illness or medical/physical condition. Immediate or intense action should be taken due to imminent danger to the youth's safety, health, or development.

50. SLEEP

This item rates the youth's sleep patterns (e.g., difficulties falling asleep or staying asleep, staying awake at night and sleeping during the day, or sleeping too much). Both bedwetting and nightmares should be considered sleep issues, regardless of the cause.

Ratings and Descriptions

Questions to Consider	0	No evidence of need; no action needed. The youth gets a full night's sleep each night.
	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. The youth has some challenges with sleeping. The youth typically gets a full night's sleep, but at least once a week a challenge arises. This may include occasionally awakening, bed wetting, or having nightmares.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning. The youth is having significant challenges with sleep. Sleep is often disrupted and the youth seldom obtains a full night of sleep.
	3	Problem is dangerous or disabling; requires immediate and/or intensive action. The youth is generally sleep deprived. Sleeping is almost always difficult and the youth is rarely able to get a full night's sleep. Lack of sleep is impacting the youth's wellbeing and/or safety.

51. SEXUAL DEVELOPMENT

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, as well as the reactions of others to any of these behaviors. The youth's sexual orientation, gender identity, or gender expression could be rated here only if they are leading to difficulties. Sexually abusive behaviors are not rated in this item.

Ratings and Descriptions

- 0 No evidence of need; no action needed.
No evidence of issues with sexual development.

Questions to Consider

- Are there concerns about the youth's healthy sexual development?
- Is the youth sexually active?
- Does the youth have less/more interest in sex compared to same age peers?

- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
History or suspicion of challenges with sexual development but does not interfere with functioning in other life domains. May include the youth's concerns about sexual orientation, gender identity and expression, or anxiety about the reaction of others.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with the youth's functioning.
Moderate to serious challenges with sexual development that interfere with the youth's life functioning in other life domains.
- 3 Problem is dangerous or disabling; requires immediate and/or intensive action.
Severe challenges with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or being the victim of sexual exploitation.

52. SCHOOL BEHAVIOR

This item rates the behavior of the youth in school or educational setting. If school is not in session, rate the last 30 days when school was in session. Consider the severity of any difficult behavior at school, as well as the level of disruption caused by this behavior.

This item is rated independently of attendance; school attendance is rated in the next item. This item is rating the behavior when youth is in school. Truancy alone does not warrant an actionable rating on this item.

Ratings and Descriptions

	0	No evidence of need; no action needed.
Questions to Consider		No evidence of behavioral problems at school or youth is behaving well in school, or not currently enrolled.
<ul style="list-style-type: none">• How is the youth behaving in school?	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
<ul style="list-style-type: none">• Has the youth received a sanction at school due to their behavior?		The youth is behaving adequately in school although some behavior challenges exist. Behavior challenges may be related to relationships with teachers or peers.
<ul style="list-style-type: none">• Has the youth had any detentions or suspensions?	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
<ul style="list-style-type: none">• Has the youth needed to attend an alternative placement?		The youth's behavior challenges are interfering with their functioning at school. The youth is disruptive and may have received sanctions including suspensions.
	3	Problem is dangerous or disabling; requires immediate and/or intensive action.
		The youth is having severe challenges with behavior in school. The youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

53. SCHOOL ATTENDANCE

This items rates issues of attendance. If school is not in session, rate the last 30 days when school was in session. Consider both truancy and excused absences, and how frequently both occur.

Ratings and Descriptions

	0	No evidence of need; no action needed.
Questions to Consider		The youth attends school regularly or the youth is not required to be enrolled in school.
<ul style="list-style-type: none">• Does the youth have any difficulty attending school?	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
<ul style="list-style-type: none">• Is the youth on time to school?		The youth has a history of attendance problems, or youth has some attendance issues but generally goes to school.
<ul style="list-style-type: none">• How many times a week is the youth absent?	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
<ul style="list-style-type: none">• Once the youth arrives at school, does the youth stay for the rest of the day?		The youth's issues with school attendance are interfering with academic progress.
	3	Problem is dangerous or disabling; requires immediate and/or intensive action.
		Youth is generally absent from school or school-aged youth is not enrolled in school.

54. SCHOOL ACHIEVEMENT

This item describes academic achievement and functioning, based on youth's individual developmental capabilities, not necessarily chronological age. For example, a youth who is on an individualized education plan (IEP) due to intellectual disabilities should be rated on their academic achievement in relation to the goals on the IEP and not in relation to same aged peers.

If school is not in session, rate the last 30 days when school was in session. Consider whether the youth has recently failed any of their classes or is behind in grade level.

Questions to Consider Ratings and Descriptions

• How are the youth's grades?	0	No evidence of need; no action needed.
• Is the youth having difficulty with any subjects or in need of accommodations?	1	No evidence of issues in school achievement or the youth is doing well in school. History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
• Is the youth performing at grade level?	2	The youth is doing okay in school although some challenges with achievement exist. Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.
• Is the youth at risk of failing any classes or repeating a grade?	3	The youth is having moderate challenges with school achievement. The youth may be failing some subjects. Problem is dangerous or disabling; requires immediate and/or intensive action.
• Has the teacher or other school personnel spoken to the youth's guardian about their performance?		The youth is having significant achievement challenges. The youth may be failing most subjects or has been retained (held back) a grade level. The youth might be more than one year behind same-age peers in school achievement.

7. CULTURAL CONSIDERATIONS DOMAIN

Items in the Cultural Considerations Domain describe needs that youth may experience as a result of their membership in any cultural group or because of the relationship between members of that group and members of the dominant society. Culture in this domain is defined broadly to include cultural groups that are defined by race, ethnicity, immigration status, sexual orientation, gender identity and expression, ability, age, religion, social economic status (SES), and geography. It is important to remember that when using the CANS, the family should be defined from the youth's perspective, in addition to their identified membership to culture groups.

Question to Consider for this Domain: How does the youth's membership in a particular cultural group impact their stress and wellbeing? Does the youth have access to cultural identities that are important to them? How do the cultural identities of providers in the youth's life, as well as your own identities, align or differ from the youth's¹?

Cultural Considerations Domain - use the following categories and action levels:

- 0 No evidence of need; no action needed.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problem is dangerous or disabling; requires immediate and/or intensive action.

¹ In addition to considering the culture of the youth, it is important that raters carefully consider their own sociocultural experience, biases, beliefs, and power. The power dynamics of the relationship, the systems involved, and the referral reason and source may all influence the assessment of current needs and strengths.

55. LANGUAGE

This rating describes youth's or family's need for communication resources, assistance, and accommodations (e.g., interpreter, translator, ESL, ASL, Braille, or assisted technology). This item includes spoken, written, and signed communication, as well as needs related to literacy. Youth should not be in the position of being expected to translate and interpret for other family members, caregivers, or providers.

Ratings and Descriptions

Questions to Consider	0	1	2	3
• How does the family comfortably communicate with each other at home?	No evidence of need; no action needed. No evidence that there is a need or preference for accommodations and/or the youth and family speak, read, and comprehend the primary language where the youth or family lives.			
• Is the youth interpreting for the family or providers in any situation?		History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. Youth or family communicate in the primary language where they live, but potential communication problems exist because of limited vocabulary or comprehension of the language.		
• Does the youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?			Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Youth or family have communication and comprehension needs that are not being met by providers and/or caregivers.	Problem is dangerous or disabling; requires immediate and/or intensive action. Youth or family have communication and comprehension needs that are not being met by provider(s).

56. CULTURAL IDENTITY

Cultural identity refers to the youth's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity, and expression.

Ratings and Descriptions

Questions to Consider	0	1	2	3
• Does the youth identify with any racial/ethnic/cultural group?	No evidence of need; no action needed. The youth has a defined cultural identity and is connected to others who support the youth's cultural identity.			
• Does the youth find this group a source of support?		History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. The youth is developing a cultural identity and is seeking others to support their cultural identity.		
• Does the youth feel pressure to join/leave/hide a particular aspect of their identity?			Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. The youth is searching for a cultural identity and has yet to connect with others who share an identity. Lack of identity is causing stress in youth's life.	
• Does the youth ever feel conflicted about aspects of their social identity?				Problem is dangerous or disabling; requires immediate and/or intensive action. The youth does not express a cultural identity or youth is not able to safely express cultural identity. This causes significant stress in youth's life or is debilitating to their wellbeing.

57. CULTURAL EVENTS AND ACTIVITIES

This item rates the youth's access to and participation in cultural traditions, rituals, practices, and celebrations of culturally specific holidays or events such as Kwanzaa, Día de los Muertos, Yom Kippur, Quinceañera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

Ratings and Descriptions

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> What holidays does the youth celebrate? 	<p>0 No evidence of need; no action needed.</p> <p>Youth consistently practices their chosen traditions or rituals as a part of their cultural identity.</p>
<ul style="list-style-type: none"> What traditions are important to the youth? 	<p>1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.</p> <p>Youth generally practices their chosen traditions or rituals consistent with their cultural identity; however, they sometimes experience obstacles to the performance of these practices.</p>
<ul style="list-style-type: none"> Does the youth fear discrimination for practicing their traditions and rituals? 	<p>2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.</p>
<ul style="list-style-type: none"> Does the youth have access to participating in important rituals and holidays? 	<p>3 Problem is dangerous or disabling; requires immediate and/or intensive action.</p> <p>Youth is unable to practice their chosen traditions or rituals consistent with their cultural identity or unable to safely practice them.</p>

58. CULTURAL STRESS

This item identifies circumstances in which the youth's cultural identity is met with hostility or resistance within the youth's environment due to differences in attitudes, behavior, or beliefs of others. This may include cultural differences that are causing stress between the youth and the youth's family. Racism, negativity toward sexual orientation, gender identity, or gender expression, and other forms of discrimination would be rated here.

Ratings and Descriptions

Questions to Consider	0	No evidence of need; no action needed.
		No evidence or history of stress between the youth's cultural identity and current environment.
	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
		Some mild or occasional stress resulting from friction between the youth's cultural identity and current environment.
• How does the youth describe their experience of discrimination or oppression?	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
		Youth is experiencing cultural stress that is causing problems in functioning in at least one life domain. Youth needs support to manage cultural stress.
• How does the caregiver support the youth's identity and experiences?	3	Problem is dangerous or disabling; requires immediate and/or intensive action.
• How does the community support the youth's identity and experiences?		Youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Youth needs immediate plan to reduce cultural stress.

8. BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

The ratings in this section identify the behavioral/emotional health needs of the youth. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below.

Question to Consider for this Domain: What are the presenting social, emotional, and behavioral needs of the youth?

Youth Behavioral/Emotional Needs Domain - use the following categories and action levels:

- 0 No evidence of need; no action needed.
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problem is dangerous or disabling; requires immediate and/or intensive action.

59. IMPULSIVITY/HYPERACTIVITY

This rating describes challenges with impulse control and impulsive behaviors, including motoric disruptions. Youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting, or stealing. Manic behavior is also rated here.

Ratings and Descriptions

	0	No evidence of need; no action needed. No evidence of symptoms of loss of control of behavior.
Questions to Consider	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild levels of impulsivity evident in action or thought that place the youth at risk of future functioning difficulties. The youth may exhibit limited impulse control (e.g., youth may yell out answers to questions or may have difficulty waiting their turn). Some motor difficulties may be present as well, such as pushing or shoving others.
	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the youth's functioning in at least one life domain. This indicates a youth with impulsive behaviors that create a significant management problem for adults (e.g., caregivers, teachers, coaches). A youth who often intrudes on others and often exhibits aggressive impulses would be rated here.
	3	Problem is dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the youth at risk of physical harm. This indicates a youth with frequent and significant levels of impulsive behaviors that carry considerable safety risk (e.g., running into the street, dangerous driving, or bike riding). The youth may be impulsive on a nearly continuous basis. The youth endangers self or others without thinking.

60. DEPRESSION AND ANXIETY

This rating describes symptoms associated with depression (e.g., irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest, or pleasure in daily activities).

Symptoms associated with anxiety included in this item are excessive fear, worry, avoidance, and other related behavioral disturbances that inhibit functioning and cause distress. Panic attacks can be a prominent type of fear response.

A diagnosis of Depression or Anxiety by a mental health or medical provider is NOT required to be considered for this item. However, a DSM-5 diagnosis would be rated a 2 or 3.

Ratings and Descriptions

0 No evidence of need; no action needed.

No evidence of problems with depression or anxiety symptoms.

1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

History, suspicion, or evidence of depression associated with a recent negative life event. Brief duration of depression, irritability, or impairment of functioning that does not lead to pervasive avoidance behavior.

AND/OR

There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not markedly impairing functioning or causing distress.

2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.

Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in youth's ability to function in at least one life domain.

AND/OR

Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the youth's ability to function in at least one life domain.

3 Problem is dangerous or disabling; requires immediate and/or intensive action.

Clear evidence of a debilitating level of depression that significantly impacts a youth's ability or desire to function in any life domain. This may include a youth who stays at home or in bed all day due to depression or whose emotional symptoms prevent any participation in school, friendship groups, or family life.

AND/OR

Clear evidence of a debilitating level of anxiety that significantly impacts a youth's ability and/or desire to function in any life domain. This may include a youth who is excessively fearful of most situations, has disabling panic attacks, and is unable to participate in school, friendship groups, or family life.

Questions to Consider

- Has the youth withdrawn from activities they previously enjoyed?
- Does the youth seem lonely or not interested in others?
- Is the youth fearful or afraid of certain situations or places?
- Is the youth notably irritable, lethargic, or avoidant?

61. PSYCHOSIS (THOUGHT DISORDER)

Psychosis may also be referred to as a thought disorder or perceptual disturbance and includes behaviors and symptoms that may be associated with several DSM-5 disorders (e.g., schizophrenia, schizoaffective disorder, delusional disorder, bipolar disorder, major depressive disorder, etc.). Symptoms of psychosis may include: hearing voices and feeling pressure to act, disorganized speech (e.g., unable to coherently communicate), abnormal psychomotor behavior, and restricted emotional affect. Note: To rate as evidence of psychosis, behaviors and symptoms should not be attributed to substance use or another medical explanation.

Ratings and Descriptions

Questions to Consider	0	1	2	3
	No evidence of need; no action needed. No evidence of psychosis.			
<ul style="list-style-type: none"> Are unusual behaviors or repeated actions interfering with the youth's functioning? 		History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. Evidence of mild disruption in thought processes or content. Youth may be somewhat tangential in speech or demonstrate somewhat illogical thinking (age inappropriate). This also includes youth with a history of hallucinations.		
<ul style="list-style-type: none"> Is the youth or others at risk of physical harm? 			Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Evidence of moderate disturbance in thought process or content. Youth may experience delusions or have brief intermittent hallucinations. Speech may be at times tangential or illogical.	
<ul style="list-style-type: none"> Does the youth have a thought disorder or psychotic condition? Does the youth hear, see, or feel something that was not actually there? 				Problem is dangerous or disabling; requires immediate and/or intensive action. Clear evidence of dangerous hallucinations, delusions, or illogical behavior that might be associated with some form of psychotic disorder that places the child or others at risk of physical harm.

62. OPPOSITIONAL (Non-compliance with Authority)

This item rates the youth's relationship with authority figures. Oppositional behavior is displayed in response to conditions set by a parent, teacher, or other authority figure with responsibility for and control over the youth. 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

Ratings and Descriptions

	0	No evidence of need; no action needed.
Questions to Consider		No evidence or history of oppositional behaviors.
• Does the youth follow their caregivers' rules?	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
• Have teachers or other adults reported that the youth does not follow rules or directions?		There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
• Does the youth argue with adults when they try to get the youth to do something?	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
• Does the youth do things that they have been explicitly told not to do?		Clear evidence of oppositional or defiant behavior towards authority figures that is currently interfering with the youth's functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 could be rated here.
	3	Problem is dangerous or disabling; requires immediate and/or intensive action.
		Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the youth has severe problems with compliance with rules, adult instruction, or authority. A youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 could be rated here.

63. SUBSTANCE USE

This item describes problems related to the use of alcohol, illegal drugs, misuse of prescription medications, and inhalation of any chemical or synthetic substance by a youth. This item does not apply to the use of tobacco or caffeine.

Ratings and Descriptions

Questions to Consider	Ratings and Descriptions
0	No evidence of need; no action needed.
<ul style="list-style-type: none">Has the youth used alcohol or drugs on more than an experimental basis?	Youth has no history or substance use difficulties at the present time.
1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
<ul style="list-style-type: none">Is the use of alcohol or drugs affecting the youth's daily functioning and healthy development?	Youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.
2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
<ul style="list-style-type: none">Do you suspect that the youth may have an alcohol or drug use problem?	Youth has a substance use problem that consistently interferes with the ability to function optimally but does not completely preclude functioning in an unstructured setting.
<ul style="list-style-type: none">Has the youth been in a recovery program for the use of alcohol or illegal drugs?	3 Problem is dangerous or disabling; requires immediate and/or intensive action.
	Youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification supports for the youth.

64. ATTACHMENT DIFFICULTIES

This item rates the level of difficulties the youth has with attachment and ability to form relationships.

This item should be rated within the context of the youth's significant parental or caregiver relationships.

Ratings and Descriptions

Questions to Consider

- Does the youth struggle with separating from caregiver in an age-appropriate way?
- Does the youth approach or attach to unknown people/individuals in an age-appropriate way?

-
- 0 No evidence of need; no action needed.
- No evidence or history of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and youth's development of a sense of security and trust. Caregiver is able to respond to youth cues in a consistent, appropriate manner, and youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.
-
- 1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- Some history or evidence of insecurity in the caregiver-youth relationship. Caregiver may have difficulty accurately reading youth's bids for attention and nurturance, may be inconsistent in response, or may be occasionally intrusive. Youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Youth may have minor difficulties with appropriate physical/emotional boundaries with others.
-
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- Problems with attachment that interfere with youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret youth cues, act in an overly intrusive way, or ignore/avoid youth bids for attention/nurturance. Youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.
-
- 3 Problem is dangerous or disabling; requires immediate and/or intensive action.
- Youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) or youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Youth is considered at ongoing risk due to the nature of their attachment behaviors. Youth may have experienced significant early separation from or loss of caregiver or have experienced chronic inadequate care from early caregivers. Youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.
-

65. EATING DISTURBANCES

This item rates behaviors and symptoms that include recurrent episodes of binge eating, purging, caloric restriction, excessive exercising, or eating non-nutritive substances. Other significant problems with eating, including picky-eating, over-eating, hoarding of food, and Pica (eating non-food items such as dirt, hair, or rocks) would be rated here. Consider the degree to which the eating disturbance is life-threatening.

Questions to consider	Ratings and Descriptions
<ul style="list-style-type: none"> How does the youth feel about their body? 	<p>0 No evidence of need; no action needed. No evidence of eating disturbances.</p>
<ul style="list-style-type: none"> Does the youth seem to be overly concerned about their weight? 	<p>1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. There is history, suspicion, or evidence of mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of average weight or below weight.</p>
<ul style="list-style-type: none"> Does the youth ever refuse to eat, binge eat, or hoard food? 	<p>2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below average weight or emaciated body appearance. This 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).</p>
<ul style="list-style-type: none"> Has the youth ever been diagnosed with an eating disorder? 	<p>3 Problem is dangerous or disabling; requires immediate and/or intensive action. More severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors are present.</p>
<ul style="list-style-type: none"> Has the youth ever been hospitalized for eating-related issues? 	

66. ANGER CONTROL

This item addresses the youth's ability to identify and manage their anger when frustrated.

Ratings and Descriptions

	0	No evidence of need; no action needed.
Questions to Consider		No evidence of any anger control problems.
• How does the youth control their anger?	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
• Does the youth get upset or frustrated easily?		History, suspicion of, or evidence of some problems with controlling anger. Youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
• Does the youth overreact if someone criticizes or rejects them?	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
• Does the youth seem to have dramatic mood swings?		Youth's difficulties with controlling anger negatively impact functioning in at least one life domain. Youth's temper has resulted in significant trouble with peers, family, or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
	3	Problem is dangerous or disabling; requires immediate and/or intensive action.
		Youth's temper or anger control problem is dangerous. Youth frequently gets into fights that are often physical. Others likely fear the youth.

67. SITUATIONAL CONSISTENCY OF CHALLENGES

This is intended to describe the variation in presentation of challenges across different situations and environments in the youth's life (e.g., home, school, and community).

Ratings and Descriptions

	0	No evidence of need; no action needed.
Questions to Consider		Challenges generally occur in only one environment or situation.
• Where does the youth's challenges generally occur?	1	History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
• Do the challenges occur more often in one setting than another?		Challenges occur in multiple settings or situations but tend to be most severe in a single setting.
• Are the challenges more severe in one setting or another?	2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
		Challenges occur in many settings or situations, but there is variability in the severity of the problems with the youth doing better in some circumstances than in others.
	3	Problem is dangerous or disabling; requires immediate and/or intensive action.
		Challenges occur consistently in all situations.

68. DURATION OF MENTAL HEALTH CHALLENGES

This is intended to describe the duration of mental health challenges experienced by the youth. Challenges include both symptoms and risk behaviors that indicate unmet mental health needs.

Specific ratings windows (30-days) can be over ridden based on action levels.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Is youth practicing mental health hygiene such as consistent sleep schedule, good nutrition, medication protocol, and exercise. 	<p>0 No evidence of need; no action needed. No evidence of unmet mental health needs or challenges.</p> <hr/>
<ul style="list-style-type: none"> Are certain behaviors or thoughts inhibiting mental and emotional wellbeing? 	<p>1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. Challenges with mental health began in the past six months after the occurrence of a specific stressful event.</p> <hr/>
<ul style="list-style-type: none"> When did the youth begin showing symptoms? 	<p>2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Challenges with mental health began more than six months ago but less than two years ago, or problems began in the past six months in the absence of any specific stressful event.</p> <hr/>
<ul style="list-style-type: none"> Have the symptoms been consistent for the past two years? 	<p>3 Problem is dangerous or disabling; requires immediate and/or intensive action. Challenges with mental health began more than two years ago and the individual has remained consistently symptomatic over this period of time</p> <hr/>
<ul style="list-style-type: none"> Has the youth been symptom free within the last year? 	<p>Interventions may have not provided symptomatic relief in the past.</p>

69. SERVICE PERMANENCE

This is intended to describe the stability of the service providers who have worked with the youth and/or family. Service providers include caseworker, mental health provider, medical provider, dental provider, substitute caregiver (does not include respite care), and school personnel.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> Has the youth changed schools? 	<p>0 No evidence of need; no action needed. Service providers have been consistent for more the past two years or there are no issues with service permanence. This level is also used to rate a youth/family who is initiating services for the first time or re-initiating services after an absence from services of at least one year.</p> <hr/>
<ul style="list-style-type: none"> Is the youth seeing a new medical provider? 	<p>1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. History, suspicion of, or evidence of some problems with service permanence.</p> <hr/>
<ul style="list-style-type: none"> Does the youth have a new caseworker? 	<p>2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Service providers have been consistent for at least one year, but changes occurred during the prior year.</p> <hr/>
<ul style="list-style-type: none"> Has youth had multiple foster parents? 	<p>3 Problem is dangerous or disabling; requires immediate and/or intensive action. At least one service provider has changed in the past year. Service providers have changed multiple times during the past year.</p>

Appendices

(1) Data Entry Guide for OR-KIDS Users

Data Entry Guide for OR-KIDS Users

When entering data into OR-KIDS for the *Exposure to Potentially Traumatic/Adverse Childhood Experiences Domain* please use the following scoring:

No (on CANS) = 0 (in OR-KIDS)

Yes (on CANS) = 3 (in OR-KIDS)

CANS:	No	1	2	Yes
OR-KIDS:	0	1	2	3

This applies to the *Exposure to Potentially Traumatic/Adverse Childhood Experiences Domain* items below:

21. Sexual abuse
22. Physical abuse
23. Emotional/verbal abuse
24. Neglect
25. Medical trauma
26. Witness to family violence
27. Witness to community/school violence
28. War affected
29. Terrorism affected
30. Witness/victim of criminal activity
31. Parental criminal behavior
32. Disruptions in caregiving/attachment losses