

# **Child and Adolescent Needs and Strengths (CANS)-Trauma Comprehensive Version Manual**

**A Comprehensive Information Integration Tool for Children and Adolescents Exposed to Traumatic Events**

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A large number of individuals in conjunction with the National Child Traumatic Stress Network (NCTSN) have collaborated in the development of the **CANS-Trauma Comprehensive**. Individuals from the NCTSN Center for Child Trauma Assessment and Service Planning at Northwestern, including Nicole Maj, B.S. and Nicole St. Jean, Psy.D., were instrumental in updating and refining this tool. The trauma domains on the CANS were developed in collaboration with Cassandra Kisiel, Ph.D., Glenn Saxe, M.D., Margaret Blaustein, Ph.D, and Heidi Ellis, Ph.D. within the National Child Traumatic Stress Network in 2002 and have been incorporated across several versions of the CANS. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-Trauma Comprehensive is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For more information about alternative versions of the CANS to use please contact John Lyons. For more information on the NCTSN CANS Comprehensive – Trauma tool contact, Cassandra Kisiel.

*Please Note: Training and certification is required for the ethical and reliable use of the CANS*

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## About the National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

## About the Praed Foundation

Founded in 1999, the Praed Foundation seeks to support transformational activities in human services, with a special emphasis on improving the lives of children and families. The Foundation has a variety of projects that supports its mission including managing flexible funding for youth with mental health needs in the juvenile justice system. The primary work of the Foundation is in support of a mass collaboration of individuals who seek to use evidence-based assessments as an approach to working together to maintain the focus of human service enterprise on the people they serve.

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*NOTE: For additional details or if you have specific questions on any of the items listed in this manual, please consult the CANS Comprehensive Glossary for further information.*

## CANS Action Levels

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The way the CANS works is that each item suggests different pathways for service or treatment planning. There are four levels of each item with anchored definitions; however, these definitions are designed to translate into the following action levels (separate for needs and strengths):

### For Potentially Traumatic / Adverse Childhood Experiences Domain:

- 0- No evidence of any trauma of this type
- 1- A single incident or trauma occurred or suspicion exists of this type of trauma
- 2- Multiple incidents or a moderate degree of trauma of this type
- 3- Repeated and severe incidents of trauma of this type.

**For Needs Domains** – Symptoms Related to Trauma/Adverse Experiences, Life Domain Functioning, Acculturation, Child Behavioral/Emotional Needs, Child Risk Behavior, Children Five and Younger, Transition to Adulthood, Caregiver Domain:

- 0- No evidence of a need /no need for action
- 1- Watchful waiting /prevention/mild need
- 2- Action needed/moderate need
- 3- Immediate – Intensive action /severe need

### For Strength Domain:

- 0- Centerpiece strength
- 1- Useful Strength
- 2- Strength has been identified in this area but it must be built
- 3- No strength is identified in this area /no information

*NOTE: The majority of items on the CANS should be rated in the context of what is normative for a child's age/developmental stage.*

## Exposure to Potentially Traumatic/Adverse Childhood Experiences Domain

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*These ratings are made based on LIFETIME exposure of trauma or adverse childhood experiences.*

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

0 = a dimension where there is **no evidence** of any trauma of this type.

1 = a dimension where a **single incident** of trauma occurred **or suspicion** exists of this trauma type.

2 = a dimension where the child has experienced **multiple incidents or moderate degree** of this trauma type.

3 = a dimension which describes **repeated and severe incidents** of trauma with **medical /physical consequences**.

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

<b>0</b>	There is <b>no evidence</b> that child has experienced sexual abuse.
<b>1</b>	There is a <b>suspicion</b> that the child has experienced sexual abuse <b>with some degree of evidence or the child has experienced “mild” sexual abuse</b> including but not limited to <b>direct exposure to sexually explicit materials</b> . Evidence for suspicion of sexual abuse could include evidence of <b>sexually reactive behavior</b> as well as <b>exposure to a sexualized environment or Internet predation</b> . Children who have experienced secondary sexual abuse (e.g., <b>witnessing sexual abuse, having a sibling sexually abused</b> ) also would be rated here.
<b>2</b>	Child has experienced <b>one or a couple of incidents</b> of sexual abuse that were not chronic or severe. This might include a child who has experienced <b>molestation without penetration on a single occasion</b> .
<b>3</b>	Child has experienced <b>severe or chronic</b> sexual abuse with <b>multiple episodes or lasting over an extended period of time</b> . This abuse may have involved <b>penetration, multiple perpetrators, and/or associated physical injury</b> .

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

<b>0</b>	There is <b>no evidence</b> that child has experienced physical abuse.
<b>1</b>	There is a <b>suspicion</b> that child has experienced physical abuse but <b>no confirming evidence</b> . <b>Spanking that does not leave marks or does not use items</b> such as cords or belts would be included. The threat of physical harm without actual harm inflicted also qualifies here.
<b>2</b>	Child has experienced a <b>“moderate” level of physical abuse</b> . This may include <b>one or more incidents of physical punishment</b> (e.g. hitting, punching) <b>or intentional harm</b> that results in injuries, such as bruises or marks. It may also include use of items such as cords or belts.
<b>3</b>	Child has experienced <b>severe and repeated physical abuse</b> with intent to do harm and/or that causes sufficient physical harm to necessitate hospital treatment.

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

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

**4. NEGLECT** - *This rating describes the severity of neglect an individual has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or a lack of access to needed medical care (medical neglect) or failure to receive academic instruction (educational neglect).*

<b>0</b>	There is <b>no evidence</b> that child has experienced neglect.
<b>1</b>	Child has experienced <b>minor or occasional</b> neglect. Child may have been left at <b>home alone for a number of hours</b> with no adult supervision or there may be <b>occasional failure to provide adequate supervision</b> of child.
<b>2</b>	Child has experienced a <b>moderate level</b> of neglect. Child may have been left <b>home alone overnight</b> or there may be <b>occasional failure to provide adequate food, shelter, or clothing</b> with corrective action.
<b>3</b>	Child has experienced a <b>severe level of neglect</b> including <b>multiple and/or prolonged absences (e.g., a day or more)</b> by adults, without minimal supervision, and <b>failure to provide basic necessities of life on a regular basis</b> .

**5. MEDICAL TRAUMA** - *This rating describes the severity of medical trauma. Not all medical procedures are experienced as traumatic. Medical trauma results when a medical experience is **perceived by the child** as mentally or emotionally overwhelming. Potential medical traumas include but are not limited to the following examples: the onset of a life threatening illness; sudden painful medical events; chronic medical conditions resulting from an injury or illness or another type of traumatic event. (Please see the CANS glossary for more information on this item and/or other CANS items.)*

<b>0</b>	There is <b>no evidence</b> that the child has experienced medical trauma.
<b>1</b>	Child has had a medical experience that was <b>mildly overwhelming</b> for the child. Examples include events that were <b>acute in nature</b> and <b>did not result in ongoing medical needs and associated distress</b> such as minor surgery, stitches or a bone setting.
<b>2</b>	Child has had a medical experience that was perceived as <b>moderately</b> emotionally or mentally <b>overwhelming</b> . Such events <b>might include</b> acute injuries and <b>moderately invasive medical procedures</b> such as major surgery that require only short term hospitalization.
<b>3</b>	Child has had a medical experience that was perceived as <b>extremely</b> emotionally or mentally <b>overwhelming</b> . The event itself may have been <b>life threatening</b> and may have resulted in <b>chronic health problems</b> that alter the child's physical functioning.

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

<b>0</b>	There is <b>no evidence</b> that child has witnessed family violence.
<b>1</b>	Child has witnessed <b>one episode</b> of family violence and there was no lasting injury.
<b>2</b>	Child has witnessed <b>repeated episodes</b> of family violence but <b>no significant injuries</b> (i.e., those requiring emergency medical attention) have been witnessed.
<b>3</b>	Child has witnessed <b>repeated and severe episodes</b> of family violence <u>or</u> has <b>intervened</b> in one or more episodes of family violence. <b>Significant injuries</b> have occurred and have <b>been witnessed</b> (i.e., seen or heard) by the child as a direct result of the violence.

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

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

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

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

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

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

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

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

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

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

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

<b>0</b>	There is <b>no evidence</b> that child has been victimized or witnessed significant criminal activity.
<b>1</b>	There is a <b>strong suspicion or evidence</b> that the child is a witness of <b>at least one significant criminal activity</b> . For instance, a child may have been exposed to one type of criminal event but without necessarily having a direct impact on the child.
<b>2</b>	Child has witnessed <b>multiple incidents or types of criminal activities, is a direct victim</b> of criminal activity, <b>and/or witnessed the victimization of a family member or friend</b> . This could include exposure to more than one type of criminal activity, or exposure to ongoing drug use, drug dealing, or prostitution without causing injury or harm to the child.
<b>3</b>	Child has been <b>exposed to chronic and/or severe instances of criminal activity</b> and/or is a <b>direct victim</b> of criminal activity that was <b>life threatening or caused significant physical harm</b> or child witnessed the <b>death of a loved one</b> . This could include chronic or significant exposure to criminal activity in multiple forms or direct involvement in these activities which may put them at significant risk of harm (e.g., in middle of drug dealing, may be forced into prostitution, etc.)

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

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

**14. DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES** - *This rating describes the extent to which the child has been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses. Children who have had placement changes including stays in foster care, residential treatment facilities or juvenile justice settings can be rated here. Short term hospital stays or brief juvenile detention stays, during which the child's caregiver remains the same, would not be rated on this item.*

0	There is <b>no evidence</b> that the child has experienced disruptions in caregiving and/or attachment losses.
1	Child may have experienced <b>one disruption in caregiving</b> but was placed <b>with a familiar alternative caregiver</b> , such as a relative (e.g., child shifted from care of biological mother to paternal grandmother). Child may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent.
2	Child has been exposed to <b>2 or more disruptions in caregiving with known alternate caregivers</b> , <u>or</u> the child has had <b>at least one disruption involving placement with an unknown caregiver</b> . Children who have been placed in foster or other out-of-home care such as residential care facilities would be rated here.
3	Child has been exposed to multiple/repeated placement changes (i.e., <b>3+ placements with a known caregiver or 2+ with unknown caregiver</b> ) <b>resulting in caregiving disruptions in a way that has disrupted various domains of a child's life</b> (i.e., loss of community, school placement, peer group). Examples would include a child in several short-term unknown placements (i.e., moved from emergency foster care to additional foster care placements and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification).

## Symptoms Resulting from Exposure to Trauma or Other Adverse Childhood Experiences Domain

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

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

**0** = a dimension where there is no evidence of any needs.

**1** = a dimension that requires monitoring, watchful waiting, or preventive activities.

**2** = a dimension that requires action to ensure that this identified need or risk behaviors is addressed.

**3** = a dimension that requires immediate or intensive action.

**15. ADJUSTMENT TO TRAUMA** - This item covers the youth's reaction to any potentially traumatic or adverse childhood experience. This item should be rated as 1 – 3 for children who are exhibiting any symptoms related to a traumatic or adverse childhood experience, even if this experience was in their past. This item will be a 0 for any youth who has never been exposed to potentially traumatic events/situations.

Any child who meets diagnostic criteria for a trauma-related adjustment disorder, posttraumatic stress disorder and other diagnoses from DSM-IV that the child may have as a result of their exposure to traumatic/adverse childhood experiences would be rated as a 2 or 3 on this item. Additionally, this item should be rated 1-3 should be given for youth who have ANY type of symptoms/needs that are related to their exposure to a traumatic/adverse event. (Please see the CANS glossary for more information on this item and/or other CANS items).

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

<b>0</b>	Child has <b>not experienced any significant trauma</b> <u>or</u> <b>has adjusted well</b> to traumatic/adverse child experiences.
<b>1</b>	Child has <b>some mild problems</b> with adjustment due to trauma exposure. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action
<b>2</b>	Child presents with a <b>moderate level of trauma-related symptoms</b> . Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. <b>Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis</b> including but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) and Adjustment Disorder.
<b>3</b>	Child has severe <b>symptoms</b> as a result of exposure to traumatic or adverse childhood experiences <b>that require intensive or immediate attention</b> . Child likely meets criteria for <b>more than one diagnosis (which may/may not include PTSD), OR may have several symptoms consistent with complex trauma (e.g., problems with affect and behavioral dysregulation, attachment, cognition/learning, etc.)</b>

**16. TRAUMATIC GRIEF-** *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 figures.*

<b>0</b>	There is <b>no evidence</b> that the child is experiencing traumatic grief reactions or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.
<b>1</b>	Child is experiencing a <b>mild level</b> of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the <b>recent nature of loss or separation</b> .
<b>2</b>	Child is experiencing a <b>moderate level</b> of traumatic grief or difficulties with separation in a manner that <b>impairs functioning in some, but not all areas of daily functioning</b> . This could include withdrawal or isolation from others or other problems with day-to-day functioning.
<b>3</b>	Child is experiencing <b>significant traumatic grief reactions</b> . Child exhibits <b>impaired functioning across most or all areas</b> (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. <b>Symptoms require immediate or intensive intervention</b> .

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

<b>0</b>	This rating is given to a child with <b>no evidence</b> of intrusive symptoms.
<b>1</b>	This rating is given to a child with some <b>problems with re-experiencing symptoms, such as occasional intrusive thoughts, distressing memories, and/or nightmares</b> about traumatic events.
<b>2</b>	This rating is given to a child with <b>moderate difficulties with re-experiencing, such as frequent intrusive symptoms/distressing memories</b> . This child may have <b>recurrent frightening dreams</b> (i.e., multiple times a week) with or without recognizable content or <b>recurrent distressing thoughts, images, perceptions or memories</b> of traumatic events. This child may exhibit <b>trauma-specific reenactments</b> through <b>repetitive play</b> with themes of trauma or <b>intense physiological reactions</b> (i.e., racing heart, somatic complaints) to exposure to <b>traumatic cues</b> . These symptoms interfere with child's functioning in at least one area.
<b>3</b>	This rating is given to a child with <b>significant problems with re-experiencing, such as frequent and overwhelming intrusive symptoms/distressing memories</b> . This child may exhibit <b>trauma-specific reenactments that include sexually or physically harmful behavior that could be traumatizing to other children or sexual play</b> with adults or related behaviors that put the safety of the child or others at risk. This child may also exhibit <b>persistent flashbacks, delusions or hallucinations related to the trauma that impede the child's functioning in multiple areas</b> .

**18. HYPERAROUSAL** - *These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Children may also commonly manifest physical symptoms such as stomach-aches and headaches. These symptoms are part of the DSM-IV criteria for PTSD.*

<b>0</b>	This rating is given to a child with <b>no evidence</b> of hyperarousal symptoms.
<b>1</b>	This rating is given to a child who exhibits <b>mild hyperarousal</b> that <b>does not significantly interfere with his or her day-to-day functioning</b> . Children may also occasionally manifest distress-related physical symptoms such as stomach-aches and headaches.
<b>2</b>	This rating is given to a child with <b>moderate symptoms</b> of hyperarousal or physiological reactivity associated with the traumatic event(s). The child may exhibit <b>one significant symptom or a combination of two or more of the following symptoms</b> : difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Children who commonly manifest distress-related physical symptoms such as stomach-aches and headaches would be rated here. Symptoms are distressing for the child and/or caregiver(s) and negatively impact day-to-day functioning.
<b>3</b>	This rating is given to a child who exhibits <b>multiple and or severe hyperarousal symptoms</b> including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. The <b>intensity or frequency of these symptoms are overwhelming</b> for the child and impede <b>day-to-day functioning in many areas</b> .

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

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

**20. NUMBING** - *These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma. (Please see the CANS glossary for more information on this item and/or other CANS items).*

<b>0</b>	This rating is given to a child with <b>no evidence</b> of numbing responses.
<b>1</b>	This rating is given to a child who exhibits <b>some problems with numbing</b> . This child may have a restricted range of affect or be <b>unable to express or experience certain emotions</b> (e.g., anger or sadness).
<b>2</b>	This rating is given to a child with <b>moderately severe numbing</b> responses. This child may have a <b>blunted or flat emotional state</b> or have <b>difficulty experiencing intense emotions</b> or feel <b>consistently detached or estranged</b> from others following the traumatic experience.
<b>3</b>	This rating is given to a child with <b>significant numbing responses or multiple symptoms of numbing</b> . This child may have a <b>markedly diminished interest</b> or participation in significant activities and a sense of a <b>foreshortened future</b> .

**21. DISSOCIATION** - *Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression). (Please see the CANS glossary for more information on this item and/or other CANS items).*

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

**22. AFFECTIVE AND/OR PHYSIOLOGICAL DYSREGULATION** - *These symptoms are characterized by difficulties with arousal regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyperaroused, or quickly fluctuating energy level. The child may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The child's behavior likely reflects their difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities. (Please see the CANS glossary for more information on this item and/or other CANS items).*

NOTE: This item should be rated in the context of what is normative for a child's age/developmental stage.

0	This rating is given to a child with <b>no difficulties</b> regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	This rating is given to a child with some <b>minor and occasional difficulties with affect/physiological regulation</b> . This child could have <b>some difficulty tolerating intense emotions</b> and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have <b>some difficulties with regulating body functions</b> (e.g., sleeping, eating or elimination). This child may also have some difficulty sustaining involvement in activities for any length of time or have <b>some physical or somatic complaints</b> .
2	This rating is given to a child with <b>moderate problems with affect/physiological regulation</b> . This child has difficulty/may be <b>unable to modulate emotional responses</b> or have more persistent difficulties in regulating bodily functions. This child may exhibit <b>marked shifts in emotional responses</b> (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). This child may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or have persistent physical or somatic complaints. This child's <b>behavior likely reflects difficulties with affective or physiological over-arousal or reactivity</b> (e.g., silly behavior, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).
3	This rating is given to a child with <b>severe and chronic problems with highly dysregulated affective and/or physiological responses</b> . This child may have more rapid shifts in mood and <b>an inability to modulate emotional responses</b> (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). This child may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this child may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally "shut down"). This child may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or with elimination problems.

## Child Strengths Domain

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

**0** = a well-developed or centerpiece strength. This area may be able to be used as a protective factor and a centerpiece for a strength-based plan.

**1** = an area where a useful strength is evident but requires some effort to maximize this strength. This is a strength that might be able to be used and built upon in treatment.

**2** = an area where strengths have been identified but require significant strength-building efforts.

**3** = an area where no current strength is identified; there is no evidence of a strength in this area.

**\*When you have no information/evidence about a strength in this area use a score of 3.**

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

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

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

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

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

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

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

0	This level indicates an adolescent with vocational skills who is <b>currently working in a natural environment</b> .
1	This level indicates an adolescent with <b>pre-vocational and some vocational skills but limited work experience</b> .
2	This level indicates an adolescent with <b>some pre-vocational skills but who is not presently working</b> in any area related to those skills. This also may indicate a child or youth with a <b>clear vocational preference</b> .
3	This level indicates an adolescent with <b>no known or identifiable vocational</b> or pre-vocational skills and no expression of any future vocational preferences.
NA	This item can be rated not applicable when a child is under 14 years old.

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

0	This level indicates a child with <b>exceptional psychological strengths</b> . Both coping and savoring skills are well developed.
1	This level indicates a child with good psychological strengths. The person has <b>solid coping skills for managing negative life experiences</b> or solid savoring skills that include the <b>ability to enjoy positive life experiences/pleasurable events</b> .
2	This level indicates a child with limited psychological strengths. For example, a person with very <b>low self-esteem or someone who has difficulty managing negative life events would be rated here</b> .
3	This level indicates a child with no known or identifiable psychological strengths. This child is <b>not able to enjoy positive experiences and has significant difficulties coping with negative life events</b> . This may be due to intellectual impairment or serious psychiatric disorders.

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

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

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

0	This level indicates a child with <b>significant creative/artistic strengths</b> . A child/youth who receives a significant amount of personal benefit from <b>activities surrounding a talent</b> would be rated here.
1	This level indicates a child with a <b>notable talent</b> . For example, a youth who is involved in athletics or plays a musical instrument but without gaining significant personal benefit would be rated here.
2	This level indicates a child who has <b>expressed interest in developing a specific talent</b> or talents even if they have <b>not developed that talent</b> to date.
3	This level indicates a child with <b>no known talents, interests, or hobbies</b> .

**30. SPIRITUAL/RELIGIOUS** - *This rating should be based on the child or adolescent's and their family's involvement in spiritual or religious beliefs and activities.*

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

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

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

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

0	This level indicates a child who has <b>very stable relationships</b> . Family members, friends, and community have been stable for <b>most of his/her life</b> and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had <b>one or more stable relationships but there is some concern about instability</b> in the near future (one year) due to transitions, divorce, or illness, etc. A child who has a <b>stable relationship with only one parent</b> may be rated here.
2	This level indicates a child who has had <b>only one stable relationship over his/her lifetime and it is at more immediate risk of instability</b> due to life transitions, relocation, etc. which has the potential to disrupt this relationship.
3	This level indicates a child who <b>does not have any stability</b> in relationships.

**33. RESILIENCE** - *This rating refers to the child or youth's ability to recognize his or her strengths and use them in times of need or to support his/her own development.*

0	Child is able to <b>recognize and uses his/her strengths</b> for healthy development and problem solving.
1	Child <b>recognizes his/her strengths but is not yet able to use them</b> in support of their healthy development or problem solving.
2	Child has <b>limited ability to recognize</b> and use his/her strengths to support healthy development and/or problem solving.
3	Child <b>fails to recognize</b> his/her strengths and is therefore unable to utilize them.

## Life Functioning Domain

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

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

- 0** = a life domain in which the child has no need (and may be excelling). There is no need for action/intervention.
- 1** = a life domain in which the child may have a mild need but is generally doing OK. A score of 1 indicates that this is an area for watchful waiting, a potential need for preventative action or historical need. This is an area of potential strength.
- 2** = a life domain in which the child is having moderate problems. Action/intervention is needed to improve functioning into an area of strength.
- 3** = a life domain in which the child has significant problems. Immediate or intensive intervention is needed to improve functioning.

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

<b>0</b>	Child <b>gets along well</b> with family members.
<b>1</b>	Child is <b>doing adequately</b> in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
<b>2</b>	Child is having <b>moderate problems</b> with parents, siblings and/or other family members. For example, frequent arguing, difficulties in maintaining any positive relationship may be observed.
<b>3</b>	Child is having <b>severe problems</b> with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

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

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

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

0	Child <b>interacts appropriately</b> with others and builds and maintains relationships.
1	Child has <b>some difficulty interacting</b> with others and building and/or maintaining relationships.
2	Child has <b>moderate problems with his/her social relationships</b> . Child <b>often has problems interacting</b> with others and building and maintaining relationships. For example, child may argue frequently with adults and peers and may lack ability to interact or play in group settings.
3	Child is experiencing <b>severe disruptions in in his/her social relationships</b> . Child <b>consistently and pervasively has problems</b> interacting with others and building and maintaining relationships. For example, child may be excessively withdrawn or aggressive with peers or adults and have notable difficulty relating to others.

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

0	Child has <b>no developmental problems</b> . There is no evidence of developmental problems or mental retardation.
1	Child has some problems with developmental progress and there may be <b>concerns about possible developmental delay</b> . Child may have low IQ, a documented delay, learning disability, or documented borderline intellectual disability (i.e., FSIQ 70 to 85).
2	Child has a <b>developmental disability or mild mental retardation</b> . Evidence of a <b>pervasive developmental disorder or other disability</b> , including Autism, Tourette's, Down's Syndrome or other significant developmental delay or child has mild mental retardation (i.e., FSIQ 50 to 69).
3	Child has <b>severe and pervasive developmental delays or moderate to profound</b> developmental disability (including FSIQ below 50).
NA	Not applicable can be used for this item when the child's IQ is unknown and there is no evidence of a learning disability or other developmental delay.

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

<b>0</b>	Child <b>makes full use of leisure time</b> to pursue recreational activities that support his/her healthy development and enjoyment.
<b>1</b>	Child may be doing adequately with recreational activities, although <b>some difficulties exist at times using leisure time</b> to pursue recreational activities. For example, child has free time but may not always use time to enjoy activities.
<b>2</b>	Child is having moderate problems with recreational activities, and <b>may be unable to use leisure time</b> to enjoy recreational activities. For example, child may not have access to recreational activities, may struggle to engage in activities without direction from others, or is not interested in making use of leisure time.
<b>3</b>	Child has <b>no access to or interest</b> in recreational activities. Child has significant difficulties making use of leisure time.

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

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

**40. MEDICAL** - *This item refers to the child's physical/medical health status.*

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

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

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

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

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

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

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

The following three school related items can be scored for children ages 3-5 if they are in a pre-school/day-care setting or an early intervention program such as Head Start.

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

0	No evidence of behavior problems at school or day care. Child is behaving well.
1	Child is having <b>mild behavioral problems</b> at school. May be related to either relationships with teachers or peers. A single detention might be rated here.
2	Child is having <b>moderate behavioral difficulties</b> at school. He/she is <b>disruptive and may receive sanctions</b> including suspensions or multiple detentions.
3	Child is having <b>severe problems</b> with behavior in school. He/she is <b>frequently or severely disruptive</b> . <b>School placement may be in jeopardy</b> due to behavior.
NA	Not applicable for children three years and younger or for children not required/expected to be in school.

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

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

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

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

## Acculturation Domain

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

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

**0** = a dimension where there is no evidence of any needs.

**1** = a dimension that requires monitoring, watchful waiting, or preventive activities.

**2** = a dimension that requires action to ensure that this identified need or risk behavior is addressed.

**3** = a dimension that requires immediate or intensive action.

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

<b>0</b>	Child and family have <b>no problems communicating in English</b> and do not require the assistance of a translator.
<b>1</b>	Child and family speak <b>some English but potential communication problems exist</b> due to limits on vocabulary or understanding of the nuances of the language.
<b>2</b>	Child and/or significant family members do not speak English. <b>Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.</b>
<b>3</b>	Child and/or significant family members do not speak English. <b>Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.</b>

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

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

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

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

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

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

## Child Behavioral/Emotional Needs Domain

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

For **Behavioral/Emotional Needs** the following categories and action levels are used:

**0** = a dimension where there is no evidence of any needs.

**1** = a dimension that requires monitoring, watchful waiting, or preventive activities.

**2** = a dimension that requires action to ensure that this identified need or risk behavior is addressed.

**3** = a dimension that requires immediate or intensive action.

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

<b>0</b>	This rating indicates a child with <b>no evidence</b> of psychotic-related thought disturbances. Thought processes and content are within normal range.
<b>1</b>	This rating indicates a child with evidence of <b>mild disruption</b> in thought processes, content, or bizarre behavior <b>potentially related to a psychotic disturbance</b> . The youth may be oddly tangential in speech or evidence age-inappropriate illogical thinking. This may also include youth with a <b>history of hallucinations but none currently</b> and youth who are <b>sub-threshold for one of the DSM psychotic-related diagnoses</b> .
<b>2</b>	This rating indicates a child with evidence of <b>moderate disturbance</b> in thought processes or content and/or corresponding bizarre behavior. The child may be somewhat delusional or have brief or intermittent hallucinations. The child's speech may be quite tangential or illogical. This level would be used for <b>youth who meet diagnostic criteria</b> for one of the DSM psychotic-related diagnoses.
<b>3</b>	This rating indicates a child with a severe psychotic disorder. The child frequently experiences symptoms of psychosis and frequently has no reality assessment. There is <b>evidence of ongoing delusions or hallucinations or both</b> . Command hallucinations would be coded here. This level is used for <b>extreme cases of DSM psychotic-related diagnoses</b> listed above.

**52. ATTENTION /CONCENTRATION** - *Problems with attention, concentration and task completion would be rated here. These may include symptoms that are part of DSM-IV Attention-Deficit Hyperactivity Disorder. Inattention/distractibility not related to opposition would also be rated here.*

<b>0</b>	This rating is used to indicate a child with <b>no evidence of attention or concentration problems</b> . This child is able to stay on task in an age-appropriate manner.
<b>1</b>	This rating is used to indicate a child with evidence of <b>mild problems</b> with attention or concentration. Child may have <b>some difficulties staying on task</b> for an age-appropriate time period in school or play.
<b>2</b>	This rating is used to indicate a child with <b>moderate attention problems</b> . In addition to problems with sustained attention, child may become <b>easily distracted or forgetful</b> in daily activities, have <b>trouble following</b> through on activities, and become reluctant to engage in activities that require sustained effort. A child who meets DSM-IV diagnostic criteria for ADHD would be rated here.
<b>3</b>	This rating is used to indicate a child with <b>severe impairment of attention or concentration</b> . A child with <b>profound symptoms of ADHD</b> or significant attention difficulties related to another diagnosis would be rated here.

**53. IMPULSIVITY** - *Problems with impulse control, impulsive behaviors, including motoric disruptions would be rated here.*

<b>0</b>	This rating is used to indicate a child with <b>no evidence of age-inappropriate impulsivity</b> in action or thought.
<b>1</b>	This rating is used to indicate a child with evidence of <b>mild levels of impulsivity</b> evident in either action or thought. For instance, youth may be <b>impulsive in action or thought</b> such as occasional difficulty in waiting for his/her turn or yelling out answers in class that are age-inappropriate.
<b>2</b>	This rating is used to indicate a child with <b>moderate levels of impulsivity</b> evident in behavior. The child is <b>frequently impulsive and may represent a significant management problem</b> . A child who often intrudes on others, demonstrates some motoric difficulties (such as pushing or shoving others), or often exhibits aggressive impulses would be rated here.
<b>3</b>	This rating is used to indicate a child with <b>significant levels of impulsivity</b> evident in behavior. Frequent impulsive behavior is observed or noted that <b>carries considerable safety risk</b> (e.g., running into the street, dangerous driving or bike riding). The child may be impulsive on a nearly continuous basis. He or she endangers self or others without thinking.

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

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

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

<b>0</b>	<b>No evidence</b> of any anxiety or fearfulness.
<b>1</b>	<b>History or suspicion</b> of anxiety problems or <b>current mild to moderate anxiety associated with a recent negative life event</b> . A score of 1 can be used to rate a <b>mild phobia or sub-threshold level of symptoms</b> for anxiety-related disorders.
<b>2</b>	<b>Clear evidence of anxiety, anxious mood, or significant fearfulness</b> . Anxiety <b>interferes significantly</b> in youth's ability to function in <b>at least one life domain</b> .
<b>3</b>	Clear evidence of <b>debilitating level of anxiety</b> that makes it difficult for the child to function in any life domain

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

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

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

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

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

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

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

0	<p><b>No evidence</b> of attachment problems. Caregiver-child relationship is characterized by <b>mutual satisfaction of needs and child's development of a sense of security and trust</b>. Caregiver appears able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p>
1	<p>Mild problems with attachment. There is some <b>evidence of insecurity</b> in the child-caregiver relationship. Caregiver may at times have <b>difficulty accurately reading child bids for attention and nurturance</b>, may be <b>inconsistent</b> in response, or may be <b>occasionally intrusive</b>. Child may have mild <b>problems with separation</b> (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may <b>avoid contact</b> with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.</p>
2	<p><b>Moderate problems</b> with attachment. Attachment relationship is marked by <b>sufficient difficulty as to require intervention</b>. Caregiver may <b>consistently misinterpret child cues</b>, act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have <b>ongoing difficulties with separation, may consistently avoid contact with caregivers, and may have ongoing difficulties with physical or emotional boundaries with others</b>.</p>
3	<p>Severe problems with attachment. Child is <b>unable to form attachment relationships</b> with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child presents with <b>diffuse emotional/physical boundaries leading to indiscriminate attachment</b> with others. <b>Child is considered at ongoing risk</b> due to the nature of his/her attachment behaviors. A child who meets the <b>criteria for an Attachment Disorder in DSM</b> would be rated here. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.</p>

**60. EATING DISTURBANCES** - *These symptoms include problems with eating including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating and hoarding food. These ratings are consistent with DSM-IV Eating Disorders.*

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

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

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

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

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

**63. ANGER CONTROL** - *This item captures the youth's ability to identify and manage their anger when frustrated.*

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

## Child Risk Behaviors Domain

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

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

**0** = a dimension where there is no evidence of any needs.

**1** = a dimension that requires monitoring, watchful waiting, or preventive activities.

**2** = a dimension that requires action to ensure that this identified need or risk behavior is addressed.

**3** = a dimension that requires immediate or intensive action.

**64. SUICIDE RISK** - *This rating describes suicidal behavior. A rating of '2' or '3' would indicate the need for a safety plan.*

<b>0</b>	Child has <b>no evidence or history</b> of suicidal ideation or behaviors.
<b>1</b>	<b>History</b> of suicidal behaviors or significant ideation <b>but none during the past 30 days.</b>
<b>2</b>	<b>Recent, (last 30 days) but not acute (today)</b> suicidal ideation or gesture.
<b>3</b>	Current suicidal ideation and <b>intent in the past 24 hours.</b>

**65. NON-SUICIDAL SELF-INJURY** - *This rating includes repetitive, physically harmful behavior that generally serves a coping or self-soothing function to the child. This includes self-mutilation.*

<b>0</b>	<b>No evidence</b> of any forms of self-injury (e.g., cutting, burning, face slapping, head banging).
<b>1</b>	<b>History</b> of self-injury but <b>none evident in the past 30 days.</b>
<b>2</b>	Engaged in <b>self-injury that does not require medical</b> attention occurring within the past 30 days.
<b>3</b>	Engaged in <b>significant self-injury that requires medical attention</b> occurring within the past 30 days or more recently.

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

<b>0</b>	<b>No evidence</b> of behaviors that place the child at risk of physical harm.
<b>1</b>	<b>History of behavior other than suicide or self-mutilation</b> that places child at risk of physical harm (but <b>none in the past 30 days</b> ). This includes reckless and risk-taking behavior that may endanger the child.
<b>2</b>	<b>Engaged in behavior other than suicide or self-mutilation</b> that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior within the past 30 days.
<b>3</b>	Engaged in <b>significant self-harm</b> behavior other than suicide or self-mutilation that <b>places him/her at immediate risk of death.</b> This includes reckless behavior or intentional risk-taking behavior within the past 30 days or more recently.

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

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

**68. SEXUAL AGGRESSION** - *Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which the child or adolescent takes advantage of a younger or less powerful child through seduction, coercion, or force.*

0	<b>No evidence</b> of problems with sexual behavior in the past year.
1	Mild problems of sexually abusive behavior. For example, occasional inappropriate sexually aggressive/harassing language or behavior.
2	Moderate problems with sexually abusive behavior, For example, frequent inappropriate sexual aggressive/harassing language or behavior. Frequent disrobing would be rated here only if it was sexually provocative. Frequent inappropriate touching of self (e.g., in front of others) would be rated here.
3	Severe problems with sexually abusive behavior. This would include the sexual abuse of another person.

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

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

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

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

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

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

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

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

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

*It is not necessary that the child have awareness of the purpose of his/her misbehavior (to provoke sanctions/reactions) in order to be rated here as this behavior is not always conscious/planned behavior. This item should not be rated for children who engage in such behavior solely due to developmental delays or lack of social skill.*

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

**74. SEXUALLY REACTIVE BEHAVIORS** - *Sexually reactive behavior includes both age-inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexual practices.*

<b>0</b>	<b>No evidence</b> of problems with sexually reactive behaviors or high-risk sexual behaviors.
<b>1</b>	<b>Some evidence</b> of sexually reactive behavior. Child may exhibit <b>occasional inappropriate sexual language or behavior</b> , flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior <b>does not place child at great risk.</b> A <b>history of sexually provocative behavior</b> would be rated here.
<b>2</b>	Moderate problems with sexually reactive behavior that <b>places child at some risk.</b> Child may exhibit more <b>frequent sexually provocative behaviors</b> in a manner <b>that impairs functioning</b> , engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
<b>3</b>	<b>Significant</b> problems with sexually reactive behaviors. Child <b>exhibits sexual behaviors that place child or others at immediate risk.</b>

## Ratings of Children Five Years Old and Younger

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*The following items are required for any child who is five years old or younger or developmentally disabled (DD); however, they may be rated for any child if they represent a need for a specific youth. The N/A option is generally used for items in this domain when a child is older than five years old AND the item does not represent a specific need for the youth.*

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

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

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

<b>0</b>	The child's sensory functioning appears <b>normal</b> . There is no reason to believe that the child has any problems with sensory functioning.
<b>1</b>	The child has <b>mild impairment on a single sense</b> (e.g., mild hearing deficits, correctable vision problems).
<b>2</b>	The child has <b>moderate impairment on a single sense or mild impairment on multiple senses</b> (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).
<b>3</b>	The child has <b>significant impairment on one or more senses</b> (e.g., profound hearing or vision loss).
<b>NA</b>	Not applicable

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

<b>0</b>	Child's receptive and expressive communication appears <b>developmentally appropriate</b> . There is no reason to believe that the child has any problems communicating.
<b>1</b>	Child's <b>receptive abilities are intact, but child has limited expressive capabilities</b> (e.g., if the child is an infant, he or she engages in limited vocalizations; if older than 24 months, he or she can understand verbal communication, but others have unusual difficulty understanding child).
<b>2</b>	Child has <b>limited receptive and expressive capabilities</b> .
<b>3</b>	Child is <b>unable to communicate in any way</b> , including pointing or grunting.
<b>NA</b>	Not applicable

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

<b>0</b>	The child does not appear to have any problems with regard to weight gain or development. There is <b>no evidence</b> of failure to thrive.
<b>1</b>	The child has <b>mild delays in physical development</b> or may have experienced past problems with growth and ability to gain weight. The infant/child may be presently experiencing slow development in this area.
<b>2</b>	The child is experiencing <b>delays in physical development</b> including problems in their ability to maintain weight or growth. The infant or child may be below the 5 <sup>th</sup> percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75 <sup>th</sup> to 25 <sup>th</sup> ).
<b>3</b>	The child has <b>severe problems with physical development</b> (including more than one of the above) <b>that puts him/her at serious medical risk</b> .
<b>NA</b>	Not applicable

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

<b>0</b>	Child does <b>not appear to have any problems</b> with feeding or elimination.
<b>1</b>	Child has <b>mild problems</b> with feeding and/or elimination (e.g., picky eating, sensory versions to food, etc.) or a history of more significant problems with feeding (such as Pica) or elimination.
<b>2</b>	Child has <b>moderate to severe problems</b> with feeding and/or elimination. This may include problems consistent with Pica (eating unusual or dangerous materials) or consistent problems with elimination (including problems with enuresis or encopresis or lack of routine in elimination). Problems are <b>interfering with functioning in at least one area</b> .
<b>3</b>	Child has <b>profound problems</b> with feeding and/or elimination. This may include becoming physically ill during the past 30 days by eating dangerous materials or significant difficulties with elimination to the extent that child/parent are in significant distress.
<b>NA</b>	Not applicable

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

<b>0</b>	Child is within <b>normal range</b> for weight and has been since birth. A child with a birth weight of 5.5 pounds (2500 grams) or greater would be rated here.
<b>1</b>	Child was <b>born underweight but is now within normal range or child is slightly beneath normal range</b> . A child with a birth weight of between 3.3 pounds (1500 grams) and 5.4 pounds (2499 grams) would be rated here.
<b>2</b>	Child is <b>considerably under weight to the point of presenting a development risk to the child</b> . A child with a birth weight of 2.2 pounds (1000 grams) 3.2 pounds (1499 grams) would be rated here.
<b>3</b>	Child is <b>extremely under weight to the point where the child's life is threatened</b> . A child with a birth weight of less than 2.2 pounds (1000 grams) would be rated here.
<b>U</b>	Unknown
<b>NA</b>	Not applicable

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

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

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

<b>0</b>	Child had <b>no in utero exposure</b> to alcohol or drugs, and there is currently no exposure in the home.
<b>1</b>	Child had either <b>mild in utero exposure</b> (e.g., mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is <b>current alcohol and/or drug use in the home</b> .
<b>2</b>	Child was exposed to <b>significant alcohol or drugs in utero</b> . Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine, methamphetamine), or frequent use of alcohol or tobacco, would be rated here.
<b>3</b>	Child was <b>exposed to alcohol or drugs in utero and continues to be exposed in the home</b> . Any child who evidenced <b>symptoms of substance withdrawal at birth</b> (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here.
<b>U</b>	Unknown
<b>NA</b>	Not applicable

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

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

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

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

**85. AVAILABILITY OF PRIMARY CAREGIVER** - *This dimension addresses the primary caregiver's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.*

<b>0</b>	The child's <b>mother/primary caregiver was emotionally and physically available</b> to the child in the weeks following the birth.
<b>1</b>	The <b>primary caregiver experienced some minor or transient stressors which made her slightly less available to the child</b> (e.g., another child in the house under two years of age, an ill family member for whom the caregiver had responsibility, a return to work before the child reached six weeks of age).
<b>2</b>	The <b>primary caregiver experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the child in the weeks following the birth</b> (e.g., major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children in the house under four years of age).
<b>3</b>	The <b>primary caregiver was unavailable to the child</b> to such an extent that the child's emotional or physical well-being was severely compromised (e.g., a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).
<b>U</b>	Unknown
<b>NA</b>	Not applicable

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

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

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

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

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

0	This level indicates a child with an <b>easy temperament</b> . S/he is easily calmed or distracted when angry or upset
1	This level indicates a child with some <b>mild problems being calmed, soothed, or distracted</b> when angry or upset. Child may have occasional episodes or extended crying or tantrums.
2	This level indicates a child with a <b>difficult temperament</b> . Child has difficulty being calmed, soothed, or distracted. Persistent episodes of crying, tantrums, or other difficult behaviors are observed.
3	This level indicates a child who has <b>significant difficulties being calmed, soothed, or distracted</b> when angry or upset. <b>Repeated and extreme persistent episodes</b> of crying, tantrums, or other difficult behaviors are observed when the child is angry or upset.
NA	Not applicable

## 89. DAY CARE PRESCHOOL

<b>0</b>	This level indicates a child with <b>no problems</b> in day care or preschool environments.
<b>1</b>	This level indicates a child with <b>mild problems</b> in day care or school environments.
<b>2</b>	This level indicates a child who has <b>difficulties in day care or preschool</b> environments. These problems may include things such as separation anxiety or difficult behavior.
<b>3</b>	This level indicates a child who has <b>significant problems</b> in day care or preschool environments. Child may have recently been asked to stop attending.
<b>NA</b>	Not applicable

## Transition into Adulthood

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*The following items are required for youth 14 years, 6 months, and older. However, any of these items can be rated regardless of age if they represent a need for a specific youth. The N/A option is generally used for items in this domain when a child is younger than 14 years, 6 months, AND the item does not represent a specific need for the youth.*

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

<b>0</b>	This level indicates a person who is <b>fully capable of independent living</b> . No evidence of any deficits or barriers that could impede maintaining own home.
<b>1</b>	This level indicates a person with <b>mild impairment</b> of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.
<b>2</b>	This level indicates a person with moderate impairment of independent living skills. <b>Notable problems with completing tasks necessary for independent living</b> are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.
<b>3</b>	This level indicates a person with <b>profound impairment</b> of independent living skills. This individual would be expected to be <b>unable to live independently</b> given their current status. Problems require a structured living environment.
<b>NA</b>	Not applicable

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

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

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

<b>0</b>	Individual has a parenting/caregiving role and he/she is <b>functioning appropriately</b> in that role.
<b>1</b>	The individual has responsibilities as a parent/caregiver but <b>occasionally experiences difficulties</b> with this role.
<b>2</b>	The individual has responsibilities as a parent/caregiver and either the <b>individual is struggling</b> with these responsibilities <b>or these issues are currently interfering</b> with the individual's functioning in other life domains.
<b>3</b>	The individual has responsibilities as a parent/caregiver and the individual is <b>currently unable to meet these responsibilities or these responsibilities are making it impossible for the individual to function</b> in other life domains. Individual has the potential of abuse or neglect in his/her parenting.
<b>NA</b>	Not applicable. Individual is not a caregiver/parent.

**93. INTIMATE RELATIONSHIPS** - *This item is used to rate the individual's current status in terms of romantic/intimate relationships. Note, if the individual has never had a romantic/intimate partner relationship and this is not causing significant personal or interpersonal/environmental stress, then he/she would receive a 0 on this item.*

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

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

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

**95. EDUCATIONAL ATTAINMENT** - *This rates the degree to which the child or youth has completed his/her identified own educational goal.*

<b>0</b>	Individual has <b>achieved</b> all of his/her identified educational goals <u>OR</u> has no educational goals and educational attainment has no impact on lifetime vocational functioning.
<b>1</b>	Individual has set educational goals and is <b>currently making progress</b> towards achieving them.
<b>2</b>	Individual has set educational goals but is <b>currently not making progress</b> towards achieving them.
<b>3</b>	Individual has <b>no educational goals and lack of educational attainment is interfering</b> with individual's lifetime vocational functioning.
<b>NA</b>	Not applicable

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

<b>0</b>	This level indicates a person who <b>does not have a history</b> of victimization <u>or</u> who has <b>not been victimized</b> to any significant degree <b>in the past year</b> . Person is not presently at risk for re-victimization.
<b>1</b>	This level indicates a person who has a <b>history of victimization</b> . The person may have been a victim of assault or crime on one or more occasion in the past, but <b>no clear pattern of victimization exists</b> or there has been no significant victimization in the past year. This individual should be monitored to assess ongoing risk for potential re-victimization.
<b>2</b>	This level indicates a person who has been <b>recently victimized (within the past year)</b> but is <b>not at acute risk</b> of re-victimization. Past victimization may include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime. There are ongoing concerns about the potential for future re-victimization.
<b>3</b>	This level indicates a person who has been <b>recently victimized and is in acute risk</b> of re-victimization. Examples include working as a prostitute or living in an abusive relationship.
<b>NA</b>	Not applicable

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

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

## Cargiver Needs and Strengths

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*These ratings should be done with a focus on permanent caregivers. However, when a temporary placement is impacting a child's functioning the temporary caregivers can be scored. Caregiver ratings should be completed by household. If multiple households are involved in the permanency planning, then this section should be completed once for each household under consideration.*

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

*0 = a dimension where there is no evidence of any needs. This is a strength.*

*1 = a dimension that requires monitoring, watchful waiting, or preventive activities.*

*2 = a dimension that requires action to ensure that this identified need or risk behavior is addressed.*

*3 = a dimension that requires immediate or intensive action.*

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

<b>0</b>	Caregiver(s) has <b>no physical health challenges</b> that impact assistance or attendant care.
<b>1</b>	Caregiver(s) has <b>some</b> medical or physical health <b>challenges that interfere with</b> provision of assistance or attendant care (e.g., assistance in bathing/dressing child, etc.).
<b>2</b>	Caregiver(s) has <b>significant</b> medical and/or physical health challenges that <b>prevent them</b> from being able to provide some needed assistance or make attendant care difficult.
<b>3</b>	Caregiver(s) is physically <b>unable to provide any</b> needed assistance or attendant care.
<b>NA</b>	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

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

<b>0</b>	Caregiver(s) has <b>no mental health limitations</b> that impact assistance or attendant care.
<b>1</b>	Caregiver(s) has <b>some</b> mental health limitations that <b>interfere</b> with provision of assistance or attendant care.
<b>2</b>	Caregiver(s) has <b>significant</b> mental health limitations that <b>prevent</b> them from being able to provide some needed assistance or make attendant care difficult.
<b>3</b>	Caregiver(s) is <b>unable to provide any needed assistance or attendant care</b> due to serious mental illness.
<b>NA</b>	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

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

0	Caregiver(s) has <b>no substance-related limitations</b> that impact assistance or attendant care.
1	Caregiver(s) has <b>some substance-related limitations</b> that interfere with provision of assistance or attendant care.
2	Caregiver(s) has <b>significant substance-related limitations</b> that <b>prevent</b> them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is <b>unable</b> to provide any needed assistance or attendant care due to serious substance dependency or abuse.
NA	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

**101. DEVELOPMENTAL** - *This item describes the caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities.*

0	Caregiver(s) has <b>no developmental limitations</b> that impact assistance or attendant care.
1	Caregiver(s) has <b>some</b> developmental limitations that interfere with provision of assistance or attendant care.
2	Caregiver(s) has <b>significant</b> developmental limitations that prevent them from being able to provide some needed assistance or make attendant care difficult.
3	Caregiver(s) is <b>unable</b> to provide any needed assistance or attendant care due to serious developmental disabilities.
NA	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

**102. SUPERVISION** - *This rating is used to determine the caregiver's capacity to provide the level of monitoring and supervision needed by the child.*

0	This rating is used to indicate a caregiver circumstance in which supervision and monitoring are <b>appropriate and functioning well.</b>
1	This level indicates a caregiver circumstance in which <b>supervision is generally adequate but inconsistent.</b> This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.
2	This level indicates a caregiver circumstance in which appropriate supervision and monitoring are <b>very inconsistent and frequently absent.</b>
3	This level indicates a caregiver circumstance in which appropriate supervision and monitoring are <b>nearly always absent or inappropriate.</b>
NA	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

**103. INVOLVEMENT WITH CARE** - *This rating should be based on the level of involvement the caregiver(s) has in the planning and provision of child welfare and related services.*

0	This level indicates a caregiver(s) who is <b>actively involved in the planning and/or implementation</b> of services and is able to be an <b>effective advocate</b> on behalf of the child or adolescent.
1	This level indicates a caregiver(s) who is <b>not consistently</b> involved in the planning and/or implementation of services for the child or adolescent and is not an <b>active advocate</b> on behalf of the child or adolescent.
2	This level indicates a caregiver(s) who is <b>minimally involved</b> in the services the child or adolescent receives.
3	This level indicates a caregiver(s) who is <b>uninvolved with the care</b> of the child or adolescent. <b>Caregiver may want individual out of home or fails to visit</b> individual when in residential placement.
NA	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

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

0	This level indicates that the present caregiver is <b>fully knowledgeable</b> about the child's psychological strengths and weaknesses, talents and limitations.
1	This level indicates that the present caregiver, while being <b>generally knowledgeable</b> about the child, has some mild deficits in knowledge or understanding of either the child's psychological condition or his/her talents, skills and assets.
2	This level indicates that the <b>caregiver does not know or understand the child well</b> and that <b>significant deficits exist in the caregiver's ability to relate to the child's</b> problems and strengths.
3	This level indicates that the present <b>caregiver has little or no understanding of the child's current condition</b> . The <b>placement is unable to cope</b> with the child given his/her status at the time, not because of the needs of the child but because the caregiver does not understand or accept the situation.
NA	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

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

<b>0</b>	Caregiver(s) is <b>well organized and efficient</b> .
<b>1</b>	Caregiver(s) has <b>minimal difficulties with organizing or maintaining household</b> to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager.
<b>2</b>	Caregiver(s) has <b>moderate difficulty</b> organizing or maintaining household to support needed services.
<b>3</b>	Caregiver(s) is <b>unable to organize household</b> to support needed services.
<b>NA</b>	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

**106. RESOURCES** - *This item refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.*

<b>0</b>	Caregiver(s) has <b>sufficient resources</b> so that there are few limitations on what can be provided for the child.
<b>1</b>	Caregiver(s) has the necessary resources to address the child's major and basic needs, but those <b>resources might be stretched</b> .
<b>2</b>	Caregiver(s) has <b>limited resources</b> (e.g., a grandmother living in same town who is sometimes available to watch the child) that <b>inhibit his/her ability</b> to address child's major/basic needs.
<b>3</b>	Caregiver(s) has <b>severely limited resources</b> that are available to assist in the care and treatment of the child.
<b>NA</b>	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

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

<b>0</b>	This rating indicates a family/caregiver in <b>stable housing</b> with no known risks of instability.
<b>1</b>	This rating indicates a family/caregiver who is currently in <b>stable housing but there are risks</b> of housing disruption (e.g., loss of job).
<b>2</b>	This rating indicates a family/caregiver who has <b>moved frequently or has very unstable</b> housing.
<b>3</b>	This rating indicates a family/caregiver who is <b>currently homeless</b> .
<b>NA</b>	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

**108. SAFETY** - *This rating refers to the safety of the assessed child. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.*

0	This level indicates that the <b>present placement is as safe or safer for the child</b> (in his or her present condition) as could be reasonably expected.
1	This level indicates that the present placement environment presents <b>some mild risk of neglect, exposure to undesirable environments</b> (e.g., drug use or gangs in neighborhood, etc.) but that <b>no immediate risk</b> is present.
2	This level indicates that the present placement environment presents a <b>moderate level of risk</b> to the child, including such things as the risk of neglect or abuse or exposure to individuals who could harm the child.
3	This level indicates that the present placement environment presents a <b>significant risk to the well-being of the child</b> . Risk of neglect or abuse is imminent and immediate. Individuals in the environment offer the <b>potential of significantly harming the child</b> .
NA	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

**109. MARITAL/PARTNER VIOLENCE** - *This rating describes the degree of difficulty or conflict in the caregiver relationship.*

0	Caregivers appear to be <b>functioning adequately</b> . There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
1	<b>Mild to moderate level of family problems</b> including marital difficulties and caregiver arguments. Caregivers are <b>generally able to keep arguments to a minimum when child is present</b> . Occasional difficulties in conflict resolution or use of power and control by one partner over another.
2	Significant level of caregiver difficulties including <b>frequent arguments that often escalate to verbal aggression or the use of verbal aggression</b> by one partner to control the other. <b>Child often witnesses</b> these arguments between caregivers or the use of verbal aggression by one partner to control the other.
3	Profound level of caregiver or marital violence that often escalates to <b>mutual attacks or the use of physical aggression</b> by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.
NA	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

**110. CAREGIVER POSTTRAUMATIC REACTIONS** - *This rating describes posttraumatic reactions faced by caregiver(s) in response to their child's or their own traumatic experiences. These items should be considered as it relates to the impact these reactions have upon the parent and his/her ability to support their child. Reaction could include emotional numbing, avoidance, nightmares, or flashbacks.*

0	Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.
1	Caregiver has some <b>mild adjustment problems</b> related to <b>their child's or their own traumatic experiences</b> . Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.
2	Caregiver has <b>moderate posttraumatic reactions</b> related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma and may be <b>avoidant of child's trauma or involvement in his/her treatment</b> . Caregiver is likely in need of his/her own individual treatment services.
3	Caregiver has <b>significant posttraumatic reactions</b> that <b>interfere with the caregiver's ability to participate in the child's treatment or services</b> . Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety. The level of severity of symptoms <b>may put the child at risk</b> due to the caregiver not being able to support the child's emotional or physical needs around safety.
NA	Rate non applicable when the child has no known caregiver and/or when child is living in a residential or group home setting.

# \*Scoring Sheet for the NCTSN CANS-Trauma Comprehensive\*

**KEY for Traumatic / Adverse Childhood Experience Domain:**

**0 = No evidence of any trauma of this type**  
**1 = “Mild” exposure, a single incident or suspicion of this trauma or ACE.**  
**2 = Child experienced multiple incidents or a moderate degree of this trauma or ACE.**  
**3 = Child experienced repeated and severe incidents of this trauma or ACE.**

## TRAUMATIC / ADVERSE CHILDHOOD EXPERIENCES

	0	1	2	3		0	1	2	3
1. Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. School Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Natural or Manmade Disasters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. War Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Terrorism Affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Witness to Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Family Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Disruption in Caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**KEY for Symptoms Related to Traumatic / Adverse Childhood Experiences Domain:**

**0 = No evidence of a need / no reason to believe that the rated item requires any action.**  
**1 = A need for watchful waiting, monitoring or possibly preventive action.**  
**2 = A need for action. Some strategy is needed to address the problem/need.**  
**3 = A need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.**

## TRAUMATIC STRESS SYMPTOMS

	0	1	2	3
15. Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Traumatic Grief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Re-experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Hyperarousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Dissociation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Affective/Physiological Dys.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CHILD STRENGTHS

**KEY for Strengths Domain:**

**0 = Centerpiece strength**  
**1 = Useful strength**  
**2 = Identified strength**  
**3 = Not yet identified strength / NO information about a strength in this area**

	0	1	2	3	N/A		0	1	2	3
23. Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		29. Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		30. Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Educational	<input type="radio"/>	31. Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
26. Vocational	<input type="radio"/>	32. Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
27. Coping and Savoring Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		33. Resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

# \*Scoring Sheet for the NCTSN CANS-Trauma Comprehensive\*

**KEY for Other Need Domains:**

**0 = No evidence of a need / no reason to believe that the rated item requires any action.**  
**1 = A need for watchful waiting, monitoring or possibly preventive action.**  
**2 = A need for action. Some strategy is needed to address the problem/need.**  
**3 = A need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.**

**LIFE DOMAIN FUNCTIONING**

	0	1	2	3
34. Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0	1	2	3
41. Physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ACCULTURATION**

	0	1	2	3
47. Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Cultural Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHILD BEHAVIORAL/EMOTIONAL NEEDS**

	0	1	2	3
51. Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Attention/Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Impulsivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Attachment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Behavioral Regression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Somatization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CHILD RISK BEHAVIORS**

	0	1	2	3
64. Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Non-Suicidal Self-Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Sexually Reactive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# \*Scoring Sheet for the NCTSN CANS-Trauma Comprehensive\*

## RATINGS OF CHILDREN 5 YEARS and YOUNGER – OPTIONAL DOMAIN

This domain is also meant for use developmentally delayed children of any age, and can be used with any child/youth if these are areas of relevant needs regardless of child's age.

	0	1	2	3	NA	U		0	1	2	3	NA	U
75. Motor	<input type="radio"/>		83. Labor & Delivery	<input type="radio"/>									
76. Sensory	<input type="radio"/>		84. Parent/Sibling Problems	<input type="radio"/>									
77. Communication	<input type="radio"/>		85. Availability of Caregiver	<input type="radio"/>									
78. Failure to Thrive	<input type="radio"/>		86. Curiosity	<input type="radio"/>									
79. Feeding/Elimination	<input type="radio"/>		87. Playfulness	<input type="radio"/>									
80. Birth Weight	<input type="radio"/>	88. Temperament	<input type="radio"/>										
81. Prenatal Care	<input type="radio"/>	89. Day Care Preschool	<input type="radio"/>										
82. Substance Exposure	<input type="radio"/>												

## TRANSITION TO ADULTHOOD – OPTIONAL DOMAIN

This domain is meant primarily for youth 14 and ½ years or older, but can be used with any child/youth if these are areas of relevant needs regardless of child's age.

	0	1	2	3	NA		0	1	2	3	NA
90. Independent Living Skills	<input type="radio"/>	94. Medication Compliance	<input type="radio"/>								
91. Transportation	<input type="radio"/>	95. Education Attainment	<input type="radio"/>								
92. Parenting Roles	<input type="radio"/>	96. Victimization	<input type="radio"/>								
93. Intimate Relationships	<input type="radio"/>	97. Job Functioning	<input type="radio"/>								

## CAREGIVER(S) NEEDS AND STRENGTHS

Title/Role of Caregiver #1 (relation to child):

---

	0	1	2	3	NA
98. Physical	<input type="radio"/>				
99. Mental Health	<input type="radio"/>				
100. Substance Use	<input type="radio"/>				
101. Developmental	<input type="radio"/>				
102. Supervision	<input type="radio"/>				
103. Involvement	<input type="radio"/>				
104. Knowledge	<input type="radio"/>				
105. Organization	<input type="radio"/>				
106. Resources	<input type="radio"/>				
107. Residential Stability	<input type="radio"/>				
108. Safety	<input type="radio"/>				
109. Marital/Partner Violence	<input type="radio"/>				
110. Posttraumatic Reactions	<input type="radio"/>				

## CAREGIVER(S) NEEDS AND STRENGTHS

Title/Role of Caregiver #2 (relation to child):

---

	0	1	2	3	NA
98. Physical	<input type="radio"/>				
99. Mental Health	<input type="radio"/>				
100. Substance Use	<input type="radio"/>				
101. Developmental	<input type="radio"/>				
102. Supervision	<input type="radio"/>				
103. Involvement	<input type="radio"/>				
104. Knowledge	<input type="radio"/>				
105. Organization	<input type="radio"/>				
106. Resources	<input type="radio"/>				
107. Residential Stability	<input type="radio"/>				
108. Safety	<input type="radio"/>				
109. Marital/Partner Violence	<input type="radio"/>				
110. Posttraumatic Reactions	<input type="radio"/>				