



## PERMANENT ADMINISTRATIVE ORDER

### CWP 3-2021

CHAPTER 413  
DEPARTMENT OF HUMAN SERVICES  
CHILD WELFARE PROGRAMS

**FILED**

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#### RULES:

413-090-0133, 413-090-0150

AMEND: 413-090-0133

REPEAL: Temporary 413-090-0133 from CWP 142-2020

NOTICE FILED DATE: 11/24/2020

RULE SUMMARY: OAR 413-090-0133 sets forth Conducting a Personal Care Services Assessment and is being amended to update Exhibit 4.

#### CHANGES TO RULE:

#### 413-090-0133

Conducting a Personal Care Services Assessment ¶¶

(1) When a child or young adult with a diagnosed physical or mental impairment appears to require personal care services and the caseworker becomes aware of the apparent need for personal care services, the caseworker must refer the child or young adult to the contract registered nurse or the Personal Care Nurse Coordinator for an assessment.¶¶

(2) When a child or young adult with an approved personal care services assessment or an existing personal care services plan moves to a new foster parent or relative caregiver, the caseworker must refer the child or young adult to the contract registered nurse or the Personal Care Nurse Coordinator for an assessment.¶¶

(3) Upon receipt of a referral, the contract registered nurse ~~or the Personal Care Nurse Coordinator~~, program nurse consultant or manager must conduct a personal care services assessment.¶¶

(4) To conduct the personal care services assessment, the contract registered nurse ~~or the Personal Care Nurse Coordinator~~, program nurse consultant or manager must:¶¶

(a) Review available medical records of the child or young adult;¶¶

(b) Meet with the child or young adult and the foster parent or relative caregiver;¶¶

(c) Gather information about the child or young adult's condition and functioning;¶¶

- (d) Assess the child or young adult's ability to perform functional activities necessary to meet his or her daily needs at a level appropriate for the child or young adult's chronological age;¶
- (e) Document the findings of the personal care services assessment using the Department's Personal Care Services Assessment form that is applicable to the age of the child or young adult; and¶
- (f) Submit the completed personal care services assessment to the Personal Care Nurse Coordinator.¶
- (5) The Personal Care Nurse Coordinator must:¶
  - (a) Review the findings of the personal care services assessment;¶
  - (b) Apply the rating scale in Exhibit ~~14~~ to the personal care services assessment;¶
  - (c) Determine whether the child or young adult meets the threshold for a level of personal care payment;¶
  - (d) Determine the level of personal care payment; and¶
  - (e) When the personal care services assessment scores a child or young adult's level of personal care needs at Level 4 based on the rating scale in Exhibit ~~14~~, determine the additional payment and the intensive personal care services required to meet the child or young adult's identified needs, which may involve consulting with the foster parent, relative caregiver, or others involved in the child or young adult's care.¶
- (6) The responsibilities set forth in section (5) of this rule may be conducted by another medical professional employed by or under contract with the Department when the Personal Care Nurse Coordinator is unavailable.¶

[ED. NOTE: Exhibits & forms referenced are available from the Agency.]

Statutory/Other Authority: ORS 409.050, ORS 418.005

Statutes/Other Implemented: ORS 409.010, ORS 418.005, ORS 418.015

RULE ATTACHMENTS DO NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

**Exhibit 1 – Child and Adolescent Needs and Strengths Comprehensive  
Screening Tool Ages Birth Through Five, revised November 2017**

**November 1, 2017**

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

**Oregon Version**

**COMPREHNSIVE SCREENING TOOL**

**Ages Birth Through 5**

**Manual**

**Praed Foundation  
Copyright 1999**

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## **Principles of the CANS**

1. Elements in this tool impact case planning for a child or young adult in substitute care and need for enhanced supervision.
2. Each item uses a 4-level rating system. The levels are designed to translate immediately into action. Different levels exist for needs and strengths. A score of 2 or 3 for a need requires action. A score of 0 or 1 for a strength should be used in strength-based case planning.
3. The rating should describe the child, not the child in services. If an intervention is present that is masking a need, but must stay in place, the need is factored into the rating and would result in the rating of an "actionable" need (i.e., 2 or 3).
4. The ratings are generally "agnostic as to etiology." In other words, this is a descriptive tool. It is about the what, not the why. Only three items — Adjustment to Trauma, Self-Mutilation, and Social Behavior — have any cause-effect judgments.
5. A 30-day window is used for ratings in order to ensure screenings stay fresh and relevant to the child or young adult's present circumstances. However, if an intervention is present that is masking a need, principle No. 3 overrides the 30-day rating period.
6. The rating needs to consider the child's or young adult's development and culture before translating into action levels.

# CODING DEFINITIONS & GUIDELINES

## SAFETY SECTION

### CHILD RISK FACTORS

*Risk factors 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 Factors**, the following categories and action levels are used:

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

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

<b>0</b>	Child born within normal range for weight. A child born 5.5 pounds or more would be rated here.
<b>1</b>	Child was born underweight. A child with a birth weight of between 3.3 pounds and 5.5 pounds would be rated here.
<b>2</b>	Child was born considerably underweight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here.
<b>3</b>	Child was born extremely underweight to the point of the child's life being threatened. A child with a birth weight of less than 2.2 pounds would be rated here.

**2. 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 adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
<b>1</b>	Child's biological mother had some shortcomings in prenatal care or had a mild form of a pregnancy-related illness. A child whose mother may not have received prenatal care or may have had a mild form of pregnancy-related illness would be rated here.
<b>2</b>	Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness.
<b>3</b>	Child's biological mother had no prenatal care or had a severe form of pregnancy-related illness.

**3. SUBSTANCE EXPOSURE** - *This dimension describes the child's exposure to substance use and abuse both before and after birth. (Consider Father's substance use/abuse as well.)*

<b>0</b>	Child had no in utero exposure to alcohol or drugs, and there was no exposure in the home.
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<b>1</b>	Child had either mild in utero exposure, or there is current alcohol and/or drug use in the home, or there is suspicion that child has been exposed to substances.
<b>2</b>	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal or prescription drugs during pregnancy or significant use of alcohol or tobacco would be rated here.
<b>3</b>	Child was exposed to alcohol or drugs in utero and continued to be exposed in the home. Any child who evidenced symptoms of substance withdrawal (e.g., crankiness, feeding problems, tremors, weak and continual crying) or who has neurological or birth defects as a result of substance exposure would be rated here.

**4. 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 no known developmental disabilities. 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 known developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that child has at least one healthy sibling.
<b>2</b>	The child's parents have no known developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.
<b>3</b>	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.

**5. SELF HARM** - *This rating describes behaviors that result in physical injury to the child; e.g., head banging, or other self-injurious behavior and reckless, dangerous behavior that places the child or others at some jeopardy.*

<b>0</b>	There is no evidence of self-harm behaviors.
<b>1</b>	There is a history, suspicion, or a mild level of self-harm behavior.
<b>2</b>	Moderate level of self-harm behavior such as head banging that cannot be influenced by caregiver and interferes with child's functioning.
<b>3</b>	Severe level of self-harm behavior that puts the child's safety and well-being at risk.

**6. AGGRESSIVE BEHAVIOR** - *This item rates the child's violent or aggressive behaviors. The intention of the behavior is to cause significant bodily harm to others. Consider caregiver when rating this element, especially when caregiver is not able to influence or control child's violent behavior.*

<b>0</b>	No evidence of aggressive behaviors.
<b>1</b>	There is a history of aggressive behavior or mild concerns in this area.
<b>2</b>	A moderate level of aggressive behavior toward others is evident. Behaviors are persistent and affect functioning in one life domain.
<b>3</b>	There is a severe and dangerous level of aggressive behavior that involves the significant threat of harm to others. Behavior impacts the child's life functioning in more than one life domain.

**7. SEXUAL BEHAVIOR** - *This item rates age-inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexual practices.*

<b>0</b>	No evidence of problems with sexualized behaviors.
<b>1</b>	Some evidence of sexualized behavior. Child may exhibit occasional inappropriate sexual language or has age-inappropriate knowledge of sexual behavior. This behavior does not place child at great risk. A history of sexual abuse that places the child at risk of sexually reactive behavior would be rated here.
<b>2</b>	Moderate problems with sexualized behavior that place child at some risk. Child may exhibit more frequent sexualized behavior or engage in age-inappropriate touching that impairs functioning.
<b>3</b>	Significant problems with sexualized behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

## STRENGTHS SECTION

### CHILD STRENGTHS

*These ratings describe a range of assets that children may possess that can facilitate healthy development. An absence of 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 overridden by the action levels as described below.*

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

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

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

**9. INTERPERSONAL** - *This rating refers to the child's interpersonal skills both with peers and adults.*



<b>0</b>	Significant interpersonal strengths. Child has a pro-social or easy temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
<b>1</b>	Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him- or herself.
<b>2</b>	Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or — if still an infant — child may have a temperament that makes attachment to others a challenge.
<b>3</b>	This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures. An infant who consistently exhibits gaze aversion would be rated here.

**10. ADAPTABILITY** - *This item rates how well a child can adjust in times of transition.*

<b>0</b>	Child has a strong ability to adjust to changes and transitions.
<b>1</b>	Child has the ability to adjust to changes and transitions. When challenged, the infant/child is successful with caregiver support.
<b>2</b>	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
<b>3</b>	Child has difficulties much of the time coping with changes and transitions. Adults are minimally able to influence child's difficulties in this area.

**11. PERSISTENCE** - *This item rates how well a child can continue an activity when feeling challenged.*

<b>0</b>	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
<b>1</b>	Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
<b>2</b>	Child has limited ability to continue an activity that is challenging, and adults are sometimes able to assist the infant/child in this area.
<b>3</b>	Child has difficulties most of the time coping with challenging tasks. Supports from adults minimally influence the child's ability to demonstrate persistence.

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

<b>0</b>	This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older child crawls or walks to objects of interest.
<b>1</b>	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
<b>2</b>	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore presented objects.
<b>3</b>	This level indicates a child with very limited or no observable curiosity.

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

<b>0</b>	This level indicates a child with substantial ability to play alone and with others. 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.
<b>1</b>	This level indicates a child with good play abilities. Child may only enjoy playing alone or only with others; or may enjoy play with a limited selection of toys.
<b>2</b>	This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play or may exhibit impoverished or unimaginative play.
<b>3</b>	This level indicates a child who has significant problems with play both by his/her self and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

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

<b>0</b>	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of child's life and are likely to remain so in the foreseeable future.
<b>1</b>	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age.
<b>2</b>	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home and death.
<b>3</b>	This level indicates a child who does not have any stability in relationships with any caregiver.

## WELL BEING SECTION

### Exposure to Potentially Traumatic/Adverse Childhood Experiences

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

For **Exposure to Potentially Traumatic/Adverse Childhood Experiences**, the following categories and action levels are used:

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

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

**2** indicates a dimension on which the child has experienced multiple traumas or a moderate degree of trauma.

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

**15. SEXUAL ABUSE** - *This rating describes the child's experience of sexual abuse.*

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

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

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

**17. EMOTIONAL/VERBAL 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 toward a child, and/or emotional neglect, defined as the denial of emotional attention and/or support from caregivers.*

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

**18. NEGLECT** - *This rating describes the severity of neglect an individual has experienced. Neglect can refer to 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 (emotional neglect).*

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

**19. 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 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.*

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

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

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

**21. WITNESS TO COMMUNITY VIOLENCE** - *This rating describes the severity of exposure to community and school/daycare violence, including bullying.*

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

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

**23. 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 intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individual acting in isolation (e.g., sniper attacks).*

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

**24. WITNESS/VICTIM OF 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 no evidence that the child has been victimized or witnessed significant criminal activity.
<b>1</b>	There is a strong suspicion or evidence that the child is a witness of at least one significant criminal activity. 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 multiple incidents or types of criminal activities, is a direct victim of criminal activity, and/or witnessed the victimization of a family member or friend. 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 exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one. 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.)

**25. 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 no evidence that the child's parents have ever been engaged in the criminal justice system.
<b>1</b>	One of child's parents has a history of criminal behavior AND involvement in the justice system, but the child has not been in contact with this parent for at least one year.

<b>2</b>	One of child's parents has a history of criminal behavior resulting in a conviction or incarceration, and this child has been in contact with this parent in the past year.
<b>3</b>	Both of child's parents have history of criminal behavior resulting in incarceration.

**26. 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 (i.e., placement in foster care, caregiver incarceration, caregiver deployment, caregiver deportation, death of caregiver, etc.). 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.*

<b>0</b>	There is no evidence that child has experienced disruptions in caregiving and/or attachment losses.
<b>1</b>	Child may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, 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 but impact on the child was mild.
<b>2</b>	Child has been exposed to 2 or more disruptions in caregiving with known alternative caregivers, or the child has had at least one disruption involving placement with an unknown caregiver. Children who have been placed in foster or other out-of-home care, such as residential care facilities, would be rated here. Impact of disruption is perceived as moderate to child or others.
<b>3</b>	Child has been exposed to multiple/repeated placement changes (i.e., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a child's life (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). Impact of disruption is perceived as severe to child or others.

## **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 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** indicates a dimension where there is no evidence of any needs.

- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

**27. ADJUSTMENT TO TRAUMA** - *This item covers the youth's reaction to any potentially traumatic or adverse childhood experience. Any child who meets diagnostic criteria for a trauma-related adjustment disorder, post-traumatic stress disorder and other diagnoses from DSM-IV that the child may have as a result of exposure to traumatic/adverse childhood experiences would be rated as a 2 or 3 on this item. NOTE: This item allows you to rate the overall severity of 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 not experienced any significant trauma or has adjusted well to traumatic/adverse experiences.
<b>1</b>	Child has some mild problems 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 moderate level of trauma-related symptoms. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) and Adjustment Disorder.
<b>3</b>	Child has severe symptoms as a result of exposure to traumatic or adverse childhood experiences that require intensive or immediate attention. Child likely meets criteria for 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.).

**28. TRAUMATIC GRIEF/SEPARATION** - *This rating describes the level of traumatic grief the youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.*

<b>0</b>	There is no evidence 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 mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
<b>2</b>	Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.



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

**30. 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 no evidence of hyperarousal symptoms
<b>1</b>	This rating is given to a child who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Children may also occasionally manifest distress-related physical symptoms such as stomach-aches and headaches.
<b>2</b>	This rating is given to a child with moderate symptoms of hyperarousal or physiological reactivity associated with the traumatic event(s). The child may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Children 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 multiple and or severe hyperarousal symptoms 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 intensity or frequency of these symptoms are overwhelming for the child and impede day-to-day functioning in many areas.
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**31. AVOIDANCE/FLIGHT** – *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 no evidence of avoidance symptoms
<b>1</b>	This rating is given to a child who exhibits some avoidance. This child may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
<b>2</b>	This rating is given to a child with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.
<b>3</b>	This rating is given to a child who exhibits significant or multiple avoidant symptoms. This child may avoid thoughts and feelings as well as situations and people associated with the trauma and be unable to recall important aspects of the trauma.

**32. NUMBING** - *These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma.*

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

**33. 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).*

<b>0</b>	This rating is given to a child with no evidence of dissociation.
<b>1</b>	This rating is given to a child with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.

2	This rating is given to a child with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory of trauma (e.g., remembers in one context but not in another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified with "dissociative features."
3	This rating is given to a child with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day-to-day functioning. Child is frequently forgetful or confused about things he/she should know about (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 Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

### **34. AFFECT DYSREGULATION 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 his/her 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. 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 no difficulties 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 minor and occasional difficulties with affect/physiological regulation. This child could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). This child may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.

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

## LIFE DOMAIN FUNCTIONING

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

**35. FAMILY** - *Family ideally should be defined by the child; however, in the absence of this knowledge, consider the definition of family to be biological and adoptive relatives. Is the family (as defined by the child) functioning well together? The child's lack of contact with biological or adoptive family, regardless of reason, should also be rated here.*

<b>0</b>	Child gets along well with family members.
<b>1</b>	Child is doing adequately in relationships with family members although mild problems may exist.
<b>2</b>	Child is having moderate problems with parents, siblings and/or other family members.
<b>3</b>	Child is having severe problems with parents, siblings, and/or other family members. This would include no current contact with family.

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

<b>0</b>	No evidence of problems in current living situation.
<b>1</b>	Mild problems 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.
<b>2</b>	Moderate problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting, creating significant problems for others in the residence. Parents of infants are concerned about irritability of infant and ability to care for infant.
<b>3</b>	Severe problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

**37. PRESCHOOL/CHILD CARE BEHAVIOR** - This item rates the behavior of the child or youth in school or school-like settings. A rating of 3 would indicate a child who is still having problems after special efforts have been made.

<b>0</b>	No evidence of problems with functioning in current preschool or daycare environment <i>or N/A</i> .
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<b>1</b>	Mild problems with functioning in current preschool or daycare environment, or there is a history or suspicion of problems in this area.
<b>2</b>	Moderate problems with functioning in current preschool or daycare environment. Child has difficulties maintaining his/her behavior in this setting, creating significant problems for others
<b>3</b>	Severe problems with functioning in current preschool or daycare environment. Child is at immediate risk of being removed or has been removed from program due to his/her behaviors or unmet needs.

**38. PRESCHOOL/CHILD CARE ACHIEVEMENT** – *This item rates the child's ability to learn new concepts in school or school-like setting. Children under 3 will not be rated here.*

<b>0</b>	No evidence of a problem with learning in current preschool or daycare setting.
<b>1</b>	Child having mild problems acquiring new skills, or there is a history or suspicion of problems in this area. Child may be able to compensate with extra adult support.
<b>2</b>	Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.
<b>3</b>	Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

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

<b>0</b>	No evidence of problems in social functioning
<b>1</b>	Child is having some mild problems in social relationships, or there is a history of social functioning problems.
<b>2</b>	Child is having some moderate problems with his/her social relationships.
<b>3</b>	Child is experiencing severe problems in his/her social relationships.

**40. RECREATION/PLAY** - *This item is intended to rate the degree to which the child engages in play. The child's interest in and ability to sustain play should be considered here.*

<b>0</b>	No evidence that infant or child has problems with recreation or play.
<b>1</b>	Child is having mild problems with recreational activities, or there is a history of problems in this area.
<b>2</b>	Child is having moderate problems with recreational activities.
<b>3</b>	Child is having severe problems with recreational activities.

**41. DEVELOPMENTAL** - *This rating describes the child's development as compared to standard developmental milestones, as well as the child's cognitive/intellectual functioning, including attention span, persistence, and distractibility.*

<b>0</b>	No evidence of a developmental or intellectual delay.
<b>1</b>	The child exhibits symptoms of mild developmental delay or intellectual impairment or impairments in attentional capabilities.
<b>2</b>	There is evidence of a moderate developmental disorder, including Autism Spectrum Disorder, FAE/FAS, Down Syndrome or another developmental delay.

<b>3</b>	The child exhibits symptoms of severe to profound retardation or intellectual disability.
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**42. SENSORY** - *This rating describes the child's ability to use all senses, including vision, hearing, smell, touch and kinesthetic (the ability to feel movements of the limbs and body). Include any processing issues in relation to sensory issues in this rating.*

<b>0</b>	No evidence of sensory problems.
<b>1</b>	There is either a history of sensory problems or less-than-optimal functioning in this area.
<b>2</b>	The child has problems in either sensory abilities or processing.
<b>3</b>	The child has significant challenges in either sensory abilities or sensory processing.

**43. SELF-CARE** - *This item rates the child's ability to complete developmentally appropriate self-care behaviors, including self-feeding, washing hands, putting away toys, toilet training and dressing him/herself.*

<b>0</b>	No evidence of problems with self-care.
<b>1</b>	Child is having mild problems performing self-care tasks, or there is a history of problems in this area.
<b>2</b>	Child is having moderate problems performing self-care tasks. Child does not meet developmental milestones related to self-care and experiences problems with functioning in this area.
<b>3</b>	Child is having severe problems performing self-care tasks and is in need of intensive or immediate help in this area.

**44. 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>	No evidence of fine or gross motor development problems.
<b>1</b>	Child has mild fine or gross motor skill deficits or a history of fine or gross motor deficits.
<b>2</b>	Child has moderate fine or gross motor deficits.
<b>3</b>	Child has severe fine or gross motor deficits. The deficit causes significant impairments to child's daily functioning.

**45. COMMUNICATION** - *This rating describes the child's ability to communicate through any medium, including all spontaneous vocalizations and articulations. In this item, it is important to look at each aspect of communication individually, including both expressive and receptive language skills.*

<b>0</b>	No evidence of receptive or expressive communication problems.
<b>1</b>	Child has mild receptive or expressive communication issues or has a history but no current problems, or there is suspicion of problems in this area.
<b>2</b>	Child has moderate problems with receptive or expressive communication, which interferes with his/her overall functioning.
<b>3</b>	Child has severe problems with receptive or expressive communication such that his/her daily functioning is significantly impacted.

**46. SLEEP** - *The child must be 12 months of age or older to rate this item. This item rates any disruption in sleep regardless of the cause, including problems with going to bed, staying asleep or waking up early.*

<b>0</b>	No evidence of problems with sleep.
<b>1</b>	Child is having mild problems with sleep or has a history of problems in this area.
<b>2</b>	Child is having moderate problems with sleep.
<b>3</b>	Child is having severe problems with sleep, such that his/her daily functioning is impacted.

**47. MEDICAL** - *This item refers to the child's physical health status.*

<b>0</b>	No evidence of medical problems.
<b>1</b>	Child has some mild medical problems or a history of medical problems that require medical treatment.
<b>2</b>	Child has moderate medical problems that require ongoing medical intervention.
<b>3</b>	Child has a severe or life-threatening illness or medical condition that significantly impacts his/her daily functioning or requires urgent medical attention.

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

<b>0</b>	No evidence of physical limitations.
<b>1</b>	Child has some physical condition that places mild limitations on activities or a history of a physical condition that should be watched.
<b>2</b>	Child has a moderate physical condition that notably influences activities.
<b>3</b>	Child has severe physical limitations due to multiple physical conditions.

## ACCULTURATION

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

**49. LANGUAGE** - *This item includes both spoken and sign language. This item covers any language-related need a family might have that affects its participation in services.*

<b>0</b>	Child and family have no problems communicating in English and do not require the assistance of a translator.
<b>1</b>	Child and family speak some English, but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.



2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, but individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, and no such individual is available from among natural supports.

**50. IDENTITY** - *Cultural identity refers to the child's view of him/herself or the family's view of the child, 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.*

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

**51. CULTURE EVENTS AND ACTIVITIES** - *Cultural events are activities and traditions that are culturally specific, including the celebration of holidays such as Kwanza, Cinco de Mayo, etc. Activities also may include daily activities that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, access to media). Activities also include being able to speak one's primary language with others.*

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

**52. 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.*

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

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

*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 is 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 symbols are used:

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

**53. ATTACHMENT** - *This item should be rated within the context of the child's significant parental or caregiver relationships. This item rates child's ability to seek/accept help, accept nurturance, explore his/her environment and separate from caregiver. A child who meets the criteria for a DSM-IV diagnosis of Reactive Attachment Disorder would be rated here.*

<b>0</b>	No evidence of attachment problems.
<b>1</b>	There are mild problems with attachment. Child may have a history of or be suspected of having attachment issues.
<b>2</b>	There are moderate problems with attachment. Child is having problems with attachment that require intervention.
<b>3</b>	There are severe problems with attachment. A child whose level of attachment difficulty profoundly impacts their daily functioning would be rated here.

**54. IMPULSIVE/HYPERACTIVITY** - *The child should be 3 years of age or older to rate this item. This item rates a child's level of hyperactivity and/or impulsiveness (i.e., loss of control of behaviors). Symptoms that meet the criteria for Attention Deficit/Hyperactivity Disorder (ADHD) would be rated here.*

<b>0</b>	No evidence of hyperactivity or impulsivity problems.
<b>1</b>	Some mild problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
<b>2</b>	Moderate problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
<b>3</b>	Severe problems due to a dangerous level of impulsive and hyperactive behavior that place the child at risk of physical harm.

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

<b>0</b>	No evidence of temperament problems. This child has an easy temperament and is easily calmed or distracted when angry or upset.
<b>1</b>	This level indicates a child with some mild problems being calmed, soothed, or distracted when angry or upset. Child may have occasional episodes of extended crying or tantrums.

2	This level indicates a child with a difficult temperament. 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 significant difficulties being calmed, soothed, or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums or other difficult behaviors are observed when the child is angry or upset.

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

0	The child does not appear to have any problems regarding weight gain or development. There is no evidence of failure to thrive.
1	The child has mild delays in physical development (e.g., is below the 25 <sup>th</sup> percentile in terms of height or weight).
2	The child has moderate delays in physical development that could be described as failure to thrive (e.g., is below the 10 <sup>th</sup> percentile in terms of height or weight).
3	The child has severe problems with physical development that puts his/her life at risk (e.g., is at or beneath the 1 <sup>st</sup> percentile in height or weight).

**57. FEEDING/ELIMINATION** - *This item rates all dimensions of eating and/or elimination, including sensory issues related to food. Pica would also be rated here.*

0	No evidence of feeding or elimination problems.
1	Child has mild problems with feeding and/or elimination
2	Child has moderate problems with feeding and/or elimination. Problems are interfering with functioning in at least one area.
3	Child has severe problems with feeding and/or elimination. Problems in this area have a profound impact on daily functioning

**58. DEPRESSION** - *This item rates symptoms of depression, which may include irritability, depressed mood, changes in eating or sleeping pattern and social withdrawal. Rate a child who meets the DSM-IV criteria for a depressive disorder here.*

0	No evidence of problems with depression.
1	There are some indicators that the child may be mildly depressed or has a history of showing signs of depression.
2	Moderate problems with depression are present. Problems in this area are affecting child's functioning in at least one life domain.
3	Severe and overwhelming depression that affects child in more than one life domain.

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

0	No evidence of anxiety problems.
1	History or suspicion of anxiety problems or mild anxiety associated with a recent negative life event.
2	Moderate anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Severe level of anxiety that is disabling for the child.

**60. ATYPICAL BEHAVIORS** - Behaviors may include but are not limited to mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

<b>0</b>	No evidence of atypical behaviors in the infant/child.
<b>1</b>	History or reports of atypical behaviors.
<b>2</b>	Atypical behaviors reported by caregiver that are observed on an ongoing basis.
<b>3</b>	Atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

**61. SERVICE PERMANENCE** - This is intended to describe the stability of the service providers who have worked with the child and/or family. Service providers include caseworker, therapist, medical provider, foster parent and school.

<b>0</b>	Service providers have been consistent for more than the past two years. This level is also used to rate a child/family who is initiating services for the first time or re-initiating services after an absence from services of at least one year.
<b>1</b>	Service providers have been consistent for at least one year, but changes occurred during the prior year.
<b>2</b>	Service providers have been changed recently after a period of consistency.
<b>3</b>	Service providers have changed multiple times during the past year.

**Exhibit 2 – Child and Adolescent Needs and Strengths Comprehensive  
Screening Tool Ages 6 Through 20, revised November 2017**

**November 1, 2017**

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

**Oregon Version**

**COMPREHENSIVE SCREENING TOOL**

**Ages 6 Through 20**

**Manual**

**Praed Foundation  
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## **Principles of the CANS**

1. Elements in this tool impact case planning for a child or young adult in substitute care and need for enhanced supervision.
2. Each item uses a 4-level rating system. The levels are designed to translate immediately into action. Different levels exist for needs and strengths. A score of 2 or 3 for a need requires action. A score of 0 or 1 for a strength should be used in strength-based case planning.
3. The rating should describe the child, not the child in services. If an intervention is present that is masking a need, but must stay in place, the need is factored into the rating and would result in the rating of an "actionable" need (i.e., 2 or 3).
4. The ratings are generally "agnostic as to etiology." In other words, this is a descriptive tool. It is about the what, not the why. Only three items — Adjustment to Trauma, Self-Mutilation, and Social Behavior — have any cause-effect judgments.
5. A 30-day window is used for ratings in order to ensure screenings stay fresh and relevant to the child or young adult's present circumstances. However, if an intervention is present that is masking a need, principle No. 3 overrides the 30-day rating period.
6. The rating needs to consider the child's or young adult's development and culture before translating into action levels.

## CODING DEFINITIONS & GUIDELINES

### SAFETY SECTION

#### CHILD RISK FACTORS

*Risk factors 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 factors**, the following categories and action levels are used:

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

- 1. SUICIDE** – This rating describes the presence of thoughts or behaviors aimed at taking one’s life. This item rates overt and covert thoughts and efforts on the part of an individual to end his/her life. Other indications of self-destructive behaviors are rated elsewhere. *A rating of 2 or 3 requires immediate structured supervision plan.*

<b>0</b>	No evidence or history of suicidal behaviors.
<b>1</b>	History or suspicion of but no recent ideation or gesture.
<b>2</b>	Recent suicidal ideation or gesture but not in the past 24 hours.
<b>3</b>	Current suicidal ideation and/or intent or command hallucinations that involve self-harm.

- 2. SELF-MUTILATION** - *This rating describes repetitive behavior that serves as a self-soothing function that results in physical injury to the child or adolescent. Carving or cutting on the arms or legs are common examples of self-mutilative behavior. Repeatedly piercing, scratching, or burning one’s skin, face slapping, hair-pulling, or head-banging would be rated here. Generally, body piercing and tattoos are not considered self-mutilation.*

<b>0</b>	No evidence of any forms of self-mutilation.
<b>1</b>	History, suspicion, or mild degree of self-mutilation.
<b>2</b>	Engages in self-mutilation that does not require medical attention.
<b>3</b>	Engages in self-mutilation that requires medical attention.

- 3. OTHER SELF-HARM** - *This rating describes reckless and dangerous behaviors that place child or adolescent at significant risk of physical injury. Suicide risk and self-mutilation are NOT rated here.*



<b>0</b>	No evidence of behaviors that place the child at risk of physical harm.
<b>1</b>	History of reckless or risk-taking behaviors that may endanger the youth.
<b>2</b>	Engages in behavior that places youth in danger of physical harm. This includes recklessness or intentional risk-taking.
<b>3</b>	Engages in behavior that places youth at immediate risk of death. This includes recklessness or intentional risk-taking.

- 4. DANGER TO OTHERS** - *This rating includes the child or adolescent's violent or aggressive behavior. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior should also be intentional. Reckless behavior that may cause physical harm to others is not rated here.*

<b>0</b>	No evidence of behaviors that could be dangerous to others.
<b>1</b>	There is a history or suspicion of, or acts of, mildly aggressive or threatening behavior.
<b>2</b>	Recent aggressive or threatening behavior (e.g., homicidal ideation), physically harmful aggression, or dangerous fire setting, but not within past 24 hours.
<b>3</b>	Acute homicidal ideation with a plan, physically harmful aggression or command hallucinations that involve the harm of others or youth set a fire that places others at significant risk of harm.

- 5. RUNAWAY** - *The scoring describes the risk of running away or actual running away behavior. In general, to classify as a runaway, the child is gone over night or very late into the night, or the child is returned to the home by LEA or other responsible adult. This rating also includes impulsive behavior that represents an immediate threat to personal safety.*

<b>0</b>	No evidence of runaway ideation or behavior.
<b>1</b>	History or suspicion of running away from home or other setting involving at least one overnight absence more than 30 days ago.
<b>2</b>	Recent runaway behavior or ideation but not within the past 7 days.
<b>3</b>	Acute threat to run away, as manifested by either attempts or significant ideation about running away, or the child is currently on runaway.

- 6. DELINQUENT BEHAVIOR** - *This rating includes criminal behavior (law breaking behavior and juvenile justice issues) for which the youth may or may not have been caught.*

<b>0</b>	Child shows no evidence or has no history of criminal or delinquent behavior.
<b>1</b>	History or suspicion of criminal or delinquent behavior but none in the past 30 days.
<b>2</b>	Recent acts of criminal/delinquent behavior.
<b>3</b>	Severe recent acts of criminal/delinquent behavior that places others at significant loss or injury or places child at risk of adult sanctions.

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

<b>0</b>	No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.
<b>1</b>	History or suspicion of problems with judgment in which the child makes decisions that are in some way harmful to his/her development or well-being.
<b>2</b>	Problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being that may place him/her at moderate risk of harm.
<b>3</b>	Problems with judgment that place the child at risk of significant physical harm.

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

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

9. **SEXUAL BEHAVIOR**- *Sexualized behaviors include behavior perceived as both sexually reactive and sexually aggressive. This includes inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexualized practices. It also includes aggressive sexual behavior and/or sexual behavior in which the child or adolescent takes advantage of a younger or less powerful child through seduction, coercion or force. The severity and recency of the behavior provides the information needed to rate the item. The rating should consider the existence of a supervision plan that has been put in place by a therapist.*

<b>0</b>	No evidence of problems with sexualized behaviors.
<b>1</b>	History (but not within the past year) or suspicion of sexualized behaviors would be rated here. Some evidence of mild sexualized behaviors would be rated here. Some evidence of mild sexualized behavior within the past year that troubles others such as excessive masturbation, sexualized talk, or harassing talk would also be rated here.
<b>2</b>	Moderate problems with sexualized behavior that places child or others at some risk. Sexually aggressive behavior within the past year but not in the past 30 days would be rated here.
<b>3</b>	Severe problems with sexualized behaviors that place the child or others at significant risk of harm. Sexually aggressive behaviors within the past 30 days would be rated here.

## ***STRENGTHS SECTION***

### **CHILD STRENGTHS**

*These ratings describe a range of assets that children and adolescents may possess that can facilitate healthy development. An absence of 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 overridden by the action levels as described below.*

For **child's strengths**, the following categories and action levels are used:

**0** indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan.

**1** indicates a domain where strengths exist but require some strength-building efforts in order for them to serve as a focus of a strength-based plan.

**2** indicates a domain where strengths have been identified but require significant strength-building efforts before they can be effectively utilized as a focus of a strength-based plan.

**3** indicates a domain in which efforts are needed in order to identify potential strengths on which to build.

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

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

- 12. EDUCATIONAL** - *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.*

<b>0</b>	This level indicates a child who is in school and is involved with an educational plan (or IEP) that appears to exceed expectations. 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.
<b>1</b>	This level indicates a child who is in school and has a plan that appears to be effective. School works fairly well with family and caregivers to ensure appropriate educational development.
<b>2</b>	This level indicates a child who is in school but has a plan that does not appear to be effective.
<b>3</b>	This level indicates a child who is either not in school or is in a school setting that does not further his/her education.

- 13. VOCATIONAL** - *Generally, this rating is reserved for adolescents and is not applicable for children 14 years and younger.*

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

- 14. WELL-BEING** - *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 cope with negative life experiences. This should be rated independent of the child's current level of distress.*

<b>0</b>	This level indicates a child with exceptional psychological strengths. Coping skills are well developed.
<b>1</b>	This level indicates a child with good psychological strengths. The person has solid coping skills for managing distress or for enjoying pleasurable events.
<b>2</b>	This level indicates a child with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
<b>3</b>	This level indicates a child with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

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

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

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

<b>0</b>	This level indicates a child with significant creative/artistic strengths. A child/youth who receives a significant amount of personal benefit from activities surrounding a talent would be rated here.
<b>1</b>	This level indicates a child with a notable talent. For example, a youth who is involved in athletics or plays a musical instrument, etc., would be rated here.
<b>2</b>	This level indicates a child who has expressed interest in developing a specific talent or talents even if they have not developed that talent to date.
<b>3</b>	This level indicates a child with no known talents, interests or hobbies.

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

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

- 18. NATURAL SUPPORTS** - *Refers to unpaid helpers in the youth's natural environment. All family members and paid caregivers are excluded.*

<b>0</b>	Youth has significant natural supports who contribute to helping support the youth's healthy development.
<b>1</b>	Youth has identified natural supports that provide some assistance in supporting the youth's healthy development.
<b>2</b>	Youth has some identified natural supports; however, they are not actively contributing to the youth's healthy development.
<b>3</b>	Youth has no known natural supports (outside of family and paid caregivers).

- 19. 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.*

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

- 20. RESILIENCY** - *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. Younger children may be less likely to be described as resilient because they do not recognize their own strengths.*

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

## WELL-BEING SECTION

### **Exposure to Potentially Traumatic/Adverse Childhood Experiences**

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

**For Exposure to Potentially Traumatic/Adverse Childhood Experiences**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any trauma of this type.
- 1** indicates a dimension where a single incident of trauma occurred or suspicion exists of trauma type.
- 2** indicates a dimension in which the child has experienced multiple incidents or a moderate degree of this trauma type.
- 3** indicates a dimension, which describes repeated and severe incidents of trauma with medical/physical consequences.

- 21. SEXUAL ABUSE** – *This rating describes the child's experience of sexual abuse.*

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

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

<b>0</b>	There is no evidence that child has experienced physical abuse.
<b>1</b>	There is a suspicion that child has experienced physical abuse but no confirming evidence. Spanking that does not leave marks or does not use items 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 “moderate” level of physical abuse. This may include one or more incidents of physical punishment (e.g. hitting, punching) or intentional harm 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 severe and repeated physical abuse with intent to do harm and/or that causes sufficient physical harm to necessitate hospital treatment.

**23. EMOTIONAL/VERBAL 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 toward a child and/or “emotional neglect” defined as the denial of emotional attention and/or support from caregivers.*

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

**24. 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 received academic instruction (emotional neglect).*

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

**25. 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.*

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

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

<b>0</b>	There is no evidence that child has witnessed family violence.
<b>1</b>	Child has witnessed one episode of family violence and there was no lasting injury.
<b>2</b>	Child has witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.



<b>3</b>	Child has witnessed repeated and/or severe episodes of family violence <u>or</u> has intervened in one or more episodes of family violence. Significant injuries have occurred and have been witnessed (i.e., seen or heard) by the child as a direct result of the violence.
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**27. WITNESS TO COMMUNITY VIOLENCE** - *This rating describes the severity of exposure to community and school violence, including bullying.*

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

**28. 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 no evidence that child has been exposed to war, political violence, or torture.
<b>1</b>	Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war. This does not include children who have lost one or both parents during war.
<b>2</b>	Child has been affected by war or political violence. He/she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, or may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war, or one or both parents may be so physically or psychologically disabled from war that they are not able to provide adequate caretaking of child. Child may have spent extended amount of time in refugee camp.

<b>3</b>	Child experienced the direct effects of war. Child may have feared for his/her life during war due to bombings or shelling very near to him/her. Child may have been directly injured, tortured or kidnapped. Child may have served as soldier, guerilla or other combatant in his/her home country.
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**29. 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 intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individual acting in isolation (e.g., sniper attacks).*

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

**30. WITNESS/VICTIM OF 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 no evidence that child has been victimized or witnessed significant criminal activity.
<b>1</b>	There is a strong suspicion or evidence that the child is a witness of at least one significant criminal activity. 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 multiple incidents or types of criminal activities, is a direct victim of criminal activity, and/or witnessed the victimization of a family member or friend. 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 exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one. 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.)

**31. PARENTAL CRIMINAL BEHAVIOR** (birth parents and 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 no evidence that child's parents have ever been engaged in the criminal justice system.
<b>1</b>	One of child's parents has a history of criminal behavior <b>and</b> involvement in the justice system, but youth has not been in contact with this parent for at least one year.
<b>2</b>	One of child's parents has a history of criminal behavior resulting in a conviction or incarceration, and this child has been in contact with this parent in the past year.
<b>3</b>	Both of child's parents have history of criminal behavior resulting in incarceration.

**32. 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 (i.e., placement in foster care, caregiver incarceration, caregiver deployment, caregiver deportation, death of caregiver, etc.). Children who have had placement changes including stays in foster care, residential treatment facilities or juvenile justice settings can also 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.*

<b>0</b>	There is no evidence that child has experienced disruptions in caregiving and/or attachment losses.
<b>1</b>	Child may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, 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, but impact on child was mild.

<b>2</b>	Child has been exposed to 2 or more disruptions in caregiving with known alternative caregivers, or the child has had at least one disruption involving placement with an unknown caregiver. Children who have been placed in foster or other out-of-home care, such as residential care facilities, would be rated here. Impact of disruption is perceived as moderate to child or others.
<b>3</b>	Child has been exposed to multiple/repeated placement changes (i.e., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a child's life (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). Impact of disruption is perceived as severe to child or others.

### **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 behavior is addressed.
- 3** a dimension that requires immediate or intensive action.

- 33. ADJUSTMENT TO TRAUMA** - *This item covers the youth's reaction to any potentially traumatic or adverse childhood experience. Any child who meets diagnosis criteria for a trauma-related adjustment disorder, post-traumatic stress disorder and other diagnoses from DSM-IV that the child may have as a result of his/her exposure to traumatic/adverse childhood experiences would be rated as a 2 or 3 on this item. NOTE: This item allows you to rate the overall severity of 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 not experienced any significant trauma or has adjusted well to traumatic experiences.
<b>1</b>	Child has some mild problems 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 preventative action.

<b>2</b>	Child presents a moderate level of trauma-related symptoms. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but limited to diagnoses of post-traumatic stress disorder (PTSD) and Adjustment Disorder.
<b>3</b>	Child has severe symptoms as a result of exposure to traumatic or adverse childhood experiences that require intensive or immediate attention. Child likely meets criteria for 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 deregulation, attachment, cognition/learning, etc.)

**34. TRAUMATIC GRIEF/SEPARATION** - *This rating describes the level of traumatic grief the youth is experiencing due to death or loss /separation from significant caregivers, siblings, or other significant figures.*

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

**35. RE-EXPERIENCING** - *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 no evidence of intrusive symptoms.
<b>1</b>	This rating is given to a child with some problems with re-experiencing symptoms, such as occasional intrusive thoughts, distressing memories, and/or nightmares about traumatic events.

<b>2</b>	This rating is given to a child with moderate difficulties with re-experiencing, such as frequent intrusive symptoms/distressing memories. This child may have recurrent frightening dreams (i.e., multiple times a week) with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions (i.e., racing heart, somatic complaints) to exposure to traumatic cues. These symptoms interfere with child's functioning in at least one area.
<b>3</b>	This rating is given to a child with significant problems with re-experiencing, such as frequent and overwhelming intrusive symptoms/distressing memories. This child may exhibit trauma-specific reenactments that include sexually or physically harmful behavior that could be traumatizing to other children or sexual play with adults or related behaviors that put the safety of the child or others at risk. This child may also exhibit persistent flashbacks, delusions or hallucinations related to the trauma that impede child's functioning in multiple areas.

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

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

**38. NUMBING** - *These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma.*

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

**39. 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).

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

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

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

### LIFE DOMAIN FUNCTIONING

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

- 41. FAMILY** - Family ideally should be defined by the child; however, in the absence of this knowledge, consider the definition of family to be biological and adoptive relatives. Is the family (as defined by the child) functioning well

*together? The child's lack of contact with biological or adoptive family, regardless of reason, should also be rated here.*

<b>0</b>	Child gets along well with family members.
<b>1</b>	Child is doing adequately in relationships with family members although mild problems may exist.
<b>2</b>	Child is having moderate problems with parents, siblings and/or other family members.
<b>3</b>	Child is having severe problems with parents, siblings, and/or other family members. This would include no current contact with family.

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

<b>0</b>	No evidence of problems in current living situation.
<b>1</b>	Mild problems 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.
<b>2</b>	Moderate problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting, creating significant problems for others in the residence.
<b>3</b>	Severe problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

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

<b>0</b>	No evidence of problems in social functioning.
<b>1</b>	Child is having some mild problems in social relationships or there is a history of social functioning problems.
<b>2</b>	Child is having some moderate problems with his/her social relationships.
<b>3</b>	Child is experiencing severe problems interacting with others and building and maintaining relationships.

- 44. INTELLECTUAL/DEVELOPMENTAL** - *This item rates the presence of cognitive/intellectual disabilities 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. FAE and FAS are also scored here.*

<b>0</b>	No evidence of developmental problems or intellectual problems.
<b>1</b>	Child has some problems with intellectual immaturity or there are concerns about possible developmental delay. He/she may have a low IQ or borderline intellectual disability, (i.e. FSIQ 70 to 85).

<b>2</b>	Child has moderate developmental delays or to moderate intellectual disabilities (mild mental retardation (FSIQ 50 to 69).
<b>3</b>	Child has severe to profound developmental delays or profound intellectual disabilities (profound MR. FSIQ below 50).

**45. SENSORY** - *This rating describes the child's ability to use all senses, including vision, hearing, smell, touch and kinesthetic (the ability to feel movements of the limbs and body). Include any processing issues in relation to sensory issues in this rating.*

<b>0</b>	No evidence of sensory problems.
<b>1</b>	There is either a history of sensory problems or less than optimal functioning in this area.
<b>2</b>	The child has problems in either sensory abilities or processing.
<b>3</b>	The child has significant challenges in either sensory abilities or sensory processing.

**46. SELF-CARE/DAILY LIVING SKILLS** - *This item is intended to describe the child's ability to do developmentally appropriate self-care tasks.*

<b>0</b>	There is no evidence of problems with self-care tasks or daily living skills.
<b>1</b>	Requires verbal prompting on self-care tasks or daily living skills.
<b>2</b>	Requires assistance (physical prompting) or excessive verbal prompting on self-care tasks or attendant care on one self-care task (e.g., eating, bathing, dressing, and toileting).
<b>3</b>	Requires attendant care on more than one of the self-care tasks of eating, bathing, dressing, toileting.

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

<b>0</b>	Child makes full use of leisure time to pursue recreational activities that support his/her healthy development and enjoyment.
<b>1</b>	Child at times has difficulty using leisure time to pursue recreational activities.
<b>2</b>	Child is having moderate problems with recreational activities and may be unable to use leisure time to enjoy recreational activities.
<b>3</b>	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

**48. 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 no known legal difficulties.
<b>1</b>	Child has a history of legal problems but currently is not involved with the legal system and/or is not currently on parole or probation.
<b>2</b>	Child has some legal problems and is currently involved in the legal system.
<b>3</b>	Child has serious current or pending legal difficulties that place him/her at risk for placement in a higher level of care.

- 49. Physical/Medical** - *This rating describes both health problems and chronic/acute physical conditions.*

<b>0</b>	No evidence of physical or medical problems.
<b>1</b>	Mild or well managed physical or medical problems. This might include well-managed chronic conditions, such as juvenile diabetes or asthma
<b>2</b>	Unmanaged, unresolved, or chronic physical or moderate medical problems.
<b>3</b>	Severe, life-threatening physical or medical problems requiring immediate medical attention.

- 50. SLEEP** - *This item rates any disruptions in sleep regardless of the cause including problems with going to bed, staying asleep or waking up early.*

<b>0</b>	Child gets a full night's sleep each night.
<b>1</b>	Child has mild problems sleeping. Generally, child gets a full night's sleep, but at least once a week, problems arise.
<b>2</b>	Child is having moderate problems with sleep. Sleep is often disrupted, and child seldom obtains a full night of sleep.
<b>3</b>	Child is having severe problems with sleep. Sleeping is difficult for the child, and he/she is not able to get a full night's sleep

- 51. SEXUAL DEVELOPMENT/IDENTITY** - *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.*

<b>0</b>	No evidence of any problems with sexual development.
<b>1</b>	Mild problems with sexual development, but they do not interfere with his/her functioning in other life domains.
<b>2</b>	Moderate problems with sexual development that interfere with functioning in other life domains.
<b>3</b>	Severe problems with sexual development

- 52. SCHOOL BEHAVIOR** - This item rates the behavior of the child or youth in school or school-like settings. A rating of 3 would indicate a child who is still having problems after special efforts have been made (i.e., problems in a specialized class). This item is rated independently of attendance. Truancy alone does not warrant an actionable score on this item.

<b>0</b>	No evidence of behavior problems at school or day care. Child is behaving well or not currently enrolled.
<b>1</b>	Child is having mild behavioral problems at school.
<b>2</b>	Child is having moderate behavioral difficulties at school. He/she is disruptive and may receive sanctions including suspensions or multiple detentions.
<b>3</b>	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

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

<b>0</b>	No evidence of attendance problems. Child attends regularly, or child is not required to be enrolled in school.
<b>1</b>	Child has some problems attending school, although he/she generally goes to school. He/she may have had moderate to severe problems in the past six months but has been attending school regularly in the past month.
<b>2</b>	Child is having problems with school attendance. He/she is missing at least two days per week on average.
<b>3</b>	Child is generally truant or refusing to go to school or is a school-aged child not enrolled in school.

**54. SCHOOL ACHIEVEMENT** - *This item describes academic achievement and functioning, based on child's individual developmental capabilities, not necessarily chronological age. For example, a child who is on an IEP due to intellectual disabilities should be rated on his/her academic achievement in relation to the goals on the IEP and not in relation to same-aged peers.*

<b>0</b>	Child is doing well in school, or there is no evidence of a problem.
<b>1</b>	Child is doing adequately in school, although mild problems with achievement exist.
<b>2</b>	Child is having moderate problems with school achievement. He/she may be failing some subjects.
<b>3</b>	Child is having severe achievement problems. He/she may be failing most subjects or is more than one year behind same age peers in school achievement.

### ACCULTURATION

*All children are members of some identifiable cultural group. These ratings describe possible problems that children 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** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

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

<b>0</b>	Child and family have no problems communicating in English and do not require the assistance of a translator.
<b>1</b>	Child and family speak some English, but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.

2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, and no such individual is available from among natural supports.

56. **IDENTITY** - *Cultural identity refers to the child's view of him/herself or the family's view of the child, 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.*

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

57. **CULTURE EVENTS AND ACTIVITIES** - *Cultural events are activities and traditions that are culturally specific including the celebration of holidays, such as Kwanza, Cinco de Mayo, etc. Activities also may include daily activities that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, access to media). Activities also include being able to speak one's primary language with others.*

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

58. **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.*

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

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

*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 is 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 symbols are used:

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

- 59.**    *Impulsivity/Hyperactivity- Symptoms of attention deficit and hyperactivity disorder and impulse control disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here. A child who meets DSM-IV diagnostic criteria for ADHD would be rated here.*

<b>0</b>	No evidence of attention/hyperactivity problems.
<b>1</b>	Mild problems with attention/hyperactivity or impulse control that places the child at risk of functioning difficulties.
<b>2</b>	Moderate symptoms of attention/hyperactivity or impulse control problems that interfere with the child's ability to function in at least one life domain.
<b>3</b>	Severe impairment of attention or dangerous impulse control problems that place the child or others at risk of physical harm.

- 60.**    **DEPRESSION AND ANXIETY** - Symptoms included in this dimension are depressed mood, social withdrawal, anxious mood, sleep disturbances, weight/eating disturbances, loss of motivation. This dimension can be used to rate symptoms of the following psychiatric disorders as specified in DSM-IV: depression, generalized anxiety and phobias.

<b>0</b>	This rating is given to a child with no emotional problems. No evidence of depression or anxiety.
<b>1</b>	History or suspicion of depression or anxiety problems. Mild to moderate depression or anxiety associated with recent negative life event with minimal impact on life domain functioning is also rated here.
<b>2</b>	Moderate level of depression or anxiety that interferes with the child's ability to function in at least one life domain. Any current diagnosis of depression or anxiety would be rated here.
<b>3</b>	Severe or disabling level of anxiety or depression.

- 61. 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. The common symptoms of these disorders*

include hallucinations, delusions, unusual thought processes, strange speech and bizarre/idiosyncratic behavior.

<b>0</b>	No evidence.
<b>1</b>	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
<b>2</b>	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
<b>3</b>	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

- 62. 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. A child who meets DSM-IV diagnostic criteria for oppositional defiant disorder would be rated here.*

<b>0</b>	This rating indicates that the child/adolescent is generally compliant. No evidence of a problem.
<b>1</b>	Mild problems with compliance with rules or adult instructions. History, suspicion or recent onset of defiance toward authority figures.
<b>2</b>	Moderate problems with compliance with rules or adult instructions, which is currently interfering with the child's functioning in at least one life domain.
<b>3</b>	Severe problems with compliance with rules or adult instructions involving the threat of physical harm to others.

- 63. 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>	No evidence of a problem with substance use.
<b>1</b>	History or suspicion of substance use.
<b>2</b>	Moderate substance abuse problem that interferes with the functioning in any life domain.
<b>3</b>	Child requires detoxification <b>or</b> addicted to alcohol and/or drugs.

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

<b>0</b>	No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of security and trust.
<b>1</b>	Mild problems with attachment. Child may have mild problems with separation or minor difficulties with appropriate physical/emotional boundaries.
<b>2</b>	Moderate problems with attachment. Child is having problems with attachment that require intervention. A youth who meets the DSM-IV criteria for an Attachment Disorder would be rated here.



<b>3</b>	Severe problems with attachment. A child who is unable to separate or who has severe problems with forming or maintaining relationships with caregivers or who meets the DSM-IV criteria for Reactive Attachment Disorder would be rated here.
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- 65. 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. Other significant problems with eating, including picky-eating, over-eating and PICA, would be rated here.*

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

- 66. ANGER CONTROL** - *This item captures the youth's ability to identify and manage his/her anger when frustrated.*

<b>0</b>	No evidence of any significant anger control problems.
<b>1</b>	Mild problems with controlling anger. He/she may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts.
<b>2</b>	Moderate anger control problems. His/her temper has gotten him/her in significant trouble with peers, family, and/or school. This level may be associated with some physical violence, or increasing verbal outbursts. Others are likely quite aware of anger potential.
<b>3</b>	Severe anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

- 67. SITUATIONAL CONSISTENCY OF PROBLEMS** - *This is intended to describe the variation in problem presentation across different situations and environments in the child/youth's life (e.g., home and school).*

<b>0</b>	Problems generally occur in only one environment and/or situation.
<b>1</b>	Problems occur in multiple settings and/or situations but tend to be most severe in a single setting.

<b>2</b>	Problems occur in many settings and/or situations, but there is variability in the severity of the problems with the child/youth doing better in some circumstances than in others.
<b>3</b>	Problems occur consistently in all situations.

**68. TEMPORAL CONSISTENCY OF MENTAL HEALTH PROBLEMS** - *This is intended to describe the duration of mental health problems experienced by the child. Include both problems (i.e., symptoms) and risk behaviors in this rating.*

<b>0</b>	Problems have begun in the past six months after the occurrence of a specific stressful event.
<b>1</b>	Problems began more than six months but less than two years ago or problems have begun in the past six months in the absence of any specific stressful event.
<b>2</b>	Problems began more than two years ago but individual has had at least one period of more than one month where he/she has been relatively symptom free.
<b>3</b>	Problems began more than two years ago and the individual has remained fairly consistently symptomatic over this period of time.

**69. SERVICE PERMANENCE** - *This is intended to describe the stability of the service providers who have worked with the child and/or family. Service providers include caseworker, mental health provider, medical provider, dental provider, substitute caregiver, and school personnel.*

<b>0</b>	Service providers have been consistent for more than the past two years. This level is also used to rate a child/family who is initiating services for the first time or re-initiating services after an absence from services of at least one year.
<b>1</b>	Service providers have been consistent for at least one year, but changes occurred during the prior year.
<b>2</b>	Service providers have been changed recently after a period of consistency.
<b>3</b>	Service providers have changed multiple times during the past year.

## Exhibit 3 – Child and Adolescent Needs and Strengths Algorithm for Ages Birth Through 5 and 6 through 20

### Child and Adolescent Needs and Strengths (CANS) ALGORITHM (Ages birth through 5)

#### **LEVEL 1 (Moderate Needs)**

A child meets Level 1 when ratings meet the criteria set forth in:

- A. Criterion 1.1; and**
- B. Either Criterion 1.2 or Criterion 1.3.**

*Criterion 1.1: A rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
27	Adjustment to Trauma
46	Sleep
53	Attachment
54	Attention Deficit/Hyperactivity
56	Failure to Thrive
55	Temperament
57	Feeding/Elimination
58	Depression
59	Anxiety
60	Atypical Behaviors

*Criterion 1.2: A rating of 3 on **one or more** of the following elements:*

Number	Element
3	Substance Exposure
36	Living Situation
37	Pre-School/Child Care Behavior
39	Social Functioning
40	Recreation/Play
41	Developmental
45	Communication
52	Culture Stress

*Criterion 1.3: A rating of 2 or 3 on **one or more** of the following:*

Number	Element
5	Self-Harm
6	Aggression
7	Sexual Behavior

### **LEVEL 2 (Intermediate Needs)**

**A child meets Level 2 when ratings meet the criteria set forth in:**

- A. Criterion 2.1.1, Criterion 2.1.2, or Criterion 2.2; and**
- B. Either Criterion 2.3.1 or Criterion 2.3.2**

*Criterion 2.1.1: A rating of 3 on **one or more** or Criterion 2.1.2: A rating of 2 or 3 on **three or more** of the following elements:*

Number	Element
27	Adjustment to Trauma
46	Sleep
53	Attachment
54	Attention Deficit/Hyperactivity
56	Failure to Thrive
55	Temperament
57	Feeding/Elimination
58	Depression
59	Anxiety
60	Atypical Behaviors

*Criterion 2.2: A rating of 3 on **one** and a rating of 2 or 3 on **one or more** of the following elements:*

Number	Element
3	Substance Exposure
36	Living Situation
37	Pre-School/Child Care Behavior
39	Social Functioning
40	Recreation/Play
41	Intellectual/Developmental
45	Communication
52	Culture Stress

*Criterion 2.3.1: A rating of 3 on **one or more** or Criterion 2.3.2 A rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
--------	---------

5	Self-Harm
6	Aggression
7	Sexual Behavior

### **LEVEL 3 (Advanced Needs)**

**A child meets Level 3 when ratings meet the criteria set forth in:**

- A. Either Criterion 3.1.1, Criterion 3.1.2, or Criterion 3.2; and**
- B. Either Criterion 3.3.1 or Criterion 3.3.2.**

*Criterion 3.1.1: A rating of 3 on **two or more** or Criterion 3.1.2: A rating of 2 or 3 on **four or more** of the following elements:*

<b>Number</b>	<b>Element</b>
27	Adjustment to Trauma
46	Sleep
53	Attachment
54	Attention Deficit/Hyperactivity
55	Temperament
56	Failure to Thrive
57	Feeding/Elimination
58	Depression
59	Anxiety
60	Atypical Behaviors

*Criterion 3.2: A rating of 3 on **two or more** and a rating of 2 or 3 on **two or more** of the following elements:*

<b>Number</b>	<b>Element</b>
3	Substance Exposure
36	Living Situation
37	Preschool/Child Care Behavior
39	Social Functioning
40	Recreation/Play
41	Intellectual/Developmental
45	Communication
52	Culture Stress

*Criterion 3.3.1: A rating of 3 on **one or more** or Criterion 3.3.2: A rating of 2 or 3 on **two or more** of the following elements:*

<b>Number</b>	<b>Element</b>
5	Self-Harm

6	Aggression
7	Sexual Behavior

# Child and Adolescent Needs and Strengths (CANS) ALGORITHM (Ages 6 through 20)

## **LEVEL 1 (Moderate Needs)**

A child 6 or older or a young adult meets Level 1 when ratings meet the criteria set forth in:

- A. Criterion 1.1; and**
- B. Either Criterion 1.2 or Criterion 1.3.**

*Criterion 1.1: A rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
33	Adjustment to Trauma
59	Attention Deficit/Hyperactivity
60	Depression and Anxiety
61	Psychosis
62	Oppositional Behavior
63	Substance Abuse
64	Attachment Difficulties
65	Eating Disturbances
66	Anger Control

*Criterion 1.2: A rating of 3 on **one or more** of the following elements:*

Number	Element
5	Runaway
7	Judgment
42	Living Situation
44	Intellectual/Developmental
48	Legal
51	Sexual Development/Identity
52	School Behavior
54	School Achievement
58	Culture Stress

*Criterion 1.3: A rating of 2 or 3 on **one or more** of the following elements:*

Number	Element
1	Suicide Risk
2	Self-Mutilation
3	Other Self Harm
4	Danger to Others
6	Delinquency

8	Fire-Setting
9	Sexual Behavior

### **LEVEL 2 (Intermediate Needs)**

A child six or older or a young adult meets Level 2 when ratings meet the criteria set forth in:

- A. Criterion 2.1.1, Criterion 2.1.2 or Criterion 2.2; AND**  
**B. Either Criterion 2.3.1 OR Criterion 2.3.2**

*Criterion 2.1.1: A rating of 3 on **one or more** or Criterion 2.1.2: A rating of 2 or 3 on **three or more** of the following elements:*

Number	Element
33	Adjustment to Trauma
59	Attention Deficit/Hyperactivity
60	Depression and Anxiety
61	Psychosis
62	Oppositional Behavior
63	Substance Abuse
64	Attachment Difficulties
65	Eating Disturbances
66	Anger Control

*Criterion 2.2: A rating of 3 on **one and** a rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
5	Runaway
7	Judgment
42	Living Situation
44	Intellectual/Developmental
48	Legal
51	Sexual Development
52	School Behavior
54	School Achievement
58	Culture Stress



*Criterion 2.3.1: A rating of 3 on **one or more** or Criterion 2.3.2: A rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
1	Suicide Risk
2	Self-Mutilation
3	Other Self Harm
4	Danger to Others
6	Delinquency
8	Fire Setting
9	Sexual Behavior

### **LEVEL 3 (Advanced Needs)**

**A child six or older or a young adult meets Level 3 when ratings meet the criteria set forth in:**

- A. Either Criterion 3.1.1, Criterion 3.1.2, or Criterion 3.2; AND**
- B. Either Criterion 3.3.1 or Criterion 3.3.2.**

*Criterion 3.1.1: A rating of 3 on **two or more** or Criterion 3.1.2: A rating of 2 or 3 on **four or more** of the following elements:*

Number	Element
33	Adjustment to Trauma
59	Attention Deficit/Hyperactivity
60	Depression and Anxiety
61	Psychosis
62	Oppositional Behavior
63	Substance Abuse
64	Attachment Difficulties
65	Eating Disturbances
66	Anger Control

*Criterion 3.2: A rating of 3 on **two or more** and a rating of 2 or 3 on **three or more** of the following elements:*

Number	Element
5	Runaway
7	Judgment
42	Living Situation
44	Intellectual/Developmental
48	Legal
51	Sexual Development
52	School Behavior
54	School Achievement
58	Culture Stress

*Criterion 3.3.1: A rating of 3 on **one or more** or Criterion 3.3.2: A rating of 2 or 3 on **three or more** of the following elements:*

Number	Element
1	Suicide Risk
2	Self-Mutilation
3	Other Self Harm
4	Danger to Others
6	Delinquency
8	Fire Setting
9	Sexual Behaviors

## ***Exhibit 4 – Personal Care Services – Levels of Personal Care***

OAR 413-090-0133 and 413-090-0150

The points for Personal Care Services are based on rating the frequency or intensity or both of the Personal Care Service.<sup>1</sup>

### Level One: Moderate Care

A child or young adult is eligible for a Level One Personal Care Services Plan when the total points on the Personal Care Services results summary are:

1. Between 10 and 19 points; or
2. One or more points in delegated nursing tasks or pregnancy.

### Level Two: Intermediate Care

A child or young adult is eligible for a Level Two Personal Care Services Plan when the total points on the Personal Care Services results summary are between 20 and 34 points.

### Level Three: Advanced Care

A child or young adult is eligible for a Level Three Personal Care Services Plan when the total points on the Personal Care Services results summary are between 35 and 49 points.

### Level Four: Intensive Care

A child or young adult is eligible for a Level Four Personal Care Services Plan when the total points on the Personal Care Services results summary are 50 or more.

### Personal Care Services Assessment -- Activities Point Scale (24 months and older)

Personal Care Services rated by level of intensity:

<b>A. MOBILITY, TRANSFER, REPOSITIONING</b>	
<b>1. Mobility - ambulation</b>	
0	Able to ambulate independently or without a wheelchair or other assistive devices or not applicable due to age
1	Requires human supervision or minimal assistance all the time or occasionally needs more assistance (such as on stairs or uneven surface or has occasional days of needed assistance)

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<sup>1</sup> A Personal Care Services Assessment results summary that totals less than 10 points does not meet criteria for Personal Care Services unless the summary includes a delegated nursing task or pregnancy.

2	Dependent on physical assistance from another person to wheel only for longer distances out of the home
3	Dependent on physical assistance from another person to wheel or move in and out of the home
5	Unable to ambulate or self-propel wheelchair and needs complete assistance for mobility
<b>2. Bed mobility</b>	
0	Able to perform activity independently (may include use of aids or assistive devices) or not applicable due to age
1	Human assistance is required to be repositioned only occasionally
3	Human assistance is required to be repositioned every 4 hours or more often while in bed
6	Requires special positioning devices
<b>3. Transferring</b>	
0	Able to transfer independently with or without use of an assistive device or not applicable due to age
0	Able to transfer with supervision or reminding. Includes giving the person a transfer board or locking the wheels on a wheelchair.
2	Requires only one person to provide physical assistance with the transfer
6	Requires two or more people to safely transfer or needs a lift and a person to transfer
<b>4. Adaptive devices</b>	
0	Able to perform activity independently or not applicable due to age
1	Able to perform activity with supervision or reminding
1	Able to manage adaptive devices with some human assistance
3	Complete physical assistance is necessary each time
<b>5. Prescribed Therapies Performed by Foster Parent/Caregiver</b>	
0	Not applicable
1	Range of motion only and not taking 30 minutes per day
2	Therapies lasting about 30 - 60 minutes per day
5	Therapies lasting significantly longer than 60 minutes per day

<b>B. PERSONAL HYGIENE, DRESSING, AND BATHING</b>	
<b>1. Dressing and undressing</b>	
0	Able to dress upper body independently by getting clothes out of closet or drawers, putting them on, and removing them, or not applicable due to age
1	Able to dress upper body with supervision or reminding
2	Dependent upon some physical assistance to dress
4	Dependent upon complete physical assistance to dress
8	Requires 2 people to provide complete physical assistance to dress
<b>2. Bathing</b>	
0	Able to bathe self independently or not applicable due to age
1	Able to bathe self with supervision or reminding
1	Dependent upon some physical assistance to bathe
3	Dependent upon complete physical assistance to bathe
6	Requires 2 people to physically assist or the use of a lift
<b>3. Grooming</b>	

0	Able to groom self independently or not applicable due to age
1	Able to groom self with supervision or reminding
2	Dependent upon some physical assistance to groom self
4	Dependent upon complete physical assistance to groom self

<b>C. TOILETING</b>	
<b>1. Toilet use</b>	
0	Able to use toilet independently or does not use toilet or not applicable due to age
1	Able to use toilet with supervision and reminding
2	Dependent upon some physical assistance to use toilet
5	Dependent upon complete physical assistance to use toilet
<b>2. Continence (bladder)</b>	
0	Never incontinent or not applicable due to age
2	Incontinent only at night and less than 3 nights per week
3	Incontinent only at night but more often than 3 nights per week
5	Incontinent day and night
<b>3. Continence (bowel)</b>	
0	Never incontinent or not applicable due to age
1	Incontinent once per week or less
2	Incontinent more than once per week but not daily
3	Incontinent daily but averages only 1 per day
6	Averages more than 1 incontinent BM per day

<b>D. NUTRITION: EATING/FEEDING, MEAL PREPARATION</b>	
<b>1. Eating / feeding</b>	
0	Able to feed self independently or not applicable due to age
1	Able to feed self independently with meal set-up and supervision or cueing
3	Needs physical assistance to eat
6	Needs specialized feeding techniques in order to safely eat or receives nutrition via a G. Tube or TPN
<b>2. Preparing light meals</b>	
0	Able to independently plan, prepare, and clean up after meals for self or is physically, cognitively, and mentally able to prepare meals on a regular basis but has not routinely performed meal preparation in the past, or not applicable due to age
1	Able to prepare simple meals with supervision and cueing
1	Able to assist with preparation of meals but only very limited tasks
2	Unable to prepare simple meals
5	Needs specially prepared food or set-up G-tube, TPN, etc.

Personal Care Services Assessment -- Activities Point Scale (*Infant to 24 months*)

Personal Care Services rated by level of intensity:

<b>A. MOBILITY, TRANSFER, REPOSITIONING</b>	
<b>1. Position and Monitoring</b>	
0	Not applicable
3	Child requires special positioning, monitoring, or attention during the day due to medical condition (example: during feedings, GERD, Trach, attached devices, drug-affected baby)
5	Child requires frequent positioning, monitoring, or attention during nighttime hours
<b>2. Adaptive Devices/DME</b>	
0	Not applicable
3	One or two devices (braces/splints, apnea monitor)
5	Three or more devices (braces/splints, apnea monitor)
<b>3. Prescribed Therapies Performed by Foster Parent/Caregiver</b>	
0	Not applicable
1	Range of motion only and not taking 30 minutes per day
2	Therapies lasting about 30 - 60 minutes per day
5	Therapies lasting significantly longer than 60 minutes per day

<b>B. PERSONAL HYGIENE, DRESSING, AND BATHING</b>	
<b>4. Dressing, Bathing, and Diapering</b>	
0	Not applicable
3	Frequent clothing changes (greater than 4 per day)
3	Frequent bathing (greater than 2 per day)
5	Special precautions during bathing for stomas, tubing, wounds

<b>C. TOILETING</b>	
0	Not applicable
3	Frequent diaper changes (greater than 14 diapers per day)

<b>D. NUTRITION: EATING/FEEDING</b>	
<b>5. Eating/Feeding</b>	
0	Not applicable
2	Feedings lasting longer than 30 minutes
3	Feedings occur more often than every 3 hours (only babies over 3 months of age)
4	Specialized feeding techniques, precautions, or specialized equipment implemented
6	Feedings through G-Tube, NG tube, TPN

Personal Care Services rated by level of intensity or frequency or both (*All ages*)

<b>E. MEDICATION MANAGEMENT</b>	
Points	Medication Management
0	No medication or self-administers
1	Administer prescription medications 1 time daily
2	Administer prescription medications 2-3 times daily
4	Administer prescription medications 4 or more times daily (does not include short-term

	medications such as antibiotics)
2	Administer rectal medications (other than Tylenol, anti-nausea, or glycerin)
3	Administer 1-4 subcutaneous injections daily
5	Administer more than 4 subcutaneous injections daily
5	Administer medications for withdrawal from opiates
6	Intravenous infusion (IV) or injections intramuscular (IM) medications
1	Nebulizer treatments less than 4 times a week
5	Nebulizer treatments 4 or more times a week

<b>F. DELEGATED NURSING TASKS</b>	
Points	Delegated Nursing Tasks
3	Gastric tube feeding and care (G-tube)
3	Gastric tube feeding pump
6	Nasogastric tube feeding and care (N/G Tube)
6	Jejunostomy feeding and care (J-tube)
5	Ostomy care (colostomy/ileostomy)
4	Dressing changes (sterile technique)
2	Oxygen administration
3	Oxygen administration with daily unplanned changes
2	Pulse oximeter
2	Apnea monitor
6	Tracheotomy care
1	Oral or pharyngeal suctioning (not bulb suctioning for newborn)
6	Tracheal suctioning
6	Ventilator care
3	Continuous Positive Airway Pressure (CPAP) / BiPaP
5	Injections (subcutaneous)
6	Blood glucose testing
3	Emergent Medications (rectal Ativan/Epi-pen)
5	Injections intramuscular (IM)
6	Intravenous infusion (IV)
5	Urinary catheter insertion and care
3	Specialized Infection Control Processes

<b>G. Additional Medical Management</b>	
Points	Additional Medical Management
0	Less than 1 health related appointment per month
2	1-2 health related appointments per month
3	3 or more health related appointments per month
3	1 or more monthly health related appointments are outside of local

AMEND: 413-090-0150

REPEAL: Temporary 413-090-0150 from CWP 142-2020

NOTICE FILED DATE: 11/24/2020

RULE SUMMARY: OAR 413-090-0150 sets forth the requirements for Payment Determination and is being amended to update Exhibit 4.

CHANGES TO RULE:

413-090-0150

Payment Determination ¶¶

(1) Payment for the personal care services identified in the personal care services plan is based on the eligible child or young adult's personal care services at a level of personal care payment that corresponds to the needs identified in the personal care services assessment and is determined by the Department. The levels of personal care are set forth in Exhibit ~~4~~.¶¶

(a) If the eligible child or young adult qualifies as Level 1 (moderate care), the payment is a maximum of \$ 231.00 per month based on the days within the month the child or young adult is eligible for and receives personal care services.¶¶

(b) If the eligible child or young adult qualifies as Level 2 (intermediate care), the payment is a maximum of \$ 461.00 per month based on the days within the month the child or young adult is eligible for and receives personal care services.¶¶

(c) If the eligible child or young adult qualifies as Level 3 (advanced care), the payment is a maximum of \$ 692.00 per month based on the days within the month the child or young adult is eligible for and receives personal care services.¶¶

(d) If the eligible child or young adult qualifies as Level 4 (intensive care), the payment is an amount authorized by the Department, based on the days within the month the child or young adult is eligible for and receives personal care services and on the intensity and frequency of the personal care services in conjunction with all other medical services provided for the child or young adult.¶¶

(2) Payment for personal care services is calculated based on the number of days personal care services were provided to the eligible child or young adult.¶¶

(3) Except as provided in section (4) of this rule, payment for personal care services is authorized by the Department when the personal care services assessment is completed and the contract registered nurse ~~or~~ Personal Care Nurse Coordinator, program nurse consultant or manager has verified that the provider is a qualified provider.¶¶

(4) If the referral for a personal care services assessment was delayed, the ~~Personal Care Nurse Manager or Designee~~ program nurse consultant or manager may authorize payment before the assessment is completed when personal care services were provided by a qualified provider and there is documentation of the child's or young adult's personal care needs.

Statutory/Other Authority: ORS 409.050, ORS 418.005

Statutes/Other Implemented: ORS 418.005, ORS 409.010, ORS 418.015

RULE ATTACHMENTS DO NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.



**Exhibit 1 – Child and Adolescent Needs and Strengths Comprehensive  
Screening Tool Ages Birth Through Five, revised November 2017**

**November 1, 2017**

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

**Oregon Version**

**COMPREHNSIVE SCREENING TOOL**

**Ages Birth Through 5**

**Manual**

**Praed Foundation  
Copyright 1999**

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*Life domain functioning*

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## **Principles of the CANS**

1. Elements in this tool impact case planning for a child or young adult in substitute care and need for enhanced supervision.
2. Each item uses a 4-level rating system. The levels are designed to translate immediately into action. Different levels exist for needs and strengths. A score of 2 or 3 for a need requires action. A score of 0 or 1 for a strength should be used in strength-based case planning.
3. The rating should describe the child, not the child in services. If an intervention is present that is masking a need, but must stay in place, the need is factored into the rating and would result in the rating of an "actionable" need (i.e., 2 or 3).
4. The ratings are generally "agnostic as to etiology." In other words, this is a descriptive tool. It is about the what, not the why. Only three items — Adjustment to Trauma, Self-Mutilation, and Social Behavior — have any cause-effect judgments.
5. A 30-day window is used for ratings in order to ensure screenings stay fresh and relevant to the child or young adult's present circumstances. However, if an intervention is present that is masking a need, principle No. 3 overrides the 30-day rating period.
6. The rating needs to consider the child's or young adult's development and culture before translating into action levels.

# CODING DEFINITIONS & GUIDELINES

## SAFETY SECTION

### CHILD RISK FACTORS

*Risk factors 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 Factors**, the following categories and action levels are used:

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

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

<b>0</b>	Child born within normal range for weight. A child born 5.5 pounds or more would be rated here.
<b>1</b>	Child was born underweight. A child with a birth weight of between 3.3 pounds and 5.5 pounds would be rated here.
<b>2</b>	Child was born considerably underweight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds would be rated here.
<b>3</b>	Child was born extremely underweight to the point of the child's life being threatened. A child with a birth weight of less than 2.2 pounds would be rated here.

**2. 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 adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
<b>1</b>	Child's biological mother had some shortcomings in prenatal care or had a mild form of a pregnancy-related illness. A child whose mother may not have received prenatal care or may have had a mild form of pregnancy-related illness would be rated here.
<b>2</b>	Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness.
<b>3</b>	Child's biological mother had no prenatal care or had a severe form of pregnancy-related illness.

**3. SUBSTANCE EXPOSURE** - *This dimension describes the child's exposure to substance use and abuse both before and after birth. (Consider Father's substance use/abuse as well.)*

<b>0</b>	Child had no in utero exposure to alcohol or drugs, and there was no exposure in the home.
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<b>1</b>	Child had either mild in utero exposure, or there is current alcohol and/or drug use in the home, or there is suspicion that child has been exposed to substances.
<b>2</b>	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal or prescription drugs during pregnancy or significant use of alcohol or tobacco would be rated here.
<b>3</b>	Child was exposed to alcohol or drugs in utero and continued to be exposed in the home. Any child who evidenced symptoms of substance withdrawal (e.g., crankiness, feeding problems, tremors, weak and continual crying) or who has neurological or birth defects as a result of substance exposure would be rated here.

**4. 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 no known developmental disabilities. 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 known developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that child has at least one healthy sibling.
<b>2</b>	The child's parents have no known developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.
<b>3</b>	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.

**5. SELF HARM** - *This rating describes behaviors that result in physical injury to the child; e.g., head banging, or other self-injurious behavior and reckless, dangerous behavior that places the child or others at some jeopardy.*

<b>0</b>	There is no evidence of self-harm behaviors.
<b>1</b>	There is a history, suspicion, or a mild level of self-harm behavior.
<b>2</b>	Moderate level of self-harm behavior such as head banging that cannot be influenced by caregiver and interferes with child's functioning.
<b>3</b>	Severe level of self-harm behavior that puts the child's safety and well-being at risk.

**6. AGGRESSIVE BEHAVIOR** - *This item rates the child's violent or aggressive behaviors. The intention of the behavior is to cause significant bodily harm to others. Consider caregiver when rating this element, especially when caregiver is not able to influence or control child's violent behavior.*

<b>0</b>	No evidence of aggressive behaviors.
<b>1</b>	There is a history of aggressive behavior or mild concerns in this area.
<b>2</b>	A moderate level of aggressive behavior toward others is evident. Behaviors are persistent and affect functioning in one life domain.
<b>3</b>	There is a severe and dangerous level of aggressive behavior that involves the significant threat of harm to others. Behavior impacts the child's life functioning in more than one life domain.

**7. SEXUAL BEHAVIOR** - *This item rates age-inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexual practices.*

<b>0</b>	No evidence of problems with sexualized behaviors.
<b>1</b>	Some evidence of sexualized behavior. Child may exhibit occasional inappropriate sexual language or has age-inappropriate knowledge of sexual behavior. This behavior does not place child at great risk. A history of sexual abuse that places the child at risk of sexually reactive behavior would be rated here.
<b>2</b>	Moderate problems with sexualized behavior that place child at some risk. Child may exhibit more frequent sexualized behavior or engage in age-inappropriate touching that impairs functioning.
<b>3</b>	Significant problems with sexualized behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

## STRENGTHS SECTION

### CHILD STRENGTHS

*These ratings describe a range of assets that children may possess that can facilitate healthy development. An absence of 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 overridden by the action levels as described below.*

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

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

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

**9. INTERPERSONAL** - *This rating refers to the child's interpersonal skills both with peers and adults.*

<b>0</b>	Significant interpersonal strengths. Child has a pro-social or easy temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
<b>1</b>	Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him- or herself.
<b>2</b>	Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others, or — if still an infant — child may have a temperament that makes attachment to others a challenge.
<b>3</b>	This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures. An infant who consistently exhibits gaze aversion would be rated here.

**10. ADAPTABILITY** - *This item rates how well a child can adjust in times of transition.*

<b>0</b>	Child has a strong ability to adjust to changes and transitions.
<b>1</b>	Child has the ability to adjust to changes and transitions. When challenged, the infant/child is successful with caregiver support.
<b>2</b>	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
<b>3</b>	Child has difficulties much of the time coping with changes and transitions. Adults are minimally able to influence child's difficulties in this area.

**11. PERSISTENCE** - *This item rates how well a child can continue an activity when feeling challenged.*

<b>0</b>	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
<b>1</b>	Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
<b>2</b>	Child has limited ability to continue an activity that is challenging, and adults are sometimes able to assist the infant/child in this area.
<b>3</b>	Child has difficulties most of the time coping with challenging tasks. Supports from adults minimally influence the child's ability to demonstrate persistence.

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

<b>0</b>	This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older child crawls or walks to objects of interest.
<b>1</b>	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
<b>2</b>	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore presented objects.
<b>3</b>	This level indicates a child with very limited or no observable curiosity.

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

<b>0</b>	This level indicates a child with substantial ability to play alone and with others. 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.
<b>1</b>	This level indicates a child with good play abilities. Child may only enjoy playing alone or only with others; or may enjoy play with a limited selection of toys.
<b>2</b>	This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play or may exhibit impoverished or unimaginative play.
<b>3</b>	This level indicates a child who has significant problems with play both by his/her self and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

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

<b>0</b>	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of child's life and are likely to remain so in the foreseeable future.
<b>1</b>	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age.
<b>2</b>	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home and death.
<b>3</b>	This level indicates a child who does not have any stability in relationships with any caregiver.

## WELL BEING SECTION

### Exposure to Potentially Traumatic/Adverse Childhood Experiences

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

For **Exposure to Potentially Traumatic/Adverse Childhood Experiences**, the following categories and action levels are used:

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

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

**2** indicates a dimension on which the child has experienced multiple traumas or a moderate degree of trauma.

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

**15. SEXUAL ABUSE** - *This rating describes the child's experience of sexual abuse.*



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

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

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

**17. EMOTIONAL/VERBAL 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 toward a child, and/or emotional neglect, defined as the denial of emotional attention and/or support from caregivers.*

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

**18. NEGLECT** - *This rating describes the severity of neglect an individual has experienced. Neglect can refer to 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 (emotional neglect).*

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

**19. 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 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.*

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

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

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

**21. WITNESS TO COMMUNITY VIOLENCE** - *This rating describes the severity of exposure to community and school/daycare violence, including bullying.*

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

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

**23. 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 intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individual acting in isolation (e.g., sniper attacks).*

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

**24. WITNESS/VICTIM OF 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 no evidence that the child has been victimized or witnessed significant criminal activity.
<b>1</b>	There is a strong suspicion or evidence that the child is a witness of at least one significant criminal activity. 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 multiple incidents or types of criminal activities, is a direct victim of criminal activity, and/or witnessed the victimization of a family member or friend. 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 exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one. 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.)

**25. 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 no evidence that the child's parents have ever been engaged in the criminal justice system.
<b>1</b>	One of child's parents has a history of criminal behavior AND involvement in the justice system, but the child has not been in contact with this parent for at least one year.

<b>2</b>	One of child's parents has a history of criminal behavior resulting in a conviction or incarceration, and this child has been in contact with this parent in the past year.
<b>3</b>	Both of child's parents have history of criminal behavior resulting in incarceration.

**26. 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 (i.e., placement in foster care, caregiver incarceration, caregiver deployment, caregiver deportation, death of caregiver, etc.). 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.*

<b>0</b>	There is no evidence that child has experienced disruptions in caregiving and/or attachment losses.
<b>1</b>	Child may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, 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 but impact on the child was mild.
<b>2</b>	Child has been exposed to 2 or more disruptions in caregiving with known alternative caregivers, or the child has had at least one disruption involving placement with an unknown caregiver. Children who have been placed in foster or other out-of-home care, such as residential care facilities, would be rated here. Impact of disruption is perceived as moderate to child or others.
<b>3</b>	Child has been exposed to multiple/repeated placement changes (i.e., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a child's life (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). Impact of disruption is perceived as severe to child or others.

## **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 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** indicates a dimension where there is no evidence of any needs.

- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

**27. ADJUSTMENT TO TRAUMA** - *This item covers the youth's reaction to any potentially traumatic or adverse childhood experience. Any child who meets diagnostic criteria for a trauma-related adjustment disorder, post-traumatic stress disorder and other diagnoses from DSM-IV that the child may have as a result of exposure to traumatic/adverse childhood experiences would be rated as a 2 or 3 on this item. NOTE: This item allows you to rate the overall severity of 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 not experienced any significant trauma or has adjusted well to traumatic/adverse experiences.
<b>1</b>	Child has some mild problems 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 moderate level of trauma-related symptoms. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) and Adjustment Disorder.
<b>3</b>	Child has severe symptoms as a result of exposure to traumatic or adverse childhood experiences that require intensive or immediate attention. Child likely meets criteria for 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.).

**28. TRAUMATIC GRIEF/SEPARATION** - *This rating describes the level of traumatic grief the youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.*

<b>0</b>	There is no evidence 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 mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
<b>2</b>	Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

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

**30. 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 no evidence of hyperarousal symptoms
<b>1</b>	This rating is given to a child who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Children may also occasionally manifest distress-related physical symptoms such as stomach-aches and headaches.
<b>2</b>	This rating is given to a child with moderate symptoms of hyperarousal or physiological reactivity associated with the traumatic event(s). The child may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Children 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 multiple and or severe hyperarousal symptoms 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 intensity or frequency of these symptoms are overwhelming for the child and impede day-to-day functioning in many areas.
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**31. AVOIDANCE/FLIGHT** – *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 no evidence of avoidance symptoms
<b>1</b>	This rating is given to a child who exhibits some avoidance. This child may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
<b>2</b>	This rating is given to a child with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.
<b>3</b>	This rating is given to a child who exhibits significant or multiple avoidant symptoms. This child may avoid thoughts and feelings as well as situations and people associated with the trauma and be unable to recall important aspects of the trauma.

**32. NUMBING** - *These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma.*

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

**33. 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).*

<b>0</b>	This rating is given to a child with no evidence of dissociation.
<b>1</b>	This rating is given to a child with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.



2	This rating is given to a child with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory of trauma (e.g., remembers in one context but not in another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified with "dissociative features."
3	This rating is given to a child with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day-to-day functioning. Child is frequently forgetful or confused about things he/she should know about (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 Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

### **34. AFFECT DYSREGULATION 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 his/her 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. 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 no difficulties 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 minor and occasional difficulties with affect/physiological regulation. This child could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). This child may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.

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

## LIFE DOMAIN FUNCTIONING

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

**35. FAMILY** - *Family ideally should be defined by the child; however, in the absence of this knowledge, consider the definition of family to be biological and adoptive relatives. Is the family (as defined by the child) functioning well together? The child's lack of contact with biological or adoptive family, regardless of reason, should also be rated here.*

<b>0</b>	Child gets along well with family members.
<b>1</b>	Child is doing adequately in relationships with family members although mild problems may exist.
<b>2</b>	Child is having moderate problems with parents, siblings and/or other family members.
<b>3</b>	Child is having severe problems with parents, siblings, and/or other family members. This would include no current contact with family.

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

<b>0</b>	No evidence of problems in current living situation.
<b>1</b>	Mild problems 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.
<b>2</b>	Moderate problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting, creating significant problems for others in the residence. Parents of infants are concerned about irritability of infant and ability to care for infant.
<b>3</b>	Severe problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

**37. PRESCHOOL/CHILD CARE BEHAVIOR** - This item rates the behavior of the child or youth in school or school-like settings. A rating of 3 would indicate a child who is still having problems after special efforts have been made.

<b>0</b>	No evidence of problems with functioning in current preschool or daycare environment <i>or N/A</i> .
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<b>1</b>	Mild problems with functioning in current preschool or daycare environment, or there is a history or suspicion of problems in this area.
<b>2</b>	Moderate problems with functioning in current preschool or daycare environment. Child has difficulties maintaining his/her behavior in this setting, creating significant problems for others
<b>3</b>	Severe problems with functioning in current preschool or daycare environment. Child is at immediate risk of being removed or has been removed from program due to his/her behaviors or unmet needs.

**38. PRESCHOOL/CHILD CARE ACHIEVEMENT** – *This item rates the child's ability to learn new concepts in school or school-like setting. Children under 3 will not be rated here.*

<b>0</b>	No evidence of a problem with learning in current preschool or daycare setting.
<b>1</b>	Child having mild problems acquiring new skills, or there is a history or suspicion of problems in this area. Child may be able to compensate with extra adult support.
<b>2</b>	Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.
<b>3</b>	Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

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

<b>0</b>	No evidence of problems in social functioning
<b>1</b>	Child is having some mild problems in social relationships, or there is a history of social functioning problems.
<b>2</b>	Child is having some moderate problems with his/her social relationships.
<b>3</b>	Child is experiencing severe problems in his/her social relationships.

**40. RECREATION/PLAY** - *This item is intended to rate the degree to which the child engages in play. The child's interest in and ability to sustain play should be considered here.*

<b>0</b>	No evidence that infant or child has problems with recreation or play.
<b>1</b>	Child is having mild problems with recreational activities, or there is a history of problems in this area.
<b>2</b>	Child is having moderate problems with recreational activities.
<b>3</b>	Child is having severe problems with recreational activities.

**41. DEVELOPMENTAL** - *This rating describes the child's development as compared to standard developmental milestones, as well as the child's cognitive/intellectual functioning, including attention span, persistence, and distractibility.*

<b>0</b>	No evidence of a developmental or intellectual delay.
<b>1</b>	The child exhibits symptoms of mild developmental delay or intellectual impairment or impairments in attentional capabilities.
<b>2</b>	There is evidence of a moderate developmental disorder, including Autism Spectrum Disorder, FAE/FAS, Down Syndrome or another developmental delay.

<b>3</b>	The child exhibits symptoms of severe to profound retardation or intellectual disability.
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**42. SENSORY** - *This rating describes the child's ability to use all senses, including vision, hearing, smell, touch and kinesthetic (the ability to feel movements of the limbs and body). Include any processing issues in relation to sensory issues in this rating.*

<b>0</b>	No evidence of sensory problems.
<b>1</b>	There is either a history of sensory problems or less-than-optimal functioning in this area.
<b>2</b>	The child has problems in either sensory abilities or processing.
<b>3</b>	The child has significant challenges in either sensory abilities or sensory processing.

**43. SELF-CARE** - *This item rates the child's ability to complete developmentally appropriate self-care behaviors, including self-feeding, washing hands, putting away toys, toilet training and dressing him/herself.*

<b>0</b>	No evidence of problems with self-care.
<b>1</b>	Child is having mild problems performing self-care tasks, or there is a history of problems in this area.
<b>2</b>	Child is having moderate problems performing self-care tasks. Child does not meet developmental milestones related to self-care and experiences problems with functioning in this area.
<b>3</b>	Child is having severe problems performing self-care tasks and is in need of intensive or immediate help in this area.

**44. 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>	No evidence of fine or gross motor development problems.
<b>1</b>	Child has mild fine or gross motor skill deficits or a history of fine or gross motor deficits.
<b>2</b>	Child has moderate fine or gross motor deficits.
<b>3</b>	Child has severe fine or gross motor deficits. The deficit causes significant impairments to child's daily functioning.

**45. COMMUNICATION** - *This rating describes the child's ability to communicate through any medium, including all spontaneous vocalizations and articulations. In this item, it is important to look at each aspect of communication individually, including both expressive and receptive language skills.*

<b>0</b>	No evidence of receptive or expressive communication problems.
<b>1</b>	Child has mild receptive or expressive communication issues or has a history but no current problems, or there is suspicion of problems in this area.
<b>2</b>	Child has moderate problems with receptive or expressive communication, which interferes with his/her overall functioning.
<b>3</b>	Child has severe problems with receptive or expressive communication such that his/her daily functioning is significantly impacted.

**46. SLEEP** - *The child must be 12 months of age or older to rate this item. This item rates any disruption in sleep regardless of the cause, including problems with going to bed, staying asleep or waking up early.*

<b>0</b>	No evidence of problems with sleep.
<b>1</b>	Child is having mild problems with sleep or has a history of problems in this area.
<b>2</b>	Child is having moderate problems with sleep.
<b>3</b>	Child is having severe problems with sleep, such that his/her daily functioning is impacted.

**47. MEDICAL** - *This item refers to the child's physical health status.*

<b>0</b>	No evidence of medical problems.
<b>1</b>	Child has some mild medical problems or a history of medical problems that require medical treatment.
<b>2</b>	Child has moderate medical problems that require ongoing medical intervention.
<b>3</b>	Child has a severe or life-threatening illness or medical condition that significantly impacts his/her daily functioning or requires urgent medical attention.

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

<b>0</b>	No evidence of physical limitations.
<b>1</b>	Child has some physical condition that places mild limitations on activities or a history of a physical condition that should be watched.
<b>2</b>	Child has a moderate physical condition that notably influences activities.
<b>3</b>	Child has severe physical limitations due to multiple physical conditions.

## ACCULTURATION

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

**49. LANGUAGE** - *This item includes both spoken and sign language. This item covers any language-related need a family might have that affects its participation in services.*

<b>0</b>	Child and family have no problems communicating in English and do not require the assistance of a translator.
<b>1</b>	Child and family speak some English, but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.

2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, but individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, and no such individual is available from among natural supports.

**50. IDENTITY** - *Cultural identity refers to the child's view of him/herself or the family's view of the child, 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.*

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

**51. CULTURE EVENTS AND ACTIVITIES** - *Cultural events are activities and traditions that are culturally specific, including the celebration of holidays such as Kwanza, Cinco de Mayo, etc. Activities also may include daily activities that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, access to media). Activities also include being able to speak one's primary language with others.*

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

**52. 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.*

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

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

*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 is 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 symbols are used:

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

**53. ATTACHMENT** - *This item should be rated within the context of the child's significant parental or caregiver relationships. This item rates child's ability to seek/accept help, accept nurturance, explore his/her environment and separate from caregiver. A child who meets the criteria for a DSM-IV diagnosis of Reactive Attachment Disorder would be rated here.*

<b>0</b>	No evidence of attachment problems.
<b>1</b>	There are mild problems with attachment. Child may have a history of or be suspected of having attachment issues.
<b>2</b>	There are moderate problems with attachment. Child is having problems with attachment that require intervention.
<b>3</b>	There are severe problems with attachment. A child whose level of attachment difficulty profoundly impacts their daily functioning would be rated here.

**54. IMPULSIVE/HYPERACTIVITY** - *The child should be 3 years of age or older to rate this item. This item rates a child's level of hyperactivity and/or impulsiveness (i.e., loss of control of behaviors). Symptoms that meet the criteria for Attention Deficit/Hyperactivity Disorder (ADHD) would be rated here.*

<b>0</b>	No evidence of hyperactivity or impulsivity problems.
<b>1</b>	Some mild problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
<b>2</b>	Moderate problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
<b>3</b>	Severe problems due to a dangerous level of impulsive and hyperactive behavior that place the child at risk of physical harm.

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

<b>0</b>	No evidence of temperament problems. This child has an easy temperament and is easily calmed or distracted when angry or upset.
<b>1</b>	This level indicates a child with some mild problems being calmed, soothed, or distracted when angry or upset. Child may have occasional episodes of extended crying or tantrums.



2	This level indicates a child with a difficult temperament. 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 significant difficulties being calmed, soothed, or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums or other difficult behaviors are observed when the child is angry or upset.

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

0	The child does not appear to have any problems regarding weight gain or development. There is no evidence of failure to thrive.
1	The child has mild delays in physical development (e.g., is below the 25 <sup>th</sup> percentile in terms of height or weight).
2	The child has moderate delays in physical development that could be described as failure to thrive (e.g., is below the 10 <sup>th</sup> percentile in terms of height or weight).
3	The child has severe problems with physical development that puts his/her life at risk (e.g., is at or beneath the 1 <sup>st</sup> percentile in height or weight).

**57. FEEDING/ELIMINATION** - *This item rates all dimensions of eating and/or elimination, including sensory issues related to food. Pica would also be rated here.*

0	No evidence of feeding or elimination problems.
1	Child has mild problems with feeding and/or elimination
2	Child has moderate problems with feeding and/or elimination. Problems are interfering with functioning in at least one area.
3	Child has severe problems with feeding and/or elimination. Problems in this area have a profound impact on daily functioning

**58. DEPRESSION** - *This item rates symptoms of depression, which may include irritability, depressed mood, changes in eating or sleeping pattern and social withdrawal. Rate a child who meets the DSM-IV criteria for a depressive disorder here.*

0	No evidence of problems with depression.
1	There are some indicators that the child may be mildly depressed or has a history of showing signs of depression.
2	Moderate problems with depression are present. Problems in this area are affecting child's functioning in at least one life domain.
3	Severe and overwhelming depression that affects child in more than one life domain.

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

0	No evidence of anxiety problems.
1	History or suspicion of anxiety problems or mild anxiety associated with a recent negative life event.
2	Moderate anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.
3	Severe level of anxiety that is disabling for the child.

**60. ATYPICAL BEHAVIORS** - Behaviors may include but are not limited to mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

<b>0</b>	No evidence of atypical behaviors in the infant/child.
<b>1</b>	History or reports of atypical behaviors.
<b>2</b>	Atypical behaviors reported by caregiver that are observed on an ongoing basis.
<b>3</b>	Atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

**61. SERVICE PERMANENCE** - This is intended to describe the stability of the service providers who have worked with the child and/or family. Service providers include caseworker, therapist, medical provider, foster parent and school.

<b>0</b>	Service providers have been consistent for more than the past two years. This level is also used to rate a child/family who is initiating services for the first time or re-initiating services after an absence from services of at least one year.
<b>1</b>	Service providers have been consistent for at least one year, but changes occurred during the prior year.
<b>2</b>	Service providers have been changed recently after a period of consistency.
<b>3</b>	Service providers have changed multiple times during the past year.

**Exhibit 2 – Child and Adolescent Needs and Strengths Comprehensive  
Screening Tool Ages 6 Through 20, revised November 2017**

**November 1, 2017**

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

**Oregon Version**

**COMPREHENSIVE SCREENING TOOL**

**Ages 6 Through 20**

**Manual**

**Praed Foundation  
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## **Principles of the CANS**

1. Elements in this tool impact case planning for a child or young adult in substitute care and need for enhanced supervision.
2. Each item uses a 4-level rating system. The levels are designed to translate immediately into action. Different levels exist for needs and strengths. A score of 2 or 3 for a need requires action. A score of 0 or 1 for a strength should be used in strength-based case planning.
3. The rating should describe the child, not the child in services. If an intervention is present that is masking a need, but must stay in place, the need is factored into the rating and would result in the rating of an "actionable" need (i.e., 2 or 3).
4. The ratings are generally "agnostic as to etiology." In other words, this is a descriptive tool. It is about the what, not the why. Only three items — Adjustment to Trauma, Self-Mutilation, and Social Behavior — have any cause-effect judgments.
5. A 30-day window is used for ratings in order to ensure screenings stay fresh and relevant to the child or young adult's present circumstances. However, if an intervention is present that is masking a need, principle No. 3 overrides the 30-day rating period.
6. The rating needs to consider the child's or young adult's development and culture before translating into action levels.

## CODING DEFINITIONS & GUIDELINES

### SAFETY SECTION

#### CHILD RISK FACTORS

*Risk factors 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 factors**, the following categories and action levels are used:

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

- 1. SUICIDE** – This rating describes the presence of thoughts or behaviors aimed at taking one’s life. This item rates overt and covert thoughts and efforts on the part of an individual to end his/her life. Other indications of self-destructive behaviors are rated elsewhere. *A rating of 2 or 3 requires immediate structured supervision plan.*

<b>0</b>	No evidence or history of suicidal behaviors.
<b>1</b>	History or suspicion of but no recent ideation or gesture.
<b>2</b>	Recent suicidal ideation or gesture but not in the past 24 hours.
<b>3</b>	Current suicidal ideation and/or intent or command hallucinations that involve self-harm.

- 2. SELF-MUTILATION** - *This rating describes repetitive behavior that serves as a self-soothing function that results in physical injury to the child or adolescent. Carving or cutting on the arms or legs are common examples of self-mutilative behavior. Repeatedly piercing, scratching, or burning one’s skin, face slapping, hair-pulling, or head-banging would be rated here. Generally, body piercing and tattoos are not considered self-mutilation.*

<b>0</b>	No evidence of any forms of self-mutilation.
<b>1</b>	History, suspicion, or mild degree of self-mutilation.
<b>2</b>	Engages in self-mutilation that does not require medical attention.
<b>3</b>	Engages in self-mutilation that requires medical attention.

- 3. OTHER SELF-HARM** - *This rating describes reckless and dangerous behaviors that place child or adolescent at significant risk of physical injury. Suicide risk and self-mutilation are NOT rated here.*

<b>0</b>	No evidence of behaviors that place the child at risk of physical harm.
<b>1</b>	History of reckless or risk-taking behaviors that may endanger the youth.
<b>2</b>	Engages in behavior that places youth in danger of physical harm. This includes recklessness or intentional risk-taking.
<b>3</b>	Engages in behavior that places youth at immediate risk of death. This includes recklessness or intentional risk-taking.

- 4. DANGER TO OTHERS** - *This rating includes the child or adolescent's violent or aggressive behavior. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior should also be intentional. Reckless behavior that may cause physical harm to others is not rated here.*

<b>0</b>	No evidence of behaviors that could be dangerous to others.
<b>1</b>	There is a history or suspicion of, or acts of, mildly aggressive or threatening behavior.
<b>2</b>	Recent aggressive or threatening behavior (e.g., homicidal ideation), physically harmful aggression, or dangerous fire setting, but not within past 24 hours.
<b>3</b>	Acute homicidal ideation with a plan, physically harmful aggression or command hallucinations that involve the harm of others or youth set a fire that places others at significant risk of harm.

- 5. RUNAWAY** - *The scoring describes the risk of running away or actual running away behavior. In general, to classify as a runaway, the child is gone over night or very late into the night, or the child is returned to the home by LEA or other responsible adult. This rating also includes impulsive behavior that represents an immediate threat to personal safety.*

<b>0</b>	No evidence of runaway ideation or behavior.
<b>1</b>	History or suspicion of running away from home or other setting involving at least one overnight absence more than 30 days ago.
<b>2</b>	Recent runaway behavior or ideation but not within the past 7 days.
<b>3</b>	Acute threat to run away, as manifested by either attempts or significant ideation about running away, or the child is currently on runaway.

- 6. DELINQUENT BEHAVIOR** - *This rating includes criminal behavior (law breaking behavior and juvenile justice issues) for which the youth may or may not have been caught.*

<b>0</b>	Child shows no evidence or has no history of criminal or delinquent behavior.
<b>1</b>	History or suspicion of criminal or delinquent behavior but none in the past 30 days.
<b>2</b>	Recent acts of criminal/delinquent behavior.
<b>3</b>	Severe recent acts of criminal/delinquent behavior that places others at significant loss or injury or places child at risk of adult sanctions.

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

<b>0</b>	No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.
<b>1</b>	History or suspicion of problems with judgment in which the child makes decisions that are in some way harmful to his/her development or well-being.
<b>2</b>	Problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being that may place him/her at moderate risk of harm.
<b>3</b>	Problems with judgment that place the child at risk of significant physical harm.

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

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

9. **SEXUAL BEHAVIOR**- *Sexualized behaviors include behavior perceived as both sexually reactive and sexually aggressive. This includes inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexualized practices. It also includes aggressive sexual behavior and/or sexual behavior in which the child or adolescent takes advantage of a younger or less powerful child through seduction, coercion or force. The severity and recency of the behavior provides the information needed to rate the item. The rating should consider the existence of a supervision plan that has been put in place by a therapist.*

<b>0</b>	No evidence of problems with sexualized behaviors.
<b>1</b>	History (but not within the past year) or suspicion of sexualized behaviors would be rated here. Some evidence of mild sexualized behaviors would be rated here. Some evidence of mild sexualized behavior within the past year that troubles others such as excessive masturbation, sexualized talk, or harassing talk would also be rated here.
<b>2</b>	Moderate problems with sexualized behavior that places child or others at some risk. Sexually aggressive behavior within the past year but not in the past 30 days would be rated here.
<b>3</b>	Severe problems with sexualized behaviors that place the child or others at significant risk of harm. Sexually aggressive behaviors within the past 30 days would be rated here.



## STRENGTHS SECTION

### CHILD STRENGTHS

*These ratings describe a range of assets that children and adolescents may possess that can facilitate healthy development. An absence of 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 overridden by the action levels as described below.*

For **child's strengths**, the following categories and action levels are used:

**0** indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan.

**1** indicates a domain where strengths exist but require some strength-building efforts in order for them to serve as a focus of a strength-based plan.

**2** indicates a domain where strengths have been identified but require significant strength-building efforts before they can be effectively utilized as a focus of a strength-based plan.

**3** indicates a domain in which efforts are needed in order to identify potential strengths on which to build.

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

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

- 12. EDUCATIONAL** - *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.*

<b>0</b>	This level indicates a child who is in school and is involved with an educational plan (or IEP) that appears to exceed expectations. 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.
<b>1</b>	This level indicates a child who is in school and has a plan that appears to be effective. School works fairly well with family and caregivers to ensure appropriate educational development.
<b>2</b>	This level indicates a child who is in school but has a plan that does not appear to be effective.
<b>3</b>	This level indicates a child who is either not in school or is in a school setting that does not further his/her education.

- 13. VOCATIONAL** - *Generally, this rating is reserved for adolescents and is not applicable for children 14 years and younger.*

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

- 14. WELL-BEING** - *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 cope with negative life experiences. This should be rated independent of the child's current level of distress.*

<b>0</b>	This level indicates a child with exceptional psychological strengths. Coping skills are well developed.
<b>1</b>	This level indicates a child with good psychological strengths. The person has solid coping skills for managing distress or for enjoying pleasurable events.
<b>2</b>	This level indicates a child with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
<b>3</b>	This level indicates a child with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

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

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

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

<b>0</b>	This level indicates a child with significant creative/artistic strengths. A child/youth who receives a significant amount of personal benefit from activities surrounding a talent would be rated here.
<b>1</b>	This level indicates a child with a notable talent. For example, a youth who is involved in athletics or plays a musical instrument, etc., would be rated here.
<b>2</b>	This level indicates a child who has expressed interest in developing a specific talent or talents even if they have not developed that talent to date.
<b>3</b>	This level indicates a child with no known talents, interests or hobbies.

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

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

- 18. NATURAL SUPPORTS** - *Refers to unpaid helpers in the youth's natural environment. All family members and paid caregivers are excluded.*

<b>0</b>	Youth has significant natural supports who contribute to helping support the youth's healthy development.
<b>1</b>	Youth has identified natural supports that provide some assistance in supporting the youth's healthy development.
<b>2</b>	Youth has some identified natural supports; however, they are not actively contributing to the youth's healthy development.
<b>3</b>	Youth has no known natural supports (outside of family and paid caregivers).

- 19. 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.*

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

- 20. RESILIENCY** - *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. Younger children may be less likely to be described as resilient because they do not recognize their own strengths.*

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

## WELL-BEING SECTION

### **Exposure to Potentially Traumatic/Adverse Childhood Experiences**

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

**For Exposure to Potentially Traumatic/Adverse Childhood Experiences**, the following categories and action levels are used:

- 0** indicates a dimension where there is no evidence of any trauma of this type.
- 1** indicates a dimension where a single incident of trauma occurred or suspicion exists of trauma type.
- 2** indicates a dimension in which the child has experienced multiple incidents or a moderate degree of this trauma type.
- 3** indicates a dimension, which describes repeated and severe incidents of trauma with medical/physical consequences.

- 21. SEXUAL ABUSE** – *This rating describes the child's experience of sexual abuse.*

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

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

<b>0</b>	There is no evidence that child has experienced physical abuse.
<b>1</b>	There is a suspicion that child has experienced physical abuse but no confirming evidence. Spanking that does not leave marks or does not use items 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 “moderate” level of physical abuse. This may include one or more incidents of physical punishment (e.g. hitting, punching) or intentional harm 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 severe and repeated physical abuse with intent to do harm and/or that causes sufficient physical harm to necessitate hospital treatment.

**23. EMOTIONAL/VERBAL 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 toward a child and/or “emotional neglect” defined as the denial of emotional attention and/or support from caregivers.*

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

**24. 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 received academic instruction (emotional neglect).*

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

**25. 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.*

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

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

<b>0</b>	There is no evidence that child has witnessed family violence.
<b>1</b>	Child has witnessed one episode of family violence and there was no lasting injury.
<b>2</b>	Child has witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.

<b>3</b>	Child has witnessed repeated and/or severe episodes of family violence <u>or</u> has intervened in one or more episodes of family violence. Significant injuries have occurred and have been witnessed (i.e., seen or heard) by the child as a direct result of the violence.
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**27. WITNESS TO COMMUNITY VIOLENCE** - *This rating describes the severity of exposure to community and school violence, including bullying.*

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

**28. 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 no evidence that child has been exposed to war, political violence, or torture.
<b>1</b>	Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war. This does not include children who have lost one or both parents during war.
<b>2</b>	Child has been affected by war or political violence. He/she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, or may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war, or one or both parents may be so physically or psychologically disabled from war that they are not able to provide adequate caretaking of child. Child may have spent extended amount of time in refugee camp.

<b>3</b>	Child experienced the direct effects of war. Child may have feared for his/her life during war due to bombings or shelling very near to him/her. Child may have been directly injured, tortured or kidnapped. Child may have served as soldier, guerilla or other combatant in his/her home country.
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**29. 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 intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individual acting in isolation (e.g., sniper attacks).*

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

**30. WITNESS/VICTIM OF 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 no evidence that child has been victimized or witnessed significant criminal activity.
<b>1</b>	There is a strong suspicion or evidence that the child is a witness of at least one significant criminal activity. 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 multiple incidents or types of criminal activities, is a direct victim of criminal activity, and/or witnessed the victimization of a family member or friend. 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 exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one. 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.)

**31. PARENTAL CRIMINAL BEHAVIOR** (birth parents and 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 no evidence that child's parents have ever been engaged in the criminal justice system.
<b>1</b>	One of child's parents has a history of criminal behavior <b>and</b> involvement in the justice system, but youth has not been in contact with this parent for at least one year.
<b>2</b>	One of child's parents has a history of criminal behavior resulting in a conviction or incarceration, and this child has been in contact with this parent in the past year.
<b>3</b>	Both of child's parents have history of criminal behavior resulting in incarceration.

**32. 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 (i.e., placement in foster care, caregiver incarceration, caregiver deployment, caregiver deportation, death of caregiver, etc.). Children who have had placement changes including stays in foster care, residential treatment facilities or juvenile justice settings can also 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.*

<b>0</b>	There is no evidence that child has experienced disruptions in caregiving and/or attachment losses.
<b>1</b>	Child may have experienced one disruption in caregiving but was placed with a familiar alternative caregiver, 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, but impact on child was mild.

<b>2</b>	Child has been exposed to 2 or more disruptions in caregiving with known alternative caregivers, or the child has had at least one disruption involving placement with an unknown caregiver. Children who have been placed in foster or other out-of-home care, such as residential care facilities, would be rated here. Impact of disruption is perceived as moderate to child or others.
<b>3</b>	Child has been exposed to multiple/repeated placement changes (i.e., 3+ placements with a known caregiver or 2+ with unknown caregiver) resulting in caregiving disruptions in a way that has disrupted various domains of a child's life (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). Impact of disruption is perceived as severe to child or others.

### **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 behavior is addressed.
- 3** a dimension that requires immediate or intensive action.

- 33. ADJUSTMENT TO TRAUMA** - *This item covers the youth's reaction to any potentially traumatic or adverse childhood experience. Any child who meets diagnosis criteria for a trauma-related adjustment disorder, post-traumatic stress disorder and other diagnoses from DSM-IV that the child may have as a result of his/her exposure to traumatic/adverse childhood experiences would be rated as a 2 or 3 on this item. NOTE: This item allows you to rate the overall severity of 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 not experienced any significant trauma or has adjusted well to traumatic experiences.
<b>1</b>	Child has some mild problems 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 preventative action.

<b>2</b>	Child presents a moderate level of trauma-related symptoms. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but limited to diagnoses of post-traumatic stress disorder (PTSD) and Adjustment Disorder.
<b>3</b>	Child has severe symptoms as a result of exposure to traumatic or adverse childhood experiences that require intensive or immediate attention. Child likely meets criteria for 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 deregulation, attachment, cognition/learning, etc.)

**34. TRAUMATIC GRIEF/SEPARATION** - *This rating describes the level of traumatic grief the youth is experiencing due to death or loss /separation from significant caregivers, siblings, or other significant figures.*

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

**35. RE-EXPERIENCING** - *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 no evidence of intrusive symptoms.
<b>1</b>	This rating is given to a child with some problems with re-experiencing symptoms, such as occasional intrusive thoughts, distressing memories, and/or nightmares about traumatic events.

<b>2</b>	This rating is given to a child with moderate difficulties with re-experiencing, such as frequent intrusive symptoms/distressing memories. This child may have recurrent frightening dreams (i.e., multiple times a week) with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions (i.e., racing heart, somatic complaints) to exposure to traumatic cues. These symptoms interfere with child's functioning in at least one area.
<b>3</b>	This rating is given to a child with significant problems with re-experiencing, such as frequent and overwhelming intrusive symptoms/distressing memories. This child may exhibit trauma-specific reenactments that include sexually or physically harmful behavior that could be traumatizing to other children or sexual play with adults or related behaviors that put the safety of the child or others at risk. This child may also exhibit persistent flashbacks, delusions or hallucinations related to the trauma that impede child's functioning in multiple areas.

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

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

**38. NUMBING** - *These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma.*

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

**39. 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).

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

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

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

### LIFE DOMAIN FUNCTIONING

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

- 41. FAMILY** - Family ideally should be defined by the child; however, in the absence of this knowledge, consider the definition of family to be biological and adoptive relatives. Is the family (as defined by the child) functioning well

*together? The child's lack of contact with biological or adoptive family, regardless of reason, should also be rated here.*

<b>0</b>	Child gets along well with family members.
<b>1</b>	Child is doing adequately in relationships with family members although mild problems may exist.
<b>2</b>	Child is having moderate problems with parents, siblings and/or other family members.
<b>3</b>	Child is having severe problems with parents, siblings, and/or other family members. This would include no current contact with family.

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

<b>0</b>	No evidence of problems in current living situation.
<b>1</b>	Mild problems 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.
<b>2</b>	Moderate problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting, creating significant problems for others in the residence.
<b>3</b>	Severe problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

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

<b>0</b>	No evidence of problems in social functioning.
<b>1</b>	Child is having some mild problems in social relationships or there is a history of social functioning problems.
<b>2</b>	Child is having some moderate problems with his/her social relationships.
<b>3</b>	Child is experiencing severe problems interacting with others and building and maintaining relationships.

- 44. INTELLECTUAL/DEVELOPMENTAL** - *This item rates the presence of cognitive/intellectual disabilities 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. FAE and FAS are also scored here.*

<b>0</b>	No evidence of developmental problems or intellectual problems.
<b>1</b>	Child has some problems with intellectual immaturity or there are concerns about possible developmental delay. He/she may have a low IQ or borderline intellectual disability, (i.e. FSIQ 70 to 85).



<b>2</b>	Child has moderate developmental delays or to moderate intellectual disabilities (mild mental retardation (FSIQ 50 to 69).
<b>3</b>	Child has severe to profound developmental delays or profound intellectual disabilities (profound MR. FSIQ below 50).

**45. SENSORY** - *This rating describes the child's ability to use all senses, including vision, hearing, smell, touch and kinesthetic (the ability to feel movements of the limbs and body). Include any processing issues in relation to sensory issues in this rating.*

<b>0</b>	No evidence of sensory problems.
<b>1</b>	There is either a history of sensory problems or less than optimal functioning in this area.
<b>2</b>	The child has problems in either sensory abilities or processing.
<b>3</b>	The child has significant challenges in either sensory abilities or sensory processing.

**46. SELF-CARE/DAILY LIVING SKILLS** - *This item is intended to describe the child's ability to do developmentally appropriate self-care tasks.*

<b>0</b>	There is no evidence of problems with self-care tasks or daily living skills.
<b>1</b>	Requires verbal prompting on self-care tasks or daily living skills.
<b>2</b>	Requires assistance (physical prompting) or excessive verbal prompting on self-care tasks or attendant care on one self-care task (e.g., eating, bathing, dressing, and toileting).
<b>3</b>	Requires attendant care on more than one of the self-care tasks of eating, bathing, dressing, toileting.

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

<b>0</b>	Child makes full use of leisure time to pursue recreational activities that support his/her healthy development and enjoyment.
<b>1</b>	Child at times has difficulty using leisure time to pursue recreational activities.
<b>2</b>	Child is having moderate problems with recreational activities and may be unable to use leisure time to enjoy recreational activities.
<b>3</b>	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.

**48. 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 no known legal difficulties.
<b>1</b>	Child has a history of legal problems but currently is not involved with the legal system and/or is not currently on parole or probation.
<b>2</b>	Child has some legal problems and is currently involved in the legal system.
<b>3</b>	Child has serious current or pending legal difficulties that place him/her at risk for placement in a higher level of care.

- 49. Physical/Medical** - *This rating describes both health problems and chronic/acute physical conditions.*

<b>0</b>	No evidence of physical or medical problems.
<b>1</b>	Mild or well managed physical or medical problems. This might include well-managed chronic conditions, such as juvenile diabetes or asthma
<b>2</b>	Unmanaged, unresolved, or chronic physical or moderate medical problems.
<b>3</b>	Severe, life-threatening physical or medical problems requiring immediate medical attention.

- 50. SLEEP** - *This item rates any disruptions in sleep regardless of the cause including problems with going to bed, staying asleep or waking up early.*

<b>0</b>	Child gets a full night's sleep each night.
<b>1</b>	Child has mild problems sleeping. Generally, child gets a full night's sleep, but at least once a week, problems arise.
<b>2</b>	Child is having moderate problems with sleep. Sleep is often disrupted, and child seldom obtains a full night of sleep.
<b>3</b>	Child is having severe problems with sleep. Sleeping is difficult for the child, and he/she is not able to get a full night's sleep

- 51. SEXUAL DEVELOPMENT/IDENTITY** - *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.*

<b>0</b>	No evidence of any problems with sexual development.
<b>1</b>	Mild problems with sexual development, but they do not interfere with his/her functioning in other life domains.
<b>2</b>	Moderate problems with sexual development that interfere with functioning in other life domains.
<b>3</b>	Severe problems with sexual development

- 52. SCHOOL BEHAVIOR** - This item rates the behavior of the child or youth in school or school-like settings. A rating of 3 would indicate a child who is still having problems after special efforts have been made (i.e., problems in a specialized class). This item is rated independently of attendance. Truancy alone does not warrant an actionable score on this item.

<b>0</b>	No evidence of behavior problems at school or day care. Child is behaving well or not currently enrolled.
<b>1</b>	Child is having mild behavioral problems at school.
<b>2</b>	Child is having moderate behavioral difficulties at school. He/she is disruptive and may receive sanctions including suspensions or multiple detentions.
<b>3</b>	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

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

<b>0</b>	No evidence of attendance problems. Child attends regularly, or child is not required to be enrolled in school.
<b>1</b>	Child has some problems attending school, although he/she generally goes to school. He/she may have had moderate to severe problems in the past six months but has been attending school regularly in the past month.
<b>2</b>	Child is having problems with school attendance. He/she is missing at least two days per week on average.
<b>3</b>	Child is generally truant or refusing to go to school or is a school-aged child not enrolled in school.

**54. SCHOOL ACHIEVEMENT** - *This item describes academic achievement and functioning, based on child's individual developmental capabilities, not necessarily chronological age. For example, a child who is on an IEP due to intellectual disabilities should be rated on his/her academic achievement in relation to the goals on the IEP and not in relation to same-aged peers.*

<b>0</b>	Child is doing well in school, or there is no evidence of a problem.
<b>1</b>	Child is doing adequately in school, although mild problems with achievement exist.
<b>2</b>	Child is having moderate problems with school achievement. He/she may be failing some subjects.
<b>3</b>	Child is having severe achievement problems. He/she may be failing most subjects or is more than one year behind same age peers in school achievement.

### ACCULTURATION

*All children are members of some identifiable cultural group. These ratings describe possible problems that children 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** indicates a dimension where there is no evidence of any needs.
- 1** indicates a dimension that requires monitoring, watchful waiting, or preventive activities.
- 2** indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
- 3** indicates a dimension that requires immediate or intensive action.

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

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

- 56. IDENTITY** - *Cultural identity refers to the child's view of him/herself or the family's view of the child, 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 clear and consistent cultural identity and is connected to others who share his/her cultural identity.
<b>1</b>	Child is experiencing some confusion or concern regarding his/her cultural identity.
<b>2</b>	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
<b>3</b>	Child has no connection to his/her cultural identity or is experiencing significant problems due to internal conflict regarding his/her cultural identity.

- 57. CULTURE EVENTS AND ACTIVITIES** - *Cultural events are activities and traditions that are culturally specific including the celebration of holidays, such as Kwanza, Cinco de Mayo, etc. Activities also may include daily activities that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, access to media). Activities also include being able to speak one's primary language with others.*

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

- 58. 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.*

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

## CHILD BEHAVIORAL/EMOTIONAL NEEDS

*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 is 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 symbols are used:

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

- 59.**    **Impulsivity/Hyperactivity-** *Symptoms of attention deficit and hyperactivity disorder and impulse control disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here. A child who meets DSM-IV diagnostic criteria for ADHD would be rated here.*

<b>0</b>	No evidence of attention/hyperactivity problems.
<b>1</b>	Mild problems with attention/hyperactivity or impulse control that places the child at risk of functioning difficulties.
<b>2</b>	Moderate symptoms of attention/hyperactivity or impulse control problems that interfere with the child's ability to function in at least one life domain.
<b>3</b>	Severe impairment of attention or dangerous impulse control problems that place the child or others at risk of physical harm.

- 60.**    **DEPRESSION AND ANXIETY -** Symptoms included in this dimension are depressed mood, social withdrawal, anxious mood, sleep disturbances, weight/eating disturbances, loss of motivation. This dimension can be used to rate symptoms of the following psychiatric disorders as specified in DSM-IV: depression, generalized anxiety and phobias.

<b>0</b>	This rating is given to a child with no emotional problems. No evidence of depression or anxiety.
<b>1</b>	History or suspicion of depression or anxiety problems. Mild to moderate depression or anxiety associated with recent negative life event with minimal impact on life domain functioning is also rated here.
<b>2</b>	Moderate level of depression or anxiety that interferes with the child's ability to function in at least one life domain. Any current diagnosis of depression or anxiety would be rated here.
<b>3</b>	Severe or disabling level of anxiety or depression.

- 61. 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. The common symptoms of these disorders*

include hallucinations, delusions, unusual thought processes, strange speech and bizarre/idiosyncratic behavior.

<b>0</b>	No evidence.
<b>1</b>	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
<b>2</b>	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
<b>3</b>	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

- 62. 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. A child who meets DSM-IV diagnostic criteria for oppositional defiant disorder would be rated here.*

<b>0</b>	This rating indicates that the child/adolescent is generally compliant. No evidence of a problem.
<b>1</b>	Mild problems with compliance with rules or adult instructions. History, suspicion or recent onset of defiance toward authority figures.
<b>2</b>	Moderate problems with compliance with rules or adult instructions, which is currently interfering with the child's functioning in at least one life domain.
<b>3</b>	Severe problems with compliance with rules or adult instructions involving the threat of physical harm to others.

- 63. 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>	No evidence of a problem with substance use.
<b>1</b>	History or suspicion of substance use.
<b>2</b>	Moderate substance abuse problem that interferes with the functioning in any life domain.
<b>3</b>	Child requires detoxification <b>or</b> addicted to alcohol and/or drugs.

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

<b>0</b>	No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of security and trust.
<b>1</b>	Mild problems with attachment. Child may have mild problems with separation or minor difficulties with appropriate physical/emotional boundaries.
<b>2</b>	Moderate problems with attachment. Child is having problems with attachment that require intervention. A youth who meets the DSM-IV criteria for an Attachment Disorder would be rated here.

<b>3</b>	Severe problems with attachment. A child who is unable to separate or who has severe problems with forming or maintaining relationships with caregivers or who meets the DSM-IV criteria for Reactive Attachment Disorder would be rated here.
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- 65. 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. Other significant problems with eating, including picky-eating, over-eating and PICA, would be rated here.*

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

- 66. ANGER CONTROL** - *This item captures the youth's ability to identify and manage his/her anger when frustrated.*

<b>0</b>	No evidence of any significant anger control problems.
<b>1</b>	Mild problems with controlling anger. He/she may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts.
<b>2</b>	Moderate anger control problems. His/her temper has gotten him/her in significant trouble with peers, family, and/or school. This level may be associated with some physical violence, or increasing verbal outbursts. Others are likely quite aware of anger potential.
<b>3</b>	Severe anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

- 67. SITUATIONAL CONSISTENCY OF PROBLEMS** - *This is intended to describe the variation in problem presentation across different situations and environments in the child/youth's life (e.g., home and school).*

<b>0</b>	Problems generally occur in only one environment and/or situation.
<b>1</b>	Problems occur in multiple settings and/or situations but tend to be most severe in a single setting.

<b>2</b>	Problems occur in many settings and/or situations, but there is variability in the severity of the problems with the child/youth doing better in some circumstances than in others.
<b>3</b>	Problems occur consistently in all situations.

**68. TEMPORAL CONSISTENCY OF MENTAL HEALTH PROBLEMS** - *This is intended to describe the duration of mental health problems experienced by the child. Include both problems (i.e., symptoms) and risk behaviors in this rating.*

<b>0</b>	Problems have begun in the past six months after the occurrence of a specific stressful event.
<b>1</b>	Problems began more than six months but less than two years ago or problems have begun in the past six months in the absence of any specific stressful event.
<b>2</b>	Problems began more than two years ago but individual has had at least one period of more than one month where he/she has been relatively symptom free.
<b>3</b>	Problems began more than two years ago and the individual has remained fairly consistently symptomatic over this period of time.

**69. SERVICE PERMANENCE** - *This is intended to describe the stability of the service providers who have worked with the child and/or family. Service providers include caseworker, mental health provider, medical provider, dental provider, substitute caregiver, and school personnel.*

<b>0</b>	Service providers have been consistent for more than the past two years. This level is also used to rate a child/family who is initiating services for the first time or re-initiating services after an absence from services of at least one year.
<b>1</b>	Service providers have been consistent for at least one year, but changes occurred during the prior year.
<b>2</b>	Service providers have been changed recently after a period of consistency.
<b>3</b>	Service providers have changed multiple times during the past year.



### Exhibit 3 – Child and Adolescent Needs and Strengths Algorithm for Ages Birth Through 5 and 6 through 20

#### Child and Adolescent Needs and Strengths (CANS) ALGORITHM (Ages birth through 5)

##### **LEVEL 1 (Moderate Needs)**

A child meets Level 1 when ratings meet the criteria set forth in:

- A. Criterion 1.1; and**
- B. Either Criterion 1.2 or Criterion 1.3.**

*Criterion 1.1: A rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
27	Adjustment to Trauma
46	Sleep
53	Attachment
54	Attention Deficit/Hyperactivity
56	Failure to Thrive
55	Temperament
57	Feeding/Elimination
58	Depression
59	Anxiety
60	Atypical Behaviors

*Criterion 1.2: A rating of 3 on **one or more** of the following elements:*

Number	Element
3	Substance Exposure
36	Living Situation
37	Pre-School/Child Care Behavior
39	Social Functioning
40	Recreation/Play
41	Developmental
45	Communication
52	Culture Stress

*Criterion 1.3: A rating of 2 or 3 on **one or more** of the following:*

Number	Element
5	Self-Harm
6	Aggression
7	Sexual Behavior

### **LEVEL 2 (Intermediate Needs)**

**A child meets Level 2 when ratings meet the criteria set forth in:**

- A. Criterion 2.1.1, Criterion 2.1.2, or Criterion 2.2; and**
- B. Either Criterion 2.3.1 or Criterion 2.3.2**

*Criterion 2.1.1: A rating of 3 on **one or more** or Criterion 2.1.2: A rating of 2 or 3 on **three or more** of the following elements:*

Number	Element
27	Adjustment to Trauma
46	Sleep
53	Attachment
54	Attention Deficit/Hyperactivity
56	Failure to Thrive
55	Temperament
57	Feeding/Elimination
58	Depression
59	Anxiety
60	Atypical Behaviors

*Criterion 2.2: A rating of 3 on **one** and a rating of 2 or 3 on **one or more** of the following elements:*

Number	Element
3	Substance Exposure
36	Living Situation
37	Pre-School/Child Care Behavior
39	Social Functioning
40	Recreation/Play
41	Intellectual/Developmental
45	Communication
52	Culture Stress

*Criterion 2.3.1: A rating of 3 on **one or more** or Criterion 2.3.2 A rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
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5	Self-Harm
6	Aggression
7	Sexual Behavior

### **LEVEL 3 (Advanced Needs)**

**A child meets Level 3 when ratings meet the criteria set forth in:**

- A. Either Criterion 3.1.1, Criterion 3.1.2, or Criterion 3.2; and**
- B. Either Criterion 3.3.1 or Criterion 3.3.2.**

*Criterion 3.1.1: A rating of 3 on **two or more** or Criterion 3.1.2: A rating of 2 or 3 on **four or more** of the following elements:*

<b>Number</b>	<b>Element</b>
27	Adjustment to Trauma
46	Sleep
53	Attachment
54	Attention Deficit/Hyperactivity
55	Temperament
56	Failure to Thrive
57	Feeding/Elimination
58	Depression
59	Anxiety
60	Atypical Behaviors

*Criterion 3.2: A rating of 3 on **two or more** and a rating of 2 or 3 on **two or more** of the following elements:*

<b>Number</b>	<b>Element</b>
3	Substance Exposure
36	Living Situation
37	Preschool/Child Care Behavior
39	Social Functioning
40	Recreation/Play
41	Intellectual/Developmental
45	Communication
52	Culture Stress

*Criterion 3.3.1: A rating of 3 on **one or more** or Criterion 3.3.2: A rating of 2 or 3 on **two or more** of the following elements:*

<b>Number</b>	<b>Element</b>
5	Self-Harm

6	Aggression
7	Sexual Behavior

# Child and Adolescent Needs and Strengths (CANS) ALGORITHM (Ages 6 through 20)

## **LEVEL 1 (Moderate Needs)**

A child 6 or older or a young adult meets Level 1 when ratings meet the criteria set forth in:

- A. Criterion 1.1; and**
- B. Either Criterion 1.2 or Criterion 1.3.**

*Criterion 1.1: A rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
33	Adjustment to Trauma
59	Attention Deficit/Hyperactivity
60	Depression and Anxiety
61	Psychosis
62	Oppositional Behavior
63	Substance Abuse
64	Attachment Difficulties
65	Eating Disturbances
66	Anger Control

*Criterion 1.2: A rating of 3 on **one or more** of the following elements:*

Number	Element
5	Runaway
7	Judgment
42	Living Situation
44	Intellectual/Developmental
48	Legal
51	Sexual Development/Identity
52	School Behavior
54	School Achievement
58	Culture Stress

*Criterion 1.3: A rating of 2 or 3 on **one or more** of the following elements:*

Number	Element
1	Suicide Risk
2	Self-Mutilation
3	Other Self Harm
4	Danger to Others
6	Delinquency

8	Fire-Setting
9	Sexual Behavior

### **LEVEL 2 (Intermediate Needs)**

A child six or older or a young adult meets Level 2 when ratings meet the criteria set forth in:

- A. Criterion 2.1.1, Criterion 2.1.2 or Criterion 2.2; AND**  
**B. Either Criterion 2.3.1 OR Criterion 2.3.2**

*Criterion 2.1.1: A rating of 3 on **one or more** or Criterion 2.1.2: A rating of 2 or 3 on **three or more** of the following elements:*

Number	Element
33	Adjustment to Trauma
59	Attention Deficit/Hyperactivity
60	Depression and Anxiety
61	Psychosis
62	Oppositional Behavior
63	Substance Abuse
64	Attachment Difficulties
65	Eating Disturbances
66	Anger Control

*Criterion 2.2: A rating of 3 on **one and** a rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
5	Runaway
7	Judgment
42	Living Situation
44	Intellectual/Developmental
48	Legal
51	Sexual Development
52	School Behavior
54	School Achievement
58	Culture Stress

*Criterion 2.3.1: A rating of 3 on **one or more** or Criterion 2.3.2: A rating of 2 or 3 on **two or more** of the following elements:*

Number	Element
1	Suicide Risk
2	Self-Mutilation
3	Other Self Harm
4	Danger to Others
6	Delinquency
8	Fire Setting
9	Sexual Behavior

### **LEVEL 3 (Advanced Needs)**

**A child six or older or a young adult meets Level 3 when ratings meet the criteria set forth in:**

- A. Either Criterion 3.1.1, Criterion 3.1.2, or Criterion 3.2; AND**
- B. Either Criterion 3.3.1 or Criterion 3.3.2.**

*Criterion 3.1.1: A rating of 3 on **two or more** or Criterion 3.1.2: A rating of 2 or 3 on **four or more** of the following elements:*

Number	Element
33	Adjustment to Trauma
59	Attention Deficit/Hyperactivity
60	Depression and Anxiety
61	Psychosis
62	Oppositional Behavior
63	Substance Abuse
64	Attachment Difficulties
65	Eating Disturbances
66	Anger Control

*Criterion 3.2: A rating of 3 on **two or more** and a rating of 2 or 3 on **three or more** of the following elements:*

Number	Element
5	Runaway
7	Judgment
42	Living Situation
44	Intellectual/Developmental
48	Legal
51	Sexual Development
52	School Behavior
54	School Achievement
58	Culture Stress

*Criterion 3.3.1: A rating of 3 on **one or more** or Criterion 3.3.2: A rating of 2 or 3 on **three or more** of the following elements:*

Number	Element
1	Suicide Risk
2	Self-Mutilation
3	Other Self Harm
4	Danger to Others
6	Delinquency
8	Fire Setting
9	Sexual Behaviors



## ***Exhibit 4 – Personal Care Services – Levels of Personal Care***

OAR 413-090-0133 and 413-090-0150

The points for Personal Care Services are based on rating the frequency or intensity or both of the Personal Care Service.<sup>1</sup>

### Level One: Moderate Care

A child or young adult is eligible for a Level One Personal Care Services Plan when the total points on the Personal Care Services results summary are:

1. Between 10 and 19 points; or
2. One or more points in delegated nursing tasks or pregnancy.

### Level Two: Intermediate Care

A child or young adult is eligible for a Level Two Personal Care Services Plan when the total points on the Personal Care Services results summary are between 20 and 34 points.

### Level Three: Advanced Care

A child or young adult is eligible for a Level Three Personal Care Services Plan when the total points on the Personal Care Services results summary are between 35 and 49 points.

### Level Four: Intensive Care

A child or young adult is eligible for a Level Four Personal Care Services Plan when the total points on the Personal Care Services results summary are 50 or more.

### Personal Care Services Assessment -- Activities Point Scale (24 months and older)

Personal Care Services rated by level of intensity:

<b>A. MOBILITY, TRANSFER, REPOSITIONING</b>	
<b>1. Mobility - ambulation</b>	
0	Able to ambulate independently or without a wheelchair or other assistive devices or not applicable due to age
1	Requires human supervision or minimal assistance all the time or occasionally needs more assistance (such as on stairs or uneven surface or has occasional days of needed assistance)

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<sup>1</sup> A Personal Care Services Assessment results summary that totals less than 10 points does not meet criteria for Personal Care Services unless the summary includes a delegated nursing task or pregnancy.

2	Dependent on physical assistance from another person to wheel only for longer distances out of the home
3	Dependent on physical assistance from another person to wheel or move in and out of the home
5	Unable to ambulate or self-propel wheelchair and needs complete assistance for mobility
<b>2. Bed mobility</b>	
0	Able to perform activity independently (may include use of aids or assistive devices) or not applicable due to age
1	Human assistance is required to be repositioned only occasionally
3	Human assistance is required to be repositioned every 4 hours or more often while in bed
6	Requires special positioning devices
<b>3. Transferring</b>	
0	Able to transfer independently with or without use of an assistive device or not applicable due to age
0	Able to transfer with supervision or reminding. Includes giving the person a transfer board or locking the wheels on a wheelchair.
2	Requires only one person to provide physical assistance with the transfer
6	Requires two or more people to safely transfer or needs a lift and a person to transfer
<b>4. Adaptive devices</b>	
0	Able to perform activity independently or not applicable due to age
1	Able to perform activity with supervision or reminding
1	Able to manage adaptive devices with some human assistance
3	Complete physical assistance is necessary each time
<b>5. Prescribed Therapies Performed by Foster Parent/Caregiver</b>	
0	Not applicable
1	Range of motion only and not taking 30 minutes per day
2	Therapies lasting about 30 - 60 minutes per day
5	Therapies lasting significantly longer than 60 minutes per day

<b>B. PERSONAL HYGIENE, DRESSING, AND BATHING</b>	
<b>1. Dressing and undressing</b>	
0	Able to dress upper body independently by getting clothes out of closet or drawers, putting them on, and removing them, or not applicable due to age
1	Able to dress upper body with supervision or reminding
2	Dependent upon some physical assistance to dress
4	Dependent upon complete physical assistance to dress
8	Requires 2 people to provide complete physical assistance to dress
<b>2. Bathing</b>	
0	Able to bathe self independently or not applicable due to age
1	Able to bathe self with supervision or reminding
1	Dependent upon some physical assistance to bathe
3	Dependent upon complete physical assistance to bathe
6	Requires 2 people to physically assist or the use of a lift
<b>3. Grooming</b>	

0	Able to groom self independently or not applicable due to age
1	Able to groom self with supervision or reminding
2	Dependent upon some physical assistance to groom self
4	Dependent upon complete physical assistance to groom self

<b>C. TOILETING</b>	
<b>1. Toilet use</b>	
0	Able to use toilet independently or does not use toilet or not applicable due to age
1	Able to use toilet with supervision and reminding
2	Dependent upon some physical assistance to use toilet
5	Dependent upon complete physical assistance to use toilet
<b>2. Continence (bladder)</b>	
0	Never incontinent or not applicable due to age
2	Incontinent only at night and less than 3 nights per week
3	Incontinent only at night but more often than 3 nights per week
5	Incontinent day and night
<b>3. Continence (bowel)</b>	
0	Never incontinent or not applicable due to age
1	Incontinent once per week or less
2	Incontinent more than once per week but not daily
3	Incontinent daily but averages only 1 per day
6	Averages more than 1 incontinent BM per day

<b>D. NUTRITION: EATING/FEEDING, MEAL PREPARATION</b>	
<b>1. Eating / feeding</b>	
0	Able to feed self independently or not applicable due to age
1	Able to feed self independently with meal set-up and supervision or cueing
3	Needs physical assistance to eat
6	Needs specialized feeding techniques in order to safely eat or receives nutrition via a G. Tube or TPN
<b>2. Preparing light meals</b>	
0	Able to independently plan, prepare, and clean up after meals for self or is physically, cognitively, and mentally able to prepare meals on a regular basis but has not routinely performed meal preparation in the past, or not applicable due to age
1	Able to prepare simple meals with supervision and cueing
1	Able to assist with preparation of meals but only very limited tasks
2	Unable to prepare simple meals
5	Needs specially prepared food or set-up G-tube, TPN, etc.

Personal Care Services Assessment -- Activities Point Scale (*Infant to 24 months*)

Personal Care Services rated by level of intensity:

<b>A. MOBILITY, TRANSFER, REPOSITIONING</b>	
<b>1. Position and Monitoring</b>	
0	Not applicable
3	Child requires special positioning, monitoring, or attention during the day due to medical condition (example: during feedings, GERD, Trach, attached devices, drug-affected baby)
5	Child requires frequent positioning, monitoring, or attention during nighttime hours
<b>2. Adaptive Devices/DME</b>	
0	Not applicable
3	One or two devices (braces/splints, apnea monitor)
5	Three or more devices (braces/splints, apnea monitor)
<b>3. Prescribed Therapies Performed by Foster Parent/Caregiver</b>	
0	Not applicable
1	Range of motion only and not taking 30 minutes per day
2	Therapies lasting about 30 - 60 minutes per day
5	Therapies lasting significantly longer than 60 minutes per day

<b>B. PERSONAL HYGIENE, DRESSING, AND BATHING</b>	
<b>4. Dressing, Bathing, and Diapering</b>	
0	Not applicable
3	Frequent clothing changes (greater than 4 per day)
3	Frequent bathing (greater than 2 per day)
5	Special precautions during bathing for stomas, tubing, wounds

<b>C. TOILETING</b>	
0	Not applicable
3	Frequent diaper changes (greater than 14 diapers per day)

<b>D. NUTRITION: EATING/FEEDING</b>	
<b>5. Eating/Feeding</b>	
0	Not applicable
2	Feedings lasting longer than 30 minutes
3	Feedings occur more often than every 3 hours (only babies over 3 months of age)
4	Specialized feeding techniques, precautions, or specialized equipment implemented
6	Feedings through G-Tube, NG tube, TPN

Personal Care Services rated by level of intensity or frequency or both (*All ages*)

<b>E. MEDICATION MANAGEMENT</b>	
Points	Medication Management
0	No medication or self-administers
1	Administer prescription medications 1 time daily
2	Administer prescription medications 2-3 times daily
4	Administer prescription medications 4 or more times daily (does not include short-term

	medications such as antibiotics)
2	Administer rectal medications (other than Tylenol, anti-nausea, or glycerin)
3	Administer 1-4 subcutaneous injections daily
5	Administer more than 4 subcutaneous injections daily
5	Administer medications for withdrawal from opiates
6	Intravenous infusion (IV) or injections intramuscular (IM) medications
1	Nebulizer treatments less than 4 times a week
5	Nebulizer treatments 4 or more times a week

<b>F. DELEGATED NURSING TASKS</b>	
Points	Delegated Nursing Tasks
3	Gastric tube feeding and care (G-tube)
3	Gastric tube feeding pump
6	Nasogastric tube feeding and care (N/G Tube)
6	Jejunostomy feeding and care (J-tube)
5	Ostomy care (colostomy/ileostomy)
4	Dressing changes (sterile technique)
2	Oxygen administration
3	Oxygen administration with daily unplanned changes
2	Pulse oximeter
2	Apnea monitor
6	Tracheotomy care
1	Oral or pharyngeal suctioning (not bulb suctioning for newborn)
6	Tracheal suctioning
6	Ventilator care
3	Continuous Positive Airway Pressure (CPAP) / BiPaP
5	Injections (subcutaneous)
6	Blood glucose testing
3	Emergent Medications (rectal Ativan/Epi-pen)
5	Injections intramuscular (IM)
6	Intravenous infusion (IV)
5	Urinary catheter insertion and care
3	Specialized Infection Control Processes

<b>G. Additional Medical Management</b>	
Points	Additional Medical Management
0	Less than 1 health related appointment per month
2	1-2 health related appointments per month
3	3 or more health related appointments per month
3	1 or more monthly health related appointments are outside of local