

11/02/02

CHILD & ADOLESCENT NEEDS AND STRENGTHS (CANS)

For Children and Adolescents with Child Welfare Involvement

CANS-CW

Manual

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

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INTRODUCTION

The Child and Adolescent Needs & Strengths for children and youth in child welfare (**CANS-CW**) represents an effort to establish a common assessment framework for youth with interagency involvement that will support the appropriate development of comprehensive services to address the potentially complex needs of these youth and their families. The **CANS-CW** approach encourages information integration from multiple sources. Assessors should discuss the needs and strengths of the youth with all involved parties, including the child or youth, parents and families and all involved professionals.

The **CANS-CW** is intended to be a descriptive tool. It does not attempt to specify the causes of any identified needs or strengths. Ratings are used to describe the youth's level of needs and strengths on a variety of dimensions. Following are a summary of the dimensions rated on this assessment. Each of the dimensions is rated on a 4-point scale. The design is that '0' reflects no evidence, a rating of '1' reflects a mild degree of the dimension, a rating of '2' reflects a moderate degree and a rating of '3' reflects a severe or profound degree of the dimension. Another way to conceptualize these ratings is that a '0' indicates no need for action, a '1' indicates a need for watchful waiting to see whether action is warranted, a '2' indicates a need for action, and a '3' indicates the need for either immediate or intensive action. In order to maximize the ease of use and interpretation, please note that the last two clusters of dimensions, 'Caregiver Needs and Strengths' and 'Strengths', are rated in the **opposite manner** to maintain consistency across the tool. A '0' on Strength identifies an established strength around which a plan can be built. A '1' identifies a strength that can be further developed. A '2' identifies a strength that must be built. And a '3' is used to establish that strengths must be identified in this domain. The specific dimensions are:

A. Functional Status

- Motor
- Sensory
- Intellectual
- Communication
- Developmental
- Self Care/Daily Living
- Physical/Medical
- Family
- School Achievement
- School Behavior
- School Attendance
- Sexual Development

B. Child Safety

- Abuse
- Neglect
- Permanency
- Exploitation

C. Mental Health

- Psychosis
- Attention Deficit/Impulse Control
- Depression/Anxiety
- Anger Control
- Oppositional Behavior

- Antisocial Behavior
- Adjustment to Trauma
- Attachment
- Situational Consistency of Problems
- Temporal Consistency of Problems
- Abuse History
- Family History of Mental Illness
- D. Child Risk Behaviors**
 - Danger to Self
 - Fire Setting
 - Runaway
 - Social Behavior
- E. Substance Abuse**
 - Severity of Substance Abuse
 - Duration of Substance Use
 - Stage of Recovery
 - Peer Involvement
 - Parental Involvement
- F. Criminal and Delinquent Behavior**
 - Seriousness of Criminal Behavior
 - History of Criminal Behavior
 - Violence
 - Sexually Abusive Behavior
 - Peer Involvement in Crime
 - Parental Criminal Behavior
 - Environmental Influences
- G. Care Management**
 - Urgency
 - Monitoring
 - Treatment
 - Transportation
 - Service Permanence
- H. Caregiver Needs and Strengths**
 - Physical
 - Supervision
 - Involvement with Care
 - Knowledge
 - Organization
 - Resources
 - Residential Stability
- I. Strengths**
 - Family
 - Interpersonal
 - Relationship Permanence
 - Education
 - Vocational
 - Well-being
 - Spiritual/Religious
 - Creative/Artistic
 - Inclusion

Five Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
3. 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, that 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 two items, Adjustment to Trauma and Social Behavior, have any cause-effect judgments.
5. A 30-day window is used for ratings in order to make sure assessments stay 'fresh' and relevant to the child or youth's present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Action Levels for Need Items:

0 – no evidence – This rating indicates that there is no reason to believe that a particular need exists. It does not state that the need categorically does not exist, it merely indicates that based on current assessment information there is no reason to address this need. e.g. does Johnny smoke weed? He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

1 - watchful waiting/prevention – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse. e.g. a child who has been suicidal in the past. We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we'd want to keep an eye on it from a preventive point of view.

2 - action needed – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family's life in a notable way.

3 - immediate/intensive action – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child who is not attending school at all or a acutely suicidal youth would be rated with a '3' on the relevant need.

Action Levels of Strengths items

0 Centerpiece Strength. This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.

1 Useful Strength. This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.

2 Identified Strength. This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.

3 No Strength Identified. This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

CODING CRITERIA

A. FUNCTIONAL STATUS

1. MOTOR

This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. walking, running) motor functioning.

- 0** No evidence of problems with motor functioning.
- 1** Mild to moderate fine or gross motor skill deficits.
- 2** Moderate to severe motor deficits. A non-ambulatory child with fine motor skills or an ambulatory child with severe fine motor deficits would be rated here.
- 3** Severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here.

2. SENSORY

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

- 0** No evidence of problems with sensory functioning.
- 1** Mild impairment on a single sense (e.g. hearing, vision).
- 2** Moderate impairment on a single sense or mild impairment on multiple senses.
- 3** Significant impairment on one or more senses.

3. INTELLECTUAL

This rating describes the child's cognitive/intellectual functioning.

- 0** No evidence of intellectual impairment.
- 1** Mild retardation (55-70)
- 2** Moderate to severe retardation (25-55)
- 3** Profound retardation (less than 25)

4. COMMUNICATION

This rating describes any problems of expressive or receptive communication through any medium including sight and sound. Communication disorders would be rated here.

- 0 No evidence of problems with communication.**
- 1 Receptive but limited expressive ability.**
- 2 Limited receptive and expressive ability.**
- 3 Unable to communicate.**

5. DEVELOPMENTAL

This rating describes the child's development as compared to standard developmental milestones such as talking, walking, toileting, cooperative play, etc.

- 0 No evidence of developmental problems.**
- 1 Evidence of a mild developmental delay.**
- 2 Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.**
- 3 Severe developmental disorder.**

6. SELF-CARE/DAILY LIVING SKILLS

This rating describes the child's ability to do developmentally appropriate self-care tasks.

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

7. MEDICAL/PHYSICAL

This rating describes both health problems and chronic/acute physical conditions.

- 0** No evidence of physical or medical problems.
- 1** Mild or well-managed physical or medical problems. This might include well-managed chronic conditions like juvenile diabetes or asthma.
- 2** Chronic physical or moderate medical problems.
- 3** Severe, life threatening physical or medical problems, requiring immediate medical attention.

8. FAMILY FUNCTIONING

The definition of family should be from the perspective of the child or youth (i.e., who does the child consider to be family). The family can include all biological relatives with whom the child or youth remains in some contact, and individuals with relationship ties to these relatives. Family functioning should be rated independently of the problems experienced by the child.

- 0** No evidence of family problems.
- 1** Mild to moderate level of family problems including marital difficulties, problems with siblings.
- 2** Significant level of family problems including frequent arguments, difficult separation and/or divorce, or siblings with significant mental health, developmental or juvenile justice problems.
- 3** Profound level of family disruption including significant parental substance abuse, criminality or domestic violence.

9. SCHOOL ACHIEVEMENT

- 0** Child is doing well in school.
- 1** Child is doing adequately in school, although some problem with achievement exist.
- 2** Child is having moderate problems with school achievement. He/she may be failing some subjects.
- 3** 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.

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

- 0** No evidence of behavior problems at school or day care. Child is behaving well.
- 1** Mild problems with school behavioral problems.
- 2** Child is having moderate behavioral difficulties at school. He/she is disruptive and may receive sanctions including suspensions.
- 3** 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.

11. SCHOOL ATTENDANCE

- 0** No evidence of attendance problems. Child attends regularly.
- 1** Child has some problems attending school, although he/she generally goes to school. He/she may miss up to one day per week on average. Or, he/she may have had moderate to severe problems in the past six months but has been attending school regularly in the past month.
- 2** Child is having problems with school attendance. He/she is missing at least two days per week on average.
- 3** Child is generally truant or refusing to go to school.

12. SEXUAL DEVELOPMENT

This rating describes issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior.

- 0** No evidence of any problems with sexual development.
- 1** Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reactions of others.
- 2** Significant problems with sexual development. May include multiple older partners or high-risk sexual behavior.
- 3** Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression.

B. CHILD SAFETY

13. ABUSE

This dimension refers to physical, emotional, or sexual abuse occurring, or at risk for occurring, in child's living situation.

- 0 No evidence of emotional, physical, or sexual abuse.**
- 1 Mild level of emotional abuse or occasional spanking without physical harm, or intention to commit harm. No sexual abuse.**
- 2 Moderate level of emotional abuse and/or frequent spanking or other forms of physical punishment.**
- 3 Severe level of emotional or physical abuse with intent to do harm and/or actual physical harm, or any form of sexual abuse. This would include regular beatings with physical harm and frequent and ongoing emotional assaults.**

14. NEGLECT

This refers to failure to provide adequate supervision and expectations and access to the basic necessities of life, including food, shelter, and clothing.

- 0 No evidence of neglect.**
- 1 Mild level of neglect of caretaker responsibilities, such as failure to provide adequate expectations or supervision to child.**
- 2 Moderate level of neglect, including some supervision and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action.**
- 3 Severe level of neglect, including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.**

15. PERMANENCY

This refers to the failure to provide adequate response to the child's needs for a stable, emotionally secure living arrangement with consistency of relationships and appropriate adult role models.

- 0 Home is stable, nurturing, and provides appropriate adult role models.**
- 1 Mild level of instability in the home. This may be characterized by some transition among adult figures and the occasional presence of adults who are questionable role models.**
- 2 Moderate level of instability in the home. This may be characterized by frequent transition of adults in and out of the home, with minimal attention to the child's needs in the process, or frequent changes in residence or caretaker for the child.**
- 3 Severe level of instability and failure to address basic dependency needs. This may include frequent changes in caretaker or shifts in living arrangements, resulting in severe attachment issues.**

16. EXPLOITATION

This refers to manipulation of the child to perform exploitive acts that serve only the interests of the adult, without concern for consequences for the child.

- 0 No exploitation. Child is treated fairly and respectfully and engages in appropriate responsibilities for household maintenance.**
- 1 Mild level of exploitation. Child is asked to perform chores or errands that serve only the interest of the adult, with no emotional harm or intent to do harm. This may include running personal errands or occasionally performing age inappropriate household responsibilities**
- 2 Moderate level of exploitation. Child is consistently asked to perform inappropriate responsibilities that serve adult needs, without concern for physical or emotional consequences for the child. This may be included assuming consistently inappropriate responsibilities for sibling care or other household responsibilities.**
- 3 Severe level of exploitation. This may include involvement in criminal activity directed or supervised by adults, or involvement in sexual exploitation.**

C. MENTAL HEALTH NEEDS

17. PSYCHOTIC SYMPTOMS

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

- 0 This rating indicates a child with no evidence of thought disturbances. Both thought processes and content are within normal range.**
- 1 This rating indicates a child with evidence of mild disruption in thought processes or content. The child may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes children with a history of hallucinations but none currently. The category would be used for children who are subthreshold for one of the DSM diagnoses listed above.**
- 2 This rating indicates a child with evidence of moderate disturbance in thought processes or content. The child may be somewhat delusional or have brief or intermittent hallucinations. The child's speech may be at times quite tangential or illogical. This level would be used for children who meet the diagnostic criteria for one of the disorders listed above.**
- 3 This rating indicates a child with severe psychotic disorder. The child frequently is experiencing symptoms of psychosis and frequently has no reality assessment. There is evidence of ongoing delusions or hallucinations or both. Command hallucinations would be coded here. This level is used for extreme cases of the diagnoses listed above.**

18. ATTENTION DEFICIT/IMPULSE CONTROL

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.

- 0** This rating is used to indicate a child with no evidence of attention/hyperactivity problems.
- 1** This rating is used to indicate a child with evidence of mild problems with attention/hyperactivity or impulse control problems. Child may have some difficulties staying on task for an age appropriate time period.
- 2** This rating is used to indicate a child with moderate attention/hyperactivity or impulse control problems. A child who meets DSM-IV diagnostic criteria for ADHD would be rated here.
- 3** This rating is used to indicate a child with severe impairment of attention or impulse control. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g. running into the street, dangerous driving or bike riding). A child with profound symptoms of ADHD would be rated here.

19. DEPRESSION/ANXIETY

Symptoms included in this dimension are depressed mood, social withdrawal, and anxious mood; sleep disturbances, weight/eating disturbances, and loss of motivation. This dimension can be used to rate symptoms of the following psychiatric disorders as specified in DSM-IV: Depression (unipolar, dysthymia, NOS), Bipolar, Generalized Anxiety, and Phobias.

- 0** This rating is given to a child with no emotional problems. No evidence of depression or anxiety.
- 1** This rating is given to a child with mild emotional problems. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the other listed disorders.
- 2** This rating is given to a child with a moderate level of emotional disturbance. This could include major conversion symptoms, frequent anxiety attacks, obsessive rituals, flashbacks, hyper-vigilance, depression, or school avoidance. Any diagnosis of anxiety or depression would be coded here. This level is used to rate children who meet the criteria for an affective disorder listed above.
- 3** This rating is given to a child with a severe level of emotional disturbance. This would include a child who stays at home or in bed all day due to anxiety or depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. More severe forms of anxiety or depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

20. ANGER CONTROL

This dimension captures the youth's ability to identify and manage their anger when frustrated.

- 0** This rating indicates a child with no evidence of any significant anger control problems.
- 1** This rating indicates a child with some 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.
- 2** This rating indicates a child with 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. Others are likely quite aware of anger potential.
- 3** This rating indicates a child with severe anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

21. OPPOSITIONAL BEHAVIOR (Compliance with authority)

This dimension 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 to authority rather than on seriously breaking social rules, norms, and laws.

- 0** This rating indicates that the child/adolescent is generally compliant.
- 1** This rating indicates that the child/adolescent has mild problems with compliance to some rules or adult instructions.
- 2** This rating indicates that the child/adolescent has moderate problems with compliance to rules or adult instructions. A child who meets the criteria for Oppositional Defiant Disorder in DSM-IV would be rated here.
- 3** This rating indicates that the child/adolescent has severe problems with compliance to rules or adult instructions. A child rated at this level would be a severe case of Oppositional Defiant Disorder. They would be virtually always noncompliant.

22. ANTISOCIAL BEHAVIOR

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

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

23. ADJUSTMENT TO TRAUMA

This dimension covers the reactions of children and adolescents to any of a variety of traumatic experiences from child abuse and neglect to forced separation from family. This dimension covers both adjustment disorders and posttraumatic stress disorder from DSM-IV.

- 0** Child has not experienced any trauma or has adjusted well to significant traumatic experiences. If the child is separated from parents, he/she has adjusted to this separation.
- 1** Child has some mild adjustment problems to separation from parent(s) or other caregivers or as result of earlier abuse. Child may be somewhat distrustful or unwilling to talk about parent(s) or other caregivers.
- 2** Child has marked adjustment problems associated either with separation from parent(s) or other caregivers or with prior abuse. Child may have nightmares or other notable symptoms of adjustment difficulties.
- 3** Child has post-traumatic stress difficulties as a result of either separation from parent(s), multiple other caregivers, or prior abuse. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD).

24. ATTACHMENT

This dimension should be rated within the context of the child's significant parental relationships.

- 0** No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
- 1** Mild problems with attachment. This could involve either mild problems with separation or mild problems with detachment.
- 2** Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets criteria for an attachment disorder in DSM-IV would be rated here. Children with developmental delays may experience challenges with attachment and would be rated here.
- 3** Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problem with forming or maintaining relationships with caregivers would be rated here.

25. SITUATIONAL CONSISTENCY OF PROBLEMS

This dimension captures the variation in problem presentation across different situations and environments in the child/youth's life (e.g., home, school)

- 0** Problems generally occur in only one environment and/or situation.
- 1** Problems occur in multiple settings and/or situations but tend to be most severe in a single setting.
- 2** 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.
- 3** Problems occur consistently in all situations.

26. TEMPORAL CONSISTENCY OF MENTAL HEALTH PROBLEMS

This rating captures the duration of mental health problems experienced by the child. Include both problems (i.e., symptoms) and risk behaviors in this rating.

- 0** **Problems have begun in the past six months after the occurrence of a specific stressful event.**
- 1** **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.**
- 2** **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.**
- 3** **Problems began more than two years ago and the individual has remained fairly consistently symptomatic over this period of time.**

27. ABUSE HISTORY

Includes both physical and sexual abuse and neglect

- 0** **No evidence of any history of abuse or neglect.**
- 1** **History of mild to moderate abuse or neglect.**
- 2** **Severe abuse history but no evidence of significant current physical or emotional impairment.**
- 3** **History of severe abuse that has resulted in significant current physical or emotional impairment.**

28. FAMILY HISTORY OF MENTAL ILLNESS

Includes major mental illness and substance-related disorders but only with regard to blood relatives

- 0** **No evidence of any family history of serious mental illness and/or substance-related disorders.**
- 1** **Evidence of family history of serious mental illness and/or substance -related disorders not including first-degree relatives.**
- 2** **Evidence of family history of serious mental illness and/or substance-related disorders in first-degree relatives.**
- 3** **Evidence of family history of serious mental illness and/or substance-related disorders in multiple first-degree relatives (e.g. both mother and father).**

D.CHILD RISK BEHAVIORS

29. DANGER TO SELF

This item describes both suicidal and significant self-injurious behaviors. A rating of 2 or 3 would indicate the need for a safety plan.

- 0** No evidence or history of suicidal or self-injurious behaviors.
- 1** History of suicidal, self-injurious behaviors but no self-injurious behaviors during the past 30 days.
- 2** Recent, (last 30 days) but not acute (today) suicidal ideation or gesture.
- 3** Current suicidal ideation and intent.

30. FIRE SETTING

- 0** No evidence or history of fire setting behavior
- 1** History of fire-setting but not in past six months
- 2** 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.
- 3** Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

31. RUNAWAY

In general, to classify as a runaway or elopement, the child is gone overnight or very late into the night.

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

32. SOCIAL BEHAVIOR

This dimension refers to how a child or adolescent behaves in public or social settings and should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which he/she lives) that put the child at some risk (e.g. not excessive shyness).

- 0 **No evidence of problematic social behavior**
- 1 **Mild level of problematic social behaviors. This might include occasional inappropriate social behavior. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.**
- 2 **Moderate level of problematic social behaviors. Frequent cursing in public would be rated here.**
- 3 **Severe level of problematic social behaviors. This would be indicated by frequent seriously inappropriate social behavior such as threatening strangers.**

D. SUBSTANCE USE COMPLICATIONS

If the child or adolescent has never used alcohol or drugs all dimensions in this section should be rated 0.

33. SEVERITY OF SUBSTANCE ABUSE

Substance use refers to any alcohol or illegal drug use or the inappropriate use of prescription drugs or household chemicals. This dimension describes the child or adolescent's current use of the above.

- 0 **Child or youth is currently abstinent and has maintained abstinence of at least one year.**
- 1 **Child or youth is currently abstinent but only in the past 30 days.**
- 2 **Child or youth actively uses alcohol or drugs but not daily.**
- 3 **Child or youth uses alcohol and/or drugs on a daily basis.**

34. DURATION OF USE

This dimension describes the amount of time the youth has been alcohol or drug involved and should be calculated from the child's first use.

- 0 **Child or youth has begun use in the past year.**
- 1 **Child or youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.**
- 2 **Child or youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.**
- 3 **Child or youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.**

35. STAGE OF RECOVERY

This dimension refers to the child's current status relative to the transtheoretical (e.g. precontemplation, contemplation, preparation, action, maintenance) model of recovery.

- 0 Youth is in maintenance stage of recovery or has no substance use difficulties.**
- 1 Youth is actively trying to use treatment to remain abstinent.**
- 2 Youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.**
- 3 Youth is in denial regarding the existence of any substance use problem.**

36. PEER INVOLVEMENT IN SUBSTANCE USE

This dimension refers to any alcohol and/or drug use by same age children (plus or minus 5 years) with whom the child socializes on a regular basis

- 0 Child's friends do not use alcohol and/or drugs.**
- 1 Most of child's friends do not use alcohol and/or drugs.**
- 2 Most of child's friends use alcohol and/or drugs.**
- 3 Alcohol and/or drug use is a central aspect of child's social life.**

37. PARENTAL INVOLVEMENT IN SUBSTANCE USE

This dimension includes substance abuse or dependence by either biological parent or any stepparent living with the child.

- 0 Parent(s) have never had alcohol or drug use problems.**
- 1 Parent(s) have a history of alcohol or drug use problems but have remained abstinent for at least one year.**
- 2 Parent(s) have active alcohol or drug use problems but do not involve children in their use.**
- 3 Parent(s) have active alcohol or drug use problems and involve children in their use.**

E.CRIMINAL AND DELINQUENT BEHAVIOR

If child or adolescent has never been involved in criminal or delinquent behavior all dimensions in this section should be rated 0.

38. SERIOUSNESS OF CRIMINAL BEHAVIOR

Rate only most recent criminal/delinquent behavior. If youth has not engaged in any criminal or delinquent behavior in past year rate him/her as zero.

- 0 Youth has engaged only in status violations (e.g. curfew).**
- 1 Youth has engaged in misdemeanor criminal behavior.**
- 2 Youth has engaged in felony criminal behavior.**
- 3 Youth has engaged in felony criminal behavior that places other citizens at risk of significant physical harm.**

39. HISTORY OF CRIMINAL BEHAVIOR

This describes the youth's lifetime criminal behavior and refers to both criminal behavior and status offenses.

- 0 Current criminal/delinquent behavior is the first known occurrence.**
- 1 Youth has engaged in multiple criminal/delinquent acts in the past one year.**
- 2 Youth has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in criminal or delinquent behavior.**
- 3 Youth has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.**

40. VIOLENCE

This dimension rates behavior in which the intention is to inflict bodily harm.

- 0 Youth has no history of violence against others.**
- 1 Youth has history of fighting and similar forms of violence against others but has not engaged in violent behavior in past year.**
- 2 Youth has engaged in fighting and similar forms of violence against others in past year. Or, youth has history of violence that has resulted in significant injury or death but not in the past year.**
- 3 Youth has engaged in violence in the past year that has resulted in significant injury or death.**

41. SEXUALLY ABUSIVE BEHAVIOR

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

- 0** No evidence of problems with sexual behavior in the past year.
- 1** Mild problems of sexually abusive behavior. For example, occasional inappropriate sexual behavior or language.
- 2** Moderate problems with sexually abusive behavior. For example, frequent inappropriate sexual behavior. Frequent disrobing would be rated here only if it was sexually provocative. Inappropriate touching would be rated here.
- 3** Severe problems with sexually abusive behavior. This would include the rape or sexual abuse of another person involving sexual penetration.

42. PEER INVOLVEMENT IN CRIME

This dimension refers to any criminal or delinquent activity by same age children (plus or minus 5 years) with whom the child socializes on a regular basis.

- 0** Youth's primary peer social network does not engage in criminal or delinquent behavior.
- 1** Youth has peers in his/her primary peer social network who do not engage in criminal or delinquent behavior but has some peers who do.
- 2** Youth predominantly has peers who engage in criminal or delinquent behavior but youth is not a member of a gang.
- 3** Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

43. PARENTAL CRIMINAL BEHAVIOR

This dimension rates the criminal behavior of both biological and stepparents.

- 0** There is no evidence that youth's parents have ever engaged in criminal behavior.
- 1** One of youth's parents has history of criminal behavior but youth has not been in contact with this parent for at least one year.
- 2** One of youth's parents has history of criminal behavior and youth has been in contact with this parent in the past year.
- 3** Both of youth's parents have history of criminal behavior.

44. ENVIRONMENTAL INFLUENCES

This refers to the family and community environment in which the child is currently living.

- 0** No evidence that the child's environment stimulates or exposes the child to any criminal behavior or substance use.
- 1** Mild problems in the child's environment that might expose the child to criminal behavior and/or substance use.
- 2** Moderate problems in the child's environment that clearly expose the child to criminal behavior and/or substance use.
- 3** Severe problems in the child's environment that stimulate the child to engage in criminal behavior and/or substance use.

G. CARE MANAGEMENT

45. URGENCY

This dimension refers to how quickly services should be put into place to begin to address the needs of the child and family.

- 0** Child and family's needs likely require limited attention. Referrals only.
- 1** Child and family's needs require attention within routine time frame.
- 2** Child and family's needs require attention as quickly as possible. Services should be initiated within 24 hours
- 3** Child and family's needs require immediate attention. Services should be initiated within 24 hours.

46. MONITORING

This dimension rates the level of adult monitoring needed to address the safety and functioning needs of the child or youth.

- 0** Child has minimal monitoring needs. For example, caregiver could leave the house to run an errand of at least 30 minutes.
- 1** Child has some monitoring needs. For example, a caregiver would need to check on the individual more often than every 30 minutes or so during awake hours, but not during asleep hours.
- 2** Child has significant monitoring needs. For example, a caregiver would need to be in the same room or nearby most of the time during awake hours and nearby during asleep hours.
- 3** Child needs 24-hour awake monitoring.

47. TREATMENT INTENSITY

This dimension rates the intensity of the treatment needed to address the problems, risk behaviors, and functioning of the child or youth.

- 0** Child has no behavioral/physical/medical treatment needs to be administered by the parent/primary caregiver.
- 1** Child requires weekly behavioral/physical/medical treatment by the parent/primary caregiver.
- 2** Child requires daily behavioral/physical/medical treatment by the parent/primary caregiver. This would include ensuring the child takes daily medication.
- 3** Child requires multiple and complex daily behavioral/physical/medical treatments by the parent/primary caregiver.

48. TRANSPORTATION

This dimension rates the level of transportation required to ensure that the child or youth could effectively participate in his/her own treatment.

- 0** Child has no transportation needs.
- 1** Child has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle. Child with a parent(s) who needs transportation assistance to visit the child would be rated here.
- 2** Child has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily to school) that do not require a special vehicle.
- 3** Child requires frequent (e.g. daily to school) transportation in a special vehicle.

49. SERVICE PERMANENCE

This dimension rates the stability of the service providers who have worked with the child and/or family.

- 0** 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.
- 1** Service providers have been consistent for at least one year, but changes occurred during the prior year.
- 2** Service providers have been changed recently after a period of consistency.
- 3** Service providers have changed multiple times during the past year.

H. FAMILY/CAREGIVER NEEDS AND STRENGTHS

Caregiver refers to parent(s) or other adult with primary care-taking responsibilities for the child.

50. PHYSICAL/BEHAVIORAL HEALTH

Physical and behavioral health includes medical, physical, mental health, and substance abuse challenges faced by the caregiver(s)

- 0 Caregiver(s) has no physical or behavioral health limitations that impact assistance or attendant care.**
- 1 Caregiver(s) has some physical or behavioral health limitations that interfere with provision of assistance or attendant care.**
- 2 Caregiver(s) has significant physical or behavioral health limitations that prevent them from being able to provide some of needed assistance or make attendant care difficult.**
- 3 Caregiver(s) is physically unable to provide any needed assistance or attendant care.**

51. SUPERVISION

This rating is used to determine the caregiver's capacity to provide the level of monitoring and discipline needed by the child.

- 0 This rating is used to indicate a caregiver circumstance in which supervision and monitoring are appropriate and functioning well.**
- 1 This level indicates a caregiver circumstance in which supervision is generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.**
- 2 This level indicates a caregiver circumstance in which appropriate supervision and monitoring are very inconsistent and frequently absent.**
- 3 This level indicates a caregiver circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.**

52. INVOLVEMENT WITH CARE

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

- 0 This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adolescent.**
- 1 This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the child or adolescent but is not an active advocate on behalf of the child or adolescent.**
- 2 This level indicates a caregiver(s) who is minimally involved in the care of the child or adolescent. Caregiver may visit individual when in out of home placement, but does not become involved in service planning and implementation.**
- 3 This level indicates a caregiver(s) who is uninvolved with the care of the child or adolescent. Caregiver may want individual out of home or fails to visit individual when in residential placement.**

53. KNOWLEDGE

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

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

54. ORGANIZATION

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

- 0** Caregiver(s) is well organized and efficient.
- 1** Caregiver(s) has minimal difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager.
- 2** Caregiver(s) has moderate difficulty organizing or maintaining household to support needed services.
- 3** Caregiver(s) is unable to organize household to support needed services.

55. RESOURCES

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

- 0** Caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the child.
- 1** Caregiver(s) has the necessary resources to help address the child's major and basic needs but those resources might be stretched.
- 2** Caregiver(s) has limited resources (e.g. a grandmother living in same town who is sometimes available to watch the child).
- 3** Caregiver(s) has severely limited resources that are available to assist in the care and treatment of the child.

56. RESIDENTIAL STABILITY

This dimension rates the caregivers current and likely future housing circumstances

- 0** This rating indicates a family/caregiver in stable housing with no known risks of instability.
- 1** This rating indicates a family/caregiver who is currently in stable housing but there are significant risks of housing disruption (e.g. loss of job).
- 2** This rating indicates a family/caregiver who has moved frequently or has very unstable housing.
- 3** This rating indicates a family/caregiver who is currently homeless.

I. STRENGTHS

57. FAMILY

Family refers to all biological or adoptive relatives with whom the child or youth remains in contact along with other individuals in relationships with these relatives.

- 0** Significant family strengths. This level indicates a family with much love and mutual respect for each other. Family members are central in each other's lives. Child is fully included in family activities.
- 1** Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members. Child is generally included.
- 2** Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other. Child is often not included in family activities.
- 3** This level indicates a child with no known family strengths. Child is not included in normal family activities.

58. INTERPERSONAL

This dimension refers to the interpersonal skills of the child or youth both with peers and adults.

- 0** Significant interpersonal strengths. Child is seen as well liked by others and has significant ability to form and maintain positive relationships with both peers and adults. Individual has multiple close friends and is friendly with others.
- 1** Moderate level of interpersonal strengths. Child has formed positive interpersonal relationships with peers and/or other non-caregivers. Child may have one friend.
- 2** 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 relationships, but has a history of making and maintaining healthy friendships with others.
- 3** This level indicates a child with no known interpersonal strengths. Child currently does not have any friends nor has he/she had any friends in the past. Child does not have positive relationships with adults.

59. RELATIONSHIP PERMANENCE

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

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

60. EDUCATIONAL

This rating refers to the strengths of the school system and may or may not reflect any specific educational skills possessed by the child or youth.

- 0** This level indicates a child who is in school and is involved with an educational plan that appears to exceed expectations. School works exceptionally well with family and caregivers to create a special learning environment.
- 1** 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.
- 2** This level indicates a child who is in school but has a plan that does not appear to be effective.
- 3** This level indicates a child who is either not in school or is in a school setting that does not further his/her education.

61. VOCATIONAL

Generally, this rating is reserved for adolescents and is not applicable for children 12 years and younger. Computer skills would be rated here.

- 0** This level indicates an adolescent with vocational skills who is currently working in a natural environment.
- 1** This level indicates an adolescent with pre-vocational and some vocational skills but limited work experience.
- 2** This level indicates an adolescent with some pre-vocational skills. This also may include a child or youth with a clear vocational preference.
- 3** This level indicates an adolescent with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.

62. WELL-BEING

This rating should be based on the psychological strength that the child or adolescent might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's current level of distress.

- 0** This level indicates a child with exceptional psychological strengths. Both coping and savoring skills are well developed.
- 1** This level indicates a child with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.
- 2** This level indicates a child with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
- 3** This level indicates a child with minimal psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

63. TALENT/INTERESTS

This rating should be based broadly on any talent, creative or artistic skills a child or adolescent may have including art, theater, music, athletics, and so forth.

- 0** 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.
- 1** 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.
- 2** 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.
- 3** This level indicates a child with no known talents, interests or hobbies.

64. SPIRITUAL/RELIGIOUS

This rating should be based on the child or adolescent's and their family's involvement in spiritual or religious beliefs and activities.

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

65. INCLUSION

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

- 0** This level indicates a child with 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.
- 1** This level indicates a child with significant community ties although they may be relatively short term (e.g. past year).
- 2** This level indicates a child with limited ties and/or supports from the community.
- 3** This level indicates a child with no known ties or supports from the community.