Washington State
Department of Social
& Health Services

CHILD & ADOLESCENT NEEDS & STRENGTHS (CANS FULL 0-4)

A Washington State

Intensive Mental Health Services Screening Tool

For Children ages 0 through 4
With Mental Health Challenges

Users Guide

THE johnpraed FOUNDATION

March 2014

A large number of individuals have collaborated in the development of the CANS Screening Tool. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS Screening Tool is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Buddin Praed Foundation. Information on guidelines for use and development can be obtained by contacting John Lyons or by visiting the website at www.buddinpraed.org . For more information on the CANS screening tool contact:

Gregory Endler, MA
Children and Youth Behavioral Health, Program Administrator
Division of Behavioral Health & Recovery
Behavioral Health and Service Integration Administration
PO Box 45330
Olympia WA 98504-5330
725-1325 desk
gregory.endler@dshs.wa.gov

John S. Lyons, Ph.D.
Senior Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
jlyons@chapinhall.org

The Praed Foundation
550 N. Kingsbury Street, #101
Chicago, IL 60610
praedfoundation@yahoo.com
www.praedfoundation.org

Table of Contents

INTRODUCTION

The CANS© is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS© is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the CANS© is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS© is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS©.

SIX 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. **Each item should be relevant to what you might do next**.
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.

   ACTION LEVELS FOR "NEED" ITEMS:

   0 – No Evidence of Need – This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, "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 would 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 Needed – 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 an acutely suicidal adolescent 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.

   There are no "U's" for unknowns. By the time we are doing service planning, we should have enough information about the child and family to be able to develop a rating. Thus not knowing key information is not acceptable when doing service planning.
3. **Ratings are about the child, not about the service.** You should factor service context into the ratings to describe the child's needs. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an 'actionable' need (i.e. '2' or '3'). For example, giving a child stimulants to treat ADHD would still be rated a '2' on Impulse / Hyperactivity as this is still actionable. A '1' would be used if medication management were a routine

part of the child's lifestyle or he/she was so stable that you were considering taking them off medication.

4. The **CANS is descriptive**. It is about the 'what' not about the 'why'. This is useful in working with families. The initial focus of the assessment is to describe where needs and strengths exist not to determine why they exist. Stigma and judgment come from the 'why' so this strategy helps initial rapport with families.
5. **Culture and development should be considered prior to establishing the action levels**. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child's developmental age.
6. Unless otherwise specified **there is a 30 day window for ratings**. A 30-day window is used for ratings in order to make sure assessments stay 'fresh' and relevant to the child's present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

Remember, this is not a "form" to be completed, but the reflection of a story that needs to be heard.

The Washington CANS Preschool User Guide was formulated with the Certified Assessor in mind. It was developed over the course of many months and reflects the knowledge gained from CANS training sessions provided by several other states to thousands of clinicians, in preparation for CANS certification. The CANS Preschool User Guide contains useful information for rating each item in the CANS and also offers questions to consider that may help when rating an item. The CANS Preschool User Guide is intended to provide a clinician with adequate guidance to rate each item in a domain as accurately as possible, in one single document.

Child's Name: _____ DOB: __ __|__ __|__ __ __ __ (M M D D Y Y Y Y) P1 ID: _|_|_|_|_|_|_|_|_|_WA

Gender: ☐ M ☐ F ☐ Unknown Completed by *(name)*: _____ Phone: (_ _ _) _ _ _|_ _ _ _

Date completed: __ __|__ __| 2 0 __ __ (M M D D Y Y) Reference date *(if retrospective)*: __ __|__ __| 2 0 __ __ (M M D D Y Y)

Agency Name: _____

Participant County: _____

Caregiver Name: _____

Relationship: _____

CROSS SYSTEM INVOLVEMENT: *When was the child's **most recent** involvement with the following?*						
Current	Past 30 days	Past 12 months	More than 12 months ago	Never	Don't know	Most recent involvement in . . .
○	○	○	○	○	○	Behavioral Rehabilitation Services
○	○	○	○	○	○	Foster Care
○	○	○	○	○	○	Other Children's Administration Services *(CPS, FRS, Child Welfare)*
○	○	○	○	○	○	Developmental Disabilities Administration
○	○	○	○	○	○	Mental Health – Outpatient Treatment – **Non-RSN**

○	○	○	○	○	○	Mental Health – Outpatient Treatment – **RSN**
○	○	○	○	○	○	Mental Health – Inpatient Treatment *(Psychiatric Hospitalizations, State Hospitals, CLIP)*
○	○	○	○	○	○	Mental Health – Crisis Service
○	○	○	○	○	○	School-Based Behavioral Health Services *(i.e., provided in preschool or daycare setting)*
○	○	○	○	○	○	Tribal Behavioral Health Services

ADDITIONAL BACKGROUND

When did the child ***most recently*** take prescription medications for a mental health condition?

☐ Current ☐ Past 30 days ☐ Past 12 months ☐ More than 12 months ago
☐ Never ☐ Don't know

▸ *If ever in **past 12 months**, was child on any antipsychotic medications? (such as, Chlorpromazine [Thorazine], Haloperidol [Haldol], Perphenazine, Fluphenazine, Risperidone [Risperdal], Olanzapine [Zyprexa])* ☐ Yes ☐ No

How many times did child go to a hospital emergency room about his or her health in the ***past 12 months*****?**
(This includes emergency room visits that resulted in a hospital admission.)

☐ None ☐ One ☐ Two ☐ Three or more

LIFE DOMAIN FUNCTIONING

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

LIFE DOMAIN FUNCTIONING SCALE KEY *Rate the highest level of need in the past 30 days (unless otherwise specified).*
0 = Indicates a dimension where there is no evidence or no reason to believe that the rated item requires any action.
1 = Indicates a dimension that require watchful waiting, monitoring, or possibly preventive action; mild history.
2 = Indicates a dimension that requires action to ensure that this identified need or risk behavior is addressed.
3 = Indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning.

FAMILY - *This item evaluates and rates the child's relationships with those who are in his/her family. The definition of family should be from the perspective of the child. When rating this item, you should take into account the relationship the child has with his/her family as well as the relationship of the family as a whole.*	
0	No evidence of problems in relationships with family members and/or child is doing well in relationships with family members.
1	There is a history of problems and/or child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have mild problems in their relationships with child including responding to infant's non-verbal cues such as seeking eye-contact or pointing.
2	Child is having moderate problems with parents, siblings and/or other family members. Child observes arguing and/or family has difficulty responding to clear cues i.e. crying, putting hands up to be picked up.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing between parents/caregiver, and aggression with siblings, observing domestic violence and/or family generally ignores child's initiations of social contact.

LIVING SITUATION - *This rating describes the child's functioning in his/her current living arrangement and to describe the impact of the child's behavioral and emotional needs on the stress level of the family.*	
0	No evidence of problem with functioning in current living environment &/or caregiver is able to manage the stress of child's needs.
1	Mild problems with functioning in current living situation &/or caregivers are concerned about child's behavior or needs at home.
2	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 concerned about irritability of infant and ability to care for or comfort infant.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

PRESCHOOL/DAYCARE - *This item rates the child's behavior in settings of preschool and/or childcare*	
0	No evidence of problems with functioning in current preschool or childcare environment.
1	There is a history or mild problems with functioning in current preschool or daycare environment.
2	Moderate problems with functioning in current preschool or daycare environment. Child has difficulties maintaining his/her behavior in this setting creating significant concerns or problems for others.
3	Profound problems with functioning in current preschool or daycare environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs.
na	Child is not cared for outside the home.

SOCIAL FUNCTIONING - *This item rates any difficulties a child may have with social skills and relationships. It includes age appropriate behavior, for example, can an infant engage with and respond to adults? Can a toddler interact positively with peers?*	
0	No evidence of problems and/or child has developmentally appropriate social functioning.
1	There is a history or child is having some minor problems in social relationships. Infants may be slow to respond to or engage adults, toddlers may need support to interact positively with peers and toddlers and preschoolers may be withdrawn.
2	Child is having some moderate problems with his/her social relationships. Infants and toddlers may be unresponsive to adults or peers, hard to soothe, and show difficulty in focusing on toys in a social situation. Toddlers may be aggressive. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
3	Child is experiencing severe disruptions in his/her social relationships. Infants and toddlers show limited ability to signal needs or express pleasure. Infants, toddlers, preschoolers are consistently withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting themselves or others at risk.

DEVELOPMENTAL/COGNITIVE DELAY - *This rating describes the child's development as compared to standard developmental milestones (*see Table 1, page 6-7*), as well as the child's cognitive/intellectual functioning, including attention span, persistence, and distractibility.*	
0	No evidence of developmental delay or the child has no developmental/cognitive problems.
1	There is a history or there are concerns about possible developmental/cognitive delay. Child may have low IQ.
2	Child has developmental/cognitive delays or mild mental retardation.
3	Child has severe and pervasive developmental/cognitive delays or profound mental retardation.

PARENT/CHILD INTERACTION - *The caregiver who is taken into account in this item is the same caregiver being rated in the Caregiver Resources and Needs Domain. This item rates how the caregiver and child relate to each other and the level of relationship that exists. This item assesses whether the caregiver and child have a healthy relationship, as demonstrated by good communication and care, or unhealthy, which could be demonstrated by a failure to communicate consistently, difficulty with affection or attention in the relationship, or, in the extreme, neglect and/or abuse.*	
0	No evidence of problems in the parent/child interaction.
1	There is either a history of problems or suboptimal functioning in parent/child interaction. There may be inconsistent interactions or indications that interaction is not optimal, but this has not yet resulted in problems.
2	The parent/child dyad interacts in a way that is problematic and this has led to interference with the child's growth and development.
3	The parent/child dyad is having significant problems that can be characterized as abusive or neglectful.

MEDICAL - *This item rates the child's current health status.*	
0	No evidence that child has a medical issue and/or child is healthy.
1	There is a history or the child has some medical problems that require medical treatment.
2	Child has a chronic illness that requires ongoing medical intervention.
3	Child has a life threatening illness or medical condition.

PHYSICAL - *This item rates the child's physical limitations. This item rates the child's physical limitations. Included in this rating will be conditions which limit activity, such as, impaired hearing, vision, as well as asthma. A rating of '2' includes sensory disorders such as blindness and deafness.*	
0	No evidence that the child has any physical limitations.
1	There is a history or the child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Treatable medical conditions that result in physical limitations (e.g. asthma) will be rated here.
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

RECREATION/PLAY - *This item rates the degree to which an infant/child is engaged in play, which should be understood developmentally. When rating this item, you will take into account if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.*	
0	No evidence that infant or child has problems with recreation or play.
1	There is a history or child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
2	Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.
3	Child has no access to or interest in play or toys. Infant spends most of time not interacting with toys or people. Toddlers and preschoolers, even with adult encouragement, cannot demonstrate enjoyment in "pretend" play.

SELF CARE - *This rating describes participating in age appropriate routines of daily living e.g. feeding self, washing hands, putting away toys, toilet training and dressing self.*	
0	No evidence of problems with self-care.
1	There is either a history of self-care problems or slow development in this area.
2	The child does not meet developmental milestones related to self-care tasks and experiences problems in functioning in this area.
3	The child has significant challenges with self-care tasks and is in need of intensive or immediate help in this area.

SENSORY – See Tables 2a,b and c, pages 7-8. *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.*	
0	No evidence of sensory problems.
1	There is either a history of sensory problems or less than optimal functioning in this area.
2	The child has challenges in either sensory abilities or processing.
3	The child has significant challenges in either sensory abilities or sensory processing.

MOTOR – See Table 3, page 9. *This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. sitting, standing, walking) motor functioning. Included in this rating will be hand grasping and manipulation as well as standing, walking and sitting.*	
0	No evidence of fine or gross motor development problems.
1	There is a history or child has some indicators that motor skills are challenging and there may be some concern that there is a delay.
2	Child has either fine and/or gross motor skill delays.
3	Child has significant delays in fine and/or gross motor development. Delay causes impairment in functioning.

COMMUNICATION, COMPREHENSION AND EXPRESSION - *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 piece individually and rate as such. A child may have communication problems but may comprehend well, while another child is able to comprehend well but has communication and expression issues. Rate the highest level of need.*	
0	No evidence of communication, comprehension or expression problems.
1	There is a history of communication, comprehension or expression problems and/or there are concerns of possible problems. An infant may rarely vocalize; a toddler may have very few words and become frustrated with expressing needs; a preschooler may be difficult for others to understand.
2	Child has either receptive or expressive language problems, comprehension or expression problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
3	Child has serious communication, comprehension or expression difficulties and is unable to communicate in any way including pointing and grunting.

SLEEP - Please remember to take the child's development into account when rating this item. *This item rates how difficult it is for a child to fall asleep, resists going to sleep and/or wakes frequently during the night. Any disruptions of a full night of sleep would be rated here. The definition of a 'full night' should be considered both from an individual perspective (e.g. how much sleep does this child need?) and from a developmental perspective (e.g. how much sleep does a child of this age usually need?). Also rated here will be if the child has nightmares and/or night terrors. Additionally, too much sleep could be rated here if it is interfering with the child or family's functioning.*	
0	No evidence the child has problems with sleep.
1	There is a history or the child has some mild problems with sleep. Toddler resists sleep and consistently needs a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
2	Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.
3	Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.

FEEDING DISORDERS – Please remember to take the child's development into account when rating this item. *This rating describes issues with feeding such as, food aversions, Pica and/or symptoms of failure to thrive. If there is any disruption in food intake, this will be rated here. Included will also be any sensory issues in relation to food such as difficulty adjusting to solid foods, etc. When rating this item, please take into account if a baby is having issues latching on and/or sucking.*	
0	No evidence that the child has a feeding disorder.
1	Child has a history of feeding issues such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials, but has not done so in the last 30 days.
2	Child has had a feeding issue such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
3	Child has become physically ill during the past 30 days by eating dangerous materials or is currently at serious medical risk due to weight or growth issues.

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. Here the focus is on having a lasting relationship in the life of a child.*	
0	There is no evidence of a problem with relationships. Family members, friends, and community have been stable for most of child's life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	There is either a history of instability and/or the child has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships with any caregiver; adoption must be considered.

Supplemental Information on Life Domain Functioning

Table 1 Developmental Health Watch: Possible Delays

By Age 1 Month	• Sucks poorly and feeds slowly • Doesn't blink when shown a bright light • Doesn't focus and follow a nearby object moving side to side • Rarely moves arms and legs; seems stiff
By Age 3 Months	• Doesn't seem to respond to loud sounds • Doesn't notice her hands by two months • Doesn't smile at the sounds of your voice by two months • Doesn't follow moving objects with her eyes by two to three months
By Age 7 Months	• Seems very stiff, with tight muscles • Seems very floppy, like a rag doll • Reaches with one hand only • Refuses to cuddle
By Age 12 Months	• Does not crawl • Cannot stand when supported

	• Does not search for objects that are hidden while he watches • Says no single words ("mama" or "dada")
By Age 2 Years	• Cannot walk by 18 months • Does not speak at least fifteen words by 18 months • Does not use two-word sentences by age 2 • Does not follow simple instructions by age 2
By Ages 3 to 4	• Cannot throw a ball overhand • Cannot jump in place • Cannot stack four blocks • Resists dressing, sleeping, using the toilet

Adapted from: *Caring for Your Baby and Young Child: Birth to Age 5*. 2004. American Academy of Pediatrics. 8 Jan. 2009 <http://www.aap.org/healthtopics/stages.cfm>.

Table 2a Sensory Milestones

By Age 1 Month	• Vision focuses 8 to 12 inches away, e.g., looks at parent's face while feeding • Turns to, and looks longer at black-and-white or high-contrast patterns in preference to than other patterns • Hearing appears to be fully mature and attends and responds to a variety of voices and sounds (loud, moderate, high pitch, low pitch), other than very quiet sounds
By Age 3 Months	• Watches faces intently • Follows moving objects, e.g., will track a toy that you move in front of his face • Recognizes familiar objects and people at a distance, e.g., smiles at a parent walking towards her • Starts using hands and eyes in coordination, e.g., Inspects his/her hands, watching their movements • Begins to imitate simple cooing sounds
By Age 7 Months	• Distance vision matures, so may notice a parent leaving the room • Ability to track moving objects improves, and can follow a moving toy with both eyes • Can distinguish between lumpy and smooth objects with mouth, so may respond differently to different textures of food; may show preferences
By Age 12 Months	• Pays increasing attention to speech, e.g., will babble long strings in response to sentences directed at him/her by others; takes "turns" in conversations • Responds to simple verbal requests, e.g., can you give me that book? • Finger feeds self-items such as cheerios • Looks at correct picture when image is named • Imitates gestures, e.g., waiving

Adapted from: *Caring for Your Baby and Young Child: Birth to Age 5*. 2004. American Academy of Pediatrics. 8 Jan. 2009 <http://www.aap.org/healthtopics/stages.cfm>.

Table 2b Sensory Milestones

Ages 8-14 Months	• Can process touch information more efficiently, e.g., will demonstrate reactions to touching different objects/surfaces in recognition of differences (touch of sandpaper and touch of plastic)
Ages 12-19 Months	• Achieves adult sensitivity to bitter tastes, e.g., will grimace when tasting something bitter
Ages 12-22 Months	• Can see about 20/60 level, gradually reaching a norm of 20/25, e.g., recognizes objects near and far, such as a speck of dust on the floor or a familiar person coming down the street

Adapted from: *Sensory Development.* 2003. Talaris Research Institute. 29 Jan. 2009. http://www.talaris.org/timeline.htm.

Table 2c Sensory Processing Issues:

Some children have difficulty with taking in information through their senses, due to neurological differences. Some children are hyper-sensitive to sound, sight, touch, or smell, or to all these senses. Not being able to "tune out" or turn down a sensory input like sound can interfere with learning, interactions, and other critical components of healthy development. For other children, the challenge is that they are hypo-sensitive, which means they don't get enough input from sight, sound, smell or touch. They may seek out brighter, louder, smellier, harder/softer stimulation, which again can interfere with learning and relationships. For other children, the challenge is with the feedback their body gets through its propriocentric sense, having to do with balance and coordination. Here are some examples of typical sensory development and sensory processing issues for young children.

Infants: Birth-12 months

Typical Development Sensory Processing	*Processing Issues*
Infant molds to adult holding him	Infant arches away from adult holding him, avoids cuddling, may prefer being held face out
Explores toys by putting them in his/her mouth	Avoids putting toys in mouth
After 6 months accepts solids and textured foods	Has difficulty with or rejects solid or textured foods
Plays with two hands in the mid-body, moves toys hand to hand	Only uses one hand to play with toys (after 8 months)

Toddlers 12-18 month

Typical Development Sensory Processing	*Processing Issues*
Enjoys touching textures (note: most toddlers do have a brief phase where they avoid messiness)	Avoids touching textures, messy play, messy finger foods, etc.
Accepts various clothing choices	Has difficulty with new clothes, socks with seams, tags. Won't wear shoes OR always has to wear shoes on grass, sand, etc.
Is not excessively frightened of loud noises	Is very afraid of loud noises like thunder, vacuum cleaners, and sirens

Older Toddlers 18 mos-3 years

Typical Development Sensory Processing	*Processing Issues*
Adjusts to various play settings: quiet indoors, active outdoors	Intense need for active movement: swinging, rocking jumping; OR avoids movement
Explores new play equipment with good balance and body control	Has difficulty getting on and off play equipment; may be clumsy; doesn't like feet off the ground
Tolerates loud sounds and other unusual stimulation	Is upset by loud noises, hearing distant sounds others don't notice; Has unusual reactions to light, smells, and other sensory experiences

http://www.hceip.org/Sensory_Observation_Guide.htm

Table 3. Motor Milestones

By Age 1 Month	Makes jerky, quivering arm thrusts Brings hands within range of eyes and mouth Moves head from side to side while lying on stomach Keeps hands in tight fists
By Age 3 Months	Raises head and chest when lying on stomach Opens and shuts hands Pushes down on legs when feet are placed on firm surface Brings hand to mouth
By Age 7 Months	Rolls both ways (front to back, back to front) Sits with, and then without, support of her hands Supports her whole weight on her legs Reaches with one hand
By Age 12 Months	Crawls forward on belly by pulling with arms and pushing with legs Creeps on hands and knees supporting trunk on hands and knees Gets from sitting to crawling or prone (lying on stomach) position Pulls self up to stand
By Age 2 Years	Walks alone Pulls toys behind her while walking Begins to run Might use one hand more frequently than the other
By Ages 3 to 4	Hops and stands on one foot up to five seconds Kicks ball forward Copies square shapes Uses scissors

Adapted from: *Caring for Your Baby and Young Child: Birth to Age 5*. 2004. American Academy of Pediatrics. 8 Jan. 2009 <http://www.aap.org/healthtopics/stages.cfm>.

CHILD BEHAVIORAL/EMOTIONAL NEEDS

This domain relates information regarding a child's behavioral and emotional issues. Diagnosis is not important in rating these items, as you are only rating symptoms and behaviors. When rating these items, it is important to take the child's development into account.

CHILD BEHAVIORAL/EMOTIONAL NEEDS SCALE KEY *Rate the highest level of need in the past 30 days unless otherwise specified*
0 = Indicates a dimension where there is no current need
1 = Indicates a dimension that require watchful waiting, monitoring, or possibly preventive activities
2 = Indicates a dimension that requires action to ensure that this identified need or behavior will be addressed.
3 = Indicates a dimension that requires immediate or Intensive action

REGULATORY: BODY CONTROL/EMOTIONAL CONTROL - *This item refers to the child's ability to be comforted as well as regulate bodily functions such as eating, sleeping and elimination, as well as activity level/intensity and sensitivity to external stimulation. The child's ability to regulate intense emotions (joy, as well as anger and sadness) is also rated here, which includes coping with frustration and transitions.*	
0	No evidence of regulatory problems.
1	Some problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.
2	Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions and irritability, such that, consistent adult intervention is necessary and is disruptive to the family e.g. transitioning from one activity to another, waking to sleeping, and sleeping to waking. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally and may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.
3	Profound problems with regulation are present that place the child's safety, well-being and/or development at risk.

DEPRESSION/SAD – *This item rates displayed symptoms of a change in emotional state and can include sadness, irritability, changes in eating and sleeping, and diminished interest in playing or previously enjoyed activities.*	
0	No evidence of problems with depression.
1	There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may be observed to be slow to engage or express emotions in a muted way. Older children are irritable and/or do not demonstrate a range of affect.
2	Moderate problems with depression are present. Infants demonstrate a change from previous behavior and are observed to have a flat affect especially the absence of pleasure or joy and may have little responsiveness to adults. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions.
3	Clear evidence of overwhelming depression that is disabling for the child in all life domains.

ANXIETY/WORRY – *Anxiety disorders are characterized by either a constant state of worry or dread. Symptoms such as irritability, separation anxiety and vigilance can be rated here. Attachment issues also may be described as a demonstration of anxiety in young children. An infant who cries often, has difficulty being soothed, cannot be left alone in her crib and is not able to be left with a caretaker other than her mother could be rated a '2.' A child who is constantly vigilant to his/her environment for threat and reacts to any changes in the environment with a fear response would be rated here.*	
0	No evidence of anxiety problems.
1	There is a history or suspicion of anxiety problems or mild anxiety. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over-reactive to stimuli, have uncontrollable crying; demonstrate vigilance in observing caregivers, and/or significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
3	Clear evidence of debilitating level of anxiety and vigilance that makes it virtually impossible for the child to function in any life domain.

ATTENTION DEFICIT/IMPULSE CONTROL – ***Please rate this item '0' if the child is under 3 years of age.*** *These item rates behavioral symptoms associated with hyperactivity and/or impulsiveness, i.e. loss of control of behaviors. The types of disorders that can be included within this item are Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A rating of '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.*	
0	Child is under age 3 or there is no evidence of symptoms of hyperactivity or lack of impulse control.
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distracted, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. The child may run and climb excessively even with adult redirection. The child may not be able to sit still even to eat. The child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others' space.
3	Clear evidence of a dangerous level of impulsive and hyperactive behavior that places the child at risk of physical harm.

ADJUSTMENT TO TRAUMA - *This item is used to describe the child who is having difficulties adjusting to a traumatic experience. Please note that to rate this item a traumatic event is not required to meet the DSM-IV definition of trauma, but rather an event defined as traumatic by the child. There can be an inferred link between the trauma and current behavior.*	
0	No evidence of problems associated with traumatic life events.
1	The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavioral symptoms, tantrums and withdrawn behavior.
3	Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain.

FRUSTRATION TOLERANCE/TANTRUM – *This item rates a child's level of agitation &/or anger when frustrated. This may include a demonstration of aggressive behaviors when things do not go as the child has wished. Some sources of frustration for preschoolers can be peers, adults and new prospects at this developmental stage.*	
0	No evidence of any challenges dealing with frustration. Child does not tantrum.
1	Child demonstrates some difficulties dealing with frustration. Child may sometimes become agitated or verbally hostile or aggressive or anxious when frustrated.
2	Child struggles with tolerating frustration. Child's reaction to frustration impairs functioning in at least one life domain. S/he may tantrum when frustrated.
3	Child engages in violent tantrums when frustrated. Others may be afraid of child's tantrums or child may hurt self or others during tantrums.

ATTACHMENT – See Table 4, page 12. *This item should be rated within the context of the child's significant parental or caregiver relationships. Attachment relates to a child's ability to seek and receive comfort under stress and involves the degree of positive connection the child has with his/her parents/caregivers. Needs on this item could include: a child who displays indiscriminate friendliness or comfort seeking; one who fails to seek comfort under stress; one who appears frightened or disoriented with his or her parent; one who is unable to comfortably play/explore; or one who acts punitively or controlling towards others. How a child copes with separation from a caregiver will be rated here.* Note: *A child can have different patterns of attachment with different caregivers, for instance, displaying a positive attachment to one parent or caregiver and not another, or showing differential preference for one parent at different stages of development. These unique patterns reflect what the child and adult bring to the process of developing the relationship.*	
0	No evidence of problems with attachment.
1	Mild problems with attachment are present. Infants appear uncomfortable with caregivers, e.g. may be hard to soothe, resist touch, or appear anxious and clingy some of the time. Caregivers may feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants from 9-18 months may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others, putting them at risk.
3	Severe problems within attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment pattern of reaching out to adults or are withdrawn with inhibited attachment patterns

ATYPICAL BEHAVIORS - *This rating describes behaviors that may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.*	
0	No evidence of atypical behaviors in the infant/child.
1	There is a history or reports of atypical behaviors from others that have not been observed by caregivers.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

Supplemental Information on Child Behavioral/Emotional Needs

Table 4. Social and Emotional Milestones

By Age 3 Months	Begins to develop a social smile Enjoys playing with other people and may cry when playing stops Becomes more communicative and expressive with face and body Imitates some movements and facial expressions
By Age 7 Months	Enjoys social play Interested in mirror images Responds to other people's expressions of emotion and appears joyful often
By Age 12 Months	Shy or anxious with strangers Enjoys imitating people in play Shows specific preferences for certain people and toys Tests parental responses to his behavior May be fearful in some situations Prefers mother and/or regular caregiver over others Repeats sounds or gestures for attention
By Age 2 Years	Increasingly aware of herself as separate from others Increasingly enthusiastic about company of other children Demonstrates increasing independence Begins to show defiant behavior
By Ages 3 to 4	Interested in new experiences Cooperates with other children Increasingly inventive in fantasy play Negotiates solutions to conflicts More independent Views self as a whole person involving body, mind and feelings Often cannot distinguish between fantasy and reality

Adapted from: *Caring for Your Baby and Young Child: Birth to Age 5*. 2004. American Academy of Pediatrics. 18 Feb. 2009 <http://www.aap.org/healthtopics/stages.cfm>.

CHILD RISK FACTORS & BEHAVIORS

The items in this domain reflect those behaviors than can place the child and/or others at some level of risk. It is important to take the child's development into account when rating these items.

CHILD RISK BEHAVIORS SCALE KEY *Rate the highest level of need in the past 30 days (unless otherwise specified).*
0 = Indicates a dimension where there is no current need
1 = Indicates a dimension that require watchful waiting, monitoring, or possibly prevention
2 = Indicates a dimension that requires action to ensure that this identified need or behavior will be addressed.
3 = Indicates a dimension that requires immediate or Intensive action

SELF HARM - *This item is used to describe repetitive behaviors that result in physical injury to the child, e.g. head banging. In this rating, you should take into account whether a supervising adult (parent, early childhood professional, medical professional or other involved adult) can impact these behaviors. For example, a rating of '2' indicates a child who harms him/herself and a supervising adult is not able to inhibit this.*	
0	No evidence of self-harm behaviors.
1	There is a history or a mild level of self-harm behavior.
2	Moderate level of self-harm behavior such as head banging that cannot be impacted by caregiver and interferes with child's functioning.
3	Severe level of self-harm behavior that puts the child's safety and well-being at risk.

AGGRESSION - *This item rates the child's violent or aggressive behaviors. The intention of the behavior is to cause significant bodily harm to others. A supervising adult is also taken into account in this rating, as a rating of '2' or '3' could signify a supervising adult who is not able to control the child's violent behaviors.*	
0	No evidence of aggressive behaviors towards people or animals..
1	There is either a history of aggressive behavior towards people or animals or mild concerns in this area that have not yet interfered with functioning.
2	There is clear evidence of aggressive behavior towards animals or others, behavior is persistent and caregiver's attempts to change behavior have not been successful.
3	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior and involves harm to animals or others. Caregivers have difficulty managing this behavior.

SEXUALLY REACTIVE BEHAVIORS — *Sexually reactive behaviors includes both age-inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexual practices*	
0	No evidence of problems with sexually reactive behaviors or high-risk sexual behaviors.
1	Some evidence of sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here.
2	Moderate problems with sexually reactive behavior that place child at some risk. Child may engage in promiscuous sexual behaviors and/or exhibit more frequent sexually provocative behaviors in a manner that impairs functioning.
3	Significant problems with sexually reactive behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

FLIGHT RISK - *This rating refers to any planned or impulsive running or "bolting" behavior that presents a risk to the safety of the child. Factors to consider in determining level of risk include age of child, frequency and duration of escape episodes, timing and context, and other risky activities while running.*	
0	No history of running away or bolting and no ideation involving escaping from the present living situation.
1	A history of running away but none in the past month, or a child who expresses ideation about escaping present living situation or has threatened to run. A child who bolts occasionally might be rated here.
2	Child has engaged in escape behaviors during the past 30 days. Repeated bolting would be rated here.
3	Child has engaged in escape behaviors that places the safety of the child at significant risk**.**

PARENT OR SIBLING PROBLEMS *This item rates the challenges experienced by other members of the child's family.*	
0	The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
1	The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. It may be that the child has at least one healthy sibling.
2	The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.
3	One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems.

CHILD STRENGTHS

This domain is designed to describe the assets of the child that can be used to advance healthy development. It is very important to remember that strengths are NOT the opposite of needs. Increasing a child's strengths while also addressing his or her behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the child's needs. Identifying areas upon which strengths can be built is a significant element of service planning.

In these items the 'best' assets and resources available to the child are rated based on how accessible and useful those strengths are. These items are the only ones that use the Strength Rating Scale with action levels.

STRENGTH ITEMS LEVEL OF RATINGS are designed to translate into the following action levels.
0 = Indicates a significant and functional strength that could become the centerpiece in service planning.
1 = Indicates strength exists and could become part of the service plan.
2 = Indicates potential strength has been identified, but efforts are required to develop it into a useful strength.
3 = Indicates no strength is identified at this time

FAMILY - *This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other.*	
0	Significant family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child is 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.
2	Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
3	This level indicates a child with no known family strengths. Child is not included in normal family activities.

INTERPERSONAL - *This item is used to identify a child's social and relationship skills. This item will be used to rate pro-social skills, attachment skills and interest in initiating relationships, and it is necessary to take the child's development into account.*	
0	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.
1	Moderate level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him- or herself.
2	Mild level of interpersonal strengths. Child may be shy or uninterested in forming relationships with others. Infant may have a temperament that makes attachment to others a challenge.
3	This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

ADAPTABILITY - *Some children move from one environment or activity to another smoothly. Others struggle with any such changes. This item rates how well a child can adjust in times of transition. A toddler who cries when transitioning from one activity to another but is able to make the transition with the support of a supervising adult would be rated '1.'*	
0	Child has a strong ability to adjust to changes and transitions.
1	Child has the ability to adjust to changes and transitions; when challenged, the infant/child is successful with caregiver support.
2	Child has difficulties much of the time adjusting to changes and transitions, even with caregiver support.
3	Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

PERSISTENCE *- This item rates how well a child can continue an activity when feeling challenged. A child who is building a tower with blocks that continues to fall down, but the child continues to attempt to build despite this difficulty would be rated '0.'*	
0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
1	Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
2	Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
3	Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

CURIOSITY - *This item describes the child's self-initiated efforts to discover his/her world. Infants who bang objects within grasp and older children who crawl or walk toward an object of interest will be rated '0.'*	
0	This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
3	This level indicates a child with very limited or no observable curiosity.

PLAYFULNESS - *This rating describes the child's enjoyment of play, alone and with others.*	
0	The child consistently demonstrates the ability to make use of play to further his/her development. His/her play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.
1	The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.
2	The child demonstrates the ability to enjoy play and uses it to support his/her development some of the time or with the support of a caregiver. Even with this in place, there does not appear to be investment and enjoyment in the child.
3	There is no evidence of or the child does not demonstrate the ability to play in a developmentally appropriate or quality manner.

CREATIVITY/IMAGINATION - Please rate this item '3' if the child is under 18 months of age. ***Most relevant for older toddlers and preschoolers.*** *This item rates how well a child can use his/her imagination in normal activities. Within this context, you are rating if a child can express ideas and think in an abstract manner. A child who is able to place her stuffed animals and dolls sitting with each other and play "school" is demonstrating some creativity.*	
0	The child consistently demonstrates a significant level of creativity. This appears interwoven into his/her normal routines and chosen activities.
1	The child demonstrates a good level of creativity that can be useful to the child.
2	The child shows a mild level of ability in this area. Parents and caregivers need to be the primary support in this area.
3	Child is under age 18 months or there is no evidence of the child demonstrating creativity/imagination.

CONFIDENCE - Please rate this item '3' if the child is under 18 months of age. *This item rates how well a child demonstrates his/her sense of mastery of activities. Typically, a child who interacts well with others and is able to demonstrate pride (a toddler who claps for herself after completing a difficult task) will be rated as having this strength.*	
0	The child consistently demonstrates a significant level of self-confidence. This consistently supports the child in his/her development and functioning.
1	The child demonstrates a good level of confidence that is of benefit to the child.
2	The child shows a mild level of ability in this area. Parents and caregivers are the main supporters of the child in this area and the child needs continued development for this to be a significant strength.
3	Child is under age 18 months or there is no evidence of the child demonstrating confidence.

PRIMARY CARE PHYSICIAN (PCP) RELATIONSHIP–*This rating refers to the connection, history and anticipated future youth has with a primary care physician.*	
0	Youth has been involved with one primary care physician for over a year and plans to continue the relationship.
1	Youth has a primary care physician that has been managing the youth's health care for less than a year and plans to continue in the relationship.
2	Youth has an identified primary care physician ; however, they are not actively contributing to the youth's health care.
3	Youth has no identified primary care physician.

CAREGIVER STRENGTHS & NEEDS

The items in this section represent potential areas of need for caregivers while simultaneously highlighting the areas in which the caregivers can be a resource for the child.

Caregiver refers to parent(s) or other adult with primary care-taking responsibilities for the child. If the child has been placed temporarily, then focus on the caregiver to whom the child will be returned. If it will serve the purpose of treatment planning, this section can be completed on each set of caregivers separately.

Caregivers are rated by household. The needs and resources of multiple caregivers are combined based on how they affect care giving. For situations in which a child has multiple caregivers it is recommended to rate based on the needs of the set of caregivers as they affect the child. For example, the supervisory capacity of a father who is not involved in monitoring or disciplining of a child may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift, then his skills should be factored into the ratings of the child's supervision.

CAREGIVER RESOURCES AND NEEDS SCALE KEY *Rate the highest level of need in the past 30 days unless otherwise specified*
0 = Indicates a dimension where there is no evidence or no reason to believe that the rated item requires any action.
1 = Indicates a dimension that requires watchful waiting, monitoring, or prevention. Caregiver may need some help in this area.
2 = Indicates a dimension that requires action to ensure that this identified need will be addressed as it is currently interfering with caregiver's ability to parent the child.
3 = Indicates a dimension that requires immediate or Intensive action as it is currently preventing the caregiver from effectively parenting the child.

PHYSICAL/MEDICAL - *This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his/ her ability to parent the child.*	
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.

MENTAL HEALTH - *This item refers to any serious mental health issues among caregivers that might limit their capacity to provide care for the child.*	
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health use difficulties that make it impossible for them to parent at this time.

SUBSTANCE USE - *This item describes the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child.*	
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.

DEVELOPMENTAL - *This item describes the presence of limited cognitive capacity that challenges his or her ability to parent.*	
0	Caregiver has no developmental needs.
1	Caregiver has developmental challenges but they do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with their capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

SUPERVISION - *This item refers to the caregiver's ability to monitor and discipline the child.*	
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

INVOLVEMENT - *This item is used to rate caregiver knowledge of their child, their child's rights and options, as well as, participation in services.*	
0	Caregiver is able to act as an effective advocate for child.
1	Caregiver has history of seeking help for their children &/or is open to receiving support, education, & information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care.

KNOWLEDGE - *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	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

ORGANIZATION - *This item is used to rate the caregiver's ability to manage their household within the context of community services. For example, s/he may be forgetful about appointments or occasionally fail to return case manager calls.*	
0	Caregiver is well organized and efficient.
1	Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fail to return case manager calls.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.

RESIDENTIAL STABILITY - *This item rates the housing stability of the caregiver(s) and **does not** include the likelihood that the child will be removed from the household.*	
0	No evidence of instability in the caregiver's housing and/or caregiver has stable housing for the foreseeable future.
1	Caregiver(s) has relatively stable housing, but either has moved within the past three months, or there are indications of housing problems that might force them to move within the next three months.
2	Caregiver(s) has moved multiple times during the past year and/or housing is unstable.
3	Caregiver(s) has experienced periods of homelessness during the past six months.

SOCIAL RESOURCES - *This item describes the caregiver's resources to support caring for his/her child.*	
0	No evidence of caregiver needing help to utilize their social network, family or friends to help with child rearing and/or caregiver has significant social network, neighbors, family and friends who actively help with childcare.
1	There is a history or suspicion of difficulties with the use of social network, and/or caregiver has some social network, neighbors, family or friends who actively help with childcare.
2	Evidence that caregiver has limited access to a social network, neighbors, family or friends who may be able to help with childcare.
3	Caregiver has no family or social network that may be able to help with child rearing.

FAMILY STRESS - *This item is used to describe the impact of the child's behavioral and emotional needs on the stress level of the family*.	
0	No evidence of problems In the family. Family appears to be functioning adequately.
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.

SAFETY - *This rating refers to the safety of the assessed child. It does not refer to the safety of other family or household members based on any danger presented by the assessed child.*	
0	Household is as safe or safer for the child (in his or her present condition) as could be reasonably expected.
1	Household is safe but presents some mild risk of neglect, exposure to undesirable environments (e.g. drug use, gangs, etc.) but that no immediate risk is present.
2	Household presents a moderate level of risk to the child including such things as the risk of neglect or abuse or exposure to individuals who could harm the child.
3	Household presents a significant risk to the wellbeing of the child. Risk of neglect or abuse is eminent and immediate. Individuals in the environment offer the potential of significantly harming the child.

CULTURAL CONSIDERATIONS

Items in the Cultural Considerations domain describe difficulties that youth may experience as a result of membership in any cultural group.

Carefully considering one's own cultural perspectives, in addition to those of the clients with whom one works can be a helpful way to approach working with individuals and families who are members of other cultural groups. Clinicians and

clients both possess points of view that affect the way they make sense of the stressors and supports in their lives and affect their level of comfort with accessing social supports or formally requesting help from others. People's perspectives shape their perceptions of their own group memberships and/or can leave them feeling vulnerable to discrimination. Acknowledging the impact these factors have on our work may inform possible treatment focus areas, or point out challenges clinicians and families may encounter during treatment, in particular, highlighting areas that may require more sensitivity. It is important to recognize that people in certain cultural groups may be the focus of conscious or unconscious bias from others including treatment providers and/or other individuals with whom they interact (school officials, neighbors, etc).

It is it important to remember when using the CANS that the family should be defined from the youth's perspective (who the youth describes as part of her/his family). If this information is unknown, family should include biological relatives and others who are considered part of a youth's permanency plan. The cultural issues in this domain should be considered in relation to the impact they are having on the life of the youth when rating these items and creating a treatment plan.

Cultural Considerations SCALE KEY *Rate the highest level of need in the past 30 days (unless otherwise specified).*
0 = Indicates a dimension where there is no evidence of need
1 = Indicates a dimension that require watchful waiting, monitoring, or prevention
2 = Indicates a dimension that requires action to ensure that this identified need or behavior will be addressed.
3 = Indicates a dimension that requires immediate or Intensive action.

LANGUAGE - *This item looks at whether the child and family need help to communicate with you or others in their world, in English. This item includes both spoken and sign language.*	
0	No evidence that there is a need for bilingual, translator or interpreter services and/or child and family speak English well.
1	Child and family speak some English, but potential communication problems exist because of limited vocabulary or comprehension 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; a qualified individual can be identified within the family's natural support system.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention, but no such individual is available from among family's natural support system.

DISCRIMINATION/BIAS – *This item refers to <u>any</u> experience of discrimination or bias that is purposeful or accidental, direct or indirect. Discrimination may be based on gender, race, ethnicity, socioeconomic status, religion, sexual orientation, skin shade/color/complexion, linguistic ability, body shape/size, etc.*	
0	No report of experiences of discrimination that impacts the child or family's ability to function and/or creates stress.
1	Child or family reports experiences of discrimination that occurred recently or in the past, but it is not currently causing any stress or difficulties for the child or family.
2	Child or family reports experiences of discrimination which is currently interfering with the child or family's functioning.
3	Child or family reports experiences of discrimination that substantially and immediately interferes with the child or family's functioning on a daily basis and requires immediate action.

CULTURAL IDENTITY – *This item refers to the child's view of belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle. This item measures the extent to which those feelings may cause stress for or influence the behavior of the child.*	
0	No evidence of issues with membership in a group and/or 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 expresses some distress or conflict about her/his cultural identity which interferes with the child or family's functioning.
3	Child expresses significant distress or conflict about her/his cultural identity. Child may reject her/his cultural group identity, which severely interferes with the child or family's functioning and/or requires immediate action.

DIAGNOSES and PROGNOSIS

The CANS form for Washington includes a section that allows for the communication of DSM diagnoses across all five axes. Diagnosis should be established as consistent with the guidelines of the most up to date edition of DSM. Clinicians will also rate the certainty with which the clinician has diagnosed and the estimated prognosis.

DIAGNOSTIC CERTAINTY- *This item refers to the degree to which the symptoms are clear and consistent with a specific psychiatric diagnosis or diagnoses. Concerns regarding certainty could revolve around issues such as inconsistent symptom presentation, the presence of behavioral health or medical rule outs, etc. Determining a diagnosis is an intricate process that can be complicated by the presence of multiple overlapping conditions or different conditions that share symptoms and signs. Some diagnoses are clearer than others. Some diagnoses require a response to treatment to confirm that they are correct. This item allows the individual performing the CANS evaluation to specify the degree to which the diagnosis is clear and certain.*	
0	The child's behavioral health diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear.
1	Although there is some confidence in the accuracy of the child's diagnoses, the child's symptom presentation is sufficiently complex, raising concerns that the diagnoses may not be accurate.
2	There is substantial concern about the accuracy of the child's diagnoses due to the complexity of the child's presentation of symptoms.
3	It is currently not possible to accurately diagnose the child's behavioral health condition(s).

PROGNOSIS-*This item refers to the expected trajectory of the recovery of the child based on their current diagnosis, symptoms and functioning when compared with child having similar diagnostic, symptomatic, and functioning presentations. All diagnoses include some consideration of expectations for recovery. This item is designed to communicate the perception of an expected trajectory of recovery given that the child is involved in the treatment system. For example, problems that result from adjustments to life events often have a better prognosis than do a chronic or degenerative disorder.*	
0	Behavioral health problems began during the past six months, and there is a clear stressor to which they can be attributed.
1	Behavioral health problems have been ongoing, but can be anticipated to continue within the next year.
2	Behavioral health problems have been ongoing and are anticipated to continue to be a problem for at least another year.
3	Behavioral health problems have been ongoing and are anticipated to continue through to adulthood.