



# **CHILD & ADOLESCENT NEEDS & STRENGTHS (FULL CANS)**

**A WASHINGTON STATE INFORMATION INTEGRATION TOOL  
FOR CHILDREN AND ADOLESCENTS AGES 5 THROUGH 20  
WITH MENTAL HEALTH CHALLENGES**

## **USERS GUIDE**



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A large number of individuals have collaborated in the development of the CANS-MH. This information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-MH 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](http://www.buddinpraed.org). For more information on the CANS-MH assessment tool contact:

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## INTRODUCTION

The CANS<sup>®</sup> is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS<sup>®</sup> is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the CANS<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup>.

### SIX KEY PRINCIPLES OF THE CANS<sup>®</sup>

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 youth 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 youth 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 youth 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 youth 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 youth, not about the service.** You should factor service context into the ratings to describe the youth’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 youth 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 youth’s lifestyle or he/she was so stable that you were considering taking them off medication. A youth in detention might still be rated a ‘3’ on Runaway when released because detention did not address this issue except by preventing it while the youth was locked up.
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 youth’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 youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the youth’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 youth’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 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 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. Each item contains the item definition, the definition for each rating, as well as, questions to consider when scoring each item, and supplemental information. The CANS 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.

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_|\_\_\_\_|\_\_\_\_ P1 ID: \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_ WA  
M M D D Y Y Y Y

Gender:  
 Male  
 Female  
 Unknown

Date completed: \_\_\_\_|\_\_\_\_|20\_\_\_\_  
M M D D Y Y  
 Reference date:  
 (if retrospective) \_\_\_\_|\_\_\_\_|20\_\_\_\_  
M M D D Y Y  
 Completed by (name): \_\_\_\_\_  
 Phone: (\_\_\_\_)\_\_\_\_|\_\_\_\_\_

WISe Timepoint (please check one):

Initial  
 90 day interval  
 Discharge

Agency Name: \_\_\_\_\_  
 Participant County: \_\_\_\_\_  
 Caregiver Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**CROSS SYSTEM INVOLVEMENT: Has youth had any involvement in the past 30 days and/or past 12 months?**

Past 30 days	Past 12 months	Don't know	None	Any involvement in . . .
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Behavioral Rehabilitation Services
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Foster Care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other Children's Administration Services (CPS, FRS, Child Welfare)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Juvenile Justice (Arrests, Probation, Detention)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Juvenile Rehabilitation (JJ&RA Institution, Parole, Dispositional Alternatives)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Special Education
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Developmental Disabilities Administration
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substance Abuse – Outpatient Treatment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substance Abuse – Inpatient Treatment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substance Abuse – Detox
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental Health – Outpatient Treatment
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental Health – Inpatient Treatment (Psychiatric Hospitalizations, State Hospitals, CLIP)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental Health – Crisis Service
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	School-Based Behavioral Health Services
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tribal Behavioral Health Services

**PSYCHIATRIC PRESCRIPTION MEDICATIONS: Has this youth taken prescription medications for the following conditions in the past 30 days and/or the past 12 months?**

Past 30 days	Past 12 months	Don't know	None	Receiving medication for . . .
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychotic symptoms such as hallucinations or delusions (such as, Chlorpromazine [Thorazine], Haloperidol [Haldol], Perphenazine, Fluphenazine, Risperidone [Risperdal], Olanzapine [Zyprexa])
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mood disorders (such as, Fluoxetine [Prozac], Citalopram [Celexa], Sertraline [Zoloft], Paroxetine [Paxil], Escitalopram [Lexapro], Venlafaxine [Effexor], Bupropion [Wellbutrin], Lithium)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anxiety (such as, Clonazepam [Klonopin], Lorazepam [Ativan], Alprazolam [Xanax], Buspirone [Buspar])
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ADHD (such as, Methylphenidate [Ritalin, Metadate, Concerta, Daytrana], Amphetamine [Adderall], Dextroamphetamine [Dexedrine, Dextrostat])
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other mental health condition (specify) _____

**EVENTS: Please report how many of the following events the youth has experienced in the past 12 months.**

Number of arrests:       None     One     Two     Three or more  
 Number of convictions:     None     One or more  
 Number of times youth went to a hospital emergency room about his or her health:  
 (This includes emergency room visits that resulted in a hospital admission.)     None     One     Two     Three or more  
     ▶ If at least one, was mental health a primary factor in any of these ER visits?     Yes     No  
     ▶ If at least one, was substance abuse a primary factor in any of these ER visits?     Yes     No

### Life Domain Functioning

Life domains are the different arenas of social interaction found in the lives of youth 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 youth and family are experiencing.

<b>LIFE DOMAIN FUNCTIONING SCALE KEY</b> 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 youth is having significant problems. Intensive help is needed to improve functioning.

**FAMILY** - This item evaluates and rates the youth’s relationships with those who are in his/her family. The definition of family should be from the perspective of the youth. When rating this item, you should take into account the relationship the youth has with his/her family as well as the relationship of the family as a whole.

Questions to Consider	Rating	Anchor Definitions
<p><i>How does the youth get along with the family?</i></p> <p><i>Are there problems between family members?</i></p> <p><i>Has there ever been any violence?</i></p> <p><b>Supplemental considerations available in Violence Module</b></p>	0	No evidence of problems in interaction with family members and/or youth is doing well in relationships with family members.
	1	Youth 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 youth, such as sibling rivalry or under-responsiveness to youth needs.
	2	Youth is having moderate problems with parents, siblings and/or other family members. Frequent arguing, strained interaction with parent, and poor sibling relationships may be observed.
	3	Youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, and aggression with siblings.

**LIVING SITUATION** - This rating describes the youth’s functioning in his/her current living arrangement and to describe the impact of the youth’s behavioral and emotional needs on the stress level of the family.

Questions to Consider	Rating	Anchor Definitions
<p><i>Do caregivers find it stressful at times to manage the challenges in dealing with the youth’s needs?</i></p> <p><i>Is the stress hard for them to manage at times?</i></p> <p><i>Does the stress ever interfere with ability to care for the youth? If so, does it ever reach a level that they feel like they can’t manage it?</i></p>	0	No evidence of problem with functioning in current living environment &/or caregiver is able to manage the stress of youth’s needs.
	1	Mild problems with functioning in current living situation &/or caregiver(s) are concerned about youth’s behavior or needs at home.
	2	Moderate to severe problems with functioning in current living situation. Youth has difficulty maintaining his/her behavior in this setting creating significant problems for others in the residence.
	3	Profound problems with functioning in current living situation. Youth is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

**SCHOOL ITEMS**

The next three items refer to different aspects of school functioning and should be rated independently. To determine ratings for the following school related life domain functioning items, first determine whether the youth receives special education services. If the youth does receive special education services, rate the youth’s performance and behavior relative to their peer group. If it is planned for the youth to be mainstreamed, rate the youth’s school functioning relative to that peer group.

**SCHOOL ACHEIVEMENT- This item rates the youth’s grades or level of academic achievement.**

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
How is the youth doing academically in school? Is s/he having difficulty with any subjects? Is s/he at risk of failing any classes? Of being left back? Has the teacher or other school personnel spoken to parents about youth’s performance?	0	No evidence of problems related to school achievement.
	1	Youth is performing adequately in school although some problems with achievement exist.
	2	Youth is experiencing moderate problems with school achievement. S/he may be failing some subjects
	3	Youth is experiencing severe achievement problems. S/he may be failing most subjects or more than one year behind same age peers in school achievement.

**SCHOOL BEHAVIOR - This rating describes the youth’s behavior in school.**

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
How is the youth behaving in school? Has he/she had any behavioral problems? Has the teacher or other school personnel called parents to talk about youth’s behavior?	0	No evidence of behavior problems in school.
	1	Youth is behaving adequately in school although some behavior problems exist.
	2	Youth is experiencing moderate behavior problems at school. S/he is disruptive and may have received sanctions including suspensions.
	3	Youth is experiencing severe problems with behavior in school. S/he is frequently or severely disruptive. School placement may be in jeopardy.

**SCHOOL ATTENDANCE - This rating describes the youth’s attendance in school- issues of tardiness and/or truancy.**

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
Has the youth had any difficulty with getting to or staying in school? Has the teacher or other school personnel called parents about youth’s attendance?	0	No evidence of problems related to school attendance.
	1	Youth has some problems attending school. May miss up to one day a week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
	2	Youth is experiencing moderate problems with school attendance. S/he is missing at least two days each week on average.
	3	Youth is generally truant or refusing to go to school.

**INTERPERSONAL – This rating refers to the social functioning & interpersonal skills of the youth both with peers & adults.**

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
Currently, how well does the youth get along with others? Does the youth have the ability to engage friendships?	0	No evidence of interpersonal problems. Youth 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. Youth has formed positive interpersonal relationships with peers and/or other non-caregivers. Youth may have one friend, if that friendship is a healthy ‘best’ friendship model.



<i>Has there been an increase in peer conflicts?</i>	2	Mild level of interpersonal strengths. Youth has some social skills that facilitate positive relationships with peers and adults but may not have any current relationships, but has a history of making and maintaining healthy friendships with others.
<i>Does s/he have unhealthy friendships?</i>		
<i>Does s/he tend to change friends frequently?</i>	3	This level indicates a youth with no known interpersonal strengths. Youth currently does not have any friends nor has s/he had friends in the past. Youth does not have positive relationships with adults.

**CRIME/DELINQUENCY** - This rating includes both criminal behavior and status offenses for which the youth may or may not have been caught. If the youth has not been caught, but clinical staff are aware of the behavior it should be rated. Sexual offenses should be included as criminal behavior.

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Do you know of laws that the youth has broken (even if they have not been charged or caught)?</i>	0	No evidence of criminal or delinquent behavior
<i>Has the youth ever been arrested?</i>	1	History of criminal or delinquent behavior but no acts of delinquency in past 30 days. Status offenses in the past 30 days would be rated here.
<b>Supplemental considerations available in Juvenile Justice Module</b>	2	Moderate level of criminal activity including a high likelihood of crimes committed in the past 30 days e.g. vandalism, shoplifting, etc.
	3	Serious level of criminal or delinquent activity in the past 30 days (e.g. car theft, residential burglary, gang involvement, etc.)

**INTELLECTUAL/DEVELOPMENTAL** - This rating describes the youth's cognitive intellectual functioning.

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Does the youth's growth and development seem healthy?</i>	0	No evidence of developmental delay and/or youth has no developmental problems.
<i>Has s/he reached appropriate developmental milestones (such as, walking, talking)?</i>	1	Youth has some problems with immaturity, or there are concerns about possible developmental delay. Youth may have low IQ.
<b>Supplemental considerations available in Developmental Needs and History Module</b>	2	Youth has developmental delays or mild mental retardation.
	3	Youth has severe and pervasive developmental delays or profound mental retardation.

**PHYSICAL /MEDICAL** - This item rates the youth's current health status or any 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.

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Is the youth generally healthy?</i>	0	No evidence of health problems and/or youth appears healthy. There is no reason to believe that the youth has any medical or physical problems.
<i>Does s/he have any medical problems or physical limitations?</i>	1	Mild or well-managed physical or medical problems. This might include well-managed chronic conditions like juvenile diabetes or asthma.
<i>How much does this interfere with his/her life?</i>	2	Chronic physical or moderate medical problems that requires ongoing medical intervention.
	3	Severe, life threatening illness or physical condition.

<b>SEXUAL DEVELOPMENT</b> - <i>This rating describes issues around the youth’s sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior.</i>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Are there concerns about the youth’s healthy sexual development?</i></p> <p><i>Is the youth sexually active?</i></p> <p><i>Does s/he have less interest/ more interest in sex than other youth his/her age?</i></p>	0	No evidence of problems with sexual behavior or development in the past year.
	1	Mild problems. E.g., Occasional inappropriate sexual or provocative behavior, dress or language. Mild forms of sexualized behavior. Poor boundaries with regards to physical /sexual contact.
	2	Moderate to serious problems. E.g., frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age inappropriate sexualized behaviors, experimentation or lack of physical/sexual boundaries.
	3	Severe problems. Prostitution, exhibitionism, or other severe sexualized behavior would be rated here.

<b>SLEEP</b> - <i>Please remember to take the child’s development into account when rating this item. This item rates how difficult it is for a youth 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.</i>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Does the youth generally sleep for an extended period through the night?</i></p> <p><i>Does s/he have problems getting to sleep or staying asleep?</i></p> <p><i>Does s/he have difficulties waking in the morning?</i></p>	0	No evidence of sleep problems. Youth gets a full night’s sleep each night.
	1	Youth has some problems sleeping. Generally, youth gets a full night’s sleep but at least once a week problems arise. This may include occasionally waking or bed wetting or nightmares.
	2	Youth is having problems with sleep. Sleep is often disrupted and youth seldom obtains a full night of sleep
	3	Youth is generally sleep deprived. Sleeping is difficult for the youth and they are not able to get a full night’s sleep.

### YOUTH BEHAVIORAL/EMOTIONAL NEEDS

This domain relates information regarding a youth’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 youth’s development into account.

<b>YOUTH BEHAVIORAL/EMOTIONAL NEEDS SCALE KEY</b> 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

**PSYCHOSIS - This rating is used to describe symptoms of psychiatric disorders with a known neurological base.**

Questions to Consider	Rating	Anchor Definitions
<p><i>Has the youth ever talked about hearing, seeing or feeling something that was not actually there?</i></p> <p><i>Has the youth ever done strange or bizarre things that made no sense? Does the youth have strange beliefs about things?</i></p> <p><i>Does youth have thought disorder or a psychotic condition?</i></p>	0	No evidence of thought disturbances. Both thought processes and content are within normal range.
	1	Evidence of mild disruption in thought processes or content. The youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes youth with a history of hallucinations but none currently.
	2	Evidence of moderate disturbance in thought process or content. The youth may be somewhat delusional or have brief intermittent hallucinations. The youth's speech may be quite tangential or illogical at times.
	3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the youth or others at risk of physical harm.

**ATTENTION DEFICIT/IMPULSE CONTROL - This item rates behavioral symptoms associated with hyperactivity and/or impulsiveness, e.g. loss of control of behaviors, ADHD and disorders of impulse control.**

Questions to Consider	Rating	Anchor Definitions
<p><i>Is the youth unable to sit still for any length of time?</i></p> <p><i>Does s/he have trouble paying attention for more than a few minutes?</i></p> <p><i>Is the youth able to control him/herself?</i></p> <p><i>Does the youth report feeling compelled to do something despite negative consequences?</i></p>	0	No evidence of attention/hyperactivity problems.
	1	This rating is used to indicate a youth with evidence of mild problems attention/hyperactivity or impulse control problems. Youth may have some difficulties staying on task for an age appropriate time period.
	2	Moderate attention/ hyperactivity or impulse control problems. A youth who meets DSM-IV diagnostic criteria for ADHD or an impulse control disorder would be rated here.
	3	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 youth with profound symptoms of ADHD would be rated here.

<b>MOOD DISTURBANCE</b> – <i>This item rates displayed symptoms of a change in emotional state and can include symptoms of depressed mood, hypomania or mania.</i>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Do parents feel that the youth is depressed or irritable?</i></p> <p><i>Has s/he withdrawn from normal activities?</i></p> <p><i>Does the youth seem lonely or not interested in others?</i></p>	0	No evidence of mood problems.
	1	Mild mood problems. Brief duration of depression, irritability, or impairment of peer, family or academic function that does not lead to gross avoidance or inappropriate behavior.
	2	Moderate level of mood disturbance. This would include anhedonia, episodes of mania, depression, social withdrawal or school avoidance.
	3	Severe level of mood disturbance. This would include a youth whose emotional symptoms prevent appropriate participation in school, friendship groups, or family life.

<b>ANXIETY</b> – <i>This item rates evidence of symptoms characterized by either worry, dread, or panic attacks.</i>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Does the youth have any problems with anxiety or fearfulness?</i></p> <p><i>Is s/he avoiding normal activities out of fear?</i></p> <p><i>Does the youth act frightened or afraid?</i></p> <p><i>Does the youth worry a lot?</i></p>	0	No evidence of anxiety symptoms.
	1	History, suspicion, or mild anxiety associated with a recent negative life event.
	2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the youth’s ability to function in at least one life domain.
	3	Clear evidence of a debilitating level of anxiety that impacts multiple life domains.

<b>OPPOSITIONAL BEHAVIOR (COMPLIANCE WITH AUTHORITY)</b> - <i>This item rates how the youth 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.</i>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Does the youth follow her/his parents’ rules?</i></p> <p><i>Have teachers or other adult reported that youth does not follow rules or directions?</i></p> <p><i>Does the youth argue with adults when they try to get her/him to do something?</i></p>	0	This rating indicates that the youth is generally compliant.
	1	This rating indicates that the youth has mild problems with compliance to some rules or adult instructions.
	2	Clear evidence of oppositional or defiant behavior towards authority figures, which is currently interfering with the youth’s functioning in at least one life domain. Behavior causes emotional harm to others.
	3	This rating indicates that the youth has severe problems with compliance to rules and adult instructions. A youth rated at this level would be a severe case of Oppositional Defiant Disorder. They would be virtually always disobedient.

<b>CONDUCT</b> - <i>Symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault.</i>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Is the youth seen as dishonest? How does the youth handle telling the truth/lies?</i></p> <p><i>Has the youth been part of any criminal behavior?</i></p> <p><i>Has the youth ever shown violent or threatening behavior towards others?</i></p> <p><i>Has the youth ever tortured animals or set fires?</i></p>	0	No evidence of behavior disorder.
	1	History of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
	2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
	3	Evidence of a severe level of conduct problems as described above that places the youth or community at significant risk of physical harm due to these behaviors.

**SUBSTANCE ABUSE** - This item rates the severity of the youth’s substance use which includes use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes.

Questions to Consider	Rating	Anchor Definitions
<p>Has the youth used alcohol or any kind of drugs on more than an experimental basis?</p> <p>Do you suspect that the youth may have an alcohol or drug use problem?</p> <p>Has anyone reported that they think the youth might be using alcohol or drugs?</p> <p><b>Supplemental considerations available in Substance Use Module for rating of 1 or higher</b></p>	0	No evidence of substance use difficulties at the present time. If the person is in recovery for greater than 1 year, they should be coded here, although this is unlikely for a youth.
	1	Mild substance use problems that might occasionally present problems of living for the person (intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently abstinent for at least 30 days.
	2	Moderate substance abuse problem that both requires treatment and interacts with and exacerbates the psychiatric illness. Substance abuse problems consistently interfere with the ability to function optimally but do not completely preclude functioning in an unstructured setting.
	3	Severe substance dependence condition that presents a significant complication to the coordination of care (e.g. need for detoxification) of the individual.

**ADJUSTMENT TO TRAUMA** – This rating covers the reactions of youth to any life experience that the youth perceives as traumatic. This includes events such as abuse, neglect, loss of a significant relationship, separation from family, death of a family member or witnessing violence.

Questions to Consider	Rating	Anchor Definitions
<p>Has youth experienced a traumatic event?</p> <p>Does s/he experience frequent nightmares?</p> <p>Is s/he troubled by flashbacks?</p> <p>Is s/he unusually afraid of being alone, or of participating in normal activities?</p> <p><b>Supplemental considerations available in Abuse/Trauma Module</b></p>	0	Youth has not experienced any trauma or has adjusted well to significant traumatic experiences.
	1	Mild problems associated with traumatic life event/s.
	2	Clear evidence of symptoms associated with traumatic life event/s. Adjustment is interfering with the youth’s functioning in at least one life domain.
	3	Clear evidence of symptoms which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of the trauma experience.

**EMOTIONAL CONTROL** - This item describes the youth’s ability to manage his/her emotions and frustration tolerance.

Questions to Consider	Rating	Anchor Definitions
<p>How does the youth control his/her emotions?</p> <p>Does s/he get upset or frustrated easily?</p> <p>Does he/she overreact if someone criticizes or rejects him/her?</p> <p>Does the youth seem to have dramatic mood swings?</p>	0	No evidence of any emotional control problems.
	1	Some problems with controlling emotions. Peers and family may be aware of and may attempt to avoid stimulating outbursts.
	2	Moderate emotional control problems. Youth’s labile mood and/or extreme mood swings have gotten him/her in significant trouble with peers, family and/or school. Others are likely quite aware of unstable emotions.
	3	Severe emotional control problems. Youth’s temper is unable to regulate his/her emotions. Others likely fear him/her.



**RISK BEHAVIORS**

The Youth Risk Behaviors outline the behaviors that put the youth in serious risk of harm. The time frame in which the youth engaged in the risk behaviors is critical in determining the level of the need; therefore many items in this domain include specific time frames within the definitions. Note that these items will not replace a detailed risk assessment.

**Youth 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

**SUICIDE RISK** - *This item is intended to describe the presence of thoughts or behaviors aimed at taking one’s life. This item rates overt and covert thoughts and efforts on the part of an individual to end his/ her life. Other indications of self-destructive behavior are rated elsewhere.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
Has the youth ever talked about a wish or plan to die or to kill him/herself? Has s/he ever tried to commit suicide? <b>Supplemental considerations available in Suicide Module</b>	0	No evidence of suicidal behaviors
	1	History but no recent ideation or gesture.
	2	Recent ideation or gesture but not in past 24 hours.
	3	Current ideation and intent OR command hallucinations that involve self-harm.

**NON SUICIDAL SELF INJURY** - *This item is used to describe repetitive behavior that results in physical injury to the youth, e.g. cutting, head banging, etc.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
Has the youth ever talked about a wish or plan to hurt him/herself? Does the youth ever purposely hurt him/herself (e.g. cutting)?	0	No evidence of non-suicidal self-injury behavior.
	1	History or mild degree of non-suicidal self-injury.
	2	Engaged in non-suicidal self-injury that does not require medical attention.
	3	Engaged in non-suicidal self-injury that requires medical attention

**OTHER SELF HARM** - *This rating includes issues of recklessness, engaging in unsafe behaviors that are putting the youth in jeopardy of physical harm.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
Has the youth ever talked about or acted in a way that might be dangerous to him/herself (e.g. reckless behavior such as riding on top of cars, reckless driving, climbing bridges, promiscuity)?	0	No evidence of behaviors other than suicide or self-mutilation that place the youth at risk of physical harm.
	1	History of behavior other than suicide or self-mutilation that places him/her at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the youth.
	2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
	3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

**DANGER TO OTHERS** - This item rates the youth’s violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others.

Questions to Consider	Rating	Anchor Definitions
<p>Has the youth ever injured another person on purpose?</p> <p>Does s/he get into physical fights?</p> <p>Has s/he ever threatened to kill or seriously injure another person?</p> <p><b>Supplemental considerations available in Violence and Fire Setting Modules</b></p>	0	No evidence of behavior that could be dangerous to others
	1	History or suspicion of, or acts of mildly aggressive or threatening behavior
	2	Recent aggressive or threatening behavior: e.g. homicidal ideation, physically harmful aggression, or dangerous fire setting, but not within past 24 hours
	3	Acute homicidal ideation with a plan, physically harmful aggression, command hallucinations that involve harm to others, or the youth set a fire that placed others at significant risk of harm.

**RUNAWAY** - This item describes the risk of running away or actual runaway behavior.

Questions to Consider	Rating	Anchor Definitions
<p>Has the youth ever run away from home, school or any other place?</p> <p>If so, where did they go? How long did they stay away? How was s/he found?</p> <p>Does s/he ever threaten to run away?</p> <p><b>Supplemental considerations available in Runaway Module</b></p>	0	No evidence of runaway ideation or behavior.
	1	No recent history or running away but youth has threatened running away on one or more occasions or has a history (lifetime) of running away but not in the past year.
	2	Recent runaway behavior or ideation within the past year. History of running away involving at least one overnight absence but not in past 7 days.
	3	Ran away within the last 7 days or ran away twice or more overnight during the past 30 days. Destination is not a return to home of parent or relative.

**DECISION MAKING** - This item is intended to describe the youth’s ability to anticipate consequences of choices use developmentally appropriate judgment in decision making.

Questions to Consider	Rating	Anchor Definitions
<p>How is the youth’s judgment and ability to make good decisions?</p> <p>Does s/he typically make good choices for him/herself?</p> <p>Do his/her choices ever result in harm to the youth or others?</p>	0	No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.
	1	History of problems with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being (e.g. youth that has a history of hanging out with others who shoplift).
	2	Problems with judgment in which the youth makes decisions that are in some way harmful to his/her development and/or well-being.
	3	Problems with judgment that place the youth at risk of significant physical harm.

**MEDICATION MANAGEMENT** - This item focuses on the youth’s level of willingness or ability to collaborate and participate in taking prescribed medications.

Questions to Consider	Rating	Anchor Definitions
<p>Is the adolescent taking prescribed medication?</p> <p>Is s/he willing to participate in taking the medication?</p> <p>Does s/he take the medication as planned?</p>	0	Not currently on any medication and/or there is no evidence of unwillingness or noncompliance to taking medications as prescribed and without reminders and/or the youth collaborates in taking medication as prescribed.
	1	Youth collaborates and will take prescribed medications routinely, but sometimes needs reminders to take medication regularly. Also, a history of inability or unwillingness to take medication as prescribed, but no current problems would be noted here.

<p><i>Does s/he take responsibility for taking their medication as prescribed?</i></p> <p><i>Does s/he feel that their opinion about the medication is considered in med plans?</i></p>	2	Youth is periodically unable or unwilling to collaborate or take medication as prescribed. Youth may be resistant to taking prescribed medications, or may tend to overuse his or her medications. S/he might adhere to prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication following the prescribed dose or protocol.
	3	Youth does not collaborate and has refused to take prescribed medications during the past 30-day period. A person who has abused his or her medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would be noted here.

**INTENTIONAL MISBEHAVIOR** - This rating describes obnoxious social behaviors that a youth engages in to intentionally force adults to sanction him/her.

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Does the youth intentionally do or say things to upset parents or other adults?</i></p> <p><i>Has the youth sworn at adults or done other behavior that was insulting, rude or obnoxious?</i></p> <p><i>Does the youth seem to purposely get in trouble by making parents or other adults angry with them?</i></p>	0	No evidence of problematic instigating behavior.
	1	Mild level of problematic social behavior. This might include occasional inappropriate social behavior. Comments to strangers or unusual behavior in social settings might be included in this level.
	2	Moderate level of problematic social behavior. This behavior causes problems in the youth’s life. Youth may be intentionally getting in trouble in school or at home.
	3	Severe level of problematic social behavior. This level would be indicated by frequent serious instigating behavior that forces adults to seriously and/or repeatedly sanction the youth. Youth’s social behavior places him/her at risk for serious sanctions (e.g. suspension, expulsion from school, loss of foster home)..



**TRANSITION TO ADULthood**

The following items are required for youth 15 years, 6 months and older. The Transition to Adulthood items are used to assess how well the adolescent is developing age-appropriate skills for a healthy adulthood.

In this domain, there is an ‘N/A’ option for situations or matters that are not applicable and therefore, would not require a rating, such as when the youth is less than 15 years 6 months of age. However, in practice, a particular item may be relevant to a youth and you may want to rate it, e.g. the youth is a pregnant 13 year old requires you to rate the Parenting Roles Item.

<b>TRANSITION TO ADULthood SCALE KEY</b> 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 as it is an issue that will interfere with ability to function in adulthood.
3 = Indicates a dimension that requires immediate or Intensive action as it is an issue that could be disabling in adulthood.

**INDEPENDENT LIVING SKILLS** - *This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities. This item is used to describe the youth’s ability to take responsibility for and also manage him/herself in an age appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include money management, cooking, housekeeping, &/or finding transportation, etc.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Does the adolescent know how to take care of him/herself?</i>	0	No current need or fully capable of independent living.
<i>Is s/he responsible when left unsupervised?</i>	1	Mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet, etc. Problems with money management may occur at this level - a person who is fully capable of independent living but needs to learn additional independent living skills.
<i>Is s/he developing skills to eventually be able to live in an apartment by themselves?</i>	2	Moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living (e.g., difficulty with cooking, cleaning, and self-management when unsupervised) are common at this level. Problems are generally addressable with in-home services and supports.
<i>Or, if living on their own, how well can they maintain their home?</i>	3	Profound impairment of independent living skills. This youth would be expected to be unable to live independently given their current status. Problems require a structured living environment. Youth needs an immediate intervention to develop an independent living plan.
	NA	Youth is under age 15 years, 6 months.

**PARENTING ROLES** - *This item is intended to rate the youth in any caregiver roles. E.g., a youth with a son or daughter, a youth responsible for a younger sibling, parent, or grandparent. Include pregnancy as a parenting role.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Is the adolescent in any roles where they care for someone else – parent, grandparent, younger sibling, or their own child?</i>	0	No evidence that the youth functions inappropriately in a parenting role and/or youth is not a parent or in any other care-giving role.
<i>How well can they fill that role?</i>	1	Youth has responsibilities as a parent but occasionally experiences difficulties with this role.
<i>Does the adolescent assistance to develop good parenting skills</i>	2	Youth has responsibilities as a parent, and either the youth is struggling with these responsibilities, or, these issues are currently interfering with the youth’s functioning in other life domains.
	3	Youth has responsibilities as a parent and is currently unable to meet these responsibilities. Or, these responsibilities make it impossible

		for the youth to function in other life domains. The youth has the potential to abuse or be neglectful in his/her parenting.
	NA	Youth is under age 15 years, 6 months.

**EDUCATIONAL ATTAINMENT** - *This rates the degree to which the youth is making progress toward or has completed his/her planned education. For youth under 16 years of age, the educational goal should be to succeed in school.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Does the adolescent have goals for their education (e.g. finishing school, getting GED, joining vocational program)?</i></p> <p><i>Has s/he accomplished educational goals?</i></p> <p><i>How well is s/he working toward those goals?</i></p>	0	No evidence of need in working towards completing youth’s planned educational goal and/or youth has achieved all educational goals.
	1	Youth has set educational goals and is currently making progress towards achieving them.
	2	Youth has set educational goals but is currently not making progress towards achieving them.
	3	Youth has no educational goals and lack of educational attainment interferes with youth’s lifetime vocational functioning.
	NA	Youth is under age 15 years, 6 months.

**FINANCIAL RESOURCES** - *This item is used to evaluate whether the youth has sufficient financial resources to support him/herself with respect to stated goals.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Does the adolescent have financial needs beyond what parents are able to provide?</i></p> <p><i>Or, if living on their own, is s/he struggling to pay your bills, rent, or for food?</i></p> <p><i>Does s/he qualify financially for social service programs?</i></p>	0	No evidence of financial difficulties and/or youth has financial resources necessary to meet needs.
	1	Mild difficulties. Youth has financial resources necessary to meet most needs; however, some limitations exist.
	2	Moderate difficulties. Youth has financial difficulties that limit his/her ability to meet needs.
	3	Severe difficulties. Youth is experiencing financial hardship, poverty.
	NA	Youth is under age 15 years, 6 months.

### YOUTH STRENGTHS

This domain is designed to describe the assets of the youth that can be used to advance healthy development. It is very important to remember that strengths are NOT the opposite of needs. Increasing a youth’s strengths while also addressing his or her behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the youth’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 youth 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 = <b>Significant strength</b>	– This rating level indicates that this is a significant and functional strength that could become the centerpiece in service planning. E.g., a youth with a significant interest and involvement in different sports or dance activities and who feels good about his/her involvement.
1 = <b>Strength exists</b>	- This rating level indicates that the strength clearly exists and could become part of the service plan. E.g. a young woman who enjoys knitting. She feels that by keeping her hands busy she can help alleviate her anxiety. This is a resiliency skill for her that is useful.
2 = <b>Potential Strength</b>	- This rating level indicates that a potential strength has been identified, but that strength requires support and development to become useful to the youth. E.g., a teen that loves animals but has no vocational interest or experience would need opportunities that would support and develop those interests. A plan could be put in place that explores a combination of the teen’s interests to help him or her develop prevocational and vocational experience.
3 = <b>No strength identified at this time</b>	– This rating level indicates that no strength has been identified at this time. A rating at this level suggests that in this area effort should go towards identifying and building strengths that can become useful to the youth. E.g., in the case of a teen with no identified areas of vocational interest, the planning focus might be to work with him or her to begin to identify possible areas of interest and educate him or her about different kinds of jobs.

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.		
Questions to Consider	Rating	Anchor Definitions
Are their good relationships that the youth has with any family member?	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. Youth is fully included in family activities.
Is there a family member that the youth can go to in time of need for support?	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.
Is there someone that can advocate for the youth?	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.
Is there potential to develop positive family relationships?	3	This level indicates a youth with no known family strengths. Youth is not included in normal family activities.
	NA	There is no permanent caregiver known at this time.

**RELATIONSHIP PERMANENCE** - *This rating refers to the stability of significant relationships in the youth'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.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
Does the youth have stable significant relationships?	0	Youth has very stable relationships. Family members, friends, and community have been stable for most of youth's life and are likely to remain so in the foreseeable future. Youth is involved with both parents.
Has the youth experienced disruption in any of their significant relationships?	1	Youth 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.
Are there any anticipated changes in the youth's relationships?	2	Youth 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	Youth does not have any stability in relationships with any caregiver. Independent living or adoption must be considered.

**EDUCATIONAL SYSTEM** - *This item is used to evaluate the nature of the school's relationship with the youth and family, as well as, the level of support the youth receives from the school.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
Is the youth's school an active partner in figuring out how to best meet the youth's needs?	0	The school is an effective advocate on behalf of the youth and family to identify and successfully address the youth's educational needs, or, the youth excels in school.
Does s/he like school?	1	The school works with youth and family to identify and address the youth's educational needs, or, the youth performs adequately in school.
Has there been at least one year in which s/he did well in school?	2	The school is currently unable to adequately address the youth's academic or behavioral needs.
When has the youth been at her/ his best in school?	3	There is no evidence of the school working to identify or successfully address the youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the youth's needs and/or there is no school to partner with at this time.

**OPTIMISM** - *This refers to the youth's positive orientation toward the future.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
Does s/he have a generally positive outlook on things; have things to look forward to?	0	Youth has a strong and stable optimistic outlook for his/her life. Youth is future oriented.
How does s/he see her/himself in the future?	1	Youth is generally optimistic. Youth is likely able to articulate some positive future vision.
Is s/he forward looking and see her/him as likely to be successful?	2	Youth has difficulty maintaining a positive view of him/herself and his/her life. Youth's outlook may vary from overly optimistic to overly pessimistic.
	3	Youth has difficulties seeing positive aspects about him/herself or his/her future.

**VOCATIONAL\*** - *This item rates the development of skills which could be applied to a vocation including prevocational skills and work experience. Though this item is rated for children and adolescents of any age, it would be developmentally appropriate for a young child to have no identified strength in this area. Vocational Strengths are rated independently of current functioning (a youth can have considerable strengths but not be doing well at the moment).*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
Does the youth know what s/he wants to 'be when they grow up?	0	Youth has vocational skills and is currently working in a natural environment.

<p><i>Have they ever worked or is s/he developing prevocational skills?</i>  <i>Does s/he have plans to go to college or vocational school, or for a career?</i>  <i>Has s/he taken steps to work toward vocational goals?</i></p>	1	Youth has pre-vocational and some vocational skills but limited work experience.
	2	Youth has some pre-vocational skills but who is not presently working in any area related to those skills. This also may indicate a youth with a clear vocational preference.
	3	Youth has no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.

**SPIRITUAL/RELIGIOUS\*** - This item refers to the youth's experience of receiving comfort and support from spiritual or religious involvement. This item rates the presence of beliefs that could be useful to the youth; however an absence of spiritual/ religious beliefs does not represent a need for the family.

Questions to Consider	Rating	Anchor Definitions
Does the youth have spiritual beliefs that provide comfort?	0	Youth has strong moral and spiritual strengths, 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.
Is the family involved with any religious community? Is the youth involved?	1	Youth has some moral and spiritual strengths, is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.
Do parents/ caregivers have spiritual beliefs that provide comfort?	2	Youth has few spiritual or religious strengths. Youth may have expressed some interest in spiritual or religious belief and practices but has little contact with religious institutions.
Is family interested in exploring spirituality?	3	Youth has no known spiritual or religious involvement. There are no identified spiritual or religious beliefs, nor does the youth show any interest in these pursuits at this time.

**TALENTS/INTERESTS\*** - This item refers to hobbies, skills, artistic interests and talents that are positive ways that a youth can spend their time, and also give them pleasure and a positive sense of self.

Questions to Consider	Rating	Anchor Definitions
What does s/he enjoy doing?	0	Significant creative/artistic strengths. Youth receives a significant amount of personal benefit, pleasure and/or self-esteem from activities surrounding a talent would be rated here.
Is s/he engaged in any pro-social activities?	1	Youth has a notable talent, interest, or hobby that has the potential to provide him/her with pleasure and self-esteem. E.g. a youth who is involved in art, athletics, plays a musical instrument, etc.
What are the things that the youth does particularly well?	2	Youth has expressed interest in developing a specific talent or talents even if they have not developed that talent to date.
	3	Youth has no known talents, interests or hobbies at this time &/or youth requires significant assistance to identify and develop talents & interests.

**\*These three strengths, Vocational, Talents/Interests, and Spiritual/Religious, have been found to be the three best predictors for positive outcomes for youth involved in the mental health and juvenile justice systems. Youth who had strengths in these areas were less likely to be rearrested than those who did not.**

**RECREATION** - This item rates the degree to which a youth has identified and utilizes positive leisure time activities.

Questions to Consider	Rating	Anchor Definitions
What does the youth do with leisure time?	0	Youth has and enjoys positive recreation activities on an ongoing basis.
	1	Youth is doing adequately with recreational activities although some problems may exist.
Does s/he participate in one or more	2	Youth is having moderate problems with recreational activities. Youth may experience some problems with effective use of leisure time.



<i>healthy activities that refresh mind and body?</i>	3	Youth has no access to or interest in recreational activities or has significant difficulties making use of leisure time.
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**NATURAL SUPPORTS** – *The evaluation of natural resources is used to rate the availability of resources related to social support (e.g., fellow church member, extended family). This rating generally refers to unpaid helpers in his/her natural environment but if a family has money those funds can be used to buy help.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Who does the youth and/or their family turn to in times of need?</i>	0	Youth has significant natural supports who contribute to helping support the youth’s healthy development.
<i>Does family have extended family or friends who provide emotional support?</i>	1	Youth has identified natural supports that provide some assistance in supporting the youth’s healthy development.
<i>Can they call on social supports to watch the youth occasionally?</i>	2	Youth has some identified natural supports; however, they are not actively contributing to the youth’s healthy development.
	3	Youth has no known natural supports outside of family & paid caregivers.

**COMMUNITY CONNECTIONS** - *This rating reflects the youth’s connection to people, places or institutions in his or her community. Community connections are different from how the youth functions in the community. A youth’s connection to the community is assessed by the degree to which the youth is involved with the institutions of that community e.g. community centers, little league teams, jobs, after school activities, religious groups, etc. Connections to a community through specific people (i.e. friends and family) could be considered an important community connection if many people who are important to the youth live in the same neighborhood.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Does the family feel like they are a part of a community?</i>	0	Youth is well-integrated into his/her community. S/he is a member of community organizations and has positive ties to the community.
<i>Are there activities that the family does in the community?</i>	1	Youth has significant community ties although they may be relatively short-term (e.g. past year)
<i>Are the youth and family active in a community or an organization?</i>	2	Youth has an identified community but has only limited or unhealthy ties to that community.
	3	There is no evidence of ties or supports from the community at this time.

**RESILIENCY** - *This rating refers to the youth’s ability to recognize his or her strengths and use them in times of need or to support his or her own healthy development. In the CANS evaluation process Resiliency is a meta-strength. It refers to the youth’s ability to (1) recognize his/her strengths, and, (2) use his/her strength(s) to promote healthy development. Thus, younger children may be less likely to be described as resilient by this definition because they do not recognize their own strengths.*

*The concept of resiliency evaluated here is strongly related to supporting children and youth to problem solve for themselves or utilize their own special skills and talents to advance their healthy development.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>What does the youth do well?</i>	0	Youth is able to recognize and use his/her internal strengths to better themselves and successfully manage difficult challenges.
<i>Does s/he recognize those skills as strengths?</i>	1	Youth’s ability to recognize and use most of his/her internal strengths and is able to partially utilize them.
<i>Is s/he able to use strengths and problem-solve for her/himself?</i>	2	Youth recognizes his/her internal strengths, but is not yet able to use them effectively and/or youth is not conscious of the use of their strengths.
	3	There is no evidence of resiliency at this time and/or youth is not yet able to recognize his/her internal strengths.

<b>RESOURCEFULNESS</b> - <i>This rating should be based on the youth's ability to identify and use external/environmental strengths in managing their lives.</i>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Can the youth find their way around the community?</i>	0	Youth is quite skilled at finding the necessary resources required to aid in his/her managing challenges.
<i>Can s/he identify people, places and/or things to help him/herself?</i>	1	Youth has some skills at finding necessary resources required to aid in a healthy lifestyle but sometimes requires assistance with identifying or accessing these resources
<i>Is s/he able to put available resources to effective use?</i>	2	Youth has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
<i>Does s/he have the ability to access assistance when needed?</i>	3	Youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

<b>PRIMARY CARE PHYSICIAN (PCP) RELATIONSHIP</b> – <i>This rating refers to the connection, history and anticipated future youth has with a primary care physician.</i>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Does the youth have a PCP?</i>	0	Youth has been involved with one primary care physician for over a year and plans to continue the relationship.
<i>Does the youth and family feel comfortable with the PCP relationship?</i>	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.
<i>Who will be providing health care during and after mental health treatment?</i>	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.

### **FAMILY/CAREGIVER NEEDS AND STRENGTHS**

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 youth.

Caregiver refers to parent(s) or other adult with primary care-taking responsibilities for the youth. If the youth has been placed temporarily, then focus on the caregiver to whom the youth 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 youth has multiple caregivers it is recommended to rate based on the needs of the set of caregivers as they affect the youth. For example, the supervisory capacity of a father who is not involved in monitoring or disciplining of a youth 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 youth’s supervision.

<b>CAREGIVER RESOURCES AND NEEDS SCALE KEY</b> 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 inferring with caregiver’s ability to parent the youth.
3 = Indicates a dimension that requires immediate or intensive action as it is currently preventing the caregiver from effectively parenting the youth.
NA= Indicates a youth living independently of any caregiver or a youth with no identified long term caregiver.

**PHYSICAL /MEDICAL HEALTH - This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to parent the youth.**

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>How is the caregiver’s health?</i>	0	No evidence of caregiver medical/physical problems and/or caregiver is generally healthy.
<i>Do they have any health problems that limit their ability to care for the family?</i>	1	Caregiver(s) is in recovery from medical/physical problems.
	2	Caregiver(s) has medical/physical problems that interfere with his or her capacity to parent.
<i>Does anyone else in the family have serious physical needs that the caregiver is taking care of?</i>	3	Caregiver(s) has medical/physical problems that make parenting impossible at this time.
	NA	There is no permanent caregiver known 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 youth.**

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Do caregivers have any mental health needs that make parenting difficult?</i>	0	No evidence of caregiver mental health difficulties and/or caregiver has no mental health needs.
	1	Caregiver(s) is in recovery from mental health difficulties.
<i>Does anyone else in the family have serious mental health needs that the caregiver is taking care of?</i>	2	Caregiver(s) has some mental health difficulties that interfere with his or her capacity to parent.
	3	Caregiver(s) has mental health difficulties that make parenting impossible at this time.
	NA	There is no permanent caregiver known at this time.



<b>SUBSTANCE USE</b> - This item describes the impact of any notable substance use by caregivers that might limit their capacity to provide care for the youth.		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p>Do caregivers have any substance abuse needs that make parenting difficult?</p> <p>Does anyone else in the family have a serious substance abuse need that the caregiver is taking care of?</p>	0	No evidence of caregiver substance use issues and/or caregiver has no substance use needs.
	1	Caregiver(s) is in recovery from substance use difficulties.
	2	Caregiver(s) has some substance use difficulties that interfere with his or her capacity to parent.
	3	Caregiver(s) has substance use difficulties that make parenting impossible at this time.
	NA	There is no permanent caregiver known at this time.

<b>DEVELOPMENTAL DELAY</b> - This item describes the presence of limited cognitive capacity that challenges his or her ability to parent.		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p>Do the caregivers have developmental problems that makes parenting/caring for the youth difficult?</p>	0	No evidence of caregiver developmental delay and/or caregiver has no developmental needs.
	1	Caregiver(s) has developmental delays, but these do not currently interfere with parenting.
	2	Caregiver(s) has developmental delays that interfere with parenting.
	3	Caregiver(s) has severe developmental delays that make parenting impossible at this time.
	NA	There is no permanent caregiver known at this time.

<b>SUPERVISION</b> - This item refers to the caregiver's ability to monitor and discipline the youth.		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p>How do caregivers keep an eye on and discipline their child/children?</p> <p>Do caregivers think they need some help with these issues?</p>	0	Caregiver has good monitoring and discipline skills and/or no evidence caregiver needs help or assistance in monitoring or disciplining the youth
	1	Caregiver(s) provides generally adequate supervision. May need occasional help or technical assistance.
	2	Caregiver(s) reports difficulties monitoring and/or disciplining youth. Caregiver needs assistance to improve supervision skills.
	3	Caregiver(s) is unable to monitor or discipline the youth. Caregiver requires immediate and continuing assistance. Youth is at risk of harm to self, due to absence of supervision.
	NA	There is no permanent caregiver known at this time.

<b>INVOLVEMENT WITH CARE</b> - This rating should be based on the level of involvement the caregiver(s) has in planning and provision of mental health and related services.		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p>How involved are the caregivers in services for the youth?</p> <p>Is the caregiver an advocate?</p> <p>Would they like any help to become more involved?</p>	0	Caregiver is able to act as an effective advocate for youth or no evidence of problems with caregiver involvement in services or interventions
	1	Caregiver(s) has history of seeking help for their youth. Caregiver is open to receiving support, education, and information.
	2	Caregiver(s) does not actively involve him/herself in services and/or interventions intended to assist their youth.
	3	Caregiver(s) uninvolved with the care of the youth and likely wishes for the youth to be removed from his/her care.
	NA	There is no permanent caregiver known at this time.

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

Questions to Consider	Rating	Anchor Definitions
<p>Do the caregivers have an understanding of the youth's strengths and needs?</p> <p>Do they understand what is necessary to treat or manage the youth issues and concerns?</p>	0	Caregiver(s) is knowledgeable about the youth's psychological strengths, weaknesses, talents, and limitations.
	1	Caregiver(s) is generally knowledgeable about the youth but may require additional information to improve their capacity to parent.
	2	Caregiver does not know or understand the youth well & notable deficits exist in the caregiver's ability to relate to the youth's strengths & needs.
	3	Caregiver(s) has a significant problem in understanding the youth's current condition which places the youth at risk of significant negative outcomes. Caregiver(s) is unable to cope with the youth, not because of the needs of the youth but because the caregiver does not understand or accept the situation.
	NA	There is no permanent caregiver known at this time.

**ORGANIZATION** – This item is used to rate the caregiver's ability to manage their household within the context of community services.

Questions to Consider	Rating	Anchor Definitions
<p>Do caregivers need or want help with managing their home?</p> <p>Do they have difficulty getting to appointments, managing a schedule?</p> <p>Do they have difficulty getting their youth to appointments or school?</p>	0	Caregiver is well organized and efficient. No evidence of difficulties the caregiver may have in organizing and maintaining the household to support needed services.
	1	Caregiver has some difficulties organizing and maintaining the household to support needed services. E.g. they may be forgetful about appointments or occasionally fail to return calls.
	2	Caregiver has significant difficulty organizing and maintaining household to support needed services.
	3	Caregiver is unable to organize household to support needed services.
	NA	There is no permanent caregiver known at this time.

**RESIDENTIAL STABILITY** - This dimension rates the caregivers' current and likely future housing circumstances and does not include the likelihood that the youth will be removed from the household..

Questions to Consider	Rating	Anchor Definitions
<p>Is the family current housing situation stable?</p> <p>Are there concerns that they might have to move in the near future?</p> <p>Has family lost their housing?</p> <p>Does the family move often?</p>	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 has experienced periods of homelessness in the past 6 months.
	NA	There is no permanent caregiver known at this time.

**RESOURCES** – This rating 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 youth and family.

Questions to Consider	Rating	Anchor Definitions
Can the family count on having their	0	Caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the youth.

<i>material and emotional needs met?</i>	1	Caregiver(s) has the necessary resources to help address the youth's basic needs and are helpful in the care and treatment of the youth.
<i>Does the family have sufficient resources to pay their bills on time?</i>	2	Caregiver(s) has limited financial and other resources.
	3	Caregiver has severely limited resources that are available to assist in the care and treatment of the youth.
<i>Do they all have health care?</i>	NA	There is no permanent caregiver known at this time.

<b>FAMILY STRESS - This item is used to describe the level of stress experienced by the family.</b>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Are the family members able to deal with their family stresses?</i>	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.
<i>Are there marital difficulties or sibling issues that increase family stress?</i>	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.
<i>Has stress led to other problems within the family?</i>	3	Profound level of family disruption including parental substance abuse, criminality, or domestic violence.
	NA	There is no permanent caregiver known at this time.

<b>SAFETY - This rating refers to the safety of the assessed youth. It <u>does not</u> refer to the safety of other family or household members based on any danger presented by the assessed youth.</b>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>Is the youth at risk of abuse or neglect in the home?</i>	0	Household is as safe or safer for the youth (in his/her present condition) as could be reasonably expected.
<i>Is domestic violence present in the home?</i>	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.
<i>Is the home physically safe and healthy?</i>	2	Household presents a moderate level of risk to the youth including such things as the risk of neglect or abuse or exposure to individuals who could harm the youth.
<i>Is the home in an unsafe neighborhood?</i>	3	Household presents a significant risk to the wellbeing of the youth. Risk of neglect or abuse is imminent and immediate. Individuals in the environment offer the potential of significantly harming the youth.

### 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 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.

<b>CULTURAL CONSIDERATIONS SCALE KEY</b> 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.

<b>LANGUAGE - This item looks at whether the youth and family need help to communicate with you or others in their world, in English. This item includes both spoken and sign language.</b>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<i>What language does the family speak at home?</i>	0	No evidence that there is a need for bilingual, translator or interpreter services and/or youth and family speak English well.
<i>Is there a youth interpreting for the family in situations which may compromise care?</i>	1	Youth and family speak some English, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
<i>Is information presented in treatment plan documents, legal documents, and case conference discussions in the language preferred by the family?</i>	2	Youth 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.
<i>Does the youth or significant family members have any difficulty communicating (either because English is not their first language or s/he uses ASL, Braille, or assisted technology)?</i>	3	Youth 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 any 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.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Does the youth or family report any experiences of discrimination or bias? Was it connected to behavioral health services? What impact did it have? Does the family or youth report difficulties having their needs met from providers or formal helpers because of bias? Does the family feel stress due to their detection of bias by providers or others?</i></p>	0	No report of experiences of discrimination that impacts the youth or family’s ability to function and/or creates stress.
	1	Youth 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 youth or family.
	2	Youth or family reports experiences of discrimination which is currently interfering with the youth or family’s functioning.
	3	Youth or family reports experiences of discrimination that substantially and immediately interferes with the youth or family’s functioning on a daily basis and requires immediate action.

**CULTURAL IDENTITY** – *This item refers to the youth’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 youth.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Does the youth identify with any cultural group? Does the youth find this group a source of support? Does the youth ever feel conflicted about her/his cultural identity? Does the youth feel pressured to join/leave a cultural subgroup for another? Does the youth openly denigrate members of her/his own group?</i></p>	0	No evidence of issues with membership in a group and/or youth has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
	1	Youth is experiencing some confusion or concern regarding cultural identity.
	2	Youth expresses some distress or conflict about her/his cultural identity which interferes with the youth or family’s functioning.
	3	Youth expresses significant distress or conflict about her/his cultural identity. Youth may reject her/his cultural group identity, which severely interferes with the youth or family’s functioning and/or requires immediate action.

**CULTURAL DIFFERENCES WITHIN A FAMILY** – *This item refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual’s own cultural identity and the predominant culture within their family.*

<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Do the parents and the youth have different understandings of appropriate behaviors that are rooted in cultural traditions? Do the family and youth understand and respect each other’s perspectives? Do the family and youth have conflicts that result from different cultural perspectives?</i></p>	0	No evidence of conflict, stress or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.
	1	Youth and family have some mild or occasional conflict or stress, but are currently managing them well.
	2	Youth and family experience difficulties managing cultural differences within the family which negatively impacts the functioning of the youth.
	3	Youth and family experience such significant difficulty managing cultural differences within the family that it interferes with the youth’s functioning and/or requires immediate action.

<b>CAREGIVER CONGRUENCE</b> – <i>This item refers to agreement between the caregiver’s understandings of child rearing practices, child development and intervention and/or the youth’s presenting issues and treatment.</i>		
<b>Questions to Consider</b>	<b>Rating</b>	<b>Anchor Definitions</b>
<p><i>Do the caregivers have different understandings of appropriate behaviors?</i></p> <p><i>Do the caregivers understand and respect each other’s perspectives?</i></p> <p><i>Do the caregivers have conflicts that result from different cultural perspectives?</i></p> <p><i>Are their special cultural traditions that should be utilized in the treatment plan?</i></p>	0	No evidence of conflict, stress or disengagement within the family due to different perspectives or family is able to communicate effectively in this area.
	1	Caregivers have some mild or occasional conflict or stress, but are currently managing them well.
	2	Caregivers experience difficulties managing their differences within the family which negatively impacts the functioning of the youth.
	3	Caregivers experience such significant difficulty managing their differences within the family that it interferes with the youth’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.

DIAGNOSES (DX)
AXIS I
AXIS II
AXIS III
AXIS IV
AXIS V

**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.*

Questions to Consider	Rating	Anchor Definitions
How clear are the symptoms?	0	The youth’s behavioral health diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear.
Is there ambiguity regarding diagnosis due to substance use or withdrawal?	1	Although there is some confidence in the accuracy of the youth’s diagnoses, the youth’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 youth’s diagnoses due to the complexity of the youth’s presentation of symptoms.
Are there rule outs being considered?	3	It is currently not possible to accurately diagnose the youth’s behavioral health condition(s).

**PROGNOSIS-** *This item refers to the expected trajectory of the recovery of the youth based on their current diagnosis, symptoms and functioning when compared with youth 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 youth 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.*

Questions to Consider	Rating	Anchor Definitions
How long do you anticipate this person will need to be in treatment?	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 be anticipated 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.

## CANS Supplemental Modules

### ABUSE / TRAUMA HISTORY

#### **Trauma Experiences**

- 0 indicates a dimension where there is no evidence of any trauma of this type.
- 1 indicates a dimension where a single even trauma occurred or suspicion exists of trauma experiences.
- 2 indicates a dimension on which the youth has experienced multiple traumas.
- 3 indicates a dimension which describes repeated and severe trauma with medical and physical consequences.

#### **SEXUAL ABUSE**

- 0 There is no evidence that youth has experienced sexual abuse.
- 1 Youth has experienced single incident sexual abuse with no penetration.
- 2 Youth has experienced multiple incidents of sexual abuse without penetration or a single incident of penetration.
- 3 Youth has experienced severe, chronic sexual abuse that could include penetration or associated physical injury.

#### **PHYSICAL ABUSE**

- 0 There is no evidence that youth has experienced physical abuse.
- 1 There is a suspicion that youth has experienced physical abuse but no confirming evidence. Spanking without physical harm or intention to commit harm also qualifies.
- 2 Youth has experienced a moderate level of physical abuse and/or repeated forms of physical punishment
- 3 Youth has experienced severe and repeated physical abuse with intent to do harm and that causes sufficient physical harm to necessitate hospital treatment.

#### **EMOTIONAL ABUSE**

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

#### **NEGLECT**

- 0 There is no evidence that youth has experienced neglect.
- 1 Youth has experienced minor or occasional neglect. Youth may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of youth.
- 2 Youth has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
- 3 Youth has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

#### **MEDICAL TRAUMA**

- 0 There is no evidence that youth has experienced any medical trauma.
- 1 Youth has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
- 2 Youth has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
- 3 Youth has experienced life threatening medical trauma.

#### **WITNESS TO FAMILY VIOLENCE**

- 0 There is no evidence that youth has witnessed family violence.
- 1 Youth has witnessed one episode of family violence.
- 2 Youth has witnessed repeated episodes of family violence but no significant injuries (e.g. requiring emergency medical attention) have been witnessed.
- 3 Youth has witnessed repeated and severe episode of family violence or has had to intervene in episodes of family violence. Significant injuries have occurred and have been witnessed by the youth as a direct result of the violence.

#### **COMMUNITY VIOLENCE**

- 0 There is no evidence that youth has witnessed or experienced violence in the community.
- 1 Youth has witnessed occasional fighting or other forms of violence in the community. Youth has not been directly impacted by the community violence (e.g., violence not directed at self, family, or friends) and exposure has been limited.
- 2 Youth has witnessed the significant injury of others in his/her community, or has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence/criminal activity that was not life threatening, or has witnessed/experienced chronic or ongoing community violence.



## CANS Supplemental Modules

- 3 Youth has witnessed or experienced the death of another person in his/her community as a result of violence, or is the direct victim of violence/criminal activity in the community that was life threatening, or has experienced chronic/ongoing impact as a result of community violence (e.g., family member injured and no longer able to work).

### **SCHOOL VIOLENCE**

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

### **NATURAL OR MANMADE DISASTERS**

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

### **TRAUMATIC GRIEF / SEPARATION**

- 0 There is no evidence that youth has experienced traumatic grief or separation from significant caregivers.
- 1 Youth is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation.
- 2 Youth is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs function in certain but not all areas. This could include withdrawal or isolation from others.
- 3 Youth is experiencing significant traumatic grief or separation reactions. Youth exhibits impaired functioning across several areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation.

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

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

### **TERRORISM AFFECTED**

Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

- 0 There is no evidence that youth has been affected by terrorism or terrorist activities.
- 1 Youth's community has experienced an act of terrorism, but the youth was not directly impacted by the violence (e.g. youth lives close enough to site of terrorism that they may have visited before or youth recognized the

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location when seen on TV, but youth's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.

- 2 Youth has been affected by terrorism within his/her community, but did not directly witness the attack. Youth may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of youth's daily life may be disrupted due to attack (e.g. utilities or school), and youth may see signs of the attack in neighborhood (e.g. destroyed building). Youth may know people who were injured in the attack.
- 3 Youth has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

### **WITNESS / VICTIM OF CRIMINAL ACTIVITY**

- 0 There is no evidence that youth has been victimized or witnessed significant criminal activity.
- 1 Youth is a witness of significant criminal activity.
- 2 Youth is a direct victim of criminal activity or witnessed the victimization of a family or friend.
- 3 Youth is a victim of criminal activity that was life threatening or caused significant physical harm or youth witnessed the death of a loved one.

## (TRAUMA) ADJUSTMENT MODULE

### **AFFECT REGULATION**

- 0 Youth has no problems with affect regulation.
- 1 Youth has mild to moderate problems with affect regulation.
- 2 Youth has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with youth's functioning in some life domains.
- 3 Youth unable to regulate affect.

### **INTRUSIONS**

- 0 There is no evidence that youth experiences intrusive thoughts of trauma.
- 1 Youth experiences some intrusive thoughts of trauma but they do not affect his/her functioning.
- 2 Youth experiences intrusive thoughts that interfere in his/her ability to function in some life domains.
- 3 Youth experiences repeated and severe intrusive thoughts of trauma.

### **ATTACHMENT**

- 0 No evidence of attachment problems. Parent-youth relationship is characterized by satisfaction of needs, youth'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 of detachment.
- 2 Moderate problems with attachment. Youth is having problems with attachment that require intervention. A youth who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.
- 3 Severe problems with attachment. A youth who is unable to separate or a youth who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

### **DISSOCIATIONS**

- 0 There is no evidence of dissociation.
- 1 Youth may experience some symptoms of dissociation.
- 2 Youth clearly experiences episodes of dissociation.
- 3 Profound dissociation occurs.

### **ADJUSTMENT TO TRAUMA**

This item covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. This dimension covers both adjustment disorders and posttraumatic stress disorder from DSM-IV.

- 0 Youth has not experienced any significant trauma or has adjusted well to traumatic experiences.
- 1 Youth has some mild adjustment problems to trauma. Youth may have an adjustment disorder or other reaction that might ease with the passage of time. Or, youth may be recovering from a more extreme reaction to a traumatic experience.
- 2 Youth has marked adjustment problems associated with traumatic experiences. Youth may have nightmares or other notable symptoms of adjustment difficulties.
- 3 Youth has post-traumatic stress difficulties as a result of traumatic experience. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post Traumatic Stress Disorder (PTSD).

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### DEVELOPMENTAL NEEDS (DD) MODULE

*This module is intended to describe any needs that might involve services for Developmental Disabilities including services provided through the Department of Developmental Disabilities.*

#### COGNITIVE

- 0 Youth's intellectual functioning appears to be within normal range. There is no reason to believe that the youth has any problems with intellectual functioning.
- 1 Youth has low IQ (70 to 85) or has identified learning challenges.
- 2 Youth has mild mental retardation. IQ is between 55 and 70.
- 3 Youth has moderate to profound mental retardation. IQ is less than 55.

#### COMMUNICATION

- 0 Youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the youth has any problems communicating.
- 1 Youth has receptive communication skills but limited expressive communication skills
- 2 Youth has both limited receptive and expressive communication skills.
- 3 Youth is unable to communicate.

#### DEVELOPMENTAL

- 0 Youth's development appears within normal range. There is no reason to believe that the youth has any 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.

#### SELF-CARE DAILY LIVING SKILLS

- 0 Youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the youth has any problems performing daily living skills.
- 1 Youth requires verbal prompting on self-care tasks or daily living skills.
- 2 Youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
- 3 Youth requires attendant care on more than one of the following self-care tasks: eating, bathing, dressing, toileting.

### Developmental History

*These items are to be rated with regard to the youth's functioning and development in the first five years of life, unless otherwise noted in the item guidelines.*

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

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

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

- 0 The youth's sensory functioning appeared normal. There is no reason to believe that the youth has had any problems with sensory functioning.
- 1 The youth had mild impairment on a single sense (e.g. mild hearing deficits, correctable vision problems).
- 2 The youth had moderate impairment on a single sense or mild impairment on multiple senses (e.g. difficulties with sensory integration, diagnosed need for occupational therapy).
- 3 The youth has significant impairment on one or more senses (e.g. profound hearing or vision loss).

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

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- 0 Youth's receptive and expressive communication appeared developmentally appropriate. There is no reason to believe that the youth had any problems communicating.
- 1 Youth's receptive abilities were intact, but youth had limited expressive capabilities (e.g. if the youth was an infant, he or she engaged in limited vocalizations; if older than 24 months, he or she understood verbal communication, but others had unusual difficulty understanding youth).
- 2 Youth had limited receptive and expressive capabilities.
- 3 Youth was unable to communicate in any way, including pointing or grunting.

**SUBSTANCE EXPOSURE** - *This dimension describes the youth's exposure to substance use and abuse both before and during the years immediately after birth.*

- 0 Youth had no in utero exposure to alcohol or drugs, and there was no exposure in the home.
- 1 Youth had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there was current alcohol and/or drug use in the home during the youth's first 5 years.
- 2 Youth was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.
- 3 Youth was exposed to alcohol or drugs in utero and continued to be exposed in the home. Any youth who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

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

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

**MATERNAL AVAILABILITY** - *This dimension addresses the primary caretaker's emotional and physical availability to the youth in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.*

- 0 The youth's mother/primary caretaker was emotionally and physically available to the youth in the weeks following the birth.
- 1 The primary caretaker experienced some minor or transient stressors which made her slightly less available to the youth (e.g. another youth in the house under two years of age, an ill family member for whom the caretaker had responsibility, a return to work before the youth reached six weeks of age).
- 2 The primary caretaker experienced a moderate level of stress sufficient to make him/her significantly less emotionally and physically available to the youth in the weeks following the birth (e.g. major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children in the house under four years of age).
- 3 The primary caretaker was unavailable to the youth to such an extent that the youth's emotional or physical well-being was severely compromised (e.g. a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and youth for an extended period of time, divorce or abandonment).

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### FIRE SETTING MODULE

#### **SERIOUSNESS**

- 0 Youth has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
- 1 Youth has engaged in fire setting that resulted only in some property damage that required repair.
- 2 Youth has engaged in fire setting which caused significant damage to property (e.g. burned down house).
- 3 Youth has engaged in fire setting that injured self or others.

#### **HISTORY**

- 0 Only one known occurrence of fire setting behavior.
- 1 Youth has engaged in multiple acts of fire setting in the past year.
- 2 Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.
- 3 Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.

#### **PLANNING**

- 0 No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
- 1 Evidence suggests that youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.
- 2 Evidence of some planning of fire setting behavior.
- 3 Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

#### **USE OF ACCELERANTS**

- 0 No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
- 1 Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
- 2 Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
- 3 Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

#### **INTENTION TO HARM**

- 0 Youth did not intend to harm others with fire. He/she took efforts to maintain some safety.
- 1 Youth did not intend to harm others but took no efforts to maintain safety.
- 2 Youth intended to seek revenge or scare others but did not intend physical harm, only intimidation.
- 3 Youth intended to injure or kill others.

#### **COMMUNITY SAFETY**

- 0 Youth presents no risk to the community. He/she could be unsupervised in the community.
- 1 Youth engages in fire setting behavior that represents a risk to community property.
- 2 Youth engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
- 3 Youth engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Youth attempts to use fires to hurt others.

#### **RESPONSE TO ACCUSATION**

- 0 Youth admits to behavior and expresses remorse and desire to not repeat.
- 1 Youth partially admits to behaviors and expresses some remorse.
- 2 Youth admits to behavior but does not express remorse.
- 3 Youth neither admits to behavior nor expresses remorse. Youth is in complete denial.

#### **REMORSE**

- 0 Youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Youth is able to apologize directly to effected people.
- 1 Youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, youth is unable or unwilling to apologize to effected people.
- 2 Youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
- 3 Youth accepts no responsibility and does not appear to experience any remorse.

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### ***LIKELIHOOD OF FUTURE FIRE SETTING***

- 0 Youth is unlikely to set fires in the future. Youth able and willing to exert self-control over fire setting.
- 1 Youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
- 2 Youth remains at risk of fire setting if left unsupervised. Youth struggles with self-control.
- 3 Youth presents a real and present danger of fire setting in the immediate future. Youth unable or unwilling to exert self-control over fire setting behavior.

## CANS Supplemental Modules

### JUVENILE JUSTICE (JJ) MODULE

#### **SERIOUSNESS**

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

#### **HISTORY**

- 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 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.

#### **ARRESTS**

- 0 Youth has no known arrests in past.
- 1 Youth has history of delinquency, but no arrests past 30 days.
- 2 Youth has 1 to 2 arrests in last 30 days.
- 3 Youth has more than 2 arrests in last 30 day.

#### **PLANNING**

- 0 No evidence of any planning. Criminal/delinquent behavior appears opportunistic or impulsive.
- 1 Evidence suggests that youth places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced.
- 2 Evidence of some planning of criminal/delinquent behavior.
- 3 Considerable evidence of significant planning of criminal/delinquent behavior. Behavior is clearly premeditated.

#### **COMMUNITY SAFETY**

- 0 Youth presents no risk to the community. He/she could be unsupervised in the community.
- 1 Youth engages in behavior that represents a risk to community property.
- 2 Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
- 3 Youth engages in behavior that directly places community members in danger of significant physical harm.

#### **LEGAL COMPLIANCE**

- 0 Youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
- 1 Youth is in general compliance with responsibilities imposed by the court. (e.g. occasionally missed appointments)
- 2 Youth is in partial noncompliance with standing court orders (e.g. youth is going to school but not attending court-order treatment)
- 3 Youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations)

#### **Peer Influences**

- 0 Youth's primary peer social network does not engage in criminal/delinquent behavior.
- 1 Youth has peers in his/her primary peer social network who do not engage in criminal/delinquent behavior but has some peers who do.
- 2 Youth predominantly has peers who engage in 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.

#### **PARENTAL CRIMINAL BEHAVIOR (INFLUENCES)**

- 0 There is no evidence that youth's parents have ever engaged in criminal/delinquent behavior.
- 1 One of youth's parents has history of criminal/delinquent 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/delinquent behavior and youth has been in contact with this parent in the past year.
- 3 Both of youth's parents have history of criminal/delinquent behavior

#### **ENVIRONMENTAL INFLUENCES -**

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



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### RUNAWAY BEHAVIOR MODULE

#### ***FREQUENCY OF RUNNING***

- 0 Youth has only run once in past year
- 1 Youth has run on multiple occasions in past year.
- 2 Youth runs often but not always.
- 3 Youth runs at every opportunity.

#### ***CONSISTENCY OF DESTINATION***

- 0 Youth always runs to the same location.
- 1 Youth generally runs to the same location or neighborhood
- 2 Youth runs to the same community but the specific locations change.
- 3 Youth runs to no planned destination.

#### ***SAFETY OF DESTINATION***

- 0 Youth runs to a safe environment that meets his/hers basic needs (e.g. food, shelter).
- 1 Youth runs to generally safe environments; however, they might be somewhat unstable or variable.
- 2 Youth runs to generally unsafe environments that cannot meet his/her basic needs.
- 3 Youth runs to very unsafe environments where the likelihood that he/she will be victimized is high.

#### ***INVOLVEMENT IN ILLEGAL ACTIVITIES***

- 0 Youth does not engage in illegal activities while on run beyond those involved with the running itself.
- 1 Youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking)
- 2 Youth engages in delinquent activities while on run.
- 3 Youth engages in dangerous delinquent activities while on run (e.g. prostitution)

#### ***LIKELIHOOD OF RETURN ON OWN***

- 0 Youth will return from run on his/her own without prompting.
- 1 Youth will return from run when found but not without being found.
- 2 Youth will make him/herself difficult to find and/or might passively resist return once found.
- 3 Youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

#### ***INVOLVEMENT WITH OTHERS***

- 0 Youth runs by self with no involvement of others. Others may discourage behavior or encourage youth to return from run.
- 1 Others enable youth running by not discouraging youth's behavior.
- 2 Others involved in running by actively helping or encouraging youth.
- 3 Youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

#### ***REALISTIC EXPECTATION***

- 0 Youth has realistic expectations about the implications of his/her running behavior.
- 1 Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat 'optimistic' outcome.
- 2 Youth has unrealistic expectations about the implications of their running behavior.
- 3 Youth has obviously false or delusional expectations about the implications of their running behavior.

#### ***PLANNING***

- 0 Running behavior is completely spontaneous and emotionally impulsive.
- 1 Running behavior is somewhat planned but not carefully.
- 2 Running behavior is planned.
- 3 Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.



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### SEXUALLY AGGRESSIVE BEHAVIOR MODULE

#### **RELATIONSHIP**

- 0 No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
- 1 Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this youth being in the position of authority.
- 2 Youth is clearly victimizing at least one other individual with sexually abusive behavior.
- 3 Youth is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

#### **PHYSICAL FORCE / THREAT**

- 0 No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.
- 1 Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
- 2 Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
- 3 Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.

#### **PLANNING**

- 0 No evidence of any planning. Sexual activity appears entirely opportunistic.
- 1 Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
- 2 Evidence of some planning of sex act.
- 3 Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

#### **AGE DIFFERENTIAL**

- 0 Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).
- 1 Age differential between perpetrator and victim and/or participants is 3 to 4 years.
- 2 Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.
- 3 Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

#### **TYPE OF SEX ACT**

- 0 Sex act(s) involve touching or fondling only.
- 1 Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
- 2 Sex act(s) involve penetration into genitalia or anus with body part.
- 3 Sex act involves physically dangerous penetration due to differential size or use of an object.

#### **RESPONSE TO ACCUSATION**

- 0 Youth admits to behavior and expresses remorse and desire to not repeat.
- 1 Youth partially admits to behaviors and expresses some remorse.
- 2 Youth admits to behavior but does not express remorse.
- 3 Youth neither admits to behavior nor expresses remorse. Youth is in complete denial.

#### **TEMPORAL CONSISTENCY**

- 0 This level indicates a youth who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.
- 1 This level indicates a youth who has been sexually abusive during the past two years OR youth who has become sexually abusive in the past three months despite the absence of any clear stressors.
- 2 This level indicates a youth who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
- 3 This level indicates a youth who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

#### **HISTORY OF SEXUALLY ABUSIVE BEHAVIOR (TOWARD OTHERS)**

- 0 Youth has only one incident of sexually abusive behavior that has been identified and/or investigated.
- 1 Youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
- 2 Youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
- 3 Youth has more than ten incidents of sexually abusive behavior with more than one victim.

#### **SEVERITY OF SEXUAL ABUSE**

- 0 No history of any form of sexual abuse.

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- 1 History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
- 2 This level is to indicate a moderate level of sexual abuse. This may involve a youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
- 3 This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the youth.

### ***PRIOR TREATMENT***

- 0 No history of prior treatment or history of outpatient treatment with notable positive outcomes.
- 1 History of outpatient treatment which has had some degree of success.
- 2 History residential treatment where there has been successful completion of program.
- 3 History of residential or outpatient treatment condition with little or no success.

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### SUBSTANCE USE DISORDER MODULE

#### **SEVERITY OF USE**

- 0 Youth is currently abstinent and has maintained abstinence for at least six months.
- 1 Youth is currently abstinent but only in the past 30 days or youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
- 2 Youth actively uses alcohol or drugs but not daily.
- 3 Youth uses alcohol and/or drugs on a daily basis.

#### **DURATION OF USE**

- 0 Youth has begun use in the past year.
- 1 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 Youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
- 3 Youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

#### **STAGE OF RECOVERY**

- 0 Youth is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
- 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.

#### **PEER INFLUENCES**

- 0 Youth's primary peer social network does not engage in alcohol or drug use.
- 1 Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
- 2 Youth predominantly has peers who engage in alcohol or drug use..
- 3 Youth is a member of a peer group that consistently engages in alcohol or drug use.

#### **PARENTAL INFLUENCES**

- 0 There is no evidence that youth's parents have ever engaged in substance abuse.
- 1 One of youth's parents has history of substance abuse but not in the past year.
- 2 One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.
- 3 One or both of youth's parents use alcohol or drugs with the youth.

#### **ENVIRONMENTAL INFLUENCES**

- 0 No evidence that the youth's environment stimulates or exposes the youth to any alcohol or drug use.
- 1 Mild problems in the youth's environment that might expose the youth to alcohol or drug use.
- 2 Moderate problems in the youth's environment that clearly expose the youth to alcohol or drug use.
- 3 Severe problems in the youth's environment that stimulate the youth to engage in alcohol or drugs.

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### SUICIDE RISK MODULE

#### **HISTORY OF ATTEMPTS**

- 0 No history of suicidal ideation or attempt.
- 1 History of significant suicidal ideation but no potentially lethal attempts
- 2 History of a potentially lethal suicide attempt.
- 3 History of multiple potentially lethal suicide attempts.

#### **SUBSTANCE ABUSE**

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

- 0 This rating is for a youth who has no substance use difficulties at the present time. If the person is in recovery for greater than 1 year, they should be coded here, although this is unlikely for a youth
- 1 This rating is for a youth with mild substance use problems that might occasionally present problems of living for the person (intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently abstinent for at least 30 days.
- 2 This rating is for a youth with a moderate substance abuse problem that both requires treatment and interacts with and exacerbates the psychiatric illness. Substance abuse problems consistently interfere with the ability to function optimally but do not completely preclude functioning in an unstructured setting.
- 3 This rating is for a youth with a severe substance dependence condition that presents a significant complication to the coordination of care (e.g. need for detoxification) of the individual.

#### **DEPRESSION**

Symptoms included in this dimension are irritable or 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,

- 0 This rating is given to a youth with no emotional problems. No evidence of depression.
- 1 This rating is given to a youth 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.
- 2 This rating is given to a youth with a moderate level of emotional disturbance. This could include major, depression, or school avoidance. Any diagnosis of depression would be coded here. This level is used to rate youth who meet the criteria for an affective disorder listed above.
- 3 This rating is given to a youth with a severe level of depression. This would include a youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

#### **CONDUCT**

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

#### **CAREGIVER MENTAL HEALTH**

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

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

## CANS Supplemental Modules

### ***ACCESSIBLE FIREARM / LETHAL MEDICATION***

This item refers to the youth / youth's ability to access potentially lethal objects / substances.

- 0 No evidence that youth youth has access to either firearm, lethal medication or similarly lethal device / substance.
- 1 Some evidence that a lethal weapon / substance is accessible with substantial effort. Examples include a gun in a locked cabinet to which the youth /youth **cannot** access the key, or a vague plan to obtain potentially lethal substances.
- 2 Evidence that a lethal means is available with modest effort (deception, some planning). **SAFETY PLAN MUST BE CREATED.**
- 3 Evidence that youth / youth has immediate access to lethal means. Youth / youth should not be allowed to re-enter said environment until means has been removed. **SAFETY PLAN MUST BE CREATED.**

## CANS Supplemental Modules

### VIOLENCE MODULE

**Historical Risk Factors** - *Historical risk factors are rated over the lifetime of the youth.*

**HISTORY OF PHYSICAL ABUSE (PAST PHYSICAL VIOLENCE)**

- 0 No evidence of a history of physical abuse
- 1 Youth has experienced corporal punishment.
- 2 Youth has experienced physical abuse on one or more occasions from care giver or parent.
- 3 Youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care

**HISTORY OF VIOLENCE (PAST VIOLENCE)**

- 0 No evidence of any history of violent behavior by the youth.
- 1 Youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).
- 2 Youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
- 3 Youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

**WITNESS TO DOMESTIC VIOLENCE**

- 0 No evidence that the youth has witnessed domestic violence.
- 1 Youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury.
- 2 Youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.
- 3 Youth has been witness to murder or rape of a family member

**WITNESS TO ENVIRONMENTAL VIOLENCE**

- 0 No evidence that youth has witnessed violence in his/her environment and does not watch an excessive amount of violent media
- 1 Youth has not witness violence in her environment and but watches an excessive amount of violent media including movies and video games.
- 2 Youth has witnessed at least one occasion of violence in his/her environment.
- 3 Youth has witnessed a murder or rape.

### *Emotional / Behavioral Risks (Violence)*

**BULLYING**

- 0 Youth has never engaged in bullying at school or in the community.
- 1 Youth has been involved with groups that have bullied other youth either in school or the community; however, youth has not had a leadership role in these groups.
- 2 Youth has bullied other youth in school or community. Youth has either bullied the other youth individually or led a group that bullied youth
- 3 Youth has repeated utilized threats or actual violence to bully youth in school and/or community.

**FRUSTRATION MANAGEMENT**

- 0 Youth appears to be able to manage frustration well. No evidence of problems of frustration management.
- 1 Youth has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm self down following an angry outburst.
- 2 Youth has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.
- 3 Youth becomes explosive and dangerous to others when frustrated. He/she demonstrates little self control in these situations and others must intervene to restore control

**HOSTILITY**

- 0 Youth appears to not experience or express hostility except in situations where most people would become hostile.
- 1 Youth appears hostile but does not express it. Others experience youth as being angry.
- 2 Youth expresses hostility regularly.
- 3 Youth is almost always hostile either in expression or appearance. Others may experience youth as 'full of rage' or 'seething'

**PARANOID THINKING**

- 0 Youth does not appear to engage in any paranoid thinking.
- 1 Youth is suspicious of others but is able to test out these suspicions and adjust his/her thinking appropriately.



## CANS Supplemental Modules

- 2 Youth believes that others are 'out to get' him/her. Youth has trouble accepting that these beliefs may not be accurate. Youth at times is suspicious and guarded but at other times can be open and friendly. Suspicions can be allayed with reassurance.
- 3 Youth believes that others plan to cause them harm. Youth is nearly always suspicious and guarded.

### **SECONDARY GAINS FROM ANGER**

- 0 Youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.
- 1 Youth unintentionally has benefited from angry behavior; however, there is no evidence that youth intentionally uses angry behavior to achieve desired outcomes.
- 2 Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
- 3 Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth's life appear intimidated.

### **VIOLENT THINKING**

- 0 There is no evidence that youth engages in violent thinking.
- 1 Youth has some occasional or minor thoughts about violence.
- 2 Youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
- 3 Youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a youth who spontaneously and frequently draws only violent images may be rated here.

### ***Resiliency Factor.***

### **AWARENESS OF VIOLENCE POTENTIAL**

- 0 Youth is completely aware of his/her level of risk of violence. Youth knows and understands risk factors. Youth accepts responsibility for past and future behaviors. Youth is able to anticipate future challenging circumstances. A youth with no violence potential would be rated here.
- 1 Youth is generally aware of his/her potential for violence. Youth is knowledgeable about his/her risk factors and is generally able to take responsibility. Youth may be unable to anticipate future circumstances that may challenge him/her.
- 2 Youth has some awareness of his/her potential for violence. Youth may have tendency to blame others but is able to accept some responsibility for his/her actions.
- 3 Youth has no awareness of his/her potential for violence. Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

### **RESPONSE TO CONSEQUENCE**

- 0 Youth is clearly and predictably responsive to identified consequences. Youth is regularly able to anticipate consequences and adjust behavior.
- 1 Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or he/she may sometimes fail to anticipate consequences.
- 2 Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.
- 3 Youth is unresponsive to consequences for his/her violent behavior.

### **COMMITMENT TO SELF CONTROL**

- 0 Youth fully committed to controlling his/her violent behavior.
- 1 Youth is generally committed to controlling his/her violent behavior; however, youth may continue to struggle with control in some challenging circumstances.
- 2 Youth ambivalent about controlling his/her violent behavior.
- 3 Youth not interested in controlling his/her violent behavior at this time.

### **TREATMENT INVOLVEMENT**

- 0 Youth fully involved in his/her own treatment. Family supports treatment as well.
- 1 Youth or family involved in treatment but not both. Youth may be somewhat involved in treatment, while family members are active or youth may be very involved in treatment while family members are unsupportive.
- 2 Youth and family are ambivalent about treatment involvement. Youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
- 3 Youth and family are uninterested in treatment involvement. A youth with treatment needs who is not currently in treatment would be rated here.