

*Virginia Child and Adolescent Needs and Strengths
(CANS)
Assessment Instrument*

*Glossary of Items
for the
Comprehensive and Reassessment Versions
Ages 5-17*

***Comprehensive Services Act
for at Risk Youth and their Families (CSA)
Commonwealth of Virginia
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***Praed Foundation
www.buddinpraed.com***

Glossary for the Virginia Child and Adolescent Needs and Strengths Assessment (CANS)

Use of the Glossary

The Glossary for the Virginia CANS is intended as a resource manual to accompany the CANS online software training which may be found at [Virginia CANS Training and Certification Website](#) and should be used as a guide to assist in understanding the proper rating of the CANS instrument.

Throughout this document, some terms are used interchangeably. The words “child” and “youth” or “adolescent” all refer to the population of children and youth ages 5-17 served by the Comprehensive Services Act. The CANS 5-17 version should be used for youth age 18 or older who are receiving CSA services. The words “parent” and “caregiver” are often also used interchangeably in the Glossary.

The Glossary is written in an informal, user-friendly style. It will be updated periodically as we learn more with our use of the CANS in Virginia.

This Glossary is to be used in conjunction with the Comprehensive and Reassessment versions of the Virginia CANS for children and youth ages 5-17. The Reassessment version is identical to the Comprehensive except no modules are scored during a Reassessment.

The Virginia version is an adaptation of the Indiana Glossary as developed by the Indiana Behavioral Health Assessment System, Family and Social Services Administration. We appreciate their graciousness in sharing their information. For more information about Indiana’s work with the CANS, go to <http://.ibhas.in.gov>

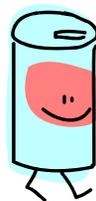
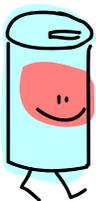


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Introduction

The CANS is designed to guide service planning, support decision making and manage information in a complex environment. Information should be integrated from all available sources to obtain the best assessment of strengths and needs.

The CANS is a tool based on “communications” theory and should not be viewed as a psychometric measure of a child’s functioning. Rather, the CANS supports communication across disciplines and with families, describes what is happening with the child and family to identify areas where service planning is appropriate and measures service delivery outcomes.

John S. Lyons, Ph.D., now with the University of Ottawa, developed the initial CANS and since that time, numerous localities and states (including Virginia) have added their suggestions, making the CANS an instrument that has developed as a “mass collaboration.”

The CANS reflects the shared vision of all human services professionals who strive to improve the lives of children and families. The focus is always on the child and family, not on the services or the system.

Key Principles of the CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it may lead you down a different pathway in terms of planning actions.
2. Each item uses a 4 (“0-3”) level rating system. The levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
3. Before establishing the action levels, cultural and developmental factors must be considered.

For example, a three year old who has anger control issues is developmentally appropriate; a fifteen year old throwing a temper tantrum is not displaying appropriate developmental behavior.

4. Ratings should describe the child, not the child in services. If an intervention is present that is masking a need, but must stay in place, that is factored into the rating and would result in the rating of an “actionable” item need (i.e. “2” or “3”).

Example: a child is doing well while taking a psychotropic medication. The medication is needed to help the child maintain the current level of

successful functioning. The medication is “masking” the need the child has. If it is taken away, the need emerges.

5. The ratings are generally “agnostic as to etiology”. In other words, this is a descriptive tool. It is about the “what” not the “why”. CANS describes what is happening with the child and family, but does not seek to assign a cause for a behavior or situation. Only two items, Adjustment to Trauma and Social Behavior, have any cause-effect judgments.

Note: This aspect of the CANS assists in working with families. Stigma comes with the “why”, not the “what”. Families describe what has happened without feeling judged and then develop their own hypotheses as to the causes.

6. A 30 day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child or youth’s present circumstances. However, the action levels can be used to override the 30 day rating period.

Action Levels for Need Items-Scoring

“0” No Evidence-This rating indicates there is no need to believe that a particular need exists. It does not state that the need categorically does not exist; it merely indicates that based on current assessment information there is no reason to address this need.

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 that Johnny is not smoking weed? NO, but we have no reason to believe that he does AND we would certainly not refer him to a program for substance abuse problems... where he will meet other youth who do smoke weed.

“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.
For example: A child 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 you would want to keep an eye on it from a preventive point of view.

“2” Action Needed-This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family’s life in a notable way.

“3” Immediate/Intensive Action Needed-This level indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child who is not attending school at all or an acutely suicidal youth would be rated with a “3” on the relevant need.

Life Domain Functioning

Life domains are the different arenas in a child and family’s life. These areas were selected from New Jersey’s wraparound model.

Family

This item rates describe the individuals the child identifies with as family. The definition of family should come from the child’s perspective (i.e., who does the child consider as his or her family?). If you do not know this information, then define family as including biological relatives and their significant others with whom the child is still in contact.

Living Situation

If the child is living with his/her family, this rating is likely similar to the previous one. However, for children in out of home placements this refers to the child’s functioning in the current living arrangement. Detention, hospitals and shelters do not count as “living situations” because these are short term temporary living arrangements. If a child is presently in one of these facilities, rate the previous living situation. However if youth resides in an out of home placements such as an institution, group home or foster home, then the item is rated.

Sleep

This item is used to describe any problems with sleep, regardless of the cause-including difficulties falling asleep or staying asleep. Bedwetting, night terrors and nightmares should be considered sleep issues.

Social Functioning

This item rates the child’s social skills and relationship functioning, including age-appropriate behavior and the ability to make and maintain relationships during the past 30 days. Social functioning is different from the “Interpersonal Strengths” item in that functioning is a description of how the child/youth is doing *currently*. Strengths are considered longer-term assets. A child with friends (strength) may be struggling to get along with them currently (need).

Sexual Development

This item addresses both issues of sexual identity and behavior. A youth who believes he is gay and worried about the reaction of his family and friends to his disclosure might be rated a “1”. A rating of “2” would indicate significant issues such as sex with multiple or high-risk partners and a rating of “3” reflects

profound concerns with behaviors such as prostitution, very risky behavior and sexual aggression.

Recreational

This item rates the degree to which a child has identified and utilizes positive leisure time activities. A “0” would be used to describe a child who makes full use of leisure time activities to pursue recreational activities that support his/her healthy development and enjoyment.

Developmental

This item rates the presence of Intellectual Disabilities (Mental Retardation) or Developmental Disabilities only and does not refer to broader issues of healthy development. A “1” would be a child with a low IQ. A child with Asperger’s syndrome would likely be rated a “2” while a child with autism would be rated a “3”.

Note: *A rating of “1” or greater results in further specification of those needs through the completion of the Developmental Needs Module. The Developmental Module identifies the type of developmental problem and associated self care and assistive needs.*

Communication

This item refers to learning disabilities involving expressive and/or receptive language. It does not refer to challenges expressing feelings.

Judgment

This item is intended to describe the youth’s ability to make age appropriate or developmentally appropriate decisions. If the child/youth demonstrates poor decision-making that places him/her or others at risk of physical harm, then a rating of “3” is indicated. For example, engaging in risky behavior like subway surfing, or other “dare-devil” behavior would be rated as a “3”. A “2” is used to indicate poor decision-making that can lead to functional impairment or problems with development or well being. For example, hanging out with a group of other children/youth who are shoplifting would suggest this level of judgment problem. A “1” is used either for a history of judgment problems that have not been fully resolved or concern about decision-making that might require monitoring or additional assessment. A “0” is used to describe a youth with no known decision-making problems within the context of normal development.

Acculturation

This item describes the family’s adjustment to the primary culture in which they live, including factors such as language barriers or barriers to practice of their beliefs. The stress of dealing with hostility from others because of the cultural differences would also be rated here.

Legal

This item indicates the child or youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here-only the identified child's involvement with the juvenile justice system is relevant to this rating. Issues of family involvement in the justice system are not rated here.

Medical

This item rates the child's current health status. Most transient, treatable conditions would be rated as a "1". Most chronic conditions (for example, diabetes, severe asthma, HIV) would be rated as a "2". The rating of "3" is reserved for life threatening medical conditions (includes AIDS).

Physical Health

This item is used to identify any physical limitations and could include chronic conditions such as limitations in vision, hearing or difficulties with fine or gross motor abilities.

Daily Functioning

This item identifies the child's level of self care skills, such as personal hygiene, dressing appropriately for the weather, etc.

Independent Living

Used only for youth ages 14-21.

This item is used to describe the youth's ability to complete relevant activities of daily living, such as money management, cooking, transportation, etc. If the child being assessed is under the age of 14, rate this item a "0".

Child Strengths

Use the ratings of "0"- "3" when rating strengths for the child. Lower numbers are "better" both as strengths and needs. As a "0" is a positive indicator of no need, it is also a positive indicator of a significant strength.

A rating of "0" would indicate that this is a significant and functional strength that could become the centerpiece in service planning. For example, a child with a significant interest and involvement in basketball, football, dance, gymnastics, swimming, etc and who feels good about this ability would exhibit such a centerpiece strength.

A rating of "1" indicates that the strength clearly exists and could become part of the service plan.

A rating of "2" would indicate that a potential strength has been identified but requires building and development to become useful for the child.

For example, a teen who loves animals and has no vocational interest or experience would be rated here. A plan could be developed that explores

combining the teen's interest in animals with prevocational or vocational experience, such as volunteering at an animal shelter.

A rating of "3" would indicate that no strength has been identified on this item at this time. A rating of "3" suggests that efforts should be made to identify and build strengths that can become useful to the child.

For example, the service plan for a teen who has no particular interest in any vocation could include working with the teen to identify areas of interest and different kinds of jobs.

Remember:

Strengths are not the opposite of needs. It is important to realize that increasing strengths while addressing behavioral/emotional needs leads to better functioning and outcomes than simply focusing on addressing the needs. Identifying areas where strengths can be built is an important element of service planning.

Families face and overcome difficult times in their lives by using their strengths, not their needs or pathologies.

Family

This item refers to the presence of a family identity, love and communication among family members. Even families who are struggling often have a bedrock positive sense of family and strong underlying love and commitment to each other. This item should rate these constructs.

Interpersonal

This item is used to identify a child's social and relationship skills. It is rated independent of "Social Development" because a child can have skills but be struggling in their relationships at a particular point in time. Thus this strength indicates long-standing skills in making and maintaining relationships.

Optimism

This item relates to the child's sense of future orientation. Research literature indicates that children who have a solid sense of themselves and their futures have better outcomes than children who do not. A "1" would describe a child who is generally optimistic and positive about the future. A "3" would describe a child who has difficulty seeing any positives about him/herself or his/her future.

Educational

Certainly a child who loves and excels at school would be rated as having this strength as a "0". However, this item predominately refers to the nature of the school's relationship with the child and family and the level of support the child is receiving from the school. A rating of "0" would be given if the school was an

active participant with the child and family. A rating of “2” would be given if the school was not able to address the child’s needs.

Vocational

Vocational strengths are rated independently of vocational functioning. (A youth may have considerable strengths but is not doing well at the moment.) Developing vocational skills and having a job are significant indicators of positive outcomes in adult life. A “1” would indicate a child that has some vocational skills or work experience. A “3” would indicate that the child needs significant assistance in developing those skills. Working to build such skills would become an important part of a service plan for a teen.

Talents/Interests

This item refers to hobbies, skills, artistic interests and talents that are positive ways that children and youth can spend time and also give them pleasure and a positive sense of self. Collecting car stereos without paying for them is not a hobby, but may be re-framed to encourage an interest to learning how to fix the car stereos belonging to friends.

Spiritual/Religious

This item refers to the child (and family’s) experience of receiving comfort and support from religious or spiritual involvement. A “0” on this item indicates that the child’s and families’ spiritual or religious beliefs and practices are a comfort and a significant source of support. For example, a child who is very involved in his/her church youth group which gives her a sense of belonging and provides a circle of friends would rate on this item as a “0”.

Community Life

This item reflects the youth’s connection to the community. Children and youth with a sense of belonging and a stake in their community have better outcomes than children who do not. Children who have moved a lot or have been in multiple foster care settings may have lost this sense of connection to a community and so might be rated a “3”.

Relationship Permanence

This item identifies whether parents or other relatives have been a consistent part of the child’s life, *regardless of the quality of that relationship*. A child with no involvement with either parent would be rated a “3”. A “0” would be used for a child who has been consistently involved with both parents. A child with divorced parents would be rated a “1”.

Child Involvement

This item identifies whether a child or youth is an active partner in planning and implementing any treatment plan or service package. Like all ratings, this should be developmentally appropriate. Expectations for involvement in planning are

lower for children than for adolescents. Young children are not expected to participate so a “3” rating is acceptable since this is a strength.

Natural Supports

To be a “natural support”, one must be an unpaid individual who has demonstrated the willingness to be involved in the youth’s life in a positive and helpful manner. Family members who provide support are rated under “Family Strengths”, so “natural supports” are restricted to non-family members.

School

School Behavior

School behavior involves a description of how the child is acting while in school. Attendance problems should not be included as behavior. For children who are currently not attending, use his/her behavior when last attending to describe this need.

School Achievement (Academic)

This item describes academic functioning. It is okay to correct for developmental expectations when describing a child’s level of academic functioning. A child with developmental delays who might be behind the general population of students should be rated a “0” if his/her academic functioning is on track for his/her developmental level.

School Attendance

Attendance problems are rated here regardless of the cause. Truancy and expulsion are both considered school attendance problems.

All three items measure a range of behavior, achievement and attendance over the past thirty days. It should be noted that the school items are mutually exclusive; a youth may be doing well in School Achievement (“0”), even though his behavior is dangerous or disabling which would be rated a “3” on School Behavior.

Planned Permanency Caregiver Strengths and Needs

This caregiver is the person or persons who are expected to be in the child’s life forever. If the child is at home, the planned permanency caregiver is the parent(s). If the child is in a foster home, the planned permanency care giver is the person to whom the child will be returning, the permanent foster parent, or the planned adoptive parent. Foster parents are rated in the “Temporary Caregiver” module (not in this section), unless the foster parent is a permanent foster parent or the planned adoptive parent.

In situations where there are multiple caregivers, ratings should be based on the needs of the set of caregivers as they affect the child. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline may not be relevant to the ratings. Alternatively, if the father is responsible for the children as they come home after school, fixing dinner and helping with homework because he works the first shift and the mother works the second shift, then his skills would be factored into the ratings of Supervision.

Items in this section are rated as to the impact they have on the caregivers' ability to care for the child, not what they mean to the caregiver or to the assessor.

Supervision

This item refers to the caregiver's ability to provide monitoring and discipline to the rated child. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son, who is not following house rules, is staying out all night and who may be using drugs or alcohol may be rated a "2".

Involvement

A rating of "0" on this item is reserved for caregivers who are able to advocate for their child. This requires knowledge of the child, their rights, options and opportunities. A "1" is used to indicate caregivers who are willing participants with service provision, but may not yet be able to serve as advocates for their child.

Knowledge

This item is perhaps the one most sensitive to issues of cultural competence. It is natural to assume that if you know something, others should also know. If they don't, then we assume they are the ones with the knowledge problem.

In order to minimize the cultural issues, we recommend thinking of this item in this way-would the parent be more effective in working with their child if you provided them with additional information? Is there information that you could share which would strengthen the parent's ability to care for the child?

Organization

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services. Parents who need help organizing themselves and/or their family would be rated a "2" or a "3".

Social Resources

If a family has money, it can buy help. In the absence of money, families often rely on social supports to help out in times of need. This item rates the

availability of these social supports. This item is the caregiver equivalent to the Natural Supports item for children and youth.

Residential Stability

This item describes the permanence of the caregiver's living situation. A "0" would indicate no concerns about housing, a "1" would be used if the caregiver has recently moved or is planning a move in the next three months, a "2" would indicate a caregiver that moves frequently and a "3" would reflect a very unstable living situation, resulting in periods of homelessness.

Physical Health

This item refers to medical and/or physical problems that the caregiver may be experiencing that limit or prevent the ability to care for the child. For example, a single parent who has recently had a stroke and has mobility or communications limitations might be rated as a "2" or even a "3" in this area. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a "1".

Mental Health

This item allows for the identification of serious mental illness that might limit caregiver capacity. A parent with a serious mental illness would likely be rated a "2" or even a "3" depending on the impact of the illness. However, a parent whose mental illness is currently well controlled by medication might be rated a "1". This item should be rated independently from substance abuse.

Substance Use

This item describes the impact of any notable substance use on caregivers. If substance use interferes with parenting, then a rating of "2" is indicated. If it prevents care giving, a "3" would be used. A "1" indicates a caregiver currently in recovery or a situation where problems of substance use are suspected but not confirmed.

Developmental

This item describes the presence of intellectual disability (mental retardation) among caregivers. A parent with limited cognitive capacity that challenges the ability to provide parenting would be rated here. Like the Developmental item for children and youth, rating on this item should be restricted to the identification of developmental disabilities (i.e., intellectual and other disabilities) and does not refer to a broad spectrum of developmental issues (i.e., aging is not rated here.)

Accessibility to Care

This item describes the caregiver's access to child care supports such as baby sitting or day care.

Family Stress

This item refers to the impact the child's challenges place on the family system. A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of family stress. Historically, this item was referred to as the "burden" that rearing a child with multiple needs places on the family.

Self-Care/Daily Living

This rating describes the caregiver's ability to provide for the basic needs of the child (food, clothing, shelter and safety) of their child. A "0" would indicate that there are no concerns in this area; a "3" would indicate that the caregiver is unable to meet even these basic needs and intervention is needed.

Employment/Educational Functioning

This item rates the performance of the caregiver at work or in school. Issues of behavior, attendance and or achievement/productivity would be included in determining the rating. A caregiver who is gainfully employed with no concerns about missing work or performance at work would be rated a "0" on this item.

Educational Attainment

This item rates the degree to which the caregiver has completed his/her planned educational goals. A rating of "0" would be used for a caregiver who has achieved all his/her educational goals or a caregiver who has no educational goals, but there has been no impact on lifetime vocational functioning.

Legal

This item deals with the caregiver's involvement with the criminal legal system and ranges from rating a "0" for no known legal problems; a "1" for a history of legal problems, but no current ones; a "2" for some legal problems and current involvement in the legal system and a "3" would describe serious current or pending legal difficulties that place the caregiver at risk for incarceration.

Financial Resources

This item is used to rate the amount of money or other financial assets the caregiver has which can be used to actively support the child.

Transportation

This item reflects the caregiver's ability to provide appropriate transportation for his/her child. A rating of "2" would be used to describe a situation where the caregiver routinely has difficulty getting the child to appointments or activities (for example, on a weekly basis). Assistance is needed to provide adequate transportation. A "3" would describe a situation where the caregiver has no way to transport the child, resulting in a need for immediate intervention and development of transportation resources.

Safety

This item describes whether individuals in the home present a danger to the child. This item does not describe situations in which the caregiver is unable to prevent a child from hurting him/her self despite well-intentioned efforts. A “2” or “3” on this item requires child protective services involvement. *This item is only an indicator of the need for child protective services.*

Behavioral/Emotional Needs of the Child

The CANS is meant to be used by assessors across systems and consequently one does not have to be a mental health professional to score these items. Remember the case manager is describing the what, not the why. Scores on these items should not be interpreted as a mental health diagnosis.

Psychosis

The primary symptoms of psychosis include:

- Hallucinations -experiencing things not experienced by others in a tactile, auditory or visual form,
- Delusions-a false belief based on an incorrect inference about reality that is firmly sustained despite the fact than nearly everyone else thinks the belief is false or proof exists of its inaccuracy; and
- Bizarre behavior.

While the growing evidence suggests that schizophrenia can start as early as age nine, it is most likely to begin to develop in the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations. Post traumatic stress disorder secondary to sexual or physical abuse may be associated with visions of the abuser while falling asleep or waking up. These experiences would not be rated as hallucinations unless they occur during normal waking hours.

Impulsivity/Hyperactivity

This item describes the child or adolescent’s level of impulsivity or hyperactivity. Types of disorders included within this item are Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control. Children and adolescents with impulse problems tend to engage in behavior without thinking of the consequences. A “3” on this item is reserved for those whose impulsive behavior has placed them in physical danger during the rating period.

Depression

Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults although it may be slightly less common among children, particularly young children. Depression in children and adolescents may be characterized by

irritability as well as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression.

Anxiety

Anxiety disorders are characterized by either a constant sense of worry or dread or “out of the blue” panic attacks in which the child or adolescent becomes terrified of losing control, dying or going “crazy”. A “1” is used to indicate a child or adolescent who has some problems with anxiety or worrying or may have had a single panic attack in the last six months. A “2” would indicate a child who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder. A “3” would indicate such a level of anxiety as to put the child at some physical risk.

Oppositional

This item describes the child or youth’s relationship to authority figures. Generally, oppositional behavior is in response to conditions set by a parent, teacher or other figure with responsibility for and control over the child or youth. A rating of “0” is used to indicate a child or adolescent who is generally compliant, recognizing that all children and youth sometimes fight authority. A rating of “1” is used to indicate a problem that has started recently (in the past six months) and has not yet begun to cause significant functional impairment; or a problem that has begun to be resolved through successful intervention. A rating of “2” would be used to indicate a child or adolescent whose behavior is consistent with Oppositional Defiant Disorder (ODD). A rating of “3” should be used only for children and youth whose oppositional behavior puts them at some physical peril.

Conduct

This item is used to describe the degree to which a child or youth engages in behavior that is consistent with the presence of a Conduct Disorder. Although the actual prevalence is not known, it is believed that Conduct Disorder occurs in 1% to 3% of children and adolescents. Conduct Disorder is the childhood equivalent of Antisocial Personality Disorder in adults. For an adult to be diagnosed with Antisocial Personality Disorder, he or she must have had a Conduct Disorder as a youth. However, most youth with Conduct Disorders do not grow up to be adults with Antisocial Personalities.

Adjustment to Trauma

This item is used to describe the child or adolescent who is having difficulties adjusting to a traumatic experience. If a child has not experienced any trauma or if their traumatic experiences no longer impact their functioning, then he/or she would be rated a “0”. A “1” would indicate a child who is making progress learning to adapt to a trauma or a child who recently experienced a trauma where the impact on his/her well-being is not yet known. A “2” would indicate significant problems with adjustment or the presence of an acute stress reaction. A “3” indicates Post Traumatic Stress Disorder (PTSD).

A rating of “1” or greater requires further specification of these needs through the completion of the Trauma Module.

The trauma Module was taken from the Trauma Experiences and Adjustment versions of the CANS developed in collaboration with several sites of the National Child Traumatic Stress Network. The module includes specification of traumatic experiences that can be associated with PTSD. In addition, trauma stress symptoms are described.

Anger Control

This item describes the child or adolescent’s ability to manage his/her anger and level of frustration tolerance. A rating of “0” indicates a child or youth without problems in this dimension.* A rating of “1” reflects occasional angry outbursts or a situation where the child or youth has begun to successfully exercises control over his/her temper. A rating of “2” describes an individual who has functioning problems as a result of anger control problems. A child or youth who meets criteria for intermittent explosive Disorder would be rated here. A rating of “3” describes a child or youth whose anger control has put them in physical peril within the rating period.

**Everyone gets angry on occasion. This item is intended to identify children or adolescents who are more likely than average to become angry and the lack of control of the anger leads to problems functioning in daily life.*

Substance Use

If a child or youth uses any alcohol or drugs, then he/she would be rated as at least a “1”. If the use causes any functioning problems, then he/she would be rated as at least a “2”. A rating of “3” is used when the child or youth is dependent on a substance or substances.

Eating Disturbance

Anorexia and bulimia nervosa would be rated here; however, this item also would be used to describe a number of other eating problems including Pica, very “picky” eating, over-eating, etc. Food hoarding should be rated here.

Child Risk Behaviors

Suicide

This item is intended to describe the presence of suicidal behavior. All overt and covert thoughts regarding and efforts at attempting to kill oneself are rated on this item. Other self-destructive behavior is rated elsewhere.

A rating of “0” is reserved for children and adolescents with no current or historical suicidal thoughts, ideation or behavior. Since a history of suicidal ideation and gestures is a predictor of future suicide, any child or adolescent with

a history is rated as at least a “1”. A “2” is used to describe a child or adolescent who was recently suicidal but who is not currently planning to kill him/herself. Thus, a youth who is thinking about suicide but was able to contract for safety would be rated as a “2”. A “3” is used to identify a child or adolescent who has either attempted suicide during the rating period or who during this time has an active intention and plan to commit suicide.

Self-Mutilation

This item is used to describe repetitive behavior that results in physical injury to the child or adolescent. Carving and cutting on the arms and legs are common examples of self mutilation. Generally, body piercing and tattoos are not considered a form of self mutilation. However, numerous body piercings and repetitive scratching of one’s skin would be included.

Self mutilation is thought to have addictive properties since generally the behavior results in the release of endorphins (naturally produced morphine like substances) that provide a calming feeling.

Other Self Harm

This item is used to describe behavior not covered by either Suicide Risk or Self Mutilation that places a child or youth at risk of physical injury. This item could be called “recklessness”. Any behavior that the child engages in that has significant potential to place the child in danger of physical harm would be rated here. Other potential self destructive behaviors such as reckless driving may be identified here. If the child frequently exhibits significantly poor judgment that has the potential to place him/her self in danger, but has yet to actually place him/herself in such a position, a rating of “1” might be used to indicate the need for prevention/watchful waiting. To rate a “3”, a child or adolescent must have placed himself or herself in significant physical jeopardy during the rating period.

Danger to Others

This item rates the child or youth’s violent or aggressive behavior. The behavior rated in this item must:

- have the potential to cause significant bodily harm; and
- be intentional.

Reckless behavior that causes physical harm to others is not rated on this item.

A rating of “0” is used to indicate that there is no history of or any current violent or aggressive behavior. A rating of “1” indicates history but not recent (as defined in the criteria of the tool). A rating of “2” indicates recent but not immediate behavior. A rating of “3” is reserved for a child or youth who is acutely dangerous to others at the time of the rating (see anchors for tool). A boy who threatens his mother with a knife would be rated a “3” at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain rated as a “3”. If on the other hand, he calms down and expresses genuine remorse about his earlier threats, his rating

would be reduced to a “2” and then a “1” with the passage of time so long as not other violent behavior or plans are observed.

A rating of “1” or greater requires further specification of needs through the completion of the Violence Module.

Sexually Aggressive Behavior

This item is used to describe sexually aggressive or abusive behavior. The information needed to rate this item is how severe and how recently was this behavior displayed. If sexually aggressive behavior is at the level of molestation, penetration, or rape, the youth would be rated as a “3”. Any of this behavior in the past year, but not in the time frame of the anchor for this item would result in a rating of “2”. A rating of “1” could be used for several types of situations. A history of sexually aggressive behavior, but not in the past year would be rated as a “1”. Or a history of harassment of others using sexual language, but again not occurring in the past year would be rated as a “1”.

A rating of “1” or greater requires further specification of the need through the completion of the Sexually Abusive Behavior Module.

Runaway

This item describes the risk of, or actual, runaway behavior. A “0” is no evidence; a “1” describes some history of runaway behavior at least 30 days ago; a “2” is a recent runaway episode but not in the past 7 days, and a “3” is an acute threat or significant ideation about running away. A rating of “3” is used if the child is actually in runaway status.

A rating of “1” or greater requires further specification of the need through the completion of the Runaway Module.

Delinquency

This item describes delinquent behavior for which the youth may or may not have been caught (thus may not have any legal involvement) and juvenile justice issues.

A rating of “1” or greater requires the further specification of the need through completion of the Delinquency Module.

Fire-Setting

This item addresses whether the child or youth intentionally starts fires using matches or other incendiary devices. A “3” is used to describe a child who set a fire that endangered others within the time frames in the anchors for the item. A rating of “2” indicates recent fire-setting behavior or repeated fire setting behavior that did not occur within the time frames in the anchors. A rating of “1” is used to indicate a history without any evidence of current or recent behavior (within the past month). A “1” might also be used if fire-setting behavior is suspected, but not confirmed.

A rating of “1” or greater requires further specification of the need through completion of the Fire-Setting Module.

Social Behavior

This item refers to obnoxious behaviors that force adults to sanction the child or youth. The key to rating this behavior is to understand that the child or youth is intentionally trying to force those sanctions. A child who is trying “to get away with something” with no one noticing is not engaged in this behavior. But a child who is intentionally doing something that he or she knows will prompt a sanction may actually be seeking a sanction. A child who forces the teacher to send him/her out of class because he/she is having trouble learning would fit in this category.

Sexually Reactive Behavior

This item rates a child’s displaying or exhibiting sexually reactive behavior, ranging from inappropriate sexual language or behavior, flirting when not age appropriate or a history of provocative behavior being rated as a “1”. A “2” would describe a child with sexually reactive behavior that places the child at some risk, whereas a “3” would be used to rate behavior that places the child or others at significant risk.

Bullying

This item describes behavior that involves intimidation (either verbal or physical or both) of peers and younger children. Threatening others with harm if they do not comply with the child or youth’s demands would be rated here.

Modules

The use of a module is triggered by the scoring of “1”, “2” or “3” on certain items as noted above. On the score sheet, you will note a number following an item for which there is a module. For example, the Developmental item under Life Domain Functioning has a “1” following the item on the score sheet. This number corresponds to the key at the bottom of the score sheet, and instructs the user to the appropriate module for completion.

There are two placement modules. The Residential Treatment Module should be completed if the child is a group home or other residential treatment setting. The “Temporary Caregiver” module should be completed if the child is in a foster home and the foster parent is not the permanent foster parent or planned adoptive parent.

The modules permit a more in-depth assessment of specific areas of concern for the individual child or youth. Please be sure to note the timeframes in the anchors for each item as they may vary from the usual 30 day window. The

modules are only completed with the Comprehensive version of the CANS, not with the Reassessment.

Developmental Module

This module rates three aspects of developmental factors; cognitive, social-emotional developmental, and self-care/daily living skills. The cognitive item describes the child's intellectual functioning only. Children with IQ's of less than 55 would be rated a "3" on this item. A child with Autism Spectrum Disorder would be rated on the Social-Emotional Developmental question, although this item does not exclusively deal with autism. Self care/daily living skills describes the child's ability to care for his/her daily needs such as eating or bathing.

Trauma Module

The Trauma Module rates the child's experiences with different types of trauma.

The first item on the Trauma Module is "Sexual Abuse". If the child scores a 1, 2 or 3 on this item *on the module*, the additional items of "Emotional Closeness", "Frequency of Abuse", "Duration, Physical Force and Reaction to Disclosure" at the end of the module must be completed.

Substance Abuse Needs Module

This module measures the child's involvement in the use of alcohol and other substances and willingness to seek treatment.

Violence Needs Module

This module addresses historical risk factors of violence, such as abuse, emotional/behavior risks such as hostility and paranoid thinking, and resiliency factors such as commitment to self control and awareness of violence potential.

Sexually Aggressive/Inappropriate Behavior Needs

This module identifies various aspects of sexually aggressive or inappropriate behavior, such as the relationship between the aggressor and victim, the physical force or threat used, age differential, etc.

Runaway Needs

This module rates the frequency and duration of runaway behavior as well as aspects such as involvement in illegal behaviors while running, safety of destination, the likelihood of return on own, etc.

Juvenile Justice Needs

This module identifies the child's propensity for delinquent behavior as well as the involvement of the child in the juvenile justice system

Fire-Setting

This module permits identification of the “type” of fire-setting behavior by rating items such as the use of accelerants, planning, response to accusation, etc.

Residential Treatment *(use this module if the child is in a group home or residential treatment facility)*

This module allows the assessor to determine how the child’s residential placement is progressing, through items such as the child’s investment in placement and treatment and the behavior of the child and family on home visits.

Current Caregiver

Use this module for all children placed in a foster home and/or with a surrogate caregiver. Similar to the planned permanency caregiver items, this module assesses the caregiver’s ability to provide for the child’s needs.