Child and Adolescent Needs and Strengths – New York 0-5

version 2.0

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2023 REFERENCE GUIDE

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The CANS-New York 0-5 v2.0 is based on the Standard Comprehensive CANS-Early Childhood and the CANS-New York 0-5. Many individuals, including subject matter experts on the early childhood population, have collaborated in the development of the Standard Comprehensive Child Adolescent Needs and Strengths—Early Childhood. This information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, adolescents, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns “they/them/themselves” in the place of “he/him/himself” and “she/her/herself.”

Additionally, the term “child” is being utilized to refer to “infant,” “toddler” or “child.” This is done to make this guide easier to use.

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INTRODUCTION

THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS – NEW YORK 0-5 VERSION 2.0

The **Child and Adolescent Needs and Strengths – New York version 2.0 (CANS-NY 0-5)** combines the Standard Comprehensive Child and Adolescent Needs and Strengths-Early Childhood and the Child and Adolescent Needs and Strengths- New York 0-5 version. The CANS-NY 0-5 is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS-NY 0-5 is to accurately represent the shared vision of the child serving systems— children and families. As such, completion of the CANS-NY 0-5 is accomplished 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-NY 0-5 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-NY 0-5.

SIX KEY PRINCIPLES OF THE CANS-NY 0-5

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system designed to translate immediately into action levels.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the child, not the child in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e., '2' or '3').
4. **Culture and development should be considered prior to establishing the action levels.** Cultural responsivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the individual's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child and young adult regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child's developmental age.
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." While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the "why" is considered in rating these items.
6. **A 30-day window is used to make sure assessments stay relevant to the individual's present circumstances.** The CANS-NY 0-5 is a communication tool and a measure of a child's story. The 30-day time frame should be considered in terms of whether an item is a

need within the time frame within which the specific behavior may or may not have occurred. The action levels assist in understanding whether a need is currently relevant even when no specific behavior has occurred during the time frame.

HISTORY AND BACKGROUND OF THE CANS-NY 0-5

The CANS-NY 0-5 is a multi-purpose tool developed to support planning and decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of supports and interventions. The CANS-NY 0-5 was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized plans including the application of evidence-based practices.

The CANS-NY 0-5 gathers information on the child and parents/caregivers' needs and strengths. Strengths are the child's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child requires help or intervention. Helping professionals use an assessment process to get to know the child and the families that they work with and to understand their strengths and needs. The CANS-NY 0-5 helps care providers decide which of a child's needs are the most important to address in planning. The CANS-NY 0-5 also helps identify strengths, which can be the basis of a plan, or which strengths to build. By working with the child and family during the assessment process and talking together about the CANS-NY 0-5, helping professionals can develop a plan that addresses a child's strengths and needs while building strong engagement.

The CANS-NY 0-5 is made up of domains that focus on various areas in a child's life, and each domain is made up of a group of specific items. There are domains that address how the child functions in everyday life, on specific emotional or behavioral concerns, on risk factors or behaviors, on strengths and on skills needed to grow and develop. There is also a domain that asks about the caregiver's beliefs and preferences, and about general caregiver concerns. The helping professional, along with the child and family as well as other stakeholders, identifies a number rating to each of these items. These ratings help the provider, child and family understand where intensive or immediate action is most needed, and where a child has assets that could be a major part of the supports or plan.

The CANS-NY 0-5 ratings, however, do not tell the whole story of a child's strengths and needs. Each section in the CANS-NY 0-5 is merely the output of a comprehensive assessment process and is documented alongside narratives where a helping professional can provide more information about the child and their family.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler, & Cohen, 1997; Leon, Uziel-Miller, Lyons, & Tracy, 1998). The strength of this

measurement approach has been that it is face valid and easy to use yet provides comprehensive information regarding clinical status.

The CANS builds upon the methodological approach of the CSPI but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child and the caregiver, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, child-serving systems. It provides for a structured communication and critical thinking about children/youth and their context. The CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child's progress. It can also be used as a communication tool that provides a common language for all child-serving entities to discuss the child's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS-NY 0-5 and their supervisors. Additional training is available for CANS-NY 0-5 super users or champions as experts of CANS-NY 0-5 administration, scoring, and use in the development of plans.

MEASUREMENT PROPERTIES OF THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children and families. Many individuals from different backgrounds have been trained and certified to use the CANS-NY 0-5 assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS-NY 0-5 require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2002). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children's and caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons,

2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et. al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS-NY 0-5 is easy to learn and is well liked by children and families, providers, and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child and family.

- Basic core items – grouped by domain - are rated for all individuals.
- A rating of 1, 2 or 3 on key core questions triggers extension modules.
- Individual assessment module questions provide additional information in a specific area.

Each CANS-NY 0-5 rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels:

Basic design for rating Needs

Rating	Level of need	Appropriate action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/ additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/intensive action required

Basic design for rating Strengths

Rating	Level of strength	Appropriate action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of 'NA' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'NA' rating is available, it should be used only in the rare instances where an item does not apply to that particular child.

To complete the CANS-NY 0-5, a CANS-NY 0-5 trained and certified care manager, case worker, clinician, or other care provider should read the anchor descriptions for each item and then record the appropriate rating on the CANS-NY 0-5 form (or electronic record). This process should be done collaboratively with the child, family, and other stakeholders.

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see above). The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS-NY 0-5 is an information integration tool, intended to include multiple sources of information (e.g., child and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS-NY 0-5 supports the belief that individuals and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and planning focus on collaborating with children and their families to discover individual and family functioning and strengths. Failure to demonstrate a child's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on the individual's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the child (when appropriate) and their families in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS-NY 0-5 and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children and families.

As a quality improvement activity, many settings have utilized a fidelity model approach to look at planning based on the CANS assessment. A rating of '2' or '3' on a CANS-NY 0-5 need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus of strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy child trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child capabilities are a promising means for development and play a role in reducing risky behaviors.

Finally, the CANS-NY 0-5 can be used to monitor outcomes. This can be accomplished in two ways. First, CANS-NY 0-5 items that are initially rated a '2' or '3' are monitored over time to determine the percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS-NY 0-5 dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS-NY 0-5 is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS-NY 0-5 and share experiences, additional items, and supplementary tools.

HOW IS THE CANS-NY 0-5 USED?

The CANS-NY 0-5 is used in many ways to transform the lives of children and their families and to improve our programs. Hopefully, this guide will help you to also use the CANS-NY 0-5 as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting children and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful when thinking about needs and strengths. These are not questions that must be asked but are available as suggestions. Many helping professionals have found this useful during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before planning and beginning therapy or other supports.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS-NY 0-5 is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for the child or caregiver, but one that we are going to attempt to work on. As such, when you write your plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a '2' or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

The CANS-NY 0-5 is often updated at some regularity (e.g., every 6 months) to measure change and transformation. We work with children and families and their needs tend to change over time. Needs may change in response to many factors including the supports provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting plans, and tracking change.

IT IS A COMMUNICATION TOOL

When a child leaves a program, a closing CANS-NY 0-5 may be completed to define progress, measure ongoing needs, and help us make continuity of care decisions. Doing a closing CANS-NY 0-5, much like a discharge summary, integrated with CANS-NY 0-5 ratings, provides a picture of how much progress has been made, and allows for recommendations for future care which ties to current needs. And finally, it allows for a shared language to talk about the child and family and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS-NY 0-5 and guide you in filling it out in an accurate way that helps you make good practice decisions.

CANS-NY 0-5: A STRATEGY FOR CHANGE

The CANS-NY 0-5 is an excellent strategy in addressing children's care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered

from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS-NY 0-5 and use the domains and items to help with your assessment process and information gathering sessions/interviews with the child and family. This will not only help the organization of your interviews but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS-NY 0-5 domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your child need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar with the CANS-NY 0-5 items can help in having more natural conversations. So, if the family is talking about situations around the youth's anger control and then shift into something like---"you know, he only gets angry when he is in Mr. S's classroom," you can follow that and ask some questions about situational anger, and then explore other school-related issues.

MAKING THE BEST USE OF THE CANS-NY 0-5

Children have families involved in their lives, and their family can be a great asset to their care. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS-NY 0-5 and how it will be used. The description of the CANS-NY 0-5 should include teaching the child and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the child and family the CANS-NY 0-5 domains and items (see the CANS-NY 0-5 Core Item list on page 16) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS-NY 0-5 ratings should be reviewed with each family. Encourage families to contact you if they have any questions or concerns.

LISTENING USING THE CANS-NY 0-5

Listening is the most important skill that you bring to working with the CANS-NY 0-5. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes," "and"—things that encourage people to continue.

- **Be nonjudgmental and avoid giving personal advice.** You may find yourself thinking "If I were this person, I would do x" or "That's just like my situation, and I did x." But since you are not the person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

- **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the individual that you are with them.

- **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "Does that make sense to you?" Or "Do you need me to explain that in another way?"

- **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS-NY 0-5 is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "OK, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO THE PARENT'S/CAREGIVER'S OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people's observations such as "Well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "So your mother feels that when he does x that is obnoxious. What do YOU think?" The CANS-NY 0-5 is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things, and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when ..." demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a "total picture" of the individual and family and offer them the opportunity to change any ratings.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So, you might close with a statement such as: "OK, now the next step is a "brainstorm" where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So, let's start. . ."

REFERENCES

American Psychiatric Association (APA). (2022). Diagnostic and Statistical Manual of Mental *Disorders, Fifth Edition Text Revision.* American Psychiatric Publishing.

Anderson, R.L., & Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health, 17*, 259-265.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Child and Youth Services Review, 34*, 2345-2352.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2013). Patterns of out of home decision making. *Child Abuse & Neglect, 37*, 871-882.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2014). Out of home placement decision making and outcomes in child welfare: A longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research*, 41, published online March 28.

Cordell, K.D., Snowden, L.R., & Hosier, L. (2016). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Child and Youth Services Review, 60*, 129-135.

Epstein, R.A., Schlueter, D., Gracey, K.A., Chandrasekhar, R., & Cull, M.J. (2015). Examining placement disruption in Child Welfare. *Residential Treatment for Children & Youth, 32*(3), 224-232.

Israel, N., Accomazzo, S., Romney, S., & Zlatevski, D. (2015). Segregated care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth, 32*(3), 233-250.

Lardner, M. (2015). Are restrictiveness of care decisions based on youth level of need? A multilevel model analysis of placement levels using the Child and Adolescent Needs and Strengths assessment. *Residential Treatment for Children & Youth*, *32*(3), 195-207.

Lyons, J.S. (2004). *Redressing the emperor: Improving the children's public mental health system*. Praeger Publishing.

Lyons, J.S. (2009). *Communimetrics: A communication theory of measurement in human service settings.* Springer.

Lyons, J.S. (2022). *Transformational Collaborative Outcomes Management: Managing the Business of Personal Change,* Cham, Switzerland; Palgrave Macmillan, https://dio.org/10.1007/978-3-031-07781-4

Lyons, J.S., & Weiner, D.A. (Eds.) (2009). *Strategies in behavioral healthcare: Assessment, treatment planning, and total clinical outcomes management*. Civic Research Institute.

Walton, B., Moynihan, S., & Cornett, S. (2015). *Early childhood Child and Adolescent Needs and Strengths (CANS): Indiana multi-system comprehensive glossary, v 2.2*. Indiana University School of Social Work. https://scholarworks.iupui.edu/handle/1805/7350

Additional Early Childhood References

Ages and Stages Questionnaire. (2014). Tips for screening children from diverse cultures. https://agesandstages.com/free-resources/articles/tips-screening-children-diverse-cultures/

Bornstein, Marc H. (2015). Culture, parenting, and zero-to-threes. *Zero to Three, 35*,4: 2-9.

Buss, K. E., Warren, J. M., & Horton, E. (2015). Trauma and treatment in early childhood: A review of the historical and emerging literature for counselors. *Professional Counselor*, *5*(2).

Center for Disease Control & Prevention (2019). Disability and safety: Information on wandering (elopement).

Center for Speech, Language, and Occupational Therapy. *Self-care skills.*

Doubet, S. & Ostrosky, M. (2014). The impact of challenging behavior on families: I don't know what to do. *Topics in Early Childhood Special Education.* https://journals.sagepub.com/doi/abs/10.1177/0271121414539019

Gavin, Mary. (2015). Safe exploring for toddlers. Nemours KidsHealth.

Grow by WebMD. (2020). How much sleep do children need? https://www.webmd.com/parenting/guide/slee

Keller, H. (2018). Universality claim of attachment theory: Children's socioemotional development across cultures. *Proceedings of the National Academy of Sciences, 115*(45), 11414-11419.

Kellogg, N. D. (2009). Clinical report—the evaluation of sexual behaviors in children. *Pediatrics*, *124*(3), 992-998. Reaffirmed Oct 2018.

Kim SH, Lord C. (2010). Restricted and repetitive behaviors in toddlers and preschoolers with autism spectrum disorders based on the Autism Diagnostic Observation Schedule (ADOS). *Autism Research, 3*(4):162-173.

Kurtz, P. F., Chin, M. D., Huete, J. M., & Cataldo, M. F. (2012). Identification of emerging self-injurious behavior in young children: A preliminary study. *Journal of Mental Health Research in Intellectual Disabilities*, 5(3-4), 260–285.

Lerner, C., & Parlakian, R. (2016). *Aggressive behavior in toddlers*. ZERO TO THREE.

Levy, T. M., & Orlans, M. (1998). *Attachment, trauma, and healing: Understanding and treating attachment disorder in children and families*. Child Welfare League of America.

Meyer, D. & Holl, E. (2020). *Young siblings of individuals with intellectual/developmental disabilities: Common experiences*. Institute on Community Integration.

National Center for Early Childhood Development, Teaching, & Learning. (2017). *BabyTalks: Playing to learn – benefits of play in early childhood.*

National Center for Parent, Family, and Community Engagement (2013). *Positive parent-child relationships.*

National Child Traumatic Stress Network (2009). *Understanding sexual behavior problems in children.*

National Council on Disability. (2012). *The impact of disability on parenting.*

National Scientific Council on the Developing Child (2004). *Young children develop in an environment of relationships: Working Paper No. 1.p-children*.

Rosanbalm, K. D., & Murray, D. W. (2017). *Promoting self-regulation in the first five years: A practice brief.* OPRE Brief 2017-79. Administration for Children & Families.

Thompson, S., & Raisor, J. (2013). Meeting the Sensory Needs of Young Children. YC Young Children, 68(2), 34-43. http://www.jstor.org/stable/42731196

Wittmer, D. (2011). *Attachment: What works?* Center on the Social and Emotional Foundations for Early Learning (CSEFEL).

Zero to Three. (2016). *DC:0-5: Diagnostic classification of mental health and developmental disorders of infancy and early childhood.*

Zero to Three. (2021). *Early development & well-being: Challenging behaviors*. Zero to Three Resources. https://www.zerotothree.org/early-development/challenging-behaviors

Zero to Three. (n. d.). *Sleep challenges: Why it happens, what to do*. https://www.zerotothree.org/resources/331-sleep-challenges-why-it-happens-what-to-do#chapter-237

CANS-NY 0-5 BASIC STRUCTURE

The CANS-NY 0-5 expands depending upon the needs of the individual. Basic core items are rated for all children. Individualized Assessment Modules are triggered by key core items (see italics below). Additional questions are required for the decision models to function.

CORE ITEMS

Life Functioning Domain
Family Functioning
Living Situation
Social and Emotional Functioning
Sleep
Play
Preschool/Childcare Behavior
Preschool/Childcare Achievement
Preschool/Childcare Attendance
Learning Ability
Medical/Physical [A]
Adjustment to Trauma [B]

Development Domain
Cognitive
Agitation
Self-Stimulation
Motor
Communication
Developmental Delay
Sensory
Atypical Behaviors
Eating
Mobility
Positioning
Transferring
Elimination
Sensory Reactivity
Emotional Control
Frustration Tolerance
Temperament

Behavioral/Emotional Needs Domain
Attention/Concentration (3+ years)
Impulsivity/Hyperactivity (3+ years)
Depression
Anxiety
Oppositional Behavior
Pica
Anger Control
Attachment Difficulties

Risk Factors & Behaviors Domain
Risk Factors
- Birth Weight
- Prenatal Care
- Length of Gestation
- Labor and Delivery
- Parental Availability
- Failure to Thrive
- Substance Exposure
- Housing Safety and Accessibility

Risk Behaviors
- Self-Harm
- Aggressive Behavior (24+ months)
- Fire Setting
- Intentional Misbehavior

Cultural Factors
Language
Cultural Stress
Knowledge Congruence

Strengths Domain
Family Strengths
Interpersonal
Optimism/Positive Affect
Adaptability
Persistence
Family Spiritual/Religious
Educational Assets
Natural Supports

Caregiver Resources & Needs Domain
Medical/Physical
Developmental
Mental Health
Substance Use
Caregiver Adjustment to Trauma
Legal Involvement
Self-Care/Daily Living
Organization
Supervision
Resourcefulness
Problem Solving
Family Stress
Caregiver Emotional Responsiveness
Residential Stability
Financial Resources
Safety
Informal Supports
Transportation of Child
Knowledge of Condition
Care/Treatment Involvement
Family System Engagement
Accessibility to Childcare Services
Access to Technology

MODULES

[A] Medical Health
Life Threatening
Chronicity
Diagnostic Complexity
Child Emotional Response
Impairment in Functioning
Intensity of Treatment Support
Organizational Complexity

[B] Trauma
Potentially Traumatic/Adverse Childhood Experiences (ACEs)
- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Neglect
- Medical Trauma
- Family Violence
- Community/School Violence
- Victimization/Exploitation
- Natural or Manmade Disaster
- Criminal Activity
- Disruption in Caregiving/Attachment Losses

Traumatic Stress Symptoms
- Re-experiencing
- Hyperarousal
- Avoidance
- Numbing
- Emotional and/or Physical Dysregulation
- Dissociation
- Traumatic Grief

LIFE FUNCTIONING DOMAIN

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

Question to Consider for this Domain: How is the child functioning in individual, family, peer, school, and community realms?

For the **Life Functioning Domain,** use the following categories and action levels:

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

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FAMILY FUNCTIONING

This item evaluates and rates the child's relationships with those who are in their family. It is recommended that the description of family should come from the child's perspective (i.e., who the child describes as family). In the absence of this information, consider biological and adoptive relatives and significant others with whom the child is still in contact. When rating this item, consider the relationship the child has with their family as well as the relationship of the family as a whole.
Note: For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan. Foster families should only be considered if they have made a significant commitment to the child.

Questions to Consider:

- How does the child get along with the family?
- Are there problems/conflicts between family members?
- Has there ever been any violence in the family?
- What is the relationship like between the child and their family?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of problems in relationships with family members, and/or child is doing well in relationships with family members.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History or suspicion of problems, and/or child is doing adequately in relationships with family members, although some problems may exist.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child is having problems with parents, siblings and/or other family members that are impacting their functioning.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child is having problems with parents, siblings and/or other family members that place them at risk.

Supplemental Information: Family Functioning should be rated independently of the needs of the specific child/youth being assessed.

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LIVING SITUATION

This item refers to how the child is functioning in their current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief medical and psychiatric hospitalization.

Questions to Consider:

- How has the child been getting along with others in the current living situation?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of problem with functioning in current living environment. Child and caregivers feel comfortable dealing with issues that come up in day-to-day life.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* In the past, child experienced problems with functioning in current living situation. Or child and caregiver have some difficulty dealing with issues that arise in daily life.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child has problems with functioning in current living situation. Child's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child and caregivers have difficulty interacting effectively with each other much of the time.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child's problems with functioning in current living situation place them at immediate risk of being unable to remain in present living situation due to problematic behaviors.

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SOCIAL AND EMOTIONAL FUNCTIONING

This item rates social skills and relationships. This includes age-appropriate behavior and the ability to engage and interact with others. When rating this item, consider the child's level of development.

Questions to Consider:

- Currently, how well does the child get along with others?
- Can an infant engage with and respond to adults? Can a toddler interact positively with peers?
- Does the child interact with others in an age-appropriate manner?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of problems and/or child has age-appropriate social functioning.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child is having some problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

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SLEEP

This item rates the child's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause, including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age (1 year old) or older to rate this item**.

Questions to Consider:

- Does the child appear rested?
- What are the child's nap and bedtime routines?
- How does the child's sleep routine impact the family?
- Do they have frequent nightmares or difficulty sleeping?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* There is no evidence of problems with sleep or child gets a full night's sleep each night. Toddlers may wake up on occasion, but a consistent sleep pattern has been established.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child has some problems sleeping. Toddlers may resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may either have a history of poor sleep or continued problems 1-2 nights per week.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, frequent waking, night terrors or nightmares on a regular basis.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child is rarely able to get a full night's sleep and is generally sleep deprived. Parents have exhausted numerous strategies for assisting child.
NA	Child is younger than 12 months (1 year) of age.

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PLAY

This item rates the degree to which a child is given opportunities for and participates in age-appropriate play. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing.

Questions to Consider:

- Is the child easily engaged in play?
- Does the child initiate play? Can the child sustain play?
- Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?
- Does the child show enjoyment or interest in activities/play?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of any problems with play. Child's play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child may seem uninterested in play, but with some assistance can engage in activities. Toddlers and preschoolers may seem uninterested and poorly able to sustain play without some assistance.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child resists play or does not have enough opportunities for play. Toddlers and preschoolers may show little enjoyment or interest in activities within or outside the home and can only be engaged in play activities with ongoing adult interaction and support.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has no access to or interest in play activities. Infant spends most of their time non-interactive. Toddlers and preschoolers cannot demonstrate enjoyment or use play to further development, even with adult encouragement.

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PRESCHOOL/CHILDCARE BEHAVIOR

This item rates the child's behavior while attending preschool/childcare.

Questions to Consider:

- Does the child have difficulties with their social relationships or behavior while in preschool or at childcare?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of problematic behavior at preschool/childcare. Child is behaving well in preschool/childcare.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child is behaving adequately in preschool/childcare although there may be a history of behavioral problems.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child is disruptive and many types of interventions have been implemented.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child is frequently disruptive in preschool/childcare. The threat of expulsion is present.

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PRESCHOOL/CHILDCARE ACHIEVEMENT

This item rates the child's educational progress. This item is rated based on the child's development rather than their chronological age.

Questions to Consider:

- Does the child have difficulties with learning new skills?
- Have any concerns related to achievement been reported by the child's preschool or childcare provider?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of problems with educational progress. Child is doing well acquiring new skills.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child is doing adequately acquiring new skills with some challenges. Child may be able to compensate with additional adult support.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child is having problems with acquiring new skills. Child may not be able to retain concepts or meet expectations for progress even with adult support.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child is having achievement problems. Child may be unable to understand or participate in skill development in most or all areas.

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PRESCHOOL/CHILDCARE ATTENDANCE

This item describes any challenge, including medically excused absences, to being physically present at school.

Questions to Consider:

- Does the child have difficulties with attending preschool or childcare regularly?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of problems with attendance. Child attends preschool/childcare regularly.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child has some problems attending preschool/childcare but is generally present.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child is having problems with preschool/childcare attendance.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child is absent most of the time, which is causing significant challenges in their achievement, socialization, and following routines.

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LEARNING ABILITY

This item refers to the child's ability to learn. Special educational strategies may be needed to create an environment where child can learn.

Questions to Consider:

- Is the child having difficulties learning?
- Has the child ever been diagnosed with a learning disability?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child appears fully able to effectively learn.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* There is a history, suspicion of, or evidence of a learning disability.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* The child is struggling to learn and unless challenges are addressed, learning will remain impaired.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* The child is currently unable to learn as current challenges are preventing any progress.

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MEDICAL/PHYSICAL*

This item includes both health problems and chronic/acute physical conditions or impediments. This item does not rate depression or other mental health issues.

Questions to Consider:

- Does the child have any medical conditions?
- Does the child have anything that limits their physical activities?
- How much does this interfere with the child's life?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence that the child has any medical or physical problems, and/or they are healthy.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child has transient, or well-managed physical or medical problems. These include well-managed chronic conditions like diabetes or asthma.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child has *serious* medical or physical problems that require medical treatment or intervention. Or child has a *chronic* illness or a physical challenge that requires *ongoing* medical intervention.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child has *life-threatening* illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [A] Medical Health Module.**

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[A] MEDICAL HEALTH MODULE

LIFE THREATENING

This item refers to conditions that pose an impending danger to life or carry a high risk of death if not treated.

Questions to Consider:

- Does the child have a medical condition that poses a risk of death if not treated?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child's current medical condition(s) do not pose any risk to premature death.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child's current medical condition(s) may shorten life but not until later in adulthood.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Current medical condition(s) places child at risk of premature death before reaching adulthood.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child's medical condition places them at imminent risk of death.

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CHRONICITY

This item refers to a condition that is persistent or long-lasting in its effects or a disease that develops gradually over time and is expected to last a long time even with treatment. Chronic conditions are in contrast with acute conditions which have a sudden onset.

Questions to Consider:

- Does the child have a persistent or long-lasting medical condition?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child is expected to fully recover from current medical condition within the next six months to one year. Note: A child with this rating does not have a chronic condition.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child's chronic condition is minor or well controlled with current medical management.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child's chronic condition(s) have significant effects/exacerbations despite medical management. Child may experience more frequent medical visits, including ER visits, surgeries or hospitalizations for acute manifestation or complications of chronic condition.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child's chronic condition(s) place them at risk for prolonged inpatient hospitalization or out-of-home placement (or in-home care with what would be equivalent to institutionalized care).

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DIAGNOSTIC COMPLEXITY

This item refers to the degree to which symptoms can be attributed to medical, developmental, or behavioral conditions, or there is an acknowledgement that symptoms/behaviors may overlap and are contributing to the complexity of the child's presentation.

Questions to Consider:

- Is there concern that the child's diagnosis is not accurate?
- Does the child present with symptoms that could be attributed to medical, developmental, or behavioral conditions?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

The child's medical diagnoses are clear; the symptom presentation is clear.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Although there is some confidence in the accuracy of child's diagnoses, there also exists sufficient complexity in their symptom presentation to raise concerns that the diagnoses may not be accurate.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

There is substantial concern about the accuracy of the child's medical diagnoses due to the complexity of symptom presentation.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

It is currently not possible to accurately diagnose the child's medical condition(s).

Supplemental Information: When the child's diagnoses are clear, and the overlapping symptoms are resulting in complex needs, rate this item based on the impact on the child's functioning. Complexity of treatment is not rated here but captured in the Intensity of Treatment Support item.

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CHILD EMOTIONAL RESPONSE

This item refers to how the child is managing the emotional strain of their medical conditions.

Questions to Consider:

- How is the child coping with their medical condition(s)?
- Does the child have emotional difficulties related to their medical condition that interfere with their functioning?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child is coping well with their medical condition.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child is experiencing some emotional difficulties related to medical condition, but these difficulties do not interfere with other areas of functioning.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child is having difficulties coping with medical condition. Child's emotional response is interfering with functioning in other life domains.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child's emotional response to medical condition is interfering with treatment and functioning.

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IMPAIRMENT IN FUNCTIONING

This item refers to a reduction in either physical or mental capacity that is sufficient to interfere with managing day-to-day tasks of life. This limitation can range from a slight loss of function to a total impairment which is usually considered a disability. Some impairments may be short-term while others may be permanent. Assessing the impairment can help identify the best course of treatment and whether it is responding to treatment.

Questions to Consider:

- Is the child's medical condition(s) interfering with their day-to-day functioning?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child's medical condition or mental capacity is not interfering with functioning in other life domains.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child's medical condition or mental capacity has a limited impact on functioning in at least one other life domain.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child's medical condition or mental capacity is interfering in more than one life domain or is disabling in at least one.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child's medical condition or mental capacity has disabled them in most other life domains.

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INTENSITY OF TREATMENT SUPPORT

This item refers to the complexity of the child's medical treatment, including frequency of treatment, whether there is a need for special medical services or equipment, and the extent of support needed by caregivers in the management of the treatment.

Questions to Consider:

- Does the child's medical condition(s) require specialized medical equipment or services?
- Does the child have the support needed to administer and manage their medical treatments?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child's medical treatment is not intrusive in the family's routine. Child and family are maintaining all necessary treatment.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child's medical treatment regimen is getting in the way of the family's routine. They sometimes are unable to complete procedures, and/or require support in administering some of the treatments.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child's medical treatment cannot currently be administered by the child and/or family without some support in the home.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Intensity of the child's treatment prevents the caregiver from managing at least one area of the family's life functioning.

Supplemental Information: In considering the intensity of treatment and supports provided, the family's circumstances and child's medical condition(s) and their risk of use of the Emergency Department, Urgent Care, and/or Hospitalization should be considered.

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ORGANIZATIONAL COMPLEXITY

This item refers to how effectively organizations and service providers caring for a child work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration.

Questions to Consider:

- Is medical care for the child being provided by multiple medical providers? How many?
- Are the medical providers coordinated in providing care for the child?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* All care is provided by a single provider; there are no additional service providers involved.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Care is provided by a single or multiple service provider(s), and while there may be some challenges, communication/collaboration among providers is generally effective.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Care is provided by a single or multiple services provider(s) and communication/collaboration among providers may present some challenges for the child's care and is impacting the child's functioning.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Care is provided by a single or multiple services provider(s) and lack of communication/ collaboration among providers is presenting significant challenges for the child's care and places the child at risk due to their medical condition not improving or worsening.

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End of the Medical Health Module

ADJUSTMENT TO TRAUMA*

This item is used to describe the child who is having difficulties adjusting to a traumatic experience. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

Questions to Consider:

- Has the child experienced any trauma?
- How is the child adjusting to the trauma? Does the child repeatedly 'play out' or 'act out' traumatic experiences?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence that the child has experienced a traumatic life event, OR child has adjusted well to traumatic/adverse experiences.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

The child has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment or relationships. Adjustment is interfering with child's functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

Supplemental Information: To rate this item a '1', '2' or '3' a traumatic event needs to have occurred and should be identified in the Trauma Module, Potentially Traumatic/Adverse Childhood Experiences section. A rating of '0' would describe a child who has not experienced any trauma or whose exposure to traumatic/adverse experiences did not impact functioning.

***A rating of '1,' '2,' or '3' on this item triggers the completion of the [B] Trauma Module.**

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[B] TRAUMA MODULE

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

The Potentially Traumatic/Adverse Childhood Experiences are rated 'yes' or 'no' for known or suspected trauma experiences or exposures across a child's lifetime. These items provide context to any traumatic stress symptoms or trauma related behaviors that the child may exhibit.

For the **Potentially Traumatic/Adverse Childhood Experiences,** use the following categories and action levels:

No	No evidence of any trauma of this type.
Yes	Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

Rate the following items within the child's lifetime.

SEXUAL ABUSE

This item describes whether the child has experienced sexual abuse.

Questions to Consider:

- Has the caregiver disclosed sexual abuse?
- How often did the abuse occur?
- Did the abuse result in physical injury?

Ratings and Descriptions

NO	*No evidence of any trauma of this type.* There is no evidence that the child has experienced sexual abuse.
YES	*Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.* Child has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse.

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PHYSICAL ABUSE

This item describes whether the child has experienced physical abuse.

Questions to Consider:

- Is physical discipline used in the home? What forms?
- Has the child ever received bruises, marks, or injury from another person?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child has experienced physical abuse.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

The child has experienced or there is a suspicion that they have experienced physical abuse.

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EMOTIONAL ABUSE

This item describes whether the child has experienced emotional abuse. This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards the child and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

Questions to Consider:

- How does the caregiver talk to/interact with the child?
- Is there name calling or shaming in the home?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that child has experienced emotional abuse.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse.

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NEGLECT

This item describes whether the child has experienced neglect. Neglect can refer to a lack of food, shelter, or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

Questions to Consider:

- Is the child receiving adequate supervision?
- Are the child's basic needs for food and shelter being met?
- Is the child allowed access to necessary medical care? Education?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child has experienced neglect.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child has experienced neglect, or there is a suspicion that they have experienced neglect.

Supplemental Information: Emotional neglect is captured in the Emotional Abuse item.

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MEDICAL TRAUMA

This item describes whether the child has experienced medically related trauma. Potential traumas include but are not limited to the onset of a life-threatening illness; sudden painful medical events; chronic medical conditions resulting from an injury or illness or another type of medically related traumatic event. This could include witnessing a close relative's medical trauma as well.

Questions to Consider:

- Has the child had any broken bones, stitches, or other medical procedures?
- Has the child had to go to the emergency room, or stay overnight in the hospital?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child has experienced any medical trauma.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs. A suspicion that a child has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

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FAMILY VIOLENCE

This item describes exposure to violence within the child's home or family.

Questions to Consider:

- Is there frequent fighting in the child's family?
- Does the fighting ever become physical?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence the child has witnessed family violence.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

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COMMUNITY/SCHOOL VIOLENCE

This item describes the exposure to incidents of violence the child has witnessed or experienced in their community. This includes witnessing violence at the child's school or educational setting.

Questions to Consider:

- Does the child live in a neighborhood with frequent violence?
- Has the child witnessed or directly experienced violence at their school?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child has witnessed violence in the community or their school.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child has witnessed or experienced violence in the community or their school, or there is a suspicion that the child has witnessed or experienced violence in the community.

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VICTIMIZATION/EXPLOITATION

This item describes a child who has been exploited by others. This item is used to examine a history and pattern of being the object of abuse. It would also include children who are victimized in other ways (e.g., sexual exploitation, labor trafficking, etc.).

Questions to Consider:

- Has an exploiter traded the child for sexual activity for goods, money, affection, or protection?
- Has the child been a victim of human trafficking?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

No evidence that the child has experienced victimization or exploitation.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child has been victimized or exploited, or there is a suspicion that they have been victimized or exploited.

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NATURAL OR MANMADE DISASTER

This item describes the child's exposure to either natural or manmade disasters.

Questions to Consider:

- Has the child been present during a natural or manmade disaster?
- Does the child watch television shows containing these themes, or overhear others talking about these kinds of disasters?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child has experienced, been exposed to or witnessed natural or manmade disasters.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child has been exposed to natural or manmade disasters, or there is a suspicion that they have been exposed to natural or manmade disasters.

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CRIMINAL ACTIVITY

This item describes the child's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, assault, or battery.

Questions to Consider:

- Has the child or someone in their family ever been the victim of a crime?
- Has the child seen criminal activity in the community or home?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child has been victim of or a witness to criminal activity.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child has been victimized, or there is suspicion that they have been victimized or have witnessed criminal activity.

Supplemental Information: Any behavior that could result in incarceration is considered criminal activity. A child who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. A child who has witnessed drug dealing, assault or battery would also be rated on this item.

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DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which a child has had one or more major changes in caregivers or caregiving, potentially resulting in disruptions in attachment.

Questions to Consider:

- Has the child ever lived apart from their parents/caregivers?
- Has the child lost a parent/caregiver to death?

Ratings and Descriptions

NO *No evidence of any trauma of this type.*

There is no evidence that the child has experienced disruptions in caregiving and/or attachment losses.

YES *Child has had experience or there is suspicion that child has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.*

Child has been exposed to, or there is suspicion that they have been exposed to, at least one disruption in caregiving or attachment loss.

Supplemental Information: Children who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Children who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the child's caregiver remains the same, would not be rated on this item.

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TRAUMATIC STRESS SYMPTOMS

The Traumatic Stress Symptoms describe the impact of trauma exposures or experiences on the child within the past 30 days.

For the **Traumatic Stress Symptoms items,** use the following categories and action levels:

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

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RE-EXPERIENCING

This item describes a child who has intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. Symptoms also include intense distress or physiological reactivity (sweating, heart racing) after exposure to reminders (external or internal) of the event(s).

Questions to Consider:

- Does the child think about the traumatic event when they do not want to?
- Do reminders of the traumatic event bother the child?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence that the child experiences intrusive thoughts of trauma.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History or evidence of some intrusive thoughts of trauma but it does not affect the child's functioning. A child with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere with their ability to function in some life domains. For example, the child may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions, or memories of traumatic events. The child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child may exhibit trauma-specific reenactments that include sexually or physically traumatizing others. This child may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child to function.

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HYPERAROUSAL

This item refers to a child who experiences prolonged states of physiological arousal following trauma exposure. This may manifest behaviorally, emotionally, and cognitively. The child may appear on edge, easily startled, or wound up. They may be irritable and display outbursts of anger with little or no provocation. They may constantly be on the lookout for threats around them (i.e., hypervigilant). Because of a constant state of hypervigilance regarding their own safety, they may have a hard time concentrating. They may also exhibit physical symptoms such as headaches or stomachaches and may have difficulty falling or staying asleep. They may engage in reckless or self-destructive behavior.

Questions to Consider:

- Does the child feel more jumpy or irritable than is usual?
- Does the child have difficulty relaxing and/or have an exaggerated startle response?
- Does the child have stress-related physical symptoms: stomachaches or headaches?
- Do these stress-related symptoms interfere with the child's ability to function?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child has no evidence of hyperarousal symptoms.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* History or evidence of hyperarousal that does not interfere with daily functioning. Child may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child exhibits one significant symptom or a combination or two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Children who frequently manifest distress-related physical symptoms such as stomachaches and headaches would be rated here. Symptoms are distressing for the child and/or caregiver and negatively impacts day-to-day functioning.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child and/or caregiver and impede day-to-day functioning in many life areas.

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AVOIDANCE

This item refers to a child who avoids or tries to avoid places or people who remind them of earlier traumatic experiences. Given a child's lack of control over their circumstances, avoidance behaviors may manifest as clinginess to caregivers.

Questions to Consider:

- Does the child make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?
- Does the child act differently around a specific person or place?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child exhibits no avoidance symptoms.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child may have history of or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the trauma.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child's avoidance symptoms are debilitating. Child may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

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NUMBING

This item refers to a child who has experienced traumatic events and displays a diminished capacity to feel or experience and express a range of emotions. This may manifest as difficulty feeling or expressing emotions such as happiness, anger, or fear. The child may also withdraw from people and activities the child used to enjoy (e.g., play). The child may also have negative beliefs about self or the world (e.g., "I am bad", "I did this"). The child may also have difficulty remembering important aspects of the event. These numbing symptoms were not present before the traumatic event.

Questions to Consider:

- Does the child experience a normal range of emotions?
- Does the child tend to have flat emotional responses?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child has no evidence of numbing responses.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child exhibits some problems with numbing. The child may have a restricted range of affect or an inability to express or experience certain emotions (e.g., anger or sadness).
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child's difficulties with numbing responses impact their functioning. The child may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child's difficulties with numbing are dangerous and place them at risk. Child may have significant numbing responses or multiple symptoms of numbing. The child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

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EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This item refers to a cluster of symptoms often seen among children who have experienced complex (chronic and interpersonal) trauma. This child often demonstrates difficulty identifying, describing, and regulating internal emotional states (affect) and may also have difficulty managing energy level and related body states/systems (physiological) such as hunger, thirst, sleep, and elimination.

Questions to Consider:

- Does the child have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?
- Does the child have extreme or unchecked emotional reactions to situations?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child has no problems with emotional or physical regulation. Emotional responses and energy level are appropriate to the situation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History or evidence of difficulties with affect/physiological regulation. The child could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). The child may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has problems with affect/physiological regulation that are impacting their functioning in some life domains but can control affect at times. The child may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). The child may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g., silly behavior, loose active limbs) or under-arousal (e.g., lack of movement and facial expressions, slowed walking and talking).

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child is unable to regulate affect and/or physiological responses. The child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). Alternately the child may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally 'shut down'). The child may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems. [continues]

EMOTIONAL AND/OR PHYSICAL DYSREGULATION continued

Supplemental Information: Affect dysregulation may manifest as problems labeling or expressing feelings, difficult or inability in controlling or modulating emotions, and/or difficulty communicating needs.

The child may also exhibit restricted affect punctuated by outbursts of anger or sadness. Overall, it is a pattern of repeated dysregulation that is triggered by exposure to trauma cues or reminders. Once aroused, this child has difficulty modulating feelings and returning to a state of equilibrium. This child may also display over-reactivity or under-reactivity to touch and sounds. Affective and physiological dysregulation may also lead to somatic complaints such as headaches and stomachaches. The child may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity or under-arousal.

NOTE: This item should be rated in the context of what is normative for a child's age/developmental stage and the child's exposure to trauma. This item is highly related to other items such as hyperarousal, numbing, and anger control; therefore, scores in these items will likely be similar.

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DISSOCIATION

This item includes symptoms such as daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.

Questions to Consider:

- Does the child ever enter a dissociative state?
- Does the child often become confused about who or where they are?
- Has the child been diagnosed with a dissociative disorder?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of dissociation.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child exhibits dissociative problems that interfere with functioning in at least one life domain.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child is frequently forgetful or confused about things they should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities.

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TRAUMATIC GRIEF

This item describes the level of traumatic grief the child is experiencing due to death or loss/ separation from significant caregivers, siblings, or other significant figures.

Questions to Consider:

- Is the trauma reaction of the child based on a grief/loss experience?
- How much does the child's reaction to the loss impact their functioning?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence that the child is experiencing traumatic grief or separation from the loss of significant others. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child is experiencing traumatic grief due to death or loss/separation from a significant other in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

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End of the Trauma Module

DEVELOPMENT DOMAIN

This section identifies the developmental needs of the child.

Question to Consider for this Domain: Is the child meeting their developmental milestones?

For the **Development Domain,** use the following categories and action levels:

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

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COGNITIVE

This item refers to the cognitive or intellectual functioning of the child. Cognitive functions include the child's ability to comprehend ideas and involve aspects of perception, thinking, reasoning, remembering, awareness, and judgment. Cognitive functioning is most often measured through an IQ test. If the child does not have an identified IQ test score, please use available information in order to score the item, including input from child and family team members.

Questions to Consider:

- Does the child have an intellectual disability or delay?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
The child has no apparent cognitive delays.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child has some indicators that cognitive skills are not appropriate for age or are at the lower end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/child is completely reliant on caregiver to function.

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AGITATION

This item describes the degree to which a child's behaviors indicate irritation or restlessness. Examples include biting or hitting, handwringing, dressing and undressing, general restlessness, scratching, grabbing, and spitting.

Questions to Consider:

- What does the child do when they are frustrated or confused?
- Can the child be calmed or soothed when they are agitated?

Ratings and Descriptions

0	*No evidence of any needs; no need for action*. Child does not exhibit agitated behavior.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child becomes agitated on occasion but can be calmed relatively easily.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child becomes agitated often or can be difficult to calm.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child exhibits a dangerous level of agitation. Child becomes agitated often and easily becomes aggressive towards self or others.

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SELF-STIMULATION

This item describes self-stimulation behavior (pacing, rocking, gesticulating, some verbalizations, and other stereotypical behaviors; this item does not include masturbation), related to the over- or under-stimulation of the sensory environment. Child is not able to control the circumstances (where, when) or how often they repeat the behavior, so it is impairing their ability to function in life activities.

Questions to Consider:

- Does the child exhibit any self-stimulating behavior as a way of coping?
- How much does the child's self-stimulating behavior impact their ability to participate in daily activities or their overall functioning?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of self-stimulation when exposed to sensory stimuli.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child's self-stimulating behaviors—e.g., periodic pacing or rocking; sensitivity to touch or texture or to loud or bright environments—do not impact their functioning, and/or the child easily responds to intervention from a caregiver.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child does not respond to intervention from a caregiver and will continue with self-stimulating behaviors (e.g., frequent rocking, odd behaviors, pacing, etc.) which impact their ability to participate in their daily activities. The child may be easily distressed by stimulation of their senses: touch (tactile), taste, noise (hearing), lights (sight), smell, and kinesthesis/ proprioception (movement/pressure).

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Self-stimulation that causes physical harm to self, others, or destruction of property. Child is unable to tolerate stimulation of senses. The child does not respond to intervention from a caregiver. The child has significant difficulty participating in their daily life activities.

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MOTOR

This item rates delays in the development of the child's fine motors skills and gross motor skills. Fine motor skills (e.g., hand grasping and manipulation) involve the muscles of the fingers, hands and wrists. These develop throughout childhood into early adulthood. Gross motor skills (e.g., walking, running) involve the large muscle groups of the arms legs and torso. These are typically developed in childhood through physical activity.

Questions to Consider:

- Does the child have any difficulties with gross or fine motor function?
- How do the gross or fine motor functioning difficulties impact the child's functioning?
- Is the child receiving OT or PT services/therapies?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
Child has no evidence of problems with motor functioning.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Child may have some difficulties with fine and gross motor skills, but it does not impact their functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Child has motor skill deficits which impact their functioning.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child's motor skill deficits are dangerous and disabling.

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COMMUNICATION

This item rates the child's ability to communicate with others via expression and reception. Receptive communication refers to the way a listener receives and understands a message. Expressive communication refers to how one conveys a message.

Questions to Consider:

- Do others understand the child when they are trying to communicate?
- Does the child understand others who are trying to communicate with them?
- Has the child ever been diagnosed with a communication disorder?
- Does the child need or use a communication device?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child has a history of communication problems but currently is not experiencing any problems. A toddler may have very few words and become frustrated when expressing needs. A preschooler may be difficult for others to understand.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has either receptive or expressive language problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands. Child may rely on alternative communication systems (including, but not limited to signing or electronic communication device) for most communication needs.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has serious communication difficulties and is unable to summon assistance or cannot communicate in any way, including pointing or grunting.

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DEVELOPMENTAL DELAY

This item describes the child's development compared to typical or expected development. It also includes documenting the presence of developmental delays (motor, social, and speech) or impairment associated with specific childhood-onset disorders including intellectual disability (intellectual developmental disorder) and autism spectrum disorder. If the child does not have an identified diagnosis or assessment regarding their developmental ability, please use available information in order to rate the item, including input from child and family team members regarding the developmental level of the child.

Questions to Consider:

- Is the child progressing developmentally in a way similar to children of the same age?
- Has the child been diagnosed with a developmental disability?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child's development appears within normal range. There is no reason to believe that the child has any developmental problems.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child displays suspicion or evidence of a developmental delay that does not appear to interfere with functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child displays evidence of a developmental delay (e.g., motor, social, speech/communication) or has been diagnosed with an autism spectrum disorder that causes developmental delays.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has a severe developmental disorder.

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SENSORY

This item describes the child's ability to use all senses including vision, hearing, smell, touch and kinesthetic senses (senses related to body positioning and body movement).

Questions to Consider:

- Has anyone noticed a problem with child's vision or hearing?
- Has the child had an occupational therapy evaluation or services?
- Are there any problems with eating or dressing that might indicate a sensory delay?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child's hearing, sight, sense of touch, taste and smell are functioning and are developmentally on target.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child has impairment on a single sense (e.g., hearing deficits, correctable vision problems).

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has an impairment that impacts their functioning in at least one life domain (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has significant impairment in one or more senses (e.g., profound hearing or vision loss) that could be dangerous or debilitating without intervention.

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ATYPICAL BEHAVIORS

This item describes ritualized or stereotyped behaviors (where the child repeats certain actions over and over again) or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

Questions to Consider:

- Does the child exhibit behaviors that are unusual or difficult to understand?
- Does the child engage in certain repetitive actions?
- Are the unusual behaviors or repeated actions interfering with the child's functioning?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the child's functioning.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency and are disabling or dangerous.

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EATING

This item refers to the process of getting food into the body by any means.

Questions to Consider:

- Does the child have any challenges with eating?
- Does the child's challenges with eating impact their functioning?
- Does the child require any adaptive equipment or supports to successfully eat?
- Does the child require any specialized medical equipment to obtain needed nutrients?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of problems related to eating.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child's problems with eating have been present in the past or are currently present some of the time. Child experiences some difficulty eating but manages by themselves.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Problems with eating are present that impact the child's functioning. Child may overeat, have few food preferences or not have a clear pattern of when they eat. Child may need help from another person or the use of adaptive equipment (e.g., adapted utensils) to feed self but manages by themselves.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Problems with eating are present and putting the child at risk developmentally. Child is unable to feed themselves (including parental nutrition) or the child and family are very distressed and unable to overcome problems in this area.

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MOBILITY

This item describes the ability of the child to move.

Questions to Consider:

- Is the child able to move independently?
- What supports does the child need to move or ambulate?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child is fully independent in their ability to ambulate, or infant is developmentally on target.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child is generally independent in mobility but has some adaptive technology that facilitates independent mobility. Mobility challenges do not have a notable impact on functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has notable challenges with mobility that interfere with functioning. Limited mobility for short distances or short periods of time can occur when assisted by another person or adaptive technology.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has motor challenges that prevent them from any mobility without total assistance of another person or support of an adaptive device (e.g., wheelchair or crutches).

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POSITIONING

This item describes the child's ability to move a limb or their entire body while stationary.

Questions to Consider:

- Is the child able to position their body on their own?
- What supports does the child need in order to position their body?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child is fully independent in their ability to position body.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child is generally independent in positioning but has some adaptive technology that facilitates independent positioning. Positioning challenges do not have a notable impact on functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has notable challenges with positioning that interfere with functioning. Physical assistance from others or adaptive technology provides some independence in positioning.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child is unable to reposition self and requires 24-hour monitoring and physical assistance from others to reposition themselves.

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TRANSFERRING

This item refers to the process of moving between positions (e.g., to and from bed, chair to standing). Note: Transferring does not include transferring to/from toilet.

Questions to Consider:

- Is the child able to independently transition or transfer their body between positions?
- What supports does the child need to be able to transition or transfer their body between positions?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child is fully independent in their ability to transfer (e.g., in and out of bed, sitting to standing).

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child is generally independent in transferring. Child has some difficulty but can transfer unassisted and transfer challenges do not have a notable impact on functioning. May require the use of assistive devices.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has notable challenges with transfers that interfere with functioning; child needs some assistance from another person to transfer. May or may not require the use of assistive devices.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child is unable to transfer without assistance from another person.

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ELIMINATION

This item describes any needs related to urination or bowel movements.

Questions to Consider:

- Does the caregiver have any concerns about the child's elimination routines?
- Do any medical concerns interfere with urination or bowel movements?
- Do any concerns around elimination get in the way of the child's functioning in other domains?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence that the child has any history of concerns around elimination.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child has had elimination difficulties in the past but is not experiencing consistent difficulties at present. Occasional problems with elimination would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has consistent problems with elimination that require ongoing action or medical intervention. Children who require ongoing medical treatment for impacted bowels and children whose elimination is maintained with an appliance or catheter would be rated here. This rating includes infants who may completely lack a routine in elimination and develop constipation as a result.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has difficulties with elimination that cause the child significant distress and/or impact physical health and development.

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SENSORY REACTIVITY

This item rates the child's ability to organize, process, and integrate sensation (sound, sight, touch, temperature, texture, taste and smell). Infants and young children who are hyper-reactive or hypo-reactive to sensory input should be rated here.

Questions to Consider:

- Does child cry or become irritable with certain types of sensory experiences?
- Does child avoid certain types of sensory experiences?
- Does child have trouble touching things of different textures?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of sensory reactivity. Child integrates and reacts to sensory experience at a developmentally appropriate level.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child demonstrates sensory reactivity in at least one sensory area. Child can function with caregiver support in this area.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has sensory reactivity that impacts functioning in at least one life domain (e.g., taste/texture sensitivity interferes with eating).

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child demonstrates significant sensory reactivity. Caregiver cannot mediate effects, and reactivity prevents the child from full participation in age-appropriate activities.

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EMOTIONAL CONTROL

This item describes the child's ability to manage emotions (positive or negative). It describes symptoms of affect dysregulation.

Questions to Consider:

- Does the child have reactions that seem out of proportion to the situation?
- Does the child have extreme or unchecked emotional reactions to situations?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child has no problems with emotional control.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* History or suspicion of problems with managing emotions or emotional control that can be overcome with caregiver support.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child may quickly become excitable or frustrated and react aggressively, or child's difficulties with controlling emotions are impacting functioning in at least one life domain.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child's emotional control problems are interfering with development and put child at imminent risk of harming self or others. Caregivers are not able to mediate the effects.

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FRUSTRATION TOLERANCE

This item rates a child's tolerance of frustration. This may include becoming upset when something does not go their way, having a difficult time waiting for help or attention, and giving up quickly when faced with adversity, a challenge, loss of control or blocked goals. Some sources of frustration for preschoolers can be peers, adults and new prospects at this developmental stage.

Questions to Consider:

- How does the child control their emotions?
- Does the child get upset or frustrated easily?
- Does the child give up when faced with adversity or challenges?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of any challenges dealing with frustration. Child may become upset when frustrated but is easily distracted or redirected.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child demonstrates some difficulties dealing with frustration. Child may sometimes become agitated, verbally hostile, anxious or give up when faced with a challenge or blocked goals.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child struggles with tolerating frustration. Child's reaction to frustration impairs functioning in at least one life domain. Child may completely abandon the task and give up or have an emotional outburst when frustrated.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child is irritable, has violent outbursts or completely gives up when frustrated, impacting their functioning in more than one life domain. Others may be afraid of child's emotional outbursts or that child may hurt self or others during their outbursts.

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TEMPERAMENT

This item describes the child's general way of being and ability to be soothed.

Questions to Consider:

- What is the child generally like?
- Is the child able to be easily calmed or soothed when upset?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child has an easy temperament. The child is easily calmed or distracted when angry or upset.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child has some problems being calmed, soothed, or distracted when angry or upset. Child may have occasional episodes or extended crying or tantrums. Child may display some fear or clinginess in new situations or around new people, but with encouragement child can eventually acclimate.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child has a difficult temperament. Child has difficulty being calmed, soothed, or distracted when angry or upset. Persistent episodes of crying, tantrums, clinginess, or other difficult behaviors are observed that impact the child's functioning in at least one area.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child has difficulties being calmed, soothed, or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums, clinginess, or other difficult behaviors are observed that impact their functioning in multiple areas.

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BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the child. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below.

Question to Consider for this Domain: What are the presenting social, emotional, and behavioral needs of the child?

For the **Behavioral/Emotional Needs Domain,** use the following categories and action levels:

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

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ATTENTION/CONCENTRATION

Problems with attention, concentration and task completion would be rated here. Inattention/ distractibility not related to opposition would be rated here.
Note: The child should be age 3 or older to rate this item.

Questions to Consider:

- Does the child have challenges with attention or concentration that is beyond what one would expect given their age?
- Do the challenges with attention and concentration impact the child's daily functioning? Home life? Educational setting?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of attention or concentration problems. Child stays on task in an age-appropriate manner.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History or suspicion of problems with attention/concentration or some current problems with attention and concentration. Child may have some difficulties staying on task for an age-appropriate time period at school or during play. Difficulties with attention/concentration do not impact the child's functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

In addition to problems with sustained attention, child may become easily distracted or forgetful in daily activities, have trouble following through on activities, and become reluctant to engage in activities that require sustained effort. A child who meets diagnostic criteria for ADHD would be rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child's attention or concentration challenges are dangerous or disabling in several areas of their life.

NA Child is under 3 years of age.

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IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions (e.g., tics or sudden, rapid, recurring, nonrhythmic motor movements or vocalizations), are rated here.
Note: The child should be age 3 or older to rate this item.

Questions to Consider:

- Does the child's impulsivity put them at risk?
- How has the child's impulsivity impacted their life?
- Is the child able to control themselves?
- Does the child report feeling compelled to do something despite negative consequences?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of symptoms of loss of control of behavior.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History or evidence of some impulsivity evident in action or thought that place the child at risk of future functioning difficulties. The child may exhibit limited impulse control, e.g., child may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present, such as pushing or shoving others.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's functioning in at least one life domain. This indicates a child with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child who often intrudes on others and often exhibits aggressive impulses would be rated here.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child at risk of physical harm. This indicates a child with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous bike riding). The child may be impulsive on a nearly continuous basis. The child endangers themselves or others without thinking.

NA Child is under 3 years of age.

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DEPRESSION

This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest, or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders.

Questions to Consider:

- Are the child's caregivers concerned about possible depression or chronic low mood and irritability?
- Has the child withdrawn from normal activities?
- Does the child seem listless, sad or socially withdrawn?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of depression.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.

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ANXIETY

This item rates evidence of excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors).

Questions to Consider:

- Does the child have any problems with anxiety or fearfulness?
- Is the child avoiding normal activities out of fear?
- Does the child act frightened or afraid?
- Has the child ever had a panic attack?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of anxiety.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History, suspicion, or evidence of some anxiety. This level is used to rate either a phobia or anxiety problem that is not yet causing the child significant distress or markedly impairing functioning in any important context.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

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OPPOSITIONAL BEHAVIOR

This item rates the child's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child. Oppositional behaviors rated here are inconsistent with developmentally appropriate resistance to rule following.

Questions to Consider:

- Does the child follow their caregivers' rules?
- Have teachers or other adults reported that the child does not follow rules or directions?
- Does the child argue with adults when they try to get the child to do something?
- Does the child do things that they have been explicitly told not to do?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of oppositional behaviors.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History or evidence of defiance towards authority figures that has not yet begun to cause functional impairment.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instruction or authority.

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PICA

This item describes the child who eats nonnutritive and non-food substances.

Questions to Consider:

- Does the child eat unusual materials? Materials that could be dangerous?
- Has the child received medical attention due to ingesting any unusual or dangerous materials?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence that the child ingests unusual or dangerous materials.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* History, suspicion, or evidence of ingesting unusual or dangerous materials.
2	*Need is interfering with functioning. Action is required to ensure that the identified need is addressed.* Child has ingested unusual or dangerous materials consistent with a diagnosis of Pica.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child has become physically ill or experienced abnormal laboratory levels (e.g., elevated blood lead levels greater than 10mcg/dL) due to ingesting dangerous materials.

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ANGER CONTROL

This item captures the child's ability to identify and manage their anger when frustrated.

Questions to Consider:

- How does the child control their emotions?
- Do they get upset or frustrated easily?
- Do they overreact if someone criticizes or rejects them?
- Does the child seem to have dramatic mood swings?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of any anger control problems.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

History, suspicion, or evidence of some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Child's difficulties with controlling anger are impacting functioning in at least one life domain. Child's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child's temper or anger control problem is dangerous. Child frequently gets into fights that are often physical. Others likely fear the child.

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ATTACHMENT DIFFICULTIES

This item rates the level of difficulties the child has with attachment and their ability to form relationships.

Questions to Consider:

- Does the child struggle with separating or connecting with the caregiver?
- Does the child approach or attach to strangers?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of attachment problems. Caregiver relationship with child is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver can respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Some history or evidence of insecurity in the caregiver-child relationship. Caregiver may have difficulty accurately reading child's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Problems with attachment that interfere with child's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child cues, act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child is unable to form attachment relationships with others (e.g., chronic dismissive/ avoidant/detached behavior in care giving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of their attachment behaviors. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

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RISK FACTORS AND BEHAVIORS DOMAIN

RISK FACTORS

This section identifies factors that can increase a child's likelihood of mental health and other difficulties developing.

Note: Items in this section are static indicators – provide an understanding of the child's previous status on a variety of early developmental indicators. Three items, however, are exceptions—Failure to Thrive, Substance Exposure, and Housing Accessibility—as these items describe past and/or current conditions that can be impacted or changed.

Only complete this section if the child is 36 months old or younger.

For the **Risk Factors** items, use the following categories and action levels:

0 No evidence of any needs; no need for action.

1 Need or risk factor or behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need or risk factor or behavior is addressed.

3 Intensive and/or immediate action is required to address the need or risk factor or behavior.

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BIRTH WEIGHT

This item describes the child's birth weight immediately after the child was born.

Questions to Consider:

- How did the child's birth weight compare to typical averages?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.

1 *Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Child born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.

2 *Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.*

Child considerably underweight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.

3 *Intensive and/or immediate action is required to address the need or risk factor.*

Child extremely underweight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

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PRENATAL CARE

This item refers to the health care and pregnancy-related illness of the mother that impacted the child in utero.

Questions to Consider:

- What kind of prenatal care did the biological mother receive?
- Did the mother have any unusual illnesses or risks during pregnancy?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child's biological mother had adequate prenatal care (e.g., 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
1	*Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child's biological mother had some shortcomings in prenatal care or had a mild form of a pregnancy-related illness.
2	*Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.* Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness.
3	*Intensive and/or immediate action is required to address the need or risk factor.* Child's biological mother had no prenatal care or had a severe form of pregnancy-related illness.

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LENGTH OF GESTATION

This item describes the length of time from conception until birth.

Questions to Consider:

- How many weeks did the child spend in utero?
- Were there any medical complications present when the child was born?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child was born full-term (between 37 and 42 weeks' gestation).
1	*Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child was born early or late (before 37 or after 42 weeks' gestation), with no significant complications present).
2	*Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.* Child was born early or late (before 37 or after 42 weeks' gestation). Some complications, such as apnea or jaundice, were present.
3	*Intensive and/or immediate action is required to address the need or risk factor.* Child was born early or late (before 37 or after 42 weeks' gestation). Significant complications resulting in long term developmental implications (e.g., bronchopulmonary dysplasia or retinopathy) were present.

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LABOR AND DELIVERY

This item refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

Questions to Consider:

- Were there any unusual circumstances related to the labor and delivery of the child?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child and mother had normal labor and delivery.
1	*Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child or mother had some mild problems during delivery, but there is no history of adverse impact.
2	*Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.* Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother.
3	*Intensive and/or immediate action is required to address the need or risk factor.* Child had severe problems during delivery that have long-term implications for development.

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PARENTAL AVAILABILITY

This item describes the child's access to an emotionally and physically present primary caregiver in the 12 weeks after birth.

Questions to Consider:

- Who cared for the child during the first three months of their life?
- Was that caregiver experiencing any life challenges during this time?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child was cared for by an emotionally and physically available caregiver in the weeks following birth.
1	*Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child's primary caregiver experienced minor or transient stressors during the weeks following birth.
2	*Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.* Child's primary caregiver experienced stressors (e.g., post-partum depression, medical illness, loss, addiction) sufficient to interfere with emotional and physical availability in the weeks after birth.
3	*Intensive and/or immediate action is required to address the need or risk factor.* Child's primary caregiver was unavailable to the child such that the child's emotional or physical well-being was significantly compromised.

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FAILURE TO THRIVE

This item rates the presence of problems with weight gain or growth.

Questions to Consider:

- Does the child have any problems with weight gain or growth either now or in the past?
- Are there any concerns about the child's eating habits?
- Does the child's doctor have any concerns about the child's growth or weight gain?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of failure to thrive.

1 *Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
The child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. Or the child may presently be experiencing slow development in this area.

2 *Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.*
The child is experiencing problems in their ability to maintain weight or growth. The child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th).

3 *Intensive and/or immediate action is required to address the need or risk factor.*
The child has one or more of all of the above and is currently at serious medical risk.

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SUBSTANCE EXPOSURE

This item describes the child's exposure to substance use and abuse both before and after birth, and exposure to dangerous substances within the household.

Questions to Consider:

- Was the child exposed to substances during the pregnancy? If so, what substances?

Ratings and Descriptions

0	*No evidence of any needs; no need for action*. Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
1	*Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child had either some in utero exposure, or there is current alcohol and/or drug use in the home.
2	*Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.* Child was exposed to significant alcohol or drugs in utero or within the household.
3	*Intensive and/or immediate action is required to address the need or risk factor.* Child was exposed to alcohol or drugs in utero and continues to be exposed in the home.

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HOUSING SAFETY AND ACCESSIBILITY

This item describes whether the caregiver's current housing circumstances are safe and accessible. Consider the child's specific medical or physical challenges when rating this item.

Questions to Consider:

- Does the child have any medical or physical needs that require special accommodations in the home?
- Have the accommodations for the child been made to the home?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.
Current housing has no challenges.

1 *Need or risk factor that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Current housing has challenges, but they do not currently interfere with functioning or present any notable risk to the child or others.

2 *Need is interfering with functioning. Action is required to ensure that the identified need or risk factor is addressed.*
Current housing has limitations to supporting the child's health, safety, and accessibility. These challenges interfere with or limit the child's functioning.

3 *Intensive and/or immediate action is required to address the need or risk factor.*
Current housing is unable to meet the child's health, safety, and accessibility needs. Housing presents a significant risk to the child's health and well-being.

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RISK BEHAVIORS

This section focuses on behaviors that can get the child in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

For the **Risk Behaviors** items, use the following categories and action levels:

0 No evidence of any needs; no need for action.

1 Need or risk factor or behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need or risk factor or behavior is addressed.

3 Intensive and/or immediate action is required to address the need or risk factor or behavior.

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SELF-HARM

This item rates the presence of repetitive behaviors, like head-banging or biting/hitting oneself, that result in physical harm to the child. This rating should consider whether a supervising adult (parent, early childhood professional, medical professional or other involved adult) can impact these behaviors.

Questions to Consider:

- Has the child head banged or done other self-harming behaviors?
- If so, does the caregiver's support help stop the behavior?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* There is no evidence of self-harm behaviors.
1	*Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver or supervising adult.
2	*Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.* Child's self-harm behaviors such as head banging cannot be impacted by supervising adult and interferes with their functioning.
3	*Intensive and/or immediate action is required to address the need or risk behavior.* Child's self-harm behavior puts their safety and well-being at risk.

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AGGRESSIVE BEHAVIOR

This item rates the child's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate that caregivers are unable to shape/control the child's aggressive behaviors. **Child must be at least 24 months old to rate this item**.

Questions to Consider:

- Has the child ever tried to injure another person or animal on purpose?
- Do they hit, kick, bite, or throw things at others with intent to hurt them?

Ratings and Descriptions

0	*No evidence of any needs; no need for action*. No evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
1	*Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* History of aggressive behavior toward people or animals or concern expressed by caregivers about aggression.
2	*Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.* Clear evidence of aggressive behavior toward people or others in the past 30 days. Caregiver's attempts to redirect or change behaviors have not been successful.
3	*Intensive and/or immediate action is required to address the need or risk behavior.* The child exhibits a current, dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.
NA	Child is younger than 24 months.

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FIRE SETTING

This item refers to behavior involving the intentional setting of fires that might be dangerous to the child or others. This includes both malicious and non-malicious fire setting. This does NOT include the use of candles or incense or matches to smoke or accidental fire setting.

Questions to Consider:

- Has the child ever started a fire?
- Has the incident of fire setting put anyone at harm or at risk of harm?

Ratings and Descriptions

0	*No evidence of any needs; no need for action*. No evidence of fire setting by the child.
1	*Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* History or suspicion of fire setting.
2	*Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.* Recent fire-setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.
3	*Intensive and/or immediate action is required to address the need or risk behavior.* Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house or setting other fires).

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INTENTIONAL MISBEHAVIOR

This item describes intentional behaviors that a child engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child lives) that put the child at some risk of consequences. This item should not be rated for children who engage in such behavior solely due to developmental delays.

Questions to Consider:

- Does the child intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents or teachers)?
- Has the child engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the child such as suspension, etc.?

Ratings and Descriptions

0 *No evidence of any needs; no need for action*.

Child shows no evidence of problematic social behaviors that cause adults to administer consequences.

1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Some problematic social behaviors that force adults to administer consequences to the child. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.

2 *Need is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.*

Child may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the child's life.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*

Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child. The inappropriate social behaviors may cause harm to others and/or place the child at risk of significant consequences (e.g., expulsion from school, removal from the community).

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CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, find therapist who speaks family's primary language, and/or ensure that a child in an out-of-home setting can participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties the child's family may experience or encounter because of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization, and outcomes between groups. Culture in this domain is described broadly to include cultural groups that are racial, ethnic, or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparity states that race and/or ethnic group membership may be a primary influence on health outcomes.

The cultural issues in this domain should be considered in relation to the impact they are having on the life of the family when rating these items and creating a treatment or service plan.

Question to Consider for this Domain: How does the family's membership in a particular cultural group impact their stress and well-being?

For the **Cultural Factors Domain,** use the following categories and action levels:

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

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LANGUAGE

This item looks at whether the child and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written and sign language as well as issues of literacy.

Questions to Consider:

- What language does the family speak at home?
- Does the family have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence that there is a need or preference for an interpreter and/or the family speaks and reads the primary language where the family lives.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

Family speaks or reads the primary language where they live, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Family does not speak the primary language where they live. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

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CULTURAL STRESS

This item identifies circumstances in which the family's cultural identity is met with hostility or other problems within their environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the members of the family). Racism, negativity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

Questions to Consider:

- Has the family experienced any problems with the reaction of others to their cultural identity?
- Has the family experienced discrimination?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence of stress between the family's cultural identity and current environment or living situation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*
Some occasional stress resulting from friction between the family's cultural identity and their current environment or living situation.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*
The family is experiencing cultural stress that is causing problems of functioning in at least one life domain. The family needs support in managing culture stress.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
The family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. The family needs an immediate plan to reduce culture stress.

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KNOWLEDGE CONGRUENCE

This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider:

- How does the family describe the child's needs?
- Do members of the family disagree on how they see the needs of the child?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child is congruent with the prevailing professional/helping cultural perspective(s).

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.*

There are some differences between the family's explanation and the prevailing professional/ helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.

2 *Need is interfering with functioning. Action is required to ensure that the identified need is addressed.*

Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Significant disagreements in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions.

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STRENGTHS DOMAIN

This domain describes the assets of the child that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on their needs. Identifying areas where strengths can be built is a significant element of service planning. Within this domain the 'best' assets and resources available to the child are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

NOTE: When you have no information/evidence about a strength in this area, use a rating of '3.'

Question to Consider for this Domain: What individual strengths can be used to support a need?

For the **Strengths Domain,** use the following categories and action levels:

0 Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.

1 Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

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FAMILY STRENGTHS

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. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child's perspective (i.e., who the child describes as their family). If this information is not known, then we recommend a definition of family that includes biological/ adoptive relatives and their significant others with whom the child is still in contact.

Questions to Consider:

- Does the child have good relationships with any family member?
- Is there potential to develop positive family relationships?
- Is there a family member that the child can go to in time of need for support? That can advocate for the child?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child and can provide significant emotional or concrete support. Child is fully included in family activities.

1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Family has some good relationships and good communication. Family members can enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child and can provide limited emotional or concrete support.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none can provide emotional or concrete support.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Family needs significant assistance in developing relationships and communications, or child has no identified family. Child is not included in normal family activities.

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INTERPERSONAL

This item is used to identify a child's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider:

- How does the child interact with other children and adults?
- How does the child do in social settings?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Child has well-developed interpersonal skills and healthy friendships.

1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Child has good interpersonal skills and has shown the ability to develop healthy friendships.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Child requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence of observable interpersonal skills or healthy friendships currently and/or child requires significant help to learn to develop interpersonal skills and healthy friendships.

Supplemental Information:

- Action level '0': Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
- Action level '1': Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults but may not initiate such interactions by themselves.
- Action level '2': Child may be shy or uninterested in forming relationships with others, or – if still an infant - child may have a temperament that makes attachment to others a challenge.
- Action level '3': Child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g., social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

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OPTIMISM/POSITIVE AFFECT

This item should be rated based on the child's sense of self in their own future. In a young child, observations of the child's general disposition as being open and cheerful versus having an anxious, fearful, or flat affect when interacting with objects or known people could be considered a precursor to optimism. An infant/child with a strong positive affect often mirrors others' expressions and behavior.

Questions to Consider:

- Does the child have a generally positive outlook on things; have things to look forward to?
- How does the child see themselves in the future?
- Is the child forward looking/sees themselves as likely to be successful?

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child has a strong positive affect.
1	*Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child frequently displays positive affect.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child rarely display positive affect.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child very rarely or never displays positive affect.

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ADAPTABILITY

This item describes the child's ability to respond to changing circumstances, even when the caregiver is present.

Questions to Consider:

- How does the child react to transitions?
- How does the child respond to caregiver support during transitions?

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child has a strong ability to adjust to changes and transitions.
1	*Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child has the ability to adjust to changes and transitions; when challenged the child is successful with caregiver support.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Much of the time, child has difficulties adjusting to changes and transitions even with caregiver support.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Most of the time, child has difficulties coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

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PERSISTENCE

This item rates how well a child can persevere or continue an activity towards accomplishing tasks or activities when feeling challenged.

Questions to Consider:

- Does child show the ability to hang in there even when frustrated by a challenging task?

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child has a strong ability to continue an activity when challenged, meeting obstacles or when distracted.
1	*Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child has limited ability to continue an activity that is challenging, and adults are only sometimes able to assist the child in this area.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child has difficulties most of the time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

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FAMILY SPIRITUAL/RELIGIOUS

This item refers to the family's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the family.

Questions to Consider:

- Does the family have spiritual beliefs that provide them comfort?
- Is the family involved in any religious community?
- Is the family interested in exploring any spirituality or religious practice?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Family is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community.

1 *Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Family is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Family has expressed some interest in spiritual or religious belief and practices.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

There is no evidence of identified spiritual or religious beliefs, nor does the family show any interest in these pursuits currently.

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EDUCATIONAL ASSETS

This item is used to evaluate the nature of the school's partnership with the child and family, as well as the level of support the child receives from the school setting. Rate according to how much the school is an effective partner in promoting the child's functioning and addressing the child's needs in the school program.

Questions to Consider:

- Is the school an active partner in the child's education?
- Has there been at least one year in which the child did well in the educational setting?
- When has the child been at their best in the educational setting?

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* The educational setting works closely with the child and family to identify and successfully address the child's educational needs.
1	*Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Educational setting works with the child and family to address the child's educational needs.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* The educational setting is currently unable to adequately address the child's academic or behavioral needs.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* There is no evidence of the educational setting working to identify or successfully address the child's needs currently, and/or it is unable and/or unwilling to work to identify and address the child's needs, and/or there is no educational setting to partner with currently.

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NATURAL SUPPORTS

This item refers to unpaid helpers in the child's natural environment. These include individuals who provide social support to the child and family. All family members and paid caregivers are excluded.

Questions to Consider:

- Does the child have non-family members in their life that are positive influences?

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child has significant natural supports that contribute to helping support their healthy development.
1	*Identified and useful strength. Strength will be used, maintained, or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child has identified natural supports that provide some assistance in supporting their healthy development.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child has some identified natural supports; however, these supports are not actively contributing to their healthy development.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child has no known natural supports (outside of family and paid caregivers).

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CAREGIVER RESOURCES & NEEDS DOMAIN

This section focuses on the strengths and needs of the child/youth's caregivers. Caregiver ratings should be completed for each caregiver, up to four. If the child/youth is in foster care or out-of-home placement, please rate the identified parent(s), other relative(s), or caretaker(s) planning to assume custody and/or take responsibility for the care of this child/youth.

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

Question to Consider for this Domain: What are the resources and needs of the child's caregiver(s)?

For the **Caregiver Resources & Needs Domain,** use the following categories and action levels:

0 No current need; no need for action. This may be a resource for the child.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.

2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.

3 Need prevents the provision of care; requires immediate and/or intensive action.

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MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to care for the child. This item does not rate depression or other mental health issues.

Questions to Consider:

- How is the caregiver's health?
- Does the caregiver have any health problems that limit their ability to care for the family, child?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* No evidence of medical or physical health problems. Caregiver is generally healthy.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has medical/physical problems that interfere with the capacity to parent the child.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has medical/physical problems that make parenting the child impossible currently.

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DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

Questions to Consider:

- Does the caregiver have developmental challenges that make parenting/caring for the child difficult?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Caregiver has developmental challenges that do not currently interfere with parenting.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has developmental challenges that interfere with the capacity to parent the child.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has severe developmental challenges that make it impossible to parent the child currently.

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MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to the child.

Questions to Consider:

- Do caregivers have any mental health needs that make parenting difficult?
- Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* No evidence of caregiver mental health difficulties.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver's mental health difficulties interfere with their capacity to parent.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has mental health difficulties that make it impossible to parent the child currently.

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SUBSTANCE USE

This item rates the impact of any notable substance misuse by caregivers that might limit their capacity to provide care for the child.

Questions to Consider:

- Do caregivers have any substance use needs that make parenting difficult?
- Is the caregiver receiving any services for their substance misuse?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* No evidence that caregiver misuses substances.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* There is a history of, suspicion of misuse of substances, and/or caregiver is in recovery from substance misuse difficulties where there is no interference in their ability to parent.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has substance misuse difficulties that interfere with their capacity to parent.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has substance misuse difficulties that make it impossible to parent the child currently.

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CAREGIVER ADJUSTMENT TO TRAUMA

This item is used to describe a caregiver who is having difficulty adjusting to traumatic experiences or events defined as traumatic by the caregiver. Informed speculation about why a person is displaying certain behavior, linking trauma and behavior, may be entertained.

Questions to Consider:

- Has the caregiver experienced a traumatic event?
- Does the caregiver experience frequent nightmares?
- Are they troubled by flashbacks?
- What are the caregiver's current coping skills?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child*.
There is no evidence of problems associated with traumatic life events.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*
There is a history or suspicion of problems associated with a traumatic life event(s), or the caregiver is making progress adapting to trauma, or the caregiver recently experienced a trauma where the impact on their well-being is not yet known.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
There is clear evidence of negative symptoms associated with a traumatic life event(s). The symptoms are interfering with the caregiver's functioning in at least one life domain, or the caregiver has been diagnosed with a trauma-related disorder.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*
The caregiver has been diagnosed with PTSD or has an extensive history of trauma exposure and there is clear evidence of trauma symptoms (e.g., numbing, nightmares, anger, dissociation) that interfere with multiple areas of functioning.

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LEGAL INVOLVEMENT

This item rates the caregiver's level of involvement in any level system due to the caregiver's behavior.

Questions to Consider:

- Is one or more of the caregivers incarcerated or on probation?
- Is one or more of the caregivers struggling with immigration or legal documentation issues?
- Is the caregiver involved in civil disputes, custody, family court?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child*. Caregiver has no known legal difficulties.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Caregiver has a history of legal problems but currently is not involved with the legal system.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has some legal problems and is currently involved in the legal system.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has serious current or pending legal difficulties that place them at risk for incarceration; or caregiver is currently incarcerated.

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SELF-CARE/DAILY LIVING

This item describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, and clothing) for themselves.

Questions to Consider:

- Is the caregiver able to provide for their own basic needs?
- What type of support does the caregiver need in order to provide for their own basic needs?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* The caregiver has the skills needed to complete the daily tasks required to care for themselves.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Caregiver needs verbal prompting to complete the daily tasks required to care for themselves.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver needs physical prompting to complete the daily tasks required to care for themselves.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver is unable to complete some or all of the daily tasks required to care for themselves.

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ORGANIZATION

This item is used to rate the caregiver's ability to organize and manage their household within the context of accessing community services to care for their child.

Questions to Consider:

- Do caregivers need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?
- Do they have difficulty getting the child to appointments or school?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* Caregiver is well organized and efficient.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Caregiver has minimal difficulties with organizing and maintaining household to support needed services.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has difficulty organizing and maintaining household to support needed services for the child.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver is unable to organize household to support needed services for child.

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SUPERVISION

This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child. Discipline is defined broadly and includes all of the things that parents/ caregivers can do to promote positive behavior with the child in their care.

Questions to Consider:

- How does the caregiver feel about their ability to keep an eye on and discipline the child?
- Does the caregiver need some help with these issues?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* No evidence caregiver needs help or assistance in monitoring or disciplining the child, and/or caregiver has good monitoring and discipline skills.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Caregiver generally provides adequate supervision but is inconsistent.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver supervision and monitoring are intermittent and frequently absent. Caregiver needs assistance to improve supervision skills.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.

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RESOURCEFULNESS

This item describes the caregiver's ability to identify, access and utilize external resources and services to address the needs of the child and family.

Questions to Consider:

- Does the caregiver have external supports?
- Does the caregiver access their supports when needed?
- Is the caregiver able to identify and access needed resources and services?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Caregiver is skilled at finding resources that are useful in achieving and maintaining safety and well-being for self and child.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*

Caregiver has skills in finding resources that are useful in achieving and maintaining safety and well-being for self and child, but sometimes requires assistance in identifying or accessing resources.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver lacks skills in finding resources that are useful in achieving and maintaining safety and well-being for self and child. Caregiver requires temporary assistance with identifying and accessing resources.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver requires immediate assistance in finding resources that are useful in achieving and maintaining safety and well-being for self.

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PROBLEM SOLVING

This item describes the caregiver's ability to problem solve; to plan, implement, and monitor a course of action; and to judge and self-regulate behavior according to anticipated outcomes.

Questions to Consider:

- Does the caregiver have difficulties with problem solving?
- Are there particular situations that the caregiver has difficulty thinking through?
- Does the caregiver's problem-solving skills impact their ability to parent the child?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* Caregiver has good problem-solving skills.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Caregiver struggles with thinking through problems or situations, but this does not interfere with their functioning as a parent.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* The caregiver has difficulty thinking through problems or situations which interferes with their ability to function as a parent.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* The caregiver has problems with problem solving that places the child at risk.

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FAMILY STRESS

This item refers to the physical, emotional, or financial stress on the family due to the provision of direct care, making and coordinating appointments, or obtaining medical supplies and equipment.

Questions to Consider:

- Do caregivers find it stressful at times to manage the challenges in dealing with the child's medical, behavioral and/or developmental needs?
- Does the stress ever interfere with ability to care for the child?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child's medical, developmental, or behavioral health condition or care is not adding stress to the family.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.* Child's medical, developmental, or behavioral health condition or care is a stressor on the family, but family is functioning well.
2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child's medical, developmental, or behavioral health condition or care is a stressor and is interfering with family functioning.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child's medical, developmental, or behavioral health condition or care is a significant stressor and is significantly impacting family functioning. Family functioning is characterized by lack of support for or conflict among the family members.

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CAREGIVER EMOTIONAL RESPONSIVENESS

This item refers to the caregiver's ability to understand and respond to the joys, sorrows and other feelings of the child with similar or helpful feelings.

Questions to Consider:

- Is the caregiver able to empathize with the child?
- Is the caregiver able to respond to the child's needs in an emotionally appropriate manner?
- Is the caregiver's level of empathy impacting the child's development?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* Caregiver is emotionally empathic and attends to the child's emotional needs.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* The caregiver can be emotionally empathic and typically attends to the child's emotional needs. There are times, however, when the caregiver is not able to attend to the child's emotional needs.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* The caregiver is often not empathic and frequently is unable to attend to the child's emotional needs.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* The caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attend to the child's emotional needs.

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RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s)/family and does not include the likelihood that the child will be removed from the household.

Questions to Consider:

- Is the family's current housing situation stable?
- Are there concerns that they might have to move in the near future?
- Has family lost their housing?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* Caregiver has stable housing with no known risks of instability.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Caregiver has relatively stable housing but either has moved in the recent past, or there are indications of housing problems that might force housing disruption.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has moved multiple times in the past year. Housing is unstable.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Family is homeless or has experienced homelessness in the past six months.

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FINANCIAL RESOURCES

This item describes the money and other sources of income available to caregivers that can be used in addressing the needs of the child and family.

Questions to Consider:

- Does the family have sufficient funds to raise or care for the child?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* No evidence of financial issues or caregiver has financial resources necessary to meet needs.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* History or suspicion, or existence of difficulties. Caregiver has financial resources necessary to meet most needs; however, some limitations exist.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has financial difficulties that limit ability to meet significant family needs.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver is experiencing financial hardship, poverty.

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SAFETY

This item describes the caregiver's ability to maintain the child's safety within the household.

Questions to Consider:

- Is the caregiver able to protect the child from harm in the home?
- Are there individuals living in the home or visiting the home that may harm the child?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* No evidence of safety issues. Child is not at risk from potentially dangerous individuals.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood who might be abusive.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Child is in some danger from one or more individuals with access to the household.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Child is in immediate danger from one or more persons with unsupervised access.

Supplemental Information: This item does not refer to the safety of other family or household members based on any danger presented by the assessed child.

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INFORMAL SUPPORTS

This item rates the caregiver's social assets (e.g., extended family, friends and neighbors) and resources who can provide emotional and instrumental support.

Questions to Consider:

- Does family have extended family or friends who provide emotional support?
- Can they call on social supports to watch the child occasionally?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* The caregiver has adaptive relationships. Extended family members, friends or neighbors play a central role in the functioning and well-being of the caregiver and family. Caregiver has predominately positive relationships and conflicts are resolved quickly.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* The caregiver's relationships are mostly adaptive. Extended family members, friends, or neighbors play a supportive role in caregiver and family functioning. They generally have positive relationships. Conflicts may linger but are eventually resolved.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* The caregiver has limited relationships. Extended family members, friends, or neighbors are marginally involved in the functioning and well-being of the caregiver and family. The caregiver has generally strained or absent relationships with these informal supports.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* The caregiver has significant difficulties with relationships. The caregiver is not in contact with or estranged from extended family members. They may report they have no friends or no contact with neighbors. The family has negative relationships involving continuing conflicts with extended family and friends. The family does not feel supported and may feel shunned by their neighbors.

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TRANSPORTATION OF CHILD

This item reflects the caregiver's ability to provide appropriate transportation for the child.

Questions to Consider:

- Does the caregiver have the means to transport the child?
- Does the child need a special vehicle for transportation?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Child and caregiver have no transportation needs. Caregiver can get child to appointments, school, activities, etc. consistently.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*

Child and caregiver have occasional transportation needs for appointments. Caregiver has difficulty getting child to appointments, school, activities, etc. less than once a month.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Child and caregiver have frequent transportation needs. Caregiver has difficulty getting child to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting child and access to transportation resources or may require a special vehicle.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Child and caregiver have no access to appropriate transportation and are unable to get child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

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KNOWLEDGE OF CONDITION

This item identifies the caregiver's knowledge of the child's developmental, behavioral and/or medical conditions, and the caregiver's ability to understand the rationale for the treatment or management of these problems.

Questions to Consider:

- Does the caregiver understand the child's current medical or mental health diagnosis and/or symptoms?
- Do the caregiver's expectations of the child reflect an understanding of their developmental needs?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child's condition(s), needs and strengths.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*

Caregiver, while being generally knowledgeable about the child, may require additional information to understand their child's medical or psychological condition, developmental needs as well as their talents, skills and assets to improve their parenting capacity.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver does not know or understand the child well. Caregiver's current lack of information about the child's medical, behavioral and/or developmental needs are interfering with their ability to parent.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has little or no understanding of the child's current condition. Caregiver's lack of knowledge about the child's strengths and needs place them at risk of significant negative outcomes.

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CARE/TREATMENT INVOLVEMENT

This item rates the caregiver's participation in seeking and supporting care/treatment to address the child's care.

Questions to Consider:

- How involved are the caregivers in services for the child?
- Is the caregiver an advocate for the child's needs?
- Would the caregiver like any help to become more involved?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* No evidence of problems with caregiver involvement in services or interventions, and/or caregiver can act as an effective advocate for the child.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* Caregiver is involved in the planning and/or implementation of services for the child but may struggle to stay consistently engaged. Caregiver is open to receiving support, education, and information.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver is not actively involved in the child's services and/or interventions intended to assist the child.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver does not wish to participate in the services and/or interventions intended to assist the child. Caregiver's lack of treatment involvement places the child at imminent risk. Caregiver may wish for child to be removed from their care.

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FAMILY SYSTEM ENGAGEMENT

This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children, the care provider must consider this belief and understand its impacts on the family's choices. These complicated factors may translate into generalized discomforts with the formal health care system and may require that the care provider reconsider their approach.

Questions to Consider:

- Does the caregiver express any hesitancy in engaging in formal services?
- How does the caregiver's hesitancy impact their engagement in care for the child?

Ratings and Descriptions

0	*No current need; no need for action. This may be a resource for the child.* The caregiver expresses no concerns about engaging with the formal helping system.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.* The caregiver expresses apprehension to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team currently. When this occurs, the development of an alternate treatment plan may be required.

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ACCESSIBILITY TO CHILDCARE SERVICES

This item describes the access or availability that the caregiver has to childcare services.

Questions to Consider:

- Who cares for the child during the day? Does the family have any concerns about the cost, quality, or location of that care?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Caregiver has access to sufficient childcare services or does not have a need (i.e., caregiver is the sole care provider and does not require additional care services).

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*

Caregiver has some access to childcare services. Needs are minimally met by available services.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver has limited access to childcare services. Current services do not need the caregiver's needs.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver has no access to needed childcare services.

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ACCESS TO TECHNOLOGY

This item rates both the family's access to technology relevant to their day-to-day functioning (e.g., internet access, access to a device like a phone or tablet to access the internet) and the family's skill in using the technology to meet their needs.

Questions to Consider:

- Does the caregiver/family have access to the technology needed for their daily functioning, e.g., phone, tablet, internet access?
- Does the caregiver/family know how to use the technology that they have?

Ratings and Descriptions

0 *No current need; no need for action. This may be a resource for the child.*

Caregiver/family has stable and reliable access to the internet and any related and necessary technology needed to support the family's full functioning. Caregiver/family members know how to obtain access and use that technology to meet their needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.*

Caregiver/family has some limitation related to access to and/or skill in using technology. This might include challenges with being able to consistently afford an internet provider, or with knowing how to update or maintain their current technology, and/or the caregiver/family might have limited knowledge or skills for using the technology they have. A caregiver/family who might need occasional access to the internet outside their home might be rated here.

2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

Caregiver/family's limitation in access to or skill in using technology is interfering with the family's functioning or limiting the family's opportunities. For example, a caregiver/family that does not have internet on their phone or at home and can only access at school, the library or another business would be rated here.

3 *Need prevents the provision of care; requires immediate and/or intensive action.*

Caregiver/family has no access to technology and/or they do not have the necessary knowledge or skills to use the technology they have. For example, a caregiver/family that does not have a phone or tablet or internet access and cannot communicate with teachers, health care providers, etc.

Supplemental Information: For families that choose not to use technology (e.g., for religious reasons) this item would be rated '0'.

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