Child and Adolescent Needs and Strengths (CANS)

For Children Ages Birth to Four

User Guide

CANS User Guide Developed by: ***CANS Training Team, University of Massachusetts Medical School***

CANS Developer: ***John S. Lyons, Ph.D.***

jlyons@uottawa.ca

Life Domain Functioning

Life domains are the different arenas of social interaction founds in the lives of children and their families and how they are functioning. This domain highlights any struggles the child and family are experiencing.

For **Life Domain Functioning**, the following categories and symbols are used:

0	Indicates a life domain in which there is no evidence of a need.
1	Indicates a life domain in which there is a potential need.
2	Indicates a life domain in which the child is having problems. Help is needed to improve this life domain.
3	Indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning.

FAMILY – This item evaluates and rates the child according to who is in his/her family. When rating this item, you should take into account the relationship the child has with his/her family as well as the relationship of the family as a whole.

Ratings	Anchor Definitions
0	There is no evidence of problems in relationships with family members and/or child is doing well in relationships with family members.
1	There is a history or suspicion of problems and/or child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have mild problems in their relationships with child including responding to infant's non-verbal cues such as seeking eye-contact or pointing.
2	Child is having moderate problems with parents, siblings and/or other family members. Child observes arguing and/or family has difficulty responding to clear cues i.e. crying, putting hands up to be picked up.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing between parents/caregiver, and aggression with siblings, observing episodes of domestic violence and/or family generally ignores child's initiations of social contact.

LIVING SITUATION – This item rates how the child is functioning in his/her current living arrangement, which could be with a relative, a temporary foster home, shelter, etc. Here you will rate the child's behavior and needs in this current living situation.

Ratings	Anchor Definitions
0	There is no evidence of problems with functioning in current living environment.
1	There is a history, suspicion or mild problems with functioning in current living situation. Caregivers are concerned about child's behavior or needs at home.
2	Moderate problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Parents of infants concerned about irritability of infant and ability to care for or comfort infant.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

PRESCHOOL/CHILDCARE – This item rates the child's behavior in settings of preschool and/or childcare. Take into account whether the child can manage him/herself in these settings.

Ratings	Anchor Definitions
0	There is no evidence of problems with functioning in current preschool or childcare environment.
1	There is a history, suspicion or mild problems with functioning in current preschool or childcare environment.
2	Moderate to severe problems with functioning in current preschool or childcare environment. Child has difficulties maintaining his/her behavior in this setting creating significant concerns or problems for others.
3	Profound problems with functioning in current preschool or childcare environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs.

SOCIAL FUNCTIONING – This item rates difficulties a child may have with social skills and relationships. It includes age appropriate behavior, for example, can an infant engage with and respond to adults? Can a toddler interact positively with peers?

Ratings	Anchor Definitions
0	There is no evidence of problems and/or child has developmentally appropriate social functioning.
1	There is a history, suspicion or child is having some minor problems in social relationships. Infants may be slow to respond to or engage adults, toddlers may need support to interact positively with peers and toddlers and preschoolers may be withdrawn.
2	Child is having some moderate problems with his/her social relationships. Infants and toddlers may be unresponsive to adults or peers, hard to soothe, and show difficulty in focusing on toys in a social situation. Toddlers may be aggressive. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
3	Child is experiencing severe disruptions in his/her social relationships. Infants and toddlers show limited ability to signal needs or express pleasure. Infants, toddlers, preschoolers are consistently withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting themselves or others at risk.

RECREATION/PLAY – This item rates the degree to which an infant/child is engaged in play. Play should be understood developmentally. When rating this item, you will take into account if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.

Ratings	Anchor Definitions
0	There is no evidence that infant or child has problems with recreation or play.
1	There is a history, suspicion or child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
2	Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.
3	Child has no access to or interest in play or toys. Infant spends most of time not interacting with toys or people. Toddlers and preschoolers, even with adult encouragement, cannot demonstrate enjoyment in "pretend" play.

DEVELOPMENTAL/COGNITIVE DELAY – This rating describes the child's development as compared to standard developmental milestones (see Table 1, page 7) as well as the child's cognitive/intellectual functioning, including attention span, persistence and distractibility. It does include ID, IQ and issues on the PDD spectrum. A rating of '1' would be used to describe a child with mild developmental delays or suspected delays. Asperger's Syndrome would likely receive a rating of '2,' while Autism would receive a rating of '3.'

Ratings	Anchor Definitions
0	There is no evidence of developmental delay or the child has no developmental/cognitive problems.
1	There is a history or there are concerns about possible developmental/cognitive delay. Child may have low IQ.
2	Child has developmental/cognitive delays or mild mental retardation.
3	Child has severe and pervasive developmental/cognitive delays or profound mental retardation.

SELF CARE – This item refers to the child's ability to complete developmentally appropriate self care behaviors including activities such as feeding self, washing hands, putting away toys, toilet training and dressing self.

Ratings	Anchor Definitions
0	There is no evidence of problems with self care.
1	There is either a history of self care problems or slow development in this area.
2	The child does not meet developmental milestones related to self care tasks and experiences problems in functioning in this area.
3	The child has significant challenges with self care tasks and is in need of intensive or immediate help in this area.

SENSORY – (see Tables, pages 8-10) This rating describes the child's ability to use all senses, including vision, hearing, smell, touch and kinesthetics (the ability to feel movements of the limbs and body). Include any processing issues in relation to sensory issues in this rating.

Ratings	Anchor Definitions
0	There is no evidence of sensory problems.
1	There is either a history of sensory problems or less than optimal functioning in this area.
2	The child has challenges in either sensory abilities or processing.
3	The child has significant challenges in either sensory abilities or sensory processing.

MOTOR – (see Table 3, page 11) This rating describes the child's fine and gross motor functioning. Included in this rating will be hand grasping and manipulation as well as standing, walking and sitting.

Ratings	Anchor Definitions
0	There is no evidence of fine or gross motor development problems.
1	There is a history, suspicion or child has some indicators that motor skills are challenging and there may be some concern that there is a delay.
2	Child has either fine and/or gross motor skill delays.
3	Child has significant delays in fine and/or gross motor development. Delay causes impairment in functioning.

COMMUNICATION, COMPREHENSION AND EXPRESSION – This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations. In this item, it is important to look at each piece individually and rate as such. A child may have communication problems but may comprehend well, while another child is able to comprehend well but has communication and expression issues. Rate the highest level of need.

Ratings	Anchor Definitions
0	There is no evidence of communication, comprehension or expression problems.
1	There is a history of communication, comprehension or expression problems and/or there are concerns of possible problems. An infant may rarely vocalize; a toddler may have very few words and become frustrated with expressing needs; a preschooler may be difficult for others to understand.
2	Child has either receptive or expressive language problems, comprehension or expression problems that interfere with functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands.
3	Child has serious communication, comprehension or expression difficulties and is unable to communicate in any way including pointing and grunting.

MEDICAL – This item rates the child's current health status. Most transient, treatable conditions would receive a rating of '1.' Most chronic conditions (e.g. diabetes, severe asthma, HIV) would receive a rating of '2.' The rating of '3' is reserved for life threatening medical conditions or a disabling physical condition.

Ratings	Anchor Definitions
0	There is no evidence that child has a medical issue and/or child is healthy.
1	There is a history of or the child has some medical problems that require medical treatment.
2	Child has a chronic illness that requires ongoing medical intervention.
3	Child has a life threatening illness or medical condition.

PHYSICAL – This item rates the child's physical limitations. Included in this rating will be conditions which limit activity, such as, impaired hearing, vision, as well as asthma. A rating of '2' includes sensory disorders such as blindness and deafness.

Ratings	Anchor Definitions
0	There is no evidence that the child has any physical limitations.
1	There is a history, suspicion or the child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Treatable medical conditions that result in physical limitations (e.g. asthma) will be rated here.
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.

SLEEP – **Please remember to take the child's development into account when rating this item.**
This item rates how difficult it is for a child to fall asleep, resists going to sleep and/or wakes frequently during the night. Any disruptions of a full night of sleep would be rated here. The definition of a 'full night' should be considered both from an individual perspective (e.g. how much sleep does this child need?) and from a developmental perspective (e.g. how much sleep does a child of this age usually need?). Also rated here will be if the child has nightmares and/or night terrors. Additionally, too much sleep could be rated here if it is interfering with the child or family's functioning.

Ratings	Anchor Definitions
0	There is no evidence of problems with sleep.
1	There is a history, suspicion or the child has some mild problems with sleep. Toddler resists sleep and consistently needs a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.
2	Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.
3	Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.

FEEDING DISORDERS – **Please remember to take the child's development into account when rating this item.** This item rates issues with feeding such as food aversions, symptoms of failure to thrive and/or Pica. If there is any disruption in food intake, this will be rated here. Included will also be any

sensory issues in relation to food such as difficulty adjusting to solid foods, etc.

Ratings	Anchor Definitions
0	There is no evidence that the child has a feeding disorder.
1	Child has a history of feeding issues such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials, but has not done so in the last 30 days.
2	Child has had a feeding issue such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
3	Child has become physically ill during the past 30 days by eating dangerous materials or is currently at serious medical risk due to weight or growth issues.

PARENT/CHILD INTERACTION – *The caregiver who is taken into account in this item is the same caregiver being rated in the Caregiver Resources and Needs Domain.* This item rates how the caregiver and child relate to each other and the level of relationship that exists. This item assesses whether the caregiver and child have a healthy relationship, as demonstrated by good communication and care, or unhealthy, which could be demonstrated by a failure to communicate consistently, difficulty with affection or attention in the relationship, or, in the extreme, neglect and/or abuse.

Ratings	Anchor Definitions
0	There is no evidence of problems in the parent/child interaction.
1	There is either a history of problems or suboptimal functioning in parent/child interaction. There may be inconsistent interactions or indications that interaction is not optimal, but this has not yet resulted in problems.
2	The parent/child dyad interacts in a way that is problematic and this has led to interference with the child's growth and development.
3	The parent/child dyad is having significant problems that can be characterized as abusive or neglectful.

RELATIONSHIP PERMANENCE – This rating refers to the stability of significant relationships in the child's life. This likely includes family members but may also include other individuals. Here the focus is on having a lasting relationship in the life of a child.

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

Supplemental Information on Life Domain Functioning

Table 1. Developmental Health Watch: Possible Delays

By Age 1 Month	▪ Sucks poorly and feeds slowly ▪ Doesn't blink when shown a bright light ▪ Doesn't focus and follow a nearby object moving side to side ▪ Rarely moves arms and legs; seems stiff
By Age 3 Months	▪ Doesn't seem to respond to loud sounds ▪ Doesn't notice her hands by two months ▪ Doesn't smile at the sounds of your voice by two months ▪ Doesn't follow moving objects with her eyes by two to three months
By Age 7 Months	▪ Seems very stiff, with tight muscles ▪ Seems very floppy, like a rag doll ▪ Reaches with one hand only ▪ Refuses to cuddle
By Age 12 Months	▪ Does not crawl ▪ Cannot stand when supported ▪ Does not search for objects that are hidden while he watches ▪ Says no single words ("mama" or "dada")
By Age 2 Years	▪ Cannot walk by 18 months ▪ Does not speak at least fifteen words by 18 months ▪ Does not use two-word sentences by age 2 ▪ Does not follow simple instructions by age 2
By Ages 3 to 4	▪ Cannot throw a ball overhand ▪ Cannot jump in place ▪ Cannot stack four blocks ▪ Resists dressing, sleeping, using the toilet

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

Table 2a. Sensory Milestones

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

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

Table 2b. Sensory Milestones

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

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

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

Infants: Birth-12 months

Typical Development Sensory Processing	***Processing Issues***
Infant molds to adult holding him	Infant arches away from adult holding him, avoids cuddling, may prefer being held face out
Explores toys by putting them in his/her mouth	Avoids putting toys in mouth
After 6 months accepts solids and textured	Has difficulty with or rejects solid or textured

foods	foods
Plays with two hands in the mid-body, moves toys hand to hand	Only uses one hand to play with toys (after 8 months)

Toddlers 12-18 months

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

Older Toddlers 18 mos-3 years

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

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

Table 3. Motor Milestones

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

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

Child Behavioral/Emotional Needs

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

For **Child Behavioral/Emotional Needs**, the following categories and symbols are used:

0	Indicates a dimension where there is no evidence of any need.
1	Indicates a dimension that requires monitoring, watchful waiting, or prevention.
2	Indicates a dimension that requires action to ensure that this behavior or identified need will be addressed.
3	Indicates a dimension that requires immediate or intensive action.

ATTACHMENT – (see Table 4, page 17) This item should be rated within the context of the child's significant parental or caregiver relationships. Attachment relates to a child's ability to seek and receive comfort under stress and involves the degree of positive connection the child has with his/her parents/caregivers. Needs on this item could include: a child who displays indiscriminate friendliness or comfort seeking; one who fails to seek comfort under stress; one who appears frightened or disoriented with his or her parent; one who is unable to comfortably play/explore; or one who acts punitively or controlling towards others. How a child copes with separation from a caregiver will be rated here. A rating of '3' could include a child with a diagnosis of Reactive Attachment Disorder. Note: A child can have different patterns of attachment with different caregivers, for instance, displaying a positive attachment to one parent or caregiver and not another, or showing differential preference for one parent at different stages of development. These unique patterns reflect what the child and adult bring to the process of developing the relationship.

Ratings	Anchor Definitions
0	There is no evidence of problems with attachment.
1	There is a history, suspicion of or mild problems with attachment. Infants appear uncomfortable with caregivers, e.g. may be hard to soothe, resist touch, or appear anxious and clingy some of the time. Caregivers may feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.
2	Moderate problems with attachment are present. Infants from 9-18 months may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.
3	Severe problems within attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment pattern of reaching out to adults or are withdrawn with inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.

REGULATORY: BODY CONTROL/EMOTIONAL CONTROL – This item refers to the child's ability to be comforted as well as regulate bodily functions such as eating, sleeping and elimination, as well as activity level/intensity and sensitivity to external stimulation. The child's ability to regulate intense emotions is also rated here, which includes coping with frustration and transitions.

Ratings	Anchor Definitions

0	There is no evidence of regulatory problems.
1	There is a history, suspicion of or some mild problems with regulation are present. Infants may have unpredictable patterns and be difficult to console. Older children may require a great deal of structure and need more support than other children in coping with frustration and difficult emotions.
2	Moderate problems with regulation are present. Infants may demonstrate significant difficulties with transitions and irritability, such that, consistent adult intervention is necessary and disruptive to the family e.g. transitioning from one activity to another, waking to sleeping, and sleeping to waking. Older children may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally and may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.
3	Profound problems with regulation are present that place the child's safety, well-being and/or development at risk.

DEPRESSION – This item refers to any symptoms of *Depression* which may include irritability, changes in eating and sleeping, and withdrawal from playing or activities that were once of interest. A rating of '2' could be a two year old who is often irritable, does not enjoy playing with toys as he used to, is clingy to caretaker and is having sleep issues.

Ratings	Anchor Definitions
0	There is no evidence of problems with depression.
1	There is a history, suspicion of or some indicators that the child may be mildly depressed or have experienced situations that may lead to depression. Infants may be observed to be slow to engage or express emotions in a muted way. Older children are irritable and/or do not demonstrate a range of affect.
2	Moderate problems with depression are present. Infants demonstrate a change from previous behavior and are observed to have a flat affect especially the absence of pleasure or joy and may have little responsiveness to adults. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child may meet criteria for a DSM-5 diagnosis.
3	Clear evidence of overwhelming depression that is disabling for the child in all life domains.

ANXIETY – Anxiety disorders are characterized by either a constant state of worry or dread. Symptoms such as irritability, separation anxiety and vigilance can be rated here. Attachment issues also may be described as a demonstration of anxiety in young children. An infant who cries often, has difficulty being soothed, cannot be left alone in her crib and is not able to be left with a caretaker other than her mother could be rated a '2.' A child who is constantly vigilant to his/her environment for threat and reacts to any changes in the environment with a fear response would be rated here.

Ratings	Anchor Definitions
0	There is no evidence of anxiety problems.
1	There is a history or suspicion of anxiety problems or mild anxiety. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over-reactive to stimuli, have uncontrollable crying; demonstrate vigilance in observing caregivers, and/or significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.

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

ATYPICAL BEHAVIORS – This rating describes behaviors that may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger flicking, rocking, toe walking, staring at lights or repetitive and bizarre verbalizations. A two year old child who stares a ceiling fans to the point of perseveration where he repeats the word "fan," rather than play with peers, would be rated a '2.'

Ratings	Anchor Definitions
0	There is no evidence of atypical behaviors in the infant/child.
1	There is a history, suspicion of or reports of atypical behaviors from others that have not been observed by caregivers.
2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
3	Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

HYPERACTIVITY/IMPULSIVITY – **Please rate this item '0' if the child is under 3 years of age.** This item rates a child's level of hyperactivity and/or impulsiveness (i.e. loss of control of behaviors). The types of disorders that can be included within this item are *Attention Deficit/Hyperactivity Disorder (ADHD)* and disorders of impulse control. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A rating of '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.

Ratings	Anchor Definitions
0	Child is under age 3 or there is no evidence of symptoms of hyperactivity or lack of impulse control.
1	There is a history, suspicion or some mild problems with impulsive, distracted or hyperactive behavior that places the child at risk of future difficulty in functioning.
2	Clear evidence of problems with impulsive, distracted, or hyperactive behavior that interferes with the child's ability to function in at least one life domain. The child may run and climb excessively even with adult redirection. The child may not be able to sit still even to eat. The child may blurt out answers to questions without thinking, have difficulty waiting turn and intrude on others' space.
3	Clear evidence of a dangerous level of impulsive and hyperactive behavior that places the child at risk of physical harm.

OPPOSITIONAL – **Please rate this item '0' if the child is under 3 years of age.** This item describes the child's relationship with authority figures. A rating of '0' is used to indicate a child who is generally compliant, recognizing that all children will fight authority some. A rating of '3' is used only for children whose oppositional behavior put them at some physical peril.

Ratings	Anchor Definitions
0	Child is under age 3 or there is no evidence of oppositional behaviors.
1	There is a history or mild level of defiance towards authority figures that has not yet begun to cause functional impairment.

2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. This behavior is persistent and caregiver's attempts to change behavior have failed.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

ADJUSTMENT TO TRAUMA – This item is used to describe the child who is having difficulties adjusting to a traumatic experience. Please note: to rate this item, a traumatic event is not required to meet the DSM definition of trauma, rather, the event as defined as traumatic by and for the child. There can be an inferred link between the trauma and current behavior. A rating of '2' would indicate significant problems with adjustment where an infant may be regressing developmentally. A rating of '3' represents a debilitating level of symptoms for the child.

Ratings	Anchor Definitions
0	There is no evidence of problems associated with traumatic life events.
1	The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavioral symptoms, tantrums and withdrawn behavior.
3	Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain.

ATTENTION – This rating describes the level to which the child can maintain focus, within what is developmentally appropriate for the child. Included will be a child who is distracted easily and a child who is not able to complete tasks. A '3' would be used to describe a child who has no ability to sustain, developmentally, attention to any task or activity.

Ratings	Anchor Definitions
0	There is no evidence of attention problems.
1	There is either a history of attention problems or sub-optimal functioning in this area.
2	There is clear evidence that the child demonstrates attention problems that interferes with functioning.
3	The child has significant challenges in attention that is causing delay or problems in development.

Supplemental Information on Child Behavioral/Emotional Needs

Table 4. Social and Emotional Milestones

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

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

Child Risk Factors & Behaviors

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

For **Child Risk Factors & Behaviors**, the following categories and symbols are used:

0	Indicates a dimension where there is no evidence of any need.
1	Indicates a dimension that requires monitoring, watchful waiting, or prevention.
2	Indicates a dimension that requires action to ensure that this risk behavior or identified need will be addressed.
3	Indicates a dimension that requires immediate or intensive action.

SELF HARM – This item is used to describe repetitive behaviors that result in physical injury to the child, e.g. head banging. In this rating, you should take into account whether a supervising adult (parent, early childhood professional, medical professional or other involved adult) can impact these behaviors. For example, a rating of '2' indicates a child who harms him/herself and a supervising adult is not able to inhibit this.

Ratings	Anchor Definitions
0	There is no evidence of self harm behaviors.
1	There is a history, suspicion or a mild level of self harm behavior.
2	Moderate level of self harm behavior such as head banging that cannot be impacted by a supervising adult and interferes with the child's functioning.
3	Severe level of self harm behavior that puts the child's safety and well-being at risk.

SANCTION SEEKING BEHAVIOR - **Please rate this item '0' if the child is under 3 years of age.** This item refers to behaviors that force adults to sanction the child. These behaviors occur in such a way that the child or youth is intentionally seeking sanctions and negative attention, or acting out, or the behavior could also be seen as a cry for help. A rating of '2' could be a child who, several times per week, is intentionally getting into trouble at preschool in order to have mother pick him up early.

Ratings	Anchor Definitions
0	Child is under age 3 or there is no evidence of problematic instigating behavior and/or child does not engage in behavior that forces adults to sanction him/her.
1	There is a history, suspicion or mild level of problematic sanction seeking behavior. This might include occasional inappropriate sanction seeking behaviors that force adults to sanction the child.
2	Moderate level of problematic sanction seeking behavior. Sanction seeking behavior causes problems in the child's life. Child may be intentionally getting in trouble in child care setting or at home.
3	Severe level of problematic sanction seeking behavior. This level would be indicated by frequent serious sanction seeking behavior that forces adults to seriously and/or repeatedly sanction the child. Sanction seeking behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion from day care, preschool, and/or removal from

	the community).

AGGRESSION – This item rates the child's violent or aggressive behaviors. The intention of the behavior is to cause significant bodily harm to others. A supervising adult is also taken into account in this rating, as a rating of '2' or '3' could signify a supervising adult who is not able to control the child's violent behaviors.

Ratings	Anchor Definitions
0	There is no evidence of aggressive behaviors.
1	There is either a history of aggressive behavior or mild concerns in this area that have not yet interfered with functioning.
2	There is clear evidence of aggressive behavior towards others, behavior is persistent and a supervising adult's attempts to change behavior have not been successful.
3	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves the threat of harm to others or problems in more than one life domain that significantly threatens the child's growth and development.

FRUSTRATION TOLERANCE/TANTRUMMING – This item rates a child's level of agitation and/or anger when frustrated. This may include a demonstration of aggressive behaviors when things do not go as the child has wished. Some sources of frustration for preschoolers can be peers, adults and new prospects at this developmental stage.

Ratings	Anchor Definitions
0	There is no evidence of any challenges dealing with frustration. Child does not tantrum.
1	Child demonstrates some difficulties dealing with frustration. Child may sometimes become agitated or verbally hostile or aggressive or anxious when frustrated.
2	Child struggles with tolerating frustration. Child's reaction to frustration impairs functioning in at least one life domain. He/she may tantrum when frustrated.
3	Child engages in violent tantrums when frustrated. Others may be afraid of child's tantrums or child may hurt self or others during tantrums.

Cultural Considerations

(Formerly “Acculturation”)

Items in the cultural considerations domain describe difficulties that children or adolescents may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Carefully considering one’s own cultural perspectives, in addition to those of the clients with whom one works can be a helpful way to approach working with individuals and families who are members of other cultural groups. Clinicians and clients both possess points of view that affect the way they make sense of the stressors and supports in their lives and affect their level of comfort with accessing social supports or formally requesting help from others. People’s perspectives shape their perceptions of their own group memberships and/or can leave them feeling vulnerable to discrimination. Acknowledging the impact these factors have on our work may inform possible treatment focus areas, or point out challenges clinicians and families may encounter during treatment, in particular, highlighting areas that may require more sensitivity. It is important to recognize that people in certain cultural groups may be the focus of conscious or unconscious bias from others including treatment providers and/or other individuals with whom they interact (school officials, neighbors, etc). The Massachusetts Office for Refugees and Immigrants (ORI) considers bilingual and bicultural workers to be “cultural brokers” in that they are able to navigate both the native language and culture of the client and the English language and American culture of the social service agency.

Health care disparities are differences in health care quality, affordability, access, utilization and outcomes between groups. Culture in this domain is defined 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.

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

For **Cultural Considerations** the following categories and action levels are used:

0	Indicates a dimension where there is no evidence of need.
1	Indicates a dimension that requires monitoring, watchful waiting, or prevention.
2	Indicates a dimension that requires action to ensure that this issue or identified need will be addressed.
3	Indicates a dimension that requires immediate or intensive action.

LANGUAGE - This item looks at whether the child and family need help to communicate with you or others in English. This item includes spoken, written, and sign language, as well as addresses issues of literacy.

This item should be rated without considering the child as an adequate interpreter. Interpreting for a parent may place a burden on a child and/or negatively impact the quality of care the child or family receives. If another adult family member serves as an interpreter in a behavioral health setting, the quality of this interpretation and confidentiality of the patient cannot be assured. Interpreting and written translation are complex skills. Trained and accredited interpreters and translators are impartial, confidential, and accountable to a code of ethics.

Some families may have difficulty communicating due to issues beyond language difference, such as hearing issues or difficulty reading written English language. In addition, families may have difficulty understanding mental/behavioral health terminology. Issues such as these should be rated here.

If there are language differences between family members, this would also be rated in the *Cultural Differences Within a Family* item.

Additional Examples

A child or caregiver who can speak but not read or write in English should be rated a "2".

A child or caregiver who can communicate in English however prefers to speak in their primary language. This preference should be rated as a "1".

Questions to Consider	**Ratings**	**Anchor Definitions**
What language does the family speak at home? *Is there a child interpreting for the family in situations which may compromise the child or family's care?* *Is information presented in treatment plan documents, legal documents, and case conference discussions in the language preferred by the family?* *Does the child or significant family members have any difficulty communicating (either because English is not their first language or s/he uses ASL, Braille, or assisted technology)?*	0	No evidence that there is a need or preference for an interpreter or bilingual services and/or the child and family speak, hear and read English.
	1	Child and/or family speak or read English, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
	2	Child and/or significant family members possess only limited ability to speak and/or read English. While basic communication may be possible, a bilingual provider or interpreter is needed to assure that adequate communication is possible for extensive work.
	3	Child and/or significant family members do not speak English. A bilingual provider or interpreter is needed for all communication.

DISCRIMINATION/BIAS – This item refers to <u>any</u> experience of discrimination or bias that is purposeful or accidental, direct or indirect. Discrimination may be based on gender, race, ethnicity, socioeconomic status, religion, sexual orientation, skin shade/color/complexion, linguistic ability, body shape/size, etc. Any statement of discrimination by a client should be acknowledged and respected. Children, youth and families' feelings are what matter. These feelings can impact how a child or family function and creates stress for the child and/or family which can correlate with depression and/or poor health outcomes. The presence of such discrimination or experiences may present a barrier to accessing supports or services that may be helpful to the child or family. When families report feelings of discrimination providers can discuss those feelings and how they impact functioning, create an advocacy statement in the treatment plan, or assist the family in finding a better fit for necessary services.

Additional Examples

A child reports that her psychiatrist repeatedly asks her about illegal substance use, regardless of all evidence to the contrary. She and her family believe this line of questioning is due to racial stereotyping and they do not want to continue with this provider. This item would be rated a "3".

A second example could include a child who refuses to go to school because s/he is being teased by peers due to her/his cultural group membership which would be rated a "2".

A family that is bilingual who is disheartened by a provider who speaks loudly to them. They believe this is because they speak with an accent. This would be rated a "1" if it is not interfering with treatment.

An adolescent who describes being told by a temporary employment agency that she couldn't apply because of her facial piercings. As a result she is now refusing to search for a job. This would be rated a "2".

Questions to Consider	**Ratings**	**Anchor Definitions**
Does the child or family report any experiences of discrimination or bias? Was it connected to behavioral health services? What impact did it have? *Does the family or child report difficulties having their needs met from providers or formal helpers because of bias?* *Does the family feel stress due to their detection of bias by providers or others?*	0	No report of experiences of discrimination that impacts the child or family's ability to function and/or creates stress.
	1	Child or family reports experiences of discrimination that occurred recently or in the past, but it is not currently causing any stress or difficulties for the child or family.
	2	Child or family reports experiences of discrimination which is currently interfering with the child or family's functioning.
	3	Child or family reports experiences of discrimination that substantially and immediately interferes with the child or family's functioning on a daily basis and requires immediate action.

CULTURAL IDENTITY - *This item refers to a child's feelings about her/his cultural identity. Research shows a strong and positive cultural identity may help protect children from mental/behavioral health problems. However, in some cases, because of pressure to identify with a particular group or sub-group, negative societal messages about their group, or previous discrimination, children may be conflicted about their identity, feel caught between several cultural identities, or struggle with the dominant responses to their preferred identity. This item measures the extent to which those feelings may cause stress for or influence the behavior of the child.*

Additional Examples

A girl with a light complexion whose father is African American and mother is Caucasian tells her peers that she is white and denies any African heritage. This would be rated a "2".

A bilingual child who explicitly refuses to speak the family's primary language in an effort to fit into mainstream culture, causing arguments at home would be rated a "2".

A child, who is beginning to understand her/himself as transgender and is struggling with this identity and consequently, refuses to leave the house. This would be rated a "3".

Questions to Consider	**Ratings**	**Anchor Definitions**
Does the child identify with any racial/ ethnic/cultural group? Does the child find this group a source of support? *Does the child ever feel conflicted about her/his racial/ethnic/cultural identity?* *Does the child feel pressured to join/leave a racial/ethnic/cultural subgroup for another?* *Does the child openly denigrate members of her/his own group?*	0	No evidence of an issue with the child's cultural identity or child has a strong and positive racial/ethnic/cultural identity.
	1	Child has struggled in the past with her/his group or sub group membership, but is presently comfortable with her/his identity or there are mild issues related to identity.
	2	Child expresses some distress or conflict about her/his racial/ethnic/cultural identity which interferes with the child or family's functioning.
	3	Child expresses significant distress or conflict about her/his racial/ethnic/cultural identity. Child may reject her/his cultural group identity, which severely interferes with the child or family's functioning and/or requires immediate action.

CULTURAL DIFFERENCES WITHIN A FAMILY - Sometimes individual members within a family have different backgrounds, values and/or perspectives. In many cases, this may not cause any difficulties in the family as they are able to communicate about their differences, but for others it may cause conflict, stress, or disengagement between family members and impact the child's functioning.

This might occur in a family where a child is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the child's experience of discrimination. Additionally this may occur in families where the parents are first generation immigrants to the United States. The youth may refuse to adhere to certain cultural practices, choosing instead to participate more in popular US culture.

Additional Examples

A teenage female who identifies as a lesbian and her parents force her to leave the home, would be rated a "3".

A young person who is deaf and has hearing parents would be rated a "0" if there is no evidence of conflict.

Two siblings who are African American, one with a lighter complexion than the other are constantly arguing about the role of racism is their lives. They cannot agree on a kinship placement where they can live together while their mom is in rehab. This would be rated a "2"

Questions to Consider	**Ratings**	**Anchor Definitions**
Do the parents and the child have different understandings of appropriate behaviors that are rooted in cultural traditions? *Do the family and child understand and respect each other's perspectives?* *Do the family and child have conflicts that result from different cultural perspectives?*	0	No evidence of conflict, stress or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.
	1	Child and family have struggled with cultural differences in the past, but are currently managing them well or there are mild issues of disagreement.
	2	Child and family experience difficulties managing cultural differences within the family which negatively impacts the functioning of the child.
	3	Child and family experience such significant difficulty managing cultural differences within the family that it interferes with the child's functioning and/or requires immediate action.

YOUTH/FAMILY RELATIONSHIP TO SYSTEM - There are situations and instances when people may be apprehensive to engage with the formal behavioral health care or helping system. Clients, as well as providers, bring their cultural experiences to the treatment relationship. Members of some cultural groups may be accustomed to the use of traditional healers or self-management of behavioral health issues or are simply distrustful of Western medicine. Undocumented individuals may be fearful of interaction with the health care system because of their legal status. These complicated factors may translate into generalized discomfort with the formal behavioral health care system.

This item rates the degree to which the family's apprehension to engage with the formal health care system creates a barrier for receipt of care. Additionally, the professionals' relationship with the family may require the clinician to reconsider their approach. For example a family who refuses to see a psychiatrist due to their belief that medications are over-prescribed for children in their community. A clinician must consider this experience and understand its impact on the family's choices.

Additional Examples

A youth who refuses to participate in additional group therapy because he doesn't feel as if he needs it. This would be rated a "0" at this time.

A child who has difficulty paying attention in school who is referred to a counselor but the family refuses to allow the child to participate in the school's identified plan. Instead the family creates their own at-home behavior management plan, however the child continues to struggle at school and the family refuses to alter their approach. This should be rated a "2".

A boy who is hearing voices telling him to kill his sibling and the family refuses to engage with a crisis team because they do not want people outside of their family talking to their son. This item would be rated a "3".

Questions to Consider	**Ratings**	**Anchor Definitions**
What has been your experience with the behavioral health system? *Are there cultural beliefs that impact the youth or family's relationship with providers?* *Do the caregiver and/or child prefer a helper from a particular cultural group?* *Have there been times when the family decided to not seek help from medical or mental health professionals because of their feelings about the health care system?*	0	The caregiver/child expresses no concerns about engaging with the formal helping system.
	1	The caregiver/child expresses little or mild hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with formal helping system.
	2	The caregiver/child expresses moderate hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
	3	The caregiver/child expresses significant hesitancy to engage with the formal helping system that prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

AGREEMENT ABOUT STRENGTHS AND NEEDS (Between provider and family) This item refers to the agreement between the family's explanation and the treatment team's understanding of the child's presenting issues and treatment. The treatment planning process is more effective when the family and the provider understand each other's perspectives and can agree on the issue and subsequent course of action. Typically, disagreement is present at some point during this process, however when it becomes problematic and children/youth are not getting their needs met it requires that the provider validate the feelings of the family and work with them towards agreement, or the provider can help the family find a provider who might be a better match for them.

Additional Examples

A couple may seek therapy for their gay son to help him change. The therapist may believe that the child has a strong and positive identity and does not require an intervention related to changing his identity. This should be rated a "2".

A family that expects their 18 year old daughter to terminate her pregnancy because she is not ready to parent, regardless of her planning for the baby. She will not be able to live at home if she does not comply with her parents' wishes. The clinician, after discussing the young woman's plan with her agrees she is prepared to parent. This should be rated a "3".

Questions to Consider	**Ratings**	**Anchor Definitions**
How does the family explain or see the problem? *Is the family open to negotiation regarding assessment and treatment?* *How would this behavioral health condition/behavior be understood or treated in the family's culture?* *Are their special cultural traditions that should be utilized in the treatment plan?*	0	Treatment team and family have a shared understanding of the presenting needs and strengths of the child.
	1	Small or mild disagreement between the clinician and the family with regard to the child's presenting needs and strengths that are easily rectified or past issues of disagreement between clinician and family.
	2	Moderate disagreement between the clinician and the family with regard to the child's presenting needs and strengths that require consideration in treatment planning in order to create a therapeutic alliance.
	3	Significant disagreement about the child's needs and strengths that is currently preventing a successful alliance between the family and provider.

Child Strengths

When rating these items, you should only take into account the strengths. The needs are rated in the other domains and should not be taken into account in these ratings. You are *only* rating what is positive.

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

For **Child Strengths**, the following categories and symbols are used:

0	Indicates a dimension where there is a significant strength that could be the centerpiece in a strength based plan.
1	Indicates a dimension where there is a good strength that could be useful in a strength based plan.
2	Indicates a dimension where a strength has been identified, but efforts are required to develop it into a useful strength.
3	Indicates a dimension in which work is needed to identify potential strengths for strength building efforts to begin.

FAMILY – This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. The intention of this item is to identify *any* strength within a child's family.

Ratings	Anchor Definitions
0	Family has one or more strong relationships where communication is effective.
1	Family has one or more good relationships, and/or communication is good.
2	Strength building is required to develop stronger relationships and/or strengthen the family's ability to communicate.
3	There is no evidence of any family relationships as a strength at this time or the child has no identified family, or the family requires significant assistance to develop relationships and the ability to communicate.

INTERPERSONAL – This item is used to identify a child's social and relationship skills. This item will be used to rate pro-social skills, attachment skills and interest in initiating relationships, and it is necessary to take the child's development into account.

Ratings	Anchor Definitions
0	Significant interpersonal strengths. Child has a pro-social or "easy" temperament and is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
1	Good level of interpersonal strengths. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults, but may not initiate such interactions by him/herself.
2	Mild level of interpersonal strengths. Child may be shy or uninterested in initiating interactions or responding to adults or other children; or, if still an infant, child may have a temperament that makes attachment to others a challenge.
3	There is no evidence of observable interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here).

ADAPTABILITY – Some children move from one environment or activity to another smoothly. Others struggle with any such changes. This item rates how well a child can adjust in times of transition. A toddler who cries when transitioning from one activity to another but is able to make the transition with the support of a supervising adult would be rated '1.'

Ratings	Anchor Definitions
0	Child has a strong ability to adjust to changes and transitions.
1	Child has some ability to adjust to changes and transitions and when challenged, the infant/child is successful with support from a supervising adult.
2	Child has difficulties much of the time adjusting to changes and transitions even with support from a supervising adult.
3	There is no evidence of adaptability and/or child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

PERSISTENCE – This item rates how well a child can continue an activity when feeling challenged. A child who is building a tower with blocks that continues to fall down, but the child continues to attempt to build despite this difficulty would be rated '0.'

Ratings	Anchor Definitions
0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
1	Infant/child has some ability to continue an activity that is challenging. Supervising adults can assist a child to continue attempting the task or activity.
2	Child has limited ability to continue an activity that is challenging and supervising adults are only sometimes able to assist the infant/child in this area.
3	There is no evidence of persistence and/or child has difficulties most of the time coping with challenging tasks. Support from supervising adults minimally impacts the child's ability to demonstrate persistence.

CURIOSITY – This item describes the child's self-initiated efforts to discover his/her world. Infants who bang objects within grasp and older children who crawl or walk toward an object of interest will be rated '0.'

Ratings	Anchor Definitions
0	This level indicates a child with strong curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.
2	This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
3	There is very limited or no observable evidence of curiosity.

PLAYFULNESS – This rating describes the child's enjoyment of play, alone and with others. A child who exhibits limited enjoyment in play may be rated '2.'

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

CREATIVITY/IMAGINATION – **Please rate this item '3' if the child is under 18 months of age.** ***Most relevant for older toddlers and preschoolers.*** This item rates how well a child can use his/her imagination in normal activities. Within this context, you are rating if a child can express ideas and think in an abstract manner. A child who is able to place her stuffed animals and dolls sitting with each other and play "school" is demonstrating some creativity.

Ratings	Anchor Definitions
0	The child consistently demonstrates a significant level of creativity. This appears interwoven into his/her normal routines and chosen activities.
1	The child demonstrates a good level of creativity that can be useful to the child.
2	The child shows a mild level of ability in this area. Supervising adults and caregivers need to be the primary support in this area.
3	Child is under age 18 months or there is no evidence of the child demonstrating creativity/imagination.

CONFIDENCE – **Please rate this item '3' if the child is under 18 months of age.** This item rates how well a child demonstrates his/her sense of mastery of activities. Typically, a child who interacts well with others and is able to demonstrate pride (a toddler who claps for herself after completing a difficult task)

will be rated as having this strength.

Ratings	Anchor Definitions
0	The child consistently demonstrates a significant level of self confidence. This consistently supports the child in his/her development and functioning.
1	The child demonstrates a good level of confidence that is of benefit to the child.
2	The child shows a mild level of ability in this area. Supervising adults and caregivers are the main supporters of the child in this area and the child needs continued development for this to be a significant strength.
3	Child is under age 18 months or there is no evidence of the child demonstrating confidence.

Caregiver Resources and Needs

In general, we recommend that you rate the caregiver or caregivers with whom the child is currently living. If the child has been placed temporarily, then focus on the caregiver to whom the child will be returned. If it is a long term foster care placement, then rate that caregiver(s). However, if the child is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center then it may be more appropriate to rate the community caregivers where the child will be placed upon discharge from congregate care. If there is NO community caregiver this section offers a rating of "**N/A**" which indicates there is no caregiver at this time.

For situations in which a child has multiple caregivers we recommend making the ratings based on the needs of the set of caregivers as they affect the child. For example, the supervisory capacity of a father who is not involved in monitoring or disciplining of a child may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift and the mother works the second shift, then his skills should be factored into the ratings of the child's supervision.

For **Caregiver Resources and Needs**, the following categories and symbols are used:

0	Indicates a dimension where there is no evidence of a need. This could be a potential resource for the child.
1	Indicates a dimension that requires monitoring, watchful waiting, or prevention.
2	Indicates a dimension that requires action to ensure that this behavior or identified need will be addressed.
3	Indicates a dimension that requires immediate or intensive action.
N/A	Indicates there is no permanent caregiver known at this time.

MEDICAL/PHYSICAL – This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to parent the child. For example, a single parent who has recently had a stroke and whose mobility or ability to communicate is limited, might receive a rating of '2,' or even '3.' If the parent has recently recovered from a serious illness or injury, or if there are concerns regarding potential problems in the immediate future, he or she might receive a rating of '1.'

Ratings	Anchor Definitions
0	There is no evidence of caregiver medical/physical problems and/or caregiver is generally

	healthy.
1	There is a history or suspicion and/or caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with his/her capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for him/her to parent at this time.
N/A	There is no permanent caregiver known at this time.

MENTAL HEALTH – This item rates any serious mental illness among caregivers that might limit their capacity to provide care for the child. A parent with serious mental illness would likely be rated '2' or even a '3' depending on the impact of the illness. However, a parent whose mental illness is currently well controlled by medication might be rated '1.'

Ratings	Anchor Definitions
0	There is no evidence of caregiver mental health difficulties and/or caregiver has no mental health needs.
1	There is a history or suspicion of mental health difficulties and/or caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with his/her capacity to parent.
3	Caregiver has mental health difficulties that make it impossible for him/her to parent at this time.
N/A	There is no permanent caregiver known at this time.

SUBSTANCE USE – This item describes the impact of any notable substance use by caregivers. A '1' indicates that a caregiver is currently in recovery, or if there is a suspicion of drug use. If substance use interferes with the user's ability to parent, a rating of '2' is indicated. If substance use prevents a caregiver from providing adequate care, a rating of '3' is warranted.

Ratings	Anchor Definitions
0	There is no evidence of caregiver substance use issues and/or caregiver has no substance use needs.
1	There is a history, suspicion or mild use of substances and/or caregiver is in recovery from substance abuse difficulties where there is no interference in his/her ability to parent.
2	Caregiver has some substance abuse difficulties that interfere with his/her capacity to parent.
3	Caregiver has substance abuse difficulties that make it impossible for him/her to parent at this time.
N/A	There is no permanent caregiver known at this time.

DEVELOPMENTAL DELAY – This item describes the presence of mental retardation and other developmental disabilities among caregivers. A caregiver with limited cognitive capacity that is a challenge to his/her ability to parent would be rated here.

Ratings	Anchor Definitions
0	There is no evidence of caregiver developmental delay and/or caregiver has no developmental needs.

1	There is a history or suspicion and/or caregiver has developmental delays, but these do not currently interfere with parenting.
2	Caregiver has developmental challenges that interfere with his/her capacity to parent.
3	Caregiver has severe developmental challenges that make it impossible for him/her to parent at this time.
N/A	There is no permanent caregiver known at this time.

FAMILY STRESS – This item describes the impact of the child's behavioral and emotional needs on the stress level of the family. A family that is so stressed by a child's behavior that caregivers are requesting the child be removed from their responsibility would receive a rating of '3.' Evaluations of stress can reflect physical or time burdens of caring for the child, or the emotional impact of the child's needs on the family.

Ratings	Anchor Definitions
0	There is no evidence of caregiver having difficulty managing the stress of the child's needs.
1	There is a history or suspicion and/or caregiver has some problems managing the stress of child/children's needs.
2	Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with his/her capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.
N/A	There is no permanent caregiver known at this time.

HOUSING STABILITY – This item rates the housing stability of the caregiver(s) and *does not* include the likelihood that the child will remain in the household. Stable housing is the foundation of intensive community-based services. A '3' indicates problems related to recent homelessness. A '1' indicates that there are concerns about instability in the immediate future. A family that is having difficulty paying utilities, rent, or a mortgage, might be rated '1.'

Ratings	Anchor Definitions
0	There is no evidence of instability in the caregiver's housing and/or caregiver has stable housing for the foreseeable future.
1	There is a history of housing instability and/or caregiver has relatively stable housing, but either has moved within the past three months, or there are indications of housing problems that might force him/her to move within the next three months.
2	Caregiver has moved multiple times in the past year and/or housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.
N/A	There is no permanent caregiver known at this time.

SUPERVISION – This item rates the caregiver's ability to monitor and discipline the child. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who does not know how to monitor her four year old son as he "trashes" the house, could be rated '2.'

Ratings	Anchor Definitions
0	There is no evidence caregiver needs help or assistance in monitoring or disciplining the child and/or caregiver has good monitoring and discipline skills.

1	There is a history or suspicion of need for assistance monitoring or disciplining child, but caregiver generally provides adequate supervision. Caregiver may need occasional help or assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.
N/A	There is no permanent caregiver known at this time.

INVOLVEMENT – This item rates the degree to which a caregiver has knowledge of his/her child, as well as the rights, options and opportunities that are available for the child. A '1' is used to indicate a caregiver who is a willing participant with service provision, but who may not yet be able to serve as an advocate for his/her child.

Ratings	Anchor Definitions
0	There is no evidence of problems with caregiver involvement in services or interventions and/or caregiver is able to act as an effective advocate for child.
1	There is a history or suspicion of need for assistance seeking help and/or caregiver has a history of seeking help for his/her child. Caregiver is open to receiving support, education, and information.
2	Caregiver does not actively become involved in services and/or interventions intended to assist his/her child.
3	Caregiver wishes for the child to be removed from his/her care.
N/A	There is no permanent caregiver known at this time.

ORGANIZATION – This item rates the caregiver's ability to organize and manage his/her household within the context of intensive community services. A caregiver who needs help organizing him/herself and/or the family, would be rated '2' or '3.'

Ratings	Anchor Definitions
0	There is no evidence of difficulties the caregiver may have in organizing and maintaining the household to support needed services and/or caregiver is well organized and efficient.
1	There is a history or suspicion of minor difficulty and/or caregiver has minimal difficulties organizing and maintaining the household to support needed services.
2	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Caregiver is unable to organize household to support needed services.
N/A	There is no permanent caregiver known at this time.

NATURAL SUPPORTS – This item rates the caregiver's resources to support caring for his/her child. In the absence of money, families often rely on social supports to help out during times of need. Here you are rating the availability of resources related to social supports (e.g. fellow church member, extended family).

Ratings	Anchor Definitions
0	There is no evidence of caregiver needing help to utilize their social network, family or friends to help with child rearing and/or caregiver has significant social network, neighbors, family and friends who actively help with childcare.
1	History or suspicion of difficulties with the use of social network, and/or caregiver has some

	social network, neighbors, family or friends who actively help with childcare.
2	Evidence that caregiver has limited access to a social network, neighbors, family or friends who may be able to help with childcare.
3	Caregiver has no family or social network that may be able to help with child rearing.
N/A	There is no permanent caregiver known at this time.

FINANCIAL RESOURCES – This item rates the family's financial situation with respect to the ability to have sufficient money to meet basic needs. This item rates difficulty paying bills as well as poverty. Poverty appears to moderate the impact of behavioral and emotional needs on functioning and high risk behavior, so financial need can represent an important focus on services that may be ancillary to mental health treatment; but, important in order to permit the child and family to attain the maximum benefit from the treatment.

Ratings	Anchor Definitions
0	There is no evidence of financial issues for the caregiver and/or caregiver has financial resources necessary to meet needs.
1	There is a history or suspicion, or existence of mild difficulties. Caregiver has financial resources necessary to meet most needs; however, some limitations exist.
2	Moderate difficulties. Caregiver has financial difficulties that limit his/her ability to meet significant family needs.
3	Significant difficulties. Caregiver is experiencing financial hardship, poverty.
N/A	There is no permanent caregiver known at this time.

Diagnostic Factors:

The CANS is used to identify and communicate areas of strength and need for children and families receiving behavioral health services. The CANS is not intended to be a diagnostic tool and conveying diagnoses is not the fundamental purpose of the tool. However, the CANS can help communicate important diagnostic factors, including medical conditions, psychosocial and environmental stressors, and/or level of functioning. Thus, the CANS form includes a section that allows for the communication of these diagnostic factors.

Medical Conditions:	
Psychosocial and Environmental Stressors:	Problems with Primary Support Group Problems Related to Social Environment Educational Problems Occupational Problems Housing Problems Problems with Access to Health Services Problems Related to Interactions with Other Psychosocial and Environmental Stressors
CGAS (0-100):	

DIAGNOSTIC CERTAINTY - Determining a diagnosis is a complex task that can be complicated by the presence of multiple overlapping conditions or different conditions that share symptoms and signs. Some diagnoses are clearer than others. Some diagnoses require a response to treatment to confirm that they are correct. This item allows the individual performing the CANS evaluation to specify the degree to which the diagnosis is clear and certain.

Ratings	Anchor Definitions
0	The child's behavioral health (i.e. mental health and substance abuse) diagnoses are clear and there is no doubt as to the correct diagnoses. Symptom presentation is clear.
1	Although there is some confidence in the accuracy of the child's diagnoses, the child's symptom presentation is sufficiently complex, raising concerns that the diagnoses may not be accurate.
2	There is substantial concern about the accuracy of the child's diagnoses due to the complexity of the child's presentation of symptoms.
3	It is currently not possible to accurately diagnose the child's behavioral health condition(s).

PROGNOSIS - This item refers to the expected trajectory of the recovery of the child based on their current diagnosis, symptoms and functioning when compared with children having similar diagnostic, symptomatic, and functioning presentations.

Ratings	Anchor Definitions
0	Behavioral health problems began during the past six months, and there is a clear stressor to which they can be attributed.
1	Behavioral health problems have been ongoing, but can be anticipated to be anticipated within the next year.
2	Behavioral health problems have been ongoing and are anticipated to continue to be a problem for at least another year.

3	Behavioral health problems have been ongoing and are anticipated to continue through to adulthood.