

Child and Adolescent Needs and Strengths (CANS)



Comprehensive screening tool *Ages birth through 5* **Manual**

Exhibit 1 – Child and adolescent needs and strengths comprehensive screening tool ages birth through 5, revised July 2018

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Praed Foundation
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Principles of the CANS

1. Elements in this tool affect case planning for a child or young adult in substitute care and the need for enhanced supervision.
2. Each item uses a four-level rating system. The levels are designed to translate immediately into action. Different levels exist for needs and strengths. A score of 2 or 3 for a need requires action. A 0 or 1 score for a strength should be used in strength-based case planning.
3. The 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, the need factors into the rating and would result in an “actionable” need rating (i.e., 2 or 3).
4. The ratings are generally “agnostic as to etiology.” In other words, this is a descriptive tool. It is about the what, not the why. Only three items — adjustment to trauma, self-mutilation and social behavior — have any cause-effect judgments.
5. A 30-day window is used for rating to ensure screenings stay fresh and relevant to the child’s or young adult’s present circumstances. However, if an intervention is present that is masking a need, principle 3 overrides the 30-day rating period.
6. The rating needs to consider the child’s or young adult’s development and culture before translating into action levels.

Safety

Child risk factors

Risk factors are the types of things that can get children in trouble or put them in danger of harming themselves or others. Notice that the ratings' time frames change, particularly for the 1 and 3 ratings, away from the standard 30-day rating window.

For **risk factors**, the following categories and action levels are used:

0	indicates no evidence of any needs.
1	indicates required monitoring, watchful waiting or preventive activities.
2	indicates required action to ensure this identified need or risk behavior is addressed.
3	indicates required immediate or intensive action.

- 1. Birth weight — This dimension describes the child's weight at birth as compared to normal development.**

0	Child born within normal range for weight. A child born 5.5 pounds or more is rated here.
1	Child was born underweight. A child with a birth weight of between 3.3 pounds and 5.5 pounds is rated here.
2	Child was born considerably underweight to the point of presenting a developmental risk to the child. A child with a birth weight of 2.2 pounds to 3.3 pounds is rated here.
3	Child was born extremely underweight to the point of threatening a child's life. A child with a birth weight of less than 2.2 pounds is rated here.



2. Prenatal care — This dimension refers to the health care and birth circumstances experienced by the child in utero.

0	Child's biological mother had adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
1	Child's biological mother had some shortcomings in prenatal care or had a mild form of a pregnancy-related illness. A child whose mother may not have received prenatal care or may have had a mild form of pregnancy-related illness is rated here.
2	Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness.
3	Child's biological mother had no prenatal care or had a severe form of pregnancy-related illness.

3. Substance exposure — This dimension describes the child's exposure to substance use and abuse both before and after birth. (Consider father's substance use and abuse as well.)

0	Child had no in utero exposure to alcohol or drugs, and there was no exposure in the home.
1	Child had either mild in utero exposure, or there is current alcohol and/or drug use in the home, or there is suspicion that child has been exposed to substances.
2	Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal or prescription drugs during pregnancy or significant use of alcohol or tobacco is rated here.
3	Child was exposed to alcohol or drugs in utero and continued to be exposed in the home. Any child who evidenced symptoms of substance withdrawal (e.g., crankiness, feeding problems, tremors, weak and continual crying) or who has neurological or birth defects because of substance exposure is rated here.

4. Parent or sibling problems — This dimension describes how this child's parents and older siblings have done or are doing in their respective developments.

0	The child's parents have no known developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
1	The child's parents have no known developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems. The child may have at least one healthy sibling.
2	The child's parents have no known developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem.

4. Parent or sibling problems — continued

3	One or both parents have been diagnosed with a developmental disability, or the child has multiple siblings experiencing significant developmental or behavioral problems.
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5. **Self-harm** — *This rating describes behaviors that result in physical injury to the child; e.g., head banging or other self-injurious behavior and reckless, dangerous behavior that places the child or others at some jeopardy.*

0	There is no evidence of self-harm behaviors.
1	There is a history, suspicion or mild level of self-harm behavior.
2	There is a moderate level of self-harm behavior such as head banging that cannot be influenced by caregiver and interferes with the child's functioning.
3	A severe level of self-harm behavior exists that puts the child's safety and well-being at risk.

6. **Aggressive behavior** — *This item rates the child's violent or aggressive behaviors. The intention of the behavior is to cause significant bodily harm to others. Consider caregiver when rating this element, especially when caregiver is not able to influence or control child's violent behavior.*

0	No evidence of aggressive behaviors exists.
1	There is a history of aggressive behavior or mild concerns in this area.
2	A moderate level of aggressive behavior toward others is evident. Behaviors are persistent and affect functioning in one life domain.
3	There is a severe and dangerous level of aggressive behavior that involves the significant threat of harm to others. Behavior affects the child's life functioning in more than one life domain.

7. **Sexual behavior** — *This item rates age-inappropriate sexualized behaviors that may place a child at risk for victimization or risky sexual practices.*

0	No evidence of problems with sexualized behaviors.
1	Some evidence of sexualized behavior. Child may exhibit occasional inappropriate sexual language or has age-inappropriate knowledge of sexual behavior. This behavior does not place child at great risk. A history of sexual abuse that places the child at risk of sexually reactive behavior is rated here.
2	Moderate problems with sexualized behavior that place child at some risk. Child may exhibit more frequent sexualized behavior or engage in age-inappropriate touching that impairs functioning.
3	Significant problems with sexualized behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

Strengths



Child strengths

These ratings describe a range of assets that children may possess that can facilitate healthy development. An absence of strength is not necessarily a need but an indication that strength-building activities are indicated. In general, strengths are more trait-like, stable characteristics; however, the 30-day rating window still applies unless overridden by the action levels as described below.

For **child's strengths**, the following categories and action levels are used:

0	indicates strengths exist that can be used as a centerpiece for a strength-based plan.
1	indicates strengths exist but require some strength-building efforts for them to serve as a focus of a strength-based plan.
2	indicates strengths have been identified but require significant strength-building efforts before they can be effectively used as a focus of a strength-based plan.
3	indicates a domain in which efforts are needed in order to identify potential strengths on which to build.

8. **Family** — *Family refers to all family members as defined by the child or biological relatives and significant others with whom the child is still in contact. Is the family (as defined by the child) a support and strength to the child?*

0	Significant family strengths exist. At least one family member has a strong caring relationship with the child and can provide significant emotional or concrete support.
1	Moderate level of family strengths exists. At least one family member has a strong loving relationship with the child and can provide limited emotional or concrete support.
2	Mild level of family strengths. Family members are known, but none are currently able to provide emotional or concrete support.
3	This level indicates a child with no known family strengths. There are no known family members.

9. Interpersonal — This rating refers to the child's interpersonal skills with peers and adults.

0	Significant interpersonal strengths exist. Child has a pro-social or easy temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
1	Moderate level of interpersonal strengths exists. Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to adults' social initiations but may not initiate such interactions by himself or herself.
2	Mild level of interpersonal strengths exists. 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.
3	This level indicates a child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures. An infant who consistently exhibits gaze aversion is rated here.

10. Adaptability — This item rates how well a child can adjust in times of transition.

0	Child has a strong ability to adjust to changes and transitions.
1	Child can adjust to changes and transitions. When challenged, the infant/child is successful with caregiver support.
2	Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
3	Child has difficulties much of the time coping with changes and transitions. Adults are minimally able to influence child's difficulties in this area.

11. Persistence — This item rates how well a child can continue an activity when feeling challenged.

0	Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
1	Infant/child has some ability to continue a challenging activity. Adults can help a child continue attempting the task or activity.
2	Child has limited ability to continue a challenging activity, and adults can sometimes assist the infant/child in this area.
3	Child has difficulties most of the time coping with challenging tasks. Supports from adults minimally influence the child's ability to demonstrate persistence.

12. Curiosity — This rating describes the child's self-initiated efforts to discover his or her world.

0	This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older child crawls or walks to objects of interest.
1	This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects but actively explores them when someone presents them to him or her is 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 presented objects.
3	This level indicates a child with very limited or no observable curiosity.

13. Playfulness — This rating describes the child's enjoyment of playing alone and with others.

0	This level indicates a child with substantial ability to play alone and with others. Child enjoys play and, if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.
1	This level indicates a child with good play abilities. Child may only enjoy playing alone or only with others or may enjoy play with a limited toy selection.
2	This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults and not engage in play or may exhibit impoverished or unimaginative play.
3	This level indicates a child who has significant problems with play both by himself or herself and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.



14. 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.*

0	This level indicates a child who has very stable relationships. Family members, friends and community have been stable for most of the child's life and are likely to remain so in the foreseeable future.
1	This level indicates a child who has had stable relationships; however, there is some concern about instability in the near future (one year) due to transitions, illness or age.
2	This level indicates a child who has had at least one stable relationship over his or 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.

Well-being

Exposure to potentially traumatic/adverse childhood experiences

These ratings are based on exposure to trauma or adverse childhood experiences.

For **exposure to potentially traumatic/adverse childhood experiences**, the following categories and action levels are used:

0	indicates no evidence of any trauma of this type.
1	indicates a single incident of trauma occurred or suspicion exists of this trauma type.
2	indicates the child has experienced multiple traumas or a moderate degree of trauma.
3	indicates the child has experienced repeated and severe incidents of trauma with medical and physical consequences.

15. Sexual abuse — *This rating describes the child's experience of sexual abuse.*

0	There is no evidence that child has experienced sexual abuse.
1	There is a suspicion that the child has experienced sexual abuse with some degree of evidence or the child has experienced mild sexual abuse including but not limited to direct exposure to sexually explicit materials. Evidence or suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or internet predation. A child who has experienced secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling who has been sexually abused) also is rated here.



15. Sexual abuse — *continued*

2	Child has experienced one or two incidents of sexual abuse that were not chronic or severe. This might include a child who has experienced molestation without penetration on a single occasion.
3	Child has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended time. This abuse may have involved penetration, multiple perpetrators and/or associated physical injury.

16. Physical abuse — *This rating describes the child's experience of physical abuse.*

0	There is no evidence that child has experienced physical abuse.
1	There is suspicion that the child has experienced physical abuse but no confirming evidence. Spanking that does not leave marks or that does not use items such as cords or belts is included. The threat of physical harm without actual harm inflicted also qualifies.
2	Child has experienced a moderate level of physical abuse. This may include one or more incidents of physical punishment (e.g., hitting, punching) or intentional harm that results in injuries, such as bruises or marks. It may also include use of items such as cords or belts.
3	Child has experienced severe and repeated physical abuse with intent to do harm and/or that causes sufficient physical harm to necessitate hospital treatment.

17. Emotional/verbal abuse — *This rating describes the degree of severity of emotional abuse, including verbal and nonverbal forms. This item includes both emotional abuse, which would include psychological maltreatment such as insults or humiliation toward a child, and/or emotional neglect, defined as the denial of caregivers' emotional attention and/or support.*

0	There is no evidence that child has experienced emotional abuse.
1	Child has experienced mild emotional abuse. For instance, child may experience some insults or caregivers may occasionally refer to the child in a derogatory manner, or the child may have been at times denied caregiver's emotional support or attention.
2	Child has experienced a moderate degree of emotional abuse. For instance, caregivers may consistently deny the child emotional attention, insult or humiliate the child on an ongoing basis, or intentionally isolate the child from others.
3	Child has experienced significant or severe emotional abuse over an extended time (at least one year). For instance, caregivers completely ignore the child or others threaten or terrorize the child.

18. Neglect — *This rating describes the severity of neglect an individual has experienced. Neglect can refer to lack of food, shelter or supervision (physical neglect) or a lack of access to needed medical care (medical neglect) or failure to receive academic instruction (emotional neglect).*

0	There is no evidence that child has experienced neglect.
1	Child has experienced minor or occasional neglect. Child may have been left at home alone for several hours with no adult supervision, or there may be occasional failure to provide adequate supervision of child.
2	Child has experienced a moderate level of neglect. Caregiver may have left the child home alone overnight or occasionally failed to provide adequate food, shelter or clothing with corrective action.
3	Child has experienced a severe level of neglect including adults' multiple and/or prolonged absences (e.g., a day or more), without minimal supervision. Caregiver has failed to provide necessities of life on a regular basis.

19. Medical trauma — *This rating describes the severity of medical trauma. Not all medical procedures are experienced as traumatic. Medical trauma results when the child perceives a medical experience as mentally or emotionally overwhelming. Potential medical 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 traumatic event.*

0	There is no evidence the child has experienced medical trauma.
1	Child has had a mildly overwhelming medical experience. Examples include events that were acute in nature and did not result in ongoing medical needs and associated distress such as minor surgery, stitches or a bone setting.
2	Child has had a medical experience that he or she perceived as moderately emotionally or mentally overwhelming. Such events might include acute injuries and moderately invasive medical procedures such as major surgery that required only short-term hospitalization.
3	Child has had a medical experience that he or she perceived as extremely emotionally or mentally overwhelming. The event itself may have been life threatening and may have resulted in chronic health problems that alter the child's physical functioning.

20. Witness to family violence — This rating describes the severity of exposure to and/or observation of family violence.

0	There is no evidence that child has witnessed family violence.
1	Child has witnessed one episode of family violence, and there was no lasting injury.
2	Child has witnessed repeated episodes of family violence that did not include significant injuries (i.e., requiring emergency medical attention).
3	Child has witnessed repeated and/or severe episodes of family violence or has intervened in one or more episodes of family violence. Significant injuries have occurred and have been witnessed (i.e., seen or heard) by the child as a direct result of the violence.

21. Witness to community violence — This rating describes the severity of exposure to community and school or daycare violence, including bullying.

0	There is no evidence that child has witnessed or experienced violence in the community or at school.
1	Child has witnessed occasional fighting or other forms of violence in the community and/or at school. Child has not been directly affected by the violence (i.e., the violence was not directed at the child, family or friends) and exposure has been limited.
2	Child has witnessed multiple instances of community and/or school violence and/or the significant injury to others in his or her community and/or school, or violence or criminal activity has resulted in injury to friends or family members, or child is the direct victim of violence or criminal activity that was not life-threatening.
3	Child has witnessed or experienced severe and repeated instances of community and/or school violence and/or the death of another person in his or her community or school because of violence, or child is the direct victim of life-threatening violence or criminal activity, or child has experienced chronic and/or ongoing impact as a result of community and/or school violence (e.g., family member injured and no longer able to work).

22. War-affected — This rating describes the severity of exposure to war, political violence or torture. Violence or trauma related to terrorism is **not included here.**

0	There is no evidence that child has been exposed to war, political violence or torture.
1	Child did not live in war-affected region or refugee camp, but war has affected the family. Family members directly related to the child may have been exposed to war, political violence or torture; family may have been forcibly displaced due to the war. This does not include children who have lost one or both parents during war.

22. War-affected – continued

2	War or political violence has affected the child. He or she may have witnessed others being injured in the war, may have family members hurt or killed in the war, or may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war, or war may have so physically or psychologically disabled one or both parents that they are not able to provide adequate caretaking for the child. Child may have spent an extended amount of time in a refugee camp.
3	Child experienced the direct effects of war. Child may have feared for his or her own life during war due to bombings or shelling very near to him or her. Child may have been directly injured, tortured or kidnapped. Child may have served as a soldier, guerilla or other combatant in his or her home country.

23. Terrorism-affected — *This rating describes the degree to which terrorism has affected a child. Terrorism is defined as “the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological.” Terrorism includes attacks by individuals acting in isolation (e.g., sniper attacks).*

0	There is no evidence that terrorism or terrorist activities have affected the child.
1	Child’s community has experienced an act of terrorism, but violence did not directly affect the child (e.g., child lives close enough to site of terrorism that he or she may have visited before or child recognized the location when seen on TV, but terrorism did not directly affect the child’s family and neighborhood infrastructure). Exposure has been limited to pictures seen through the media.
2	Child has been affected by terrorism within his/her community, but the child did not directly witness the attack. Child may live near the area where the attack occurred and visited that site regularly in the past. Infrastructure (e.g., utilities or school) in the child’s daily life may be disrupted due to the attack, and child may see signs of the attack in the neighborhood (e.g., destroyed buildings). Child may know people injured in the attack.
3	Child has witnessed the death of another person in a terrorist attack or has had friends or family members seriously injured from terrorism, or terrorism has caused significant injury or lasting impact to the child.

24. Witness or victim of criminal activity — *This rating describes the severity of exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison, including drug dealing, prostitution, assault or battery.*

0	There is no evidence that the child has been victimized or witnessed significant criminal activity.
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24. Witness or victim of criminal activity — continued

1	There is strong suspicion or evidence that the child is a witness to at least one significant criminal activity. For instance, a child may have been exposed to one type of criminal event but was not necessarily directly affected.
2	Child has witnessed multiple incidents or types of criminal activities, is a direct victim of criminal activity, and/or witnessed a family member or friend being victimized. This could include exposure to more than one type of criminal activity or exposure to ongoing drug use, drug dealing or prostitution without causing injury or harm to the child.
3	Child has been exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life-threatening or caused significant physical harm, or the child witnessed a loved one's death. This could include chronic or significant exposure to criminal activity in multiple forms or direct involvement in these activities that may put the child at significant risk of harm (e.g., child in middle of drug dealing or may be forced into prostitution).

25. Parental criminal behavior (birth parents and legal guardians only) — This item rates the criminal behavior of biological parents and stepparents and other legal guardians, but **not foster parents.**

0	There is no evidence that the child's parents have ever been engaged in the criminal justice system.
1	One of child's parents has a history of criminal behavior and involvement in the justice system, but the child has not been in contact with this parent for at least one year.
2	One of child's parents has a history of criminal behavior resulting in a conviction or incarceration, and this child has been in contact with this parent in the past year.
3	Both parents have a history of criminal behavior resulting in incarceration.



26. Disruptions in caregiving, attachment or losses —*This rating describes the extent of the child's exposure to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses (i.e., placement in foster care, caregiver incarceration, caregiver deployment, caregiver deportation, death of caregiver, etc.). 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.*

0	There is no evidence that child has experienced disruptions in caregiving and/or attachment losses.
1	Child may have experienced one disruption in caregiving but was placed with a familiar alternate caregiver, such as a relative (e.g., child shifted from biological mother's to paternal grandmother's care). Child may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may be temporary or permanent but had a mild impact on the child.
2	Child has been exposed to two or more disruptions in caregiving with known alternate caregivers, or the child has had at least one disruption involving placement with an unknown caregiver. Children who have been placed in foster or other out-of-home care, such as residential care facilities, is rated here. Impact of disruption is perceived as moderate to child or others.
3	Child has been exposed to multiple/repeated placement changes (i.e., three or more placements with a known caregiver or two or more with unknown caregiver) resulting in caregiving disruptions in various domains of a child's life (i.e., loss of community, school placement, peer group). Examples would include a child in several short-term unknown placements (i.e., moved from emergency foster care to additional foster care placements and/or multiple transitions in and out of the family-of-origin (i.e., several cycles of removal and reunification). Impact of disruption is perceived as severe to child or others.



Symptoms resulting from exposure to trauma or other adverse childhood experiences domain



These ratings describe a range of reactions that children may exhibit to any of the variety of traumatic experiences described in the above domain. Unlike the trauma experiences, which are cumulative over the child's lifetime, these symptoms are rated based on how the child is doing over the past 30 days.

For **trauma stress symptoms**, the following categories and action levels are used:

0	indicates there is no evidence of any needs.
1	indicates required monitoring, watchful waiting or preventive activities.
2	indicates required action to ensure that this identified need or risk behavior is addressed.
3	indicates required immediate or intensive action.

- 27. Adjustment to trauma** — *This item covers the child's reaction to any potentially traumatic or adverse childhood experience. Any child who meets diagnostic criteria for a trauma-related adjustment disorder, post-traumatic stress disorder and other diagnoses from DSM-IV resulting from exposure to traumatic/adverse childhood experiences is rated as a 2 or 3 on this item. Note: This item allows you to rate the overall severity of the broad range of trauma-related symptoms the child may be experiencing. The remaining items on the CANS will allow you to also rate each of the specific types of symptoms.*

0	Child has not experienced any significant trauma or has adjusted well to traumatic/adverse experiences.
1	Child has some mild problems with adjustment due to trauma exposure. These symptoms are expected to ease with the passage of time; therefore, these symptoms do not warrant current intervention. 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.

27. Adjustment to trauma — continued

2	Child presents with a moderate level of trauma-related symptoms. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but not limited to diagnoses of post-traumatic stress disorder (PTSD) and adjustment disorder.
3	Child has severe symptoms requiring intensive or immediate attention. Symptoms result from exposure to traumatic or adverse childhood experiences. Child likely meets criteria for more than one diagnosis (which may/may not include PTSD) or may have several symptoms consistent with complex trauma (e.g., problems with affect and behavioral dysregulation, attachment, cognition/learning).

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

0	There is no evidence that the child is experiencing traumatic grief reactions or separation from the loss of significant caregivers. 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	Child is experiencing a mild level of traumatic grief due to death or to loss or separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
2	Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs some but not all areas of daily functioning. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3	Child is experiencing significant traumatic grief reactions. Child exhibits impaired functioning across most or all areas (e.g., interpersonal relationships, school) for a significant period following the loss or separation. Symptoms require immediate or intensive intervention.

29. Re-experiencing — *These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.*

0	This rating is given to a child with no evidence of intrusive symptoms.
1	This rating is given to a child with some problems with re-experiencing symptoms, such as occasional intrusive thoughts, distressing memories and/or nightmares about traumatic events.

29. Re-experiencing — continued

2	This rating is given to a child with moderate difficulties re-experiencing, such as frequent intrusive symptoms and/or distressing memories. This child may have recurrent frightening dreams (i.e., multiple times a week) with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions (i.e., racing heart, somatic complaints) to exposure to traumatic cues. These symptoms interfere with child's functioning in at least one area.
3	This rating is given to a child with significant problems with re-experiencing, such as frequent and overwhelming intrusive symptoms/ distressing memories. This child may exhibit trauma-specific reenactments that include sexually or physically harmful behavior that could be traumatizing to other children, sexual play with adults or related behaviors that put the safety of the child or others at risk. This child may also exhibit persistent flashbacks, delusions or hallucinations related to the trauma that impede the child's functioning in multiple areas.

30. Hyperarousal — *These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Children may also commonly manifest physical symptoms such as stomachaches and headaches. These symptoms are part of the DSM-IV criteria for PTSD.*

0	This rating is given to a child with no evidence of hyperarousal symptoms.
1	This rating is given to a child who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Children may also occasionally manifest distress-related physical symptoms such as stomachaches and headaches.
2	This rating is given to a child with moderate symptoms of hyperarousal or physiological reactivity associated with the traumatic event(s). The child may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or an exaggerated startle response. Children who commonly manifest distress-related physical symptoms such as stomachaches and headaches are rated here. Symptoms are distressing for the child and/or caregiver(s) and negatively affect day-to-day functioning.

30. Hyperarousal – continued

3	This rating is given to a child who 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, hypervigilance and/or an exaggerated startle response. The intensity or frequency of these symptoms are overwhelming for the child and impede day-to-day functioning in many areas.
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31. Avoidance or flight – These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM-IV criteria for PTSD.

0	This rating is given to a child with no evidence of avoidance symptoms.
1	This rating is given to a child who exhibits some avoidance. This child may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
2	This rating is given to a child with moderate symptoms of avoidance. 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	This rating is given to a child who exhibits significant or multiple avoidant symptoms. This child may avoid thoughts and feelings as well as situations and people associated with the trauma and be unable to recall important aspects of the trauma.



32. Numbing — These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma.

0	This rating is given to a child with no evidence of numbing responses.
1	This rating is given to a child who exhibits some problems with numbing. This child may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
2	This rating is given to a child with moderately severe numbing responses. This 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	This rating is given to a child significant numbing responses or multiple symptoms of numbing. This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

33. Dissociation — Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., dissociative disorder NOS, dissociative identity disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).

0	This rating is given to a child with no evidence of dissociation.
1	This rating is given to a child with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
2	This rating is given to a child with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory of trauma (e.g., remembers in one context but not in another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating is used for someone who meets criteria for dissociative disorder not otherwise specified or another diagnosis specified with dissociative features.
3	This rating is given to a child with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day-to-day functioning. Child is frequently forgetful or confused about things he or she 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. Child who meets criteria for dissociative identity disorder or a more severe level of dissociative disorder NOS is rated here.

34. Affect dysregulation and/or physiological dysregulation — These symptoms are characterized by difficulties with arousal regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional response, intense emotional response and/or evidence of constricted, hyperaroused or quickly fluctuating energy level. The child may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating and elimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The child's behavior likely reflects his or her difficulty with affective and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities. NOTE: This item should be rated in the context of what is normative for a child's age/developmental stage.

0	This rating is given to a child with no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.
1	This rating is given to a child with some minor and occasional difficulties with affect/physiological regulation. This 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). This child may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.
2	This rating is given to a child with moderate problems with affect/physiological regulation. This child has difficulty or may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. This 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). This child may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or the child may have persistent physical or somatic complaints. This child's behavior likely reflects difficulties with 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).

34. Affect dysregulation and/or physiological dysregulation — continued

3	This rating is given to a child with severe and chronic problems with highly dysregulated affective and/or physiological responses. This child may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of emotions or lacking control over movement as it relates to emotional states). This child may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, this child may have extreme lethargy, loss of motivation or drive and no ability to concentrate or sustain engagement in activities (i.e., emotionally “shut down”). This child may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns or elimination.
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Life domain functioning

These ratings describe how children are doing in their various environments or life domains. The domains came from the children's research literature on wraparound philosophy. Functioning well in all life domains is the goal of a lifetime developmental framework.

For **life domain functioning**, the following categories and action levels are used:

0	indicates a life domain in which the child is excelling. This is an area of considerable strength.
1	indicates a life domain in which the child is doing OK. This is an area to be monitored.
2	indicates a life domain in which the child is having problems. Help is needed to improve functioning into an area of strength.
3	indicates a life domain in which the child is having significant problems. Intensive help is needed to improve functioning into an area of strength.

35. Family — Family ideally should be defined by the child; however, in the absence of this knowledge, consider the definition of family to be biological and adoptive relatives. Is the family (as defined by the child) functioning well together? The child's lack of contact with a biological or adoptive family, regardless of reason, should also be rated here.

0	Child gets along well with family members.
1	Child adequately functions in relationships with family members although mild problems may exist.



35. Family – *continued*

2	Child is having moderate problems with parents, siblings and/or other family members.
3	Child is having severe problems with parents, siblings and/or other family members. This would include no current contact with family.

36. Living situation — *This item refers to how the child is functioning in his or her current living arrangement, which could be with a relative or in a foster home.*

0	There is no evidence of problems in the current living situation.
1	Child has mild problems functioning in current living situation. Caregivers express some concern about child's behavior in living situation and/or child and caregiver have some difficulty dealing with issues that arise in daily life.
2	Child has moderate problems functioning in current living situation. Child has difficulties maintaining his or her behavior in this setting, creating significant problems for others in the residence. Parents are concerned about infant's irritability and their ability to care for the infant.
3	Child has severe problems functioning in current living situation. Child is at immediate risk of removal from the living situation due to his or her behaviors or unmet needs.

37. Preschool/child care behavior — *This item rates the behavior of the child in school or school-like settings. A rating of 3 indicates a child who is still having problems after special efforts have been made.*

0	There is no evidence of problems with functioning in current preschool or daycare environment or N/A.
1	Child has mild problems with functioning in current preschool or daycare environment or has a history or suspicion of problems in this area.
2	Child has moderate problems with functioning in the current preschool or daycare environment. Child has difficulties maintaining his or her behavior in this setting, creating significant problems for others.
3	Child has severe problems with functioning in current preschool or daycare environment. He or she is at immediate risk of removal or has been removed from program due to the behaviors or unmet needs.

38. Preschool/child care achievement — *This item rates the child's ability to learn new concepts in school or a school-like setting. Children under 3 will not be rated here.*

0	There is no evidence of a problem with learning in current preschool or daycare setting.
1	Child is having mild problems acquiring new skills or has a history or is suspected of problems in this area. Child may be able to compensate with extra adult support.

38. Preschool/child care achievement – continued

2	Child is having moderate problems acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.
3	Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.

39. Social functioning – This item refers to the child's social functioning from a developmental perspective.

0	There is no evidence of problems in social functioning.
1	Child is having some mild problems in social relationships or has a history of social functioning problems.
2	Child is having some moderate problems with his or her social relationships.
3	Child is experiencing severe problems in his or her social relationships.

40. Recreation and play – This item rates the degree to which the child engages in play. Consider the child's interest in and ability to sustain play.

0	There is no evidence that infant or child has problems with recreation or play.
1	Child is having mild problems with recreational activities or has a history of problems in this area.
2	Child is having moderate problems with recreational activities.
3	Child is having severe problems with recreational activities.

41. Developmental – This rating describes the child's development compared to standard developmental milestones. The rating also includes the child's cognitive/intellectual functioning, including attention span, persistence and distractibility.

0	There is no evidence of a developmental or intellectual delay.
1	The child exhibits symptoms of mild developmental delay or intellectual impairment or impairments in attentional capabilities.
2	There is evidence of a moderate developmental disorder, including autism spectrum disorder, FAE/FAS, Down syndrome or another developmental delay.
3	The child exhibits symptoms of severe to profound retardation or intellectual disability.



42. Sensory — This rating describes the child's ability to use all senses, including vision, hearing, smell, touch and kinesthetic (the ability to feel movements of the limbs and body). Include any processing issues in relation to sensory issues in this rating.

0	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 problems in either sensory abilities or processing.
3	The child has significant challenges in either sensory abilities or sensory processing.

43. Self-care — This item rates the child's ability to complete developmentally appropriate self-care behaviors, including self-feeding, washing hands, putting away toys, toilet training and dressing himself or herself.

0	There is no evidence of problems with self-care.
1	Child is having mild problems performing self-care tasks or has a history of problems in this area.
2	Child is having moderate problems performing self-care tasks. Child does not meet developmental milestones related to self-care and experiences problems with functioning in this area.
3	Child is having severe problems performing self-care tasks and needs intensive or immediate help in this area.

44. Motor — This rating describes the child's fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, walking) motor functioning.

0	There is no evidence of fine or gross motor development problems.
1	Child has mild fine or gross motor skill deficits or a history of fine or gross motor deficits.
2	Child has moderate fine or gross motor deficits.
3	Child has severe fine or gross motor deficits. The deficit causes significant impairments to child's daily functioning.

45. Communication — 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 aspect of communication individually, including both expressive and receptive language skills.

0	There is no evidence of receptive or expressive communication problems.
1	Child has mild receptive or expressive communication issues or a history but no current problems, or problems are suspected in this area.
2	Child has moderate problems with receptive or expressive communication, which interfere with his or her overall functioning.

45. Communication – continued

3	Child has severe problems with receptive or expressive communication, which significantly affects his or her daily functioning.
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46. Sleep — *The child must be 12 months of age or older for this item to be rated. This item rates any disruption in sleep regardless of the cause, including problems with going to bed, staying asleep or waking up early.*

0	There is no evidence of problems with sleep.
1	Child is having mild problems with sleep or has a history of problems in this area.
2	Child is having moderate problems with sleep.
3	Child is having severe problems with sleep, such that his or her daily functioning is affected.

47. Medical — *This item refers to the child's physical health status.*

0	There is no evidence of medical problems.
1	Child has some mild medical problems or a history of medical problems that require medical treatment.
2	Child has moderate medical problems that require ongoing medical intervention.
3	Child has a severe or life-threatening illness or medical condition that significantly affects his or her daily functioning or requires urgent medical attention.

48. Physical — *Use this item to identify physical limitations, including chronic conditions that entail impairment in eating, breathing, vision, hearing, mobility or other functions.*

0	There is no evidence of physical limitations.
1	Child has some physical condition that places mild limitations on activities or a history of a physical condition that needs observation.
2	Child has a moderate physical condition that notably influences activities.
3	Child has severe physical limitations due to multiple physical conditions.



Acculturation

All children are members of some identifiable cultural group. These ratings describe possible problems that children may experience with the relationship between their cultural membership and the predominant culture in which they live.



For **acculturation**, the following categories and action levels are used:

0	indicates there is no evidence of any needs.
1	indicates required monitoring, watchful waiting or preventive activities.
2	indicates required action to ensure that this identified need or risk behavior is addressed.
3	indicates required immediate or intensive action.

49. Language — *This item includes both spoken and sign language.*

This item covers any language-related need a family might have that affects its participation in services.

0	Child and family have no problems communicating in English and do not require the assistance of a translator.
1	Child and family speak some English, but potential communication problems exist due to limits on vocabulary or understanding of the language's nuances.
2	Child and/or significant family members do not speak English. Successful intervention requires translator or native language speaker, but natural supports can translate for the individual.
3	Child and/or significant family members do not speak English. Child and/or family members need translator or native language speaker for successful intervention, and no such individual is available from among natural supports.

50. Identity — *Cultural identity refers to the child's view of himself or herself or the family's view of the child, as belonging to a specific cultural group. This cultural group may include several factors including race, religion, ethnicity, geography or lifestyle.*

0	Child has clear and consistent cultural identity and connects to others who share his or her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.

50. *Identity — continued*

2	Child has significant struggles with his or her own cultural identity. Child may have cultural identity but does not connect with others who share this culture.
3	Child has no connection to his or her cultural identity or is experiencing significant problems due to internal conflict about his or her cultural identity.

51. Culture events and activities — *Cultural events are activities and traditions that are culturally specific, including the celebration of holidays such as Kwanza or Cinco de Mayo. Activities also may include daily activities that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, access to media) and being able to speak one's primary language with others.*

0	Child is consistently able to practice activities consistent with his or her cultural identity.
1	Child is generally able to practice activities consistent with his or her cultural identity; however, he or she sometimes experiences some obstacles to performing these activities.
2	Child experiences significant barriers and is sometimes prevented from practicing activities consistent with his or her cultural identity.
3	Child is unable to practice activities consistent with his or her cultural identity.

52. Culture stress — *Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he or she lives.*

0	There is no evidence of stress between child's cultural identity and current living situation.
1	There is some evidence of mild or occasional stress resulting from friction between the child's cultural identity and his or her current living situation.
2	Child is experiencing cultural stress from friction between the child's cultural identity and current living situation, which is causing some problems with functioning.
3	Child is experiencing a high level of cultural stress between his or her cultural identity and current living situation that is making functioning very difficult under the present circumstances.



Child behavioral and emotional needs

These ratings identify the child's behavioral health needs.

While the CANS is not a diagnostic tool, it is designed

to be consistent with diagnostic communication. In

DSM-IV, a diagnosis is defined by a set of symptoms

that is associated with either dysfunction or distress.

This definition is consistent with the ratings of 2 or 3 as
defined by the action levels below:



For **behavioral/emotional needs**, the following categories and symbols are used:

0	indicates there is no evidence of any needs.
1	indicates monitoring, watchful waiting or preventive activities are required.
2	indicates action is required to ensure that this identified need or risk behavior is addressed.
3	indicates immediate or intensive action is required.

53. Attachment — *This item should be rated within the context of the child's significant parental or caregiver relationships. It rates the child's ability to seek or accept help, accept nurturance, explore his or her environment and separate from the caregiver. A child who meets the criteria for a DSM-IV diagnosis of reactive attachment disorder is rated here.*

0	There is no evidence of attachment problems.
1	There are mild problems with attachment. Child may have a history of or be suspected of having attachment issues.
2	There are moderate problems with attachment. Child is having problems with attachment that require intervention.
3	There are severe problems with attachment. A child whose level of attachment difficulty profoundly affects his or her daily functioning is rated here.

54. Impulsive or hyperactive — *The child should be 3 years of age or older to be rated on this item. This item rates a child's level of hyperactivity and/or impulsiveness (i.e., loss of control of behaviors). Symptoms that meet the criteria for attention deficit/hyperactivity disorder (ADHD) are rated here.*

0	There is no evidence of hyperactivity or impulsivity problems.
1	Some mild problems with impulsive, distractible or hyperactive behavior place the child at risk of future functioning difficulties.
2	Child has moderate problems with impulsive, distractible or hyperactive behavior that interferes with the ability to function in at least one life domain.
3	Child has severe problems due to a dangerous level of impulsive and hyperactive behavior that place him or her at risk of physical harm.

55. Temperament — *This rating describes the child's general mood state and ability to be soothed.*

0	Child shows no evidence of temperament problems. This child has an easy temperament and is easily calmed or distracted when angry or upset.
1	This level indicates a child with some mild problems being calmed, soothed or distracted when angry or upset. Child may have occasional episodes of extended crying or tantrums.
2	This level indicates a child with a difficult temperament. Child has difficulty being calmed, soothed or distracted. Persistent episodes of crying, tantrums or other difficult behaviors are observed.
3	This level indicates a child who has significant difficulties being calmed, soothed or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums or other difficult behaviors are observed when the child is angry or upset.

56. Failure to thrive — *Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.*

0	The child does not appear to have any problems regarding weight gain or development. There is no evidence of failure to thrive.
1	The child has mild delays in physical development (e.g., is below the 25th percentile in height or weight).
2	The child has moderate delays in physical development described as failure to thrive (e.g., is below the 10th percentile in height or weight).
3	The child has severe problems with physical development that puts his or her life at risk (e.g., is at or beneath the first percentile in height or weight).

57. Feeding or elimination — *This item rates all dimensions of eating and/or elimination, including sensory issues related to food. Pica would also be rated here.*

0	There is no evidence of feeding or elimination problems.
1	Child has mild problems with feeding and/or elimination.
2	Child has moderate problems with feeding and/or elimination. Problems are interfering with functioning in at least one area.
3	Child has severe problems with feeding and/or elimination. Problems in this area have a profound impact on daily functioning.

58. Depression — *This item rates symptoms of depression, which may include irritability, depressed mood, changes in eating or sleeping pattern and social withdrawal. Rate a child who meets the DSM-IV criteria for a depressive disorder here.*

0	Child shows no evidence of problems with depression.
1	There are some indicators that the child may be mildly depressed or has a history of showing signs of depression.

58. Depression — *continued*

2	Moderate problems with depression are present. Problems in this area are affecting child's functioning in at least one life domain.
3	Child shows severe and overwhelming depression that affects him or her in more than one life domain.

59. Anxiety — *This item describes the child's level of fearfulness, worrying or other characteristics of anxiety.*

0	There is no evidence of anxiety problems.
1	The child has a history or is suspected of having anxiety problems or mild anxiety associated with a recent negative life event.
2	Child has moderate 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.
3	The child has a severe, disabling level of anxiety.

60. Atypical behaviors — *Behaviors may include but are not limited to mouthing after 1 year of age, head banging, smelling objects, spinning, twirling, hand flapping, finger flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.*

0	The infant or child shows no evidence of atypical behaviors.
1	The child has a history or reports of atypical behaviors.
2	The caregiver has reported atypical behaviors observed on an ongoing basis.
3	The infant or child has consistent atypical behaviors that interfere with his or her functioning on a regular basis.

61. Service permanence — *This is intended to describe the stability of the service providers who have worked with the child and/or family. Service providers include caseworker, therapist, medical provider, foster parent and school.*

0	Service providers have been consistent for more than the past two years. This level is also used to rate a child/family initiating services for the first time or re-initiating services after an absence from services of at least one year.
1	Service providers have been consistent for at least one year, but changes occurred during the prior year.
2	Service providers have recently changed after a period of consistency.
3	Service providers have changed multiple times during the past year.



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You can get this document in other languages, large print, braille or a format you prefer. Contact the Child Welfare Policy Unit at 503-507-3213 or email CW.PolicyUnit@state.or.us. We accept all relay calls or you can dial 711.