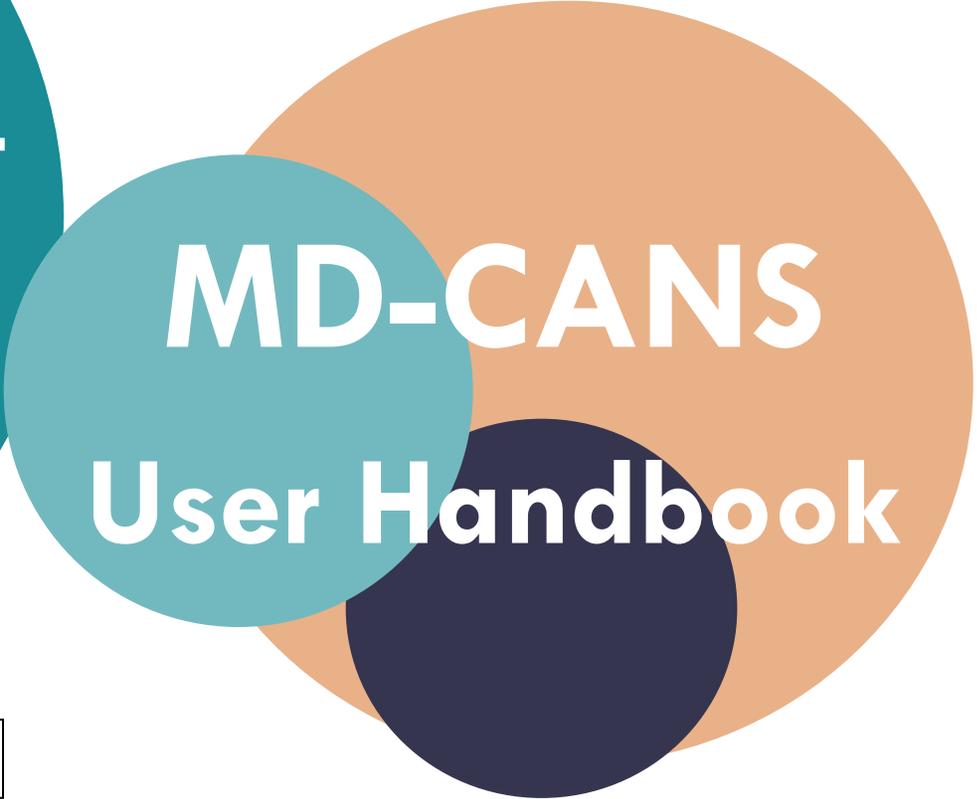




# The State of Maryland Child & Adolescent Needs & Strengths



# MD-CANS User Handbook

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# A Philosophy from Which Change Can Grow

The Maryland CANS and CANS-F are each rooted in the TCOM (Transformational Collaborative Outcomes Management) philosophy:



**Transformational:** Our work is focused on personal change.



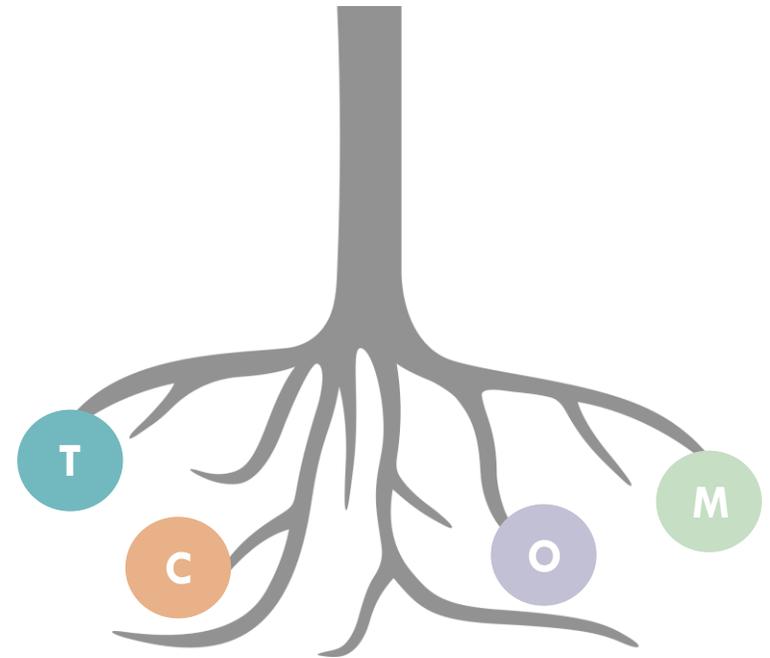
**Collaborative:** We must develop a shared understanding and vision.



**Outcomes:** What we measure affects the decisions we make about which strategies and interventions we use.



**Management:** Information gathered is used in all aspects of managing the system from planning for individuals and families, to supervision, and even program/system operations.



Human Services is a complex system with multiple, sometimes conflicting, perspectives involved. TCOM-based tools provide a framework from which we can build consensus, plan for positive change, and ultimately, create and manage a more effective and equitable system.

# Six Key Principles of the CANS

**Item Selection:** Items are selected because they are relevant to planning. Consider any STRENGTHS to be included and any NEEDS to be addressed.

**Action Level:** Each item has a 4-point rating scale. Each rating translates immediately into an action level (see pages 8-10).

**Culture and Development:** A good understanding of a person's cultural identity and developmental level is important before determining a rating.

**About the Person:** Ratings should reflect the individual and not the individual's involvement in services. Do not ignore a NEED because it is currently being treated. Consider if the NEED would still exist if the service or support was not in place.

**'What' Not the 'Why':** The rating should reflect what can be observed vs. why the present situation or circumstances might exist. The "WHAT" helps with the big picture and the "WHY" comes into play during the planning process.

**30 Day Window:** Keep things fresh and relevant. What is the current situation? Do not perpetuate labels from the past. This is not a rigid rule, and can be flexible when needed.



# Rating Scales

The CANS uses two rating scales. Items that rate an individual's needs use the **Needs Rating Scale**, and items that rate an individual's strengths use the **Strengths Rating Scale**. These rating scales are included throughout the manual for your reference.

## Needs Rating Scale

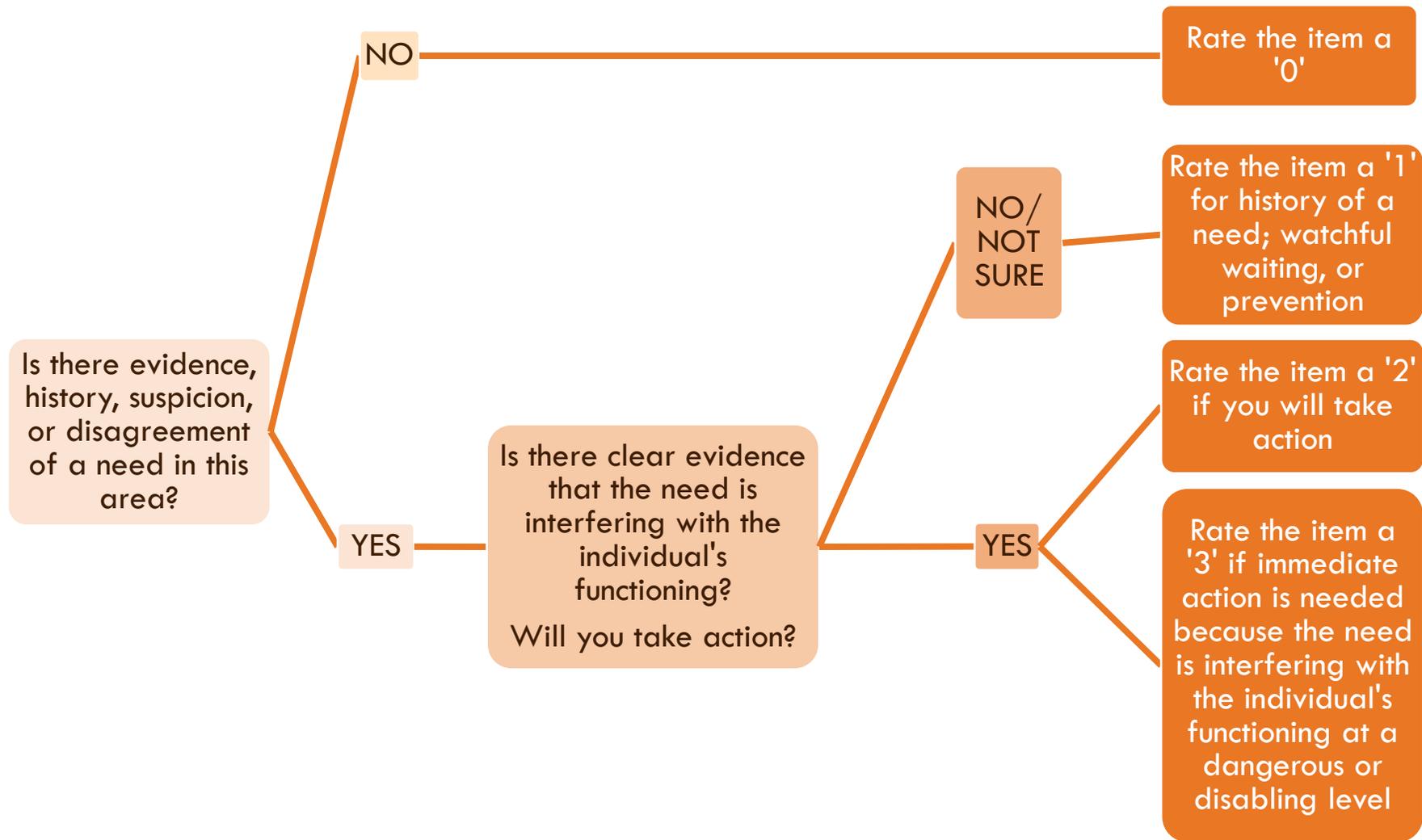
	Rating	Level of Need	Action
	0	No evidence of need	No action needed
	1	History of a need, not currently impacting functioning, or lack of consensus	Keep an eye on this
	2	Need interferes with functioning	Action needed
	3	Need is dangerous or has a disabling impact on functioning	Immediate or intensive action needed

## Strengths Rating Scale

	Rating	Level of Strength	Action
	0	Significant strength	Use as a centerpiece in planning
	1	Useful strength	May be a part of the service plan
	2	Identified strength	Remove barriers to strength being useful
	3	Strength not present or identified	Consider strength-building activities

# How to Rate Needs Items

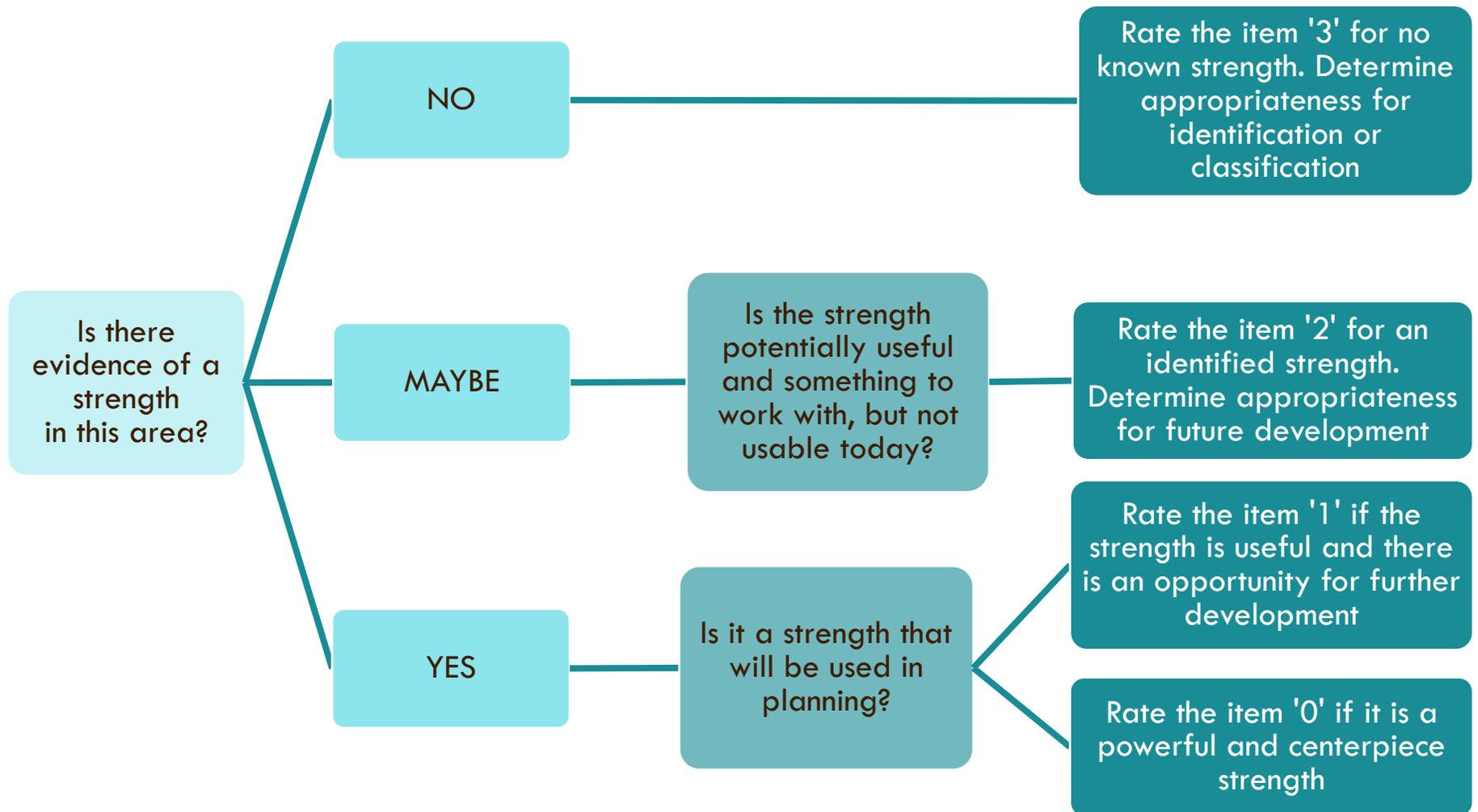
Needs are areas where a youth requires help or intervention. This decision tree can be used to decide how to rate a needs item.



Adapted from Chapin Hall, 2018.

# How to Rate Strengths Items

Strengths are a youth's assets; areas in life where they are doing well or have an interest or ability. This decision tree can be used to decide how to rate a strengths item.



Adapted from Chapin Hall, 2018.

# Life Domain Functioning



This domain of the CANS describes how a child is succeeding or struggling in the major areas of life.

	<b>Rating</b>	<b>Level of Need</b>	<b>Action</b>
	0	No evidence	No action needed
	1	History of a need, not currently impacting functioning, or lack of consensus	Keep an eye on this
	2	Need interferes with functioning	Action is needed
	3	Need is dangerous or has a disabling impact on functioning	Immediate or intensive action is needed



## Remember!

**Family** is who the youth defines as their family.

If **Family** and **Living Situation** are the same, then the rating is also the same. If not, rate them independently.

## Family

---

This item refers to how the youth is functioning with her/his/their family. Family ideally should be defined by who the youth identifies as their family. However, in the absence of this knowledge, consider biological relatives and their significant others with whom the youth still has contact.

## Living Situation

---

This item refers to how the youth is functioning in their current living arrangement (i.e., “where the youth’s head hits the pillow”), which could be a relative, temporary foster home, shelter, treatment foster care, group home, residential treatment center, etc. This rating should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

## Social Functioning - Peer

---

This item rates difficulty a youth may have in relationships with similar-age others. It includes age-appropriate behavior, the ability to make and sustain adaptive peer relationships, and adequate sources of adaptive peer relationships.

## Social Functioning - Adult

---

This item rates difficulty a youth may have in relationships with adults. It includes age-appropriate behavior, the ability to make and sustain adaptive adult relationships, and adequate sources of adaptive adult relationships.



## Medical/Physical

---

This item refers to the youth's current medical health problems and physical needs (acute and chronic). Vision, weight, and asthma would be rated here. This item excludes mental health issues.

## Enuresis/Encopresis

---

This item describes needs related to excreting and eliminating bodily wastes into inappropriate places (e.g., bed or clothes). This problem could be involuntary or intentional and applies only to youth age five years or older. Be sure to rate the cause(s) elsewhere on the CANS, if applicable.

## Sleeping

---

This rating applies to the youth's sleep pattern (i.e., a full night's sleep).

## Intellectual (IQ only)

---

This rating describes the youth's cognitive/intellectual functioning.

**Developmental  
Delay Items:  
Intellectual,  
Speech/Language,  
Autism Spectrum**



**0** No evidence



**1** Keep an eye on this



**2** Action Needed



**3** Immediate/  
Intensive Action



## Key Principle

### Culture and Development

A good understanding of a person's cultural identity and developmental level is important before determining a rating.

Development includes cognitive, social, physical, and adaptive living skills.

It is beneficial to understand cultural competency as a process rather than an end product. Competency involves more than gaining factual knowledge — it includes our ongoing attitudes toward both the people we work with and ourselves.

## Speech/Language Delay

---

This rating describes the youth's ability to understand, process, and express language. Youth with a history of hearing problems or neglect are at risk for language development delays.

## Autism Spectrum

---

This rating describes symptoms of Autism Spectrum Disorder. Youth with these symptoms demonstrate 1) deficits in social interaction, including verbal and nonverbal communication and 2) restricted, repetitive behaviors or interests. In addition, they often have unusual responses to sensory experiences, such as certain sounds or the way objects look. Each of these symptoms can be mild to severe and present in each individual youth differently.

## Recreational

---

This item reflects the youth's interest in, access to, and use of adaptive leisure time activities.

## Job Functioning

---

This item is intended to describe functioning in vocational settings. If a youth is not working and is not involved in any prevocational activities, this item should be rated 'N/A'. Youth aged 12 or younger typically would be rated 'N/A' here.



### Pro Tip

**Legal** means that the child already has involvement in the legal system, not that they are at risk of legal involvement

## Legal (DJS/Criminal Court)

This item involves only the youth's involvement with the legal system due to youth's behavior (i.e., juvenile/criminal courts). Do not rate CINA review hearings or family court involvement here.

## Judgment/Decision-Making

This item describes the youth's age-appropriate decision-making processes and awareness of consequences. Ratings greater than "0" indicate that the youth requires more supervision than typically expected for the youth's age to keep the youth and others safe.



### Pro Tip

Remember to consider development when rating **Judgment!**

Are the needs in **Judgment** different than what is often typical for same-aged peers? Do they need more supervision than others their age?

## Sexual Development

This rating describes issues around sexual development including developmentally inappropriate sexual behavior and sexual behavior presenting risk to the youth's safety and overall health. Please note that sexual orientation or gender identity issues should be rated in the Acculturation section.

## School Attendance

This item rates issues of tardiness and/or truancy. If school is not in session, rate the last 30 days when school was in session.



**0** No evidence



**1** Keep an eye on this



**2** Action Needed



**3** Immediate/  
Intensive Action



## School Achievement

---

This item rates the youth's grades or level of academic achievement. Failing most subjects or being more than one year behind same-age peers would be rated '3.'

## School Behavior

---

This item rates the behavior of the youth in school or school-like settings (e.g., Head Start, pre-school). A rating of '3' would indicate a youth who is still having problems after special efforts have been made (e.g., problems in a special education class). If youth is currently not attending (e.g., summer break, expelled, truancy), rate behavior when youth last attended.

# Child & Environmental Strengths



This domain of the CANS describes protective resources available to youth and how useful these resources are when the youth is faced with adversity.

	Rating	Level of Strength	Action
	0	Significant strength	Use as a centerpiece in service planning
	1	Useful strength	May be a part of the service plan
	2	Identified strength	Remove barriers to strength being useful
	3	Strength not present or identified	Consider strength-building activities



## Family Environment

---

Family refers to all biological or adoptive relatives with whom the youth remains in contact, along with other individuals in relationships with these relatives. This item reflects how much the family as a whole (including the youth) feels connected, committed, and loved by one another. Ratings should include level of cohesion and quality of communication among family members.

## Educational Environment

---

This rating refers to the nature of the school's relationship with youth and family, as well as the level of support youth receives from the school. Rate according to how much the school is an effective partner in promoting youth's functioning and addressing youth's needs in school.

## Vocational Preferences & Skills\*

---

This item rates the development of skills which could be applied to a vocation, including prevocational skills and work experience. Generally this rating is reserved for adolescents and is not applicable for youth 12 years and under. Computer skills would be rated here.

## Spiritual/Religious\*

---

This item rates the child's experience of comfort and support from religious or spiritual involvement and beliefs.

## Community Life

---

This item reflects the youth's connection to people, places, or institutions in their community. This is measured by the degree of youth's involvement with institutions which might include (but not limited to) community centers, little league, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered, if many people who are important to the youth live in the same neighborhood.



### \*Pro Tip

**Vocational, Spiritual/Religious, and Talents/Interests** have been found to be the three best predictors of positive outcomes for children in the mental health and juvenile justice systems.

Children who had strengths in these areas were less likely to be rearrested than those who did not.



## Relationship Permanence

This rating refers to the stability of significant relationships in the youth's life. This likely includes family members but may also include other individuals.

## Natural Supports (i.e., unpaid)

These ratings refer to unpaid helpers in the youth's natural environment. These include individuals who provide social support to the target youth and family.

## Interpersonal Skills - Peer

This rating refers to the youth's social and relationship skills with peers, specifically similar-age others.

## Interpersonal Skills – Adult (non-caregiver)

This rating refers to the youth's social and relationship skills with non-caregiver adults.

## Optimism

This rating should be based on the youth's sense of self in his/her/their own future. This is intended to rate the youth's positive future orientation.



### Pro Tip

**Interpersonal Skills** are rated independently of **Social Functioning**, as a child can have social skills, but struggle in their relationships at a particular point in time.

Thus, this strength indicates an ability to make and maintain long-standing relationships.



**0** Centerpiece strength



**1** May be part of service plan



**2** Requires building



**3** Consider strength-building activities



### Pro Tip

**Resiliency** includes youth's use of coping strategies and internal strengths.

**Resourcefulness** includes youth's use of social supports and environmental strengths.

## Talents/Interests\*

---

This item refers to hobbies, skills, artistic interests, and talents that are healthy ways that young people can spend their time and that also give them pleasure and a positive sense of self.

## Youth Involvement with Care (insight/motivation)

---

This item refers to the youth's participation in efforts to address her/his/their identified needs. Participation is characterized by insight and awareness of needs and motivation to make changes.

## Resiliency (history of recovery after adversity)

---

Resilience refers to a process leading to youth recovery from events threatening youth wellness. Although this is a youth-focused item, everyone in the youth's life (i.e., youth, family, and society) contributes to the resiliency process. This rating describes the youth's history of recovery victories; that is, the youth regained enough functioning to accomplish major developmental tasks after adverse events. Previous recovery victories indicate potential for future recovery victories.

## Resourcefulness (history of effective support-seeking)

---

This rating describes the youth's history of recognizing appropriate social support resources and effectively utilizing these resources in the face of adversity with the purpose of fostering recovery.

# Child Behavioral/ Emotional Needs



This domain of the CANS describes the degree to which mental health challenges impair the youth and/or family's life.

	<b>Rating</b>	<b>Level of Need</b>	<b>Action</b>
	0	No evidence	No action needed
	1	History of a need, not currently impacting functioning, or lack of consensus	Keep an eye on this
	2	Need interferes with functioning	Action is needed
	3	Need is dangerous or has a disabling impact on functioning	Immediate or intensive action is needed



## Key Principle

### About the Person

Ratings should reflect the individual and not the individual's involvement in services.

If an intervention is addressing a need, then that area should continue to be rated as a need.

## Psychosis

---

The primary symptoms of psychosis include hallucinations (experiencing things others do not experience), delusions (a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, strange speech, or bizarre behavior. The most common form of hallucinations is tactile, followed by auditory, and then visual. DSM-5 disorders included on this dimension are schizophrenia, schizoaffective disorder, schizophreniform disorder, brief psychotic disorder, delusional disorder, substance-induced psychotic disorder, psychotic disorder due to a general medical condition, and unspecified psychotic disorder.

## Attention Deficit/Impulse Control

---

This rating focuses on the loss of control or intentional behavior, sometimes referred to as problems in executive functioning. Youth with impulse problems tend to engage in behavior without thinking, regardless of consequences. Symptoms of Attention Deficit and Hyperactivity Disorder and Impulse Control Disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here.

## Depression/Mood Disorder

---

Symptoms included in this dimension are irritable, depressed, or manic mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation. This dimension can be used to rate symptoms of the following mood disorders as specified in DSM-5: disruptive mood dysregulation disorder, persistent depressive disorder (dysthymia), major depressive disorder, unspecified depressive disorder, bipolar I disorder, bipolar II disorder, cyclothymic disorder, and unspecified bipolar disorder.



## Anxiety

This item describes the youth’s level of fearfulness, worrying, panic attacks, or other characteristics of anxiety disorders. This includes symptoms associated with DSM-5 anxiety disorders characterized by excessive fear and anxiety, as well as related behavioral disturbances, such as avoidance.

## Oppositional Behavior (noncompliance with authority)

This item is intended to capture how the youth relates to authority across contexts. Authority figures include caregivers, school officials, police, and other powerful adults. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance to authority rather than on seriously breaking social rules, norms, and laws.

## Conduct/Antisocial Behavior

These symptoms indicate purposeful acts against society, rule-breaking for sport, satisfaction from subordination or pain of others, and lack of remorse/guilt for such acts. Acts include antisocial behaviors like pathological lying, shoplifting/stealing, vandalism, deliberate destruction of property, cruelty to animals, and assault. This dimension would include the symptoms of conduct disorder as specified in the DSM-5.

## Substance Abuse

These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with DSM-5 substance-related disorders.



### Pro Tip

**Oppositional Behavior** describes a youth who demonstrates oppositionality across more than one setting.

**Conduct/Antisocial Behavior** describes purposeful acts without remorse or guilt for harming others.



**0** No evidence



**1** Keep an eye on this



**2** Action Needed



**3** Immediate/Intensive Action



## Key Principle

### 'What Not the Why'

The rating should reflect what can be observed vs. why the present situation or circumstances might exist.

The "WHAT" helps with the big picture and the "WHY" comes into play during the planning process.

The only exception:  
**Adjustment to Trauma**

## Eating Disturbance

---

This item describes any needs involving the youth's food intake, such as food hoarding, overeating, anorexia, bulimia, rigid food preferences, and inability to chew/swallow due to muscle problems. Pica (i.e., persistently eating non-nutritive substances) would also be included.

## Anger Control

---

This item captures the youth's ability to identify and manage their anger when frustrated, regardless of the impulsivity component to behavior.

## Attachment Difficulties

---

This item describes the youth's ability to form secure, age-appropriate emotional bonds with important others, display appropriate boundaries in their interactions with others (e.g., lack of clinginess, distancing), and appropriately differentiate their interactions with close others versus strangers. This item should be rated within the context of developmental appropriateness and the youth's significant relationships, including caregiver relationships and peer relationships. Social impairment due solely to developmental disorder or delay should not be rated here.

## Adjustment to Trauma

---

This item covers the youth's reaction to any of a variety of traumatic experiences, such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. This dimension covers both adjustment disorders and posttraumatic stress disorder from DSM-5. Behaviors which might indicate trauma reactions include anxiousness/hyper-vigilance, regression to behavior of younger ages (e.g., toileting problems, babyish speech, or failure to engage in self-feeding, bathing, and other self-care), appetite disruption, withdrawal of interest from pleasurable activities, and other signs of emotional dysregulation after significant life events.

# Child Risk Behaviors



This domain of the CANS describes the degree to which the youth is a danger to themselves or others.

	Rating	Level of Need	Action
	0	No evidence	No action needed
	1	History of a need, not currently impacting functioning, or lack of consensus	Keep an eye on this
	2	Need interferes with functioning	Action is needed
	3	Need is dangerous or has a disabling impact on functioning	Immediate or intensive action is needed



## Key Principle

### 30 Day Window

Keep things fresh and relevant. What is the current situation? Do not perpetuate labels from the past.

This is not a rigid rule, and can be flexible when needed. Certain items are known to be relevant longer than 30 days, such as **Suicide Risk**.

## Suicide Risk

---

This rating describes the presence of thoughts or behaviors aimed at taking one's life. This item rates overt and covert thoughts and efforts on the part of an individual to end his/her/their life. A rating of 2 or 3 would indicate the need for a safety plan.

## Self-injurious Behavior (for self-soothing)

---

This rating includes repetitive physically harmful behavior that generally serves a self-soothing function for the youth and could exist in the absence of suicidal intent. Rubbing, burning, face slapping, head banging against surfaces, carving, and cutting on the arms or legs would be common examples of self-mutilation behavior. Giving oneself tattoos also would be an example. Repeatedly piercing one's skin is another example. Professional tattoos or body piercing would not be classified as self-mutilation.

## Reckless Behavior (without intent to harm self or others)

---

This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the youth or others at some jeopardy. These behaviors could include dangerous thrill-seeking and other stunts for the sake of distraction or entertainment. Suicidal or self-injurious behavior is NOT rated here. (Please note that this rating is also related to Judgment/Decision-Making rating.)

## Danger to Others (with intent to harm)

---

This item rates the youth's violent or aggressive behavior with the intention to cause significant bodily harm to others. This rating includes actual and threatened violence. Imagined violence (e.g., drawings, lists of potential targets for violence), when extreme, may be rated here. Homicidal ideation would be rated here. A rating of 2 or 3 would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.



## Sexual Aggression

Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which youth takes advantage of a younger or less powerful youth through seduction, trickery, bribery or force.

## Sexually Reactive Behaviors

Sexually reactive behavior includes both age-inappropriate sexualized behaviors that may place a youth at risk for victimization or risky sexual practices. The primary distinction between sexual aggression and sexually reactive behaviors is that youth with sexually reactive behaviors target peers or older/more powerful others.

## Runaway

In general, to classify as a runaway or elopement, the youth is gone overnight or very late into the night.

## Delinquent Behavior

This rating includes both criminal behavior and status offenses that may result from youth failing to follow required behavioral standards (e.g., truancy). These behaviors include those known beyond court-involvement. Sexual offenses should be included as criminal behavior. Substance use should NOT be counted here.



### Pro Tip

**Sexual Aggression** occurs when the youth is the forceful, aggressive, or abusive party.

**Sexually Reactive Behaviors** occur when the youth is engaging in sexual behaviors that put themselves at risk for harm.



**0** No evidence



**1** Keep an eye on this



**2** Action Needed



**3** Immediate/  
Intensive Action



## Pro Tip

**Intentional Misbehavior** means the youth is trying to get the outcome that comes from that behavior, not simply that they did something incorrect on purpose.

## Fire-Setting

---

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

## Intentional Misbehavior (sanction-seeking behavior)

---

This rating describes obnoxious social behaviors that a youth engages in to intentionally force adults to sanction him/her/them. In other words, he/she/they are trying to get caught usually for some secondary gain (e.g., avoidance of adverse stimulus, attention, “cry for help”).

## Bullying

---

Bullying is a pattern of behavior in which the youth intentionally torments others in physical, verbal, or psychological ways. Bullying can range from hitting, shoving, name-calling, threats, and mocking to extorting money and treasured possessions; it can also include shunning others and spreading rumors about targets. Bullies might also use email, chat rooms, instant messages, social networking websites, and text messages to taunt others or hurt their feelings. This item describes the history and current risk of the youth bullying others.

## Exploited

---

This item is used to examine history and level of current risk for exploitation, which includes being bullied or taken advantage of by others. This item includes youth who are currently being bullied at school or in their community. It would also include youth who are exploited in other ways (e.g., sexual abuse, human trafficking, inappropriate expectations based on a youth’s level of development, forced to take on a parental level of responsibility, etc.).

# Acculturation



This domain of the CANS describes the cultural fit between the youth and the environment.

	<b>Rating</b>	<b>Level of Need</b>	<b>Action</b>
	0	No evidence	No action needed
	1	History of a need, not currently impacting functioning, or lack of consensus	Keep an eye on this
	2	Need interferes with functioning	Action is needed
	3	Need is dangerous or has a disabling impact on functioning	Immediate or intensive action is needed



## Remember!

**Cultural Identity** includes belonging, purpose, and strong sense of self.



## Pro Tip

Cultural Humility is the ability to maintain an interpersonal stance that is open to the other in relation to aspects of cultural identity that are most important to the person.

Cultural Responsiveness is the ability to learn from and relate respectfully to people from your own and other cultures.

## Language

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This item includes spoken, written, and sign language, as well as issues of literacy. A '2' or '3' indicates need for an interpreter appropriate for necessary proceedings.

## Cultural Identity

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Cultural identity refers to the youth's view of his/her/themselves as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, or lifestyle.

## Gender/Sexual Identity

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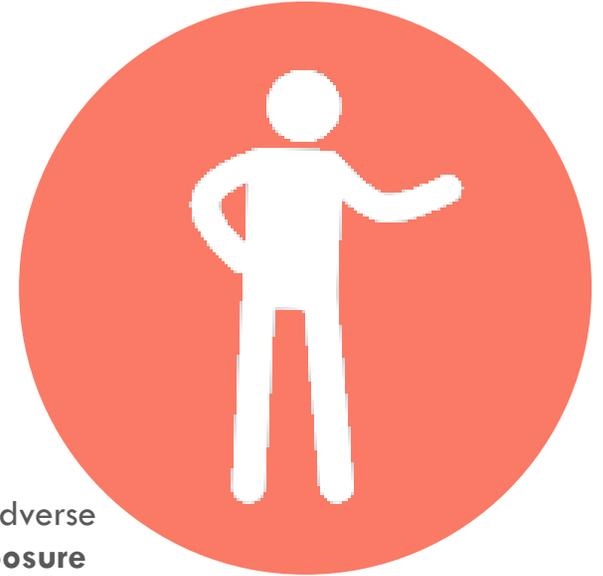
This item refers to the youth's sexual identity/orientation (including heterosexual, gay, lesbian, bisexual, etc.) and/or gender identity and expression (including cisgender, transgender male, transgender female, gender non-conforming, non-binary, etc.).

## Ritual

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Cultural rituals are activities and traditions that support cultural identity, including the celebration of culturally-specific holidays such as Kwanzaa, Yom Kippur, Día de los Muertos, Eid, Quinceañera, etc. This item rates access to and participation these activities. Rituals may also include daily activities that are culturally specific (e.g. wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

# Trauma Experiences



This section of the CANS focuses on the child's exposure to potentially traumatic/adverse experiences over the course of their life. **These ratings are based on lifetime exposure to trauma.** Perpetrators should NOT be rated here.

**Note:** Definitions of trauma experiences were taken from the National Child Traumatic Stress Network (NCTSN).

## Rating Level of Need

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0

No evidence of any trauma of this type

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1

Exposure is suspected or considered mild

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2

Moderate exposure

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3

Severe exposure (often with medical and physical consequences)

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**Sexual Abuse:** This rating describes the youth's experience of sexual abuse and the impact of the abuse on youth functioning. Sexual abuse includes a wide range of sexual behaviors that take place between a youth and an older person or alternatively between a youth and another youth. Behaviors that are sexually abusive often involve bodily contact, such as sexual kissing, touching, fondling of genitals, and intercourse. However, behaviors may be sexually abusive even if they do not involve contact, such as genital exposure ("flashing"), verbal pressure for sex, and sexual exploitation for purposes of pornography.

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### Remember!

The child or youth should not be pressured to talk about traumatic experiences.

**Physical Abuse:** This rating describes the youth's experience of physical abuse and the impact of the abuse on youth functioning. Physical abuse means causing or attempting to cause physical pain or injury. It can result from punching, beating, kicking, burning, or harming a child in other ways. Sometimes an injury occurs when a punishment is not appropriate for a child's age or condition. It may also include misuse of medical/chemical restraint or inappropriate sanctions.

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**Emotional Abuse:** This rating describes the youth's experience of emotional abuse (including verbal and nonverbal) and the impact of the abuse on youth functioning. Emotional abuse encompasses ignoring, isolating, exploiting, corrupting, verbally assaulting (i.e., belittling, ridiculing, using pejorative labels), constant criticizing, terrorizing, threatening (i.e., threatening physical or sexual abuse or deprivation of life necessities), bullying, intimidating, harassing, neglecting, or rejecting (i.e., actively refusing to respond to youth needs). Emotional abuse also includes **excessive, aggressive, or unreasonable demands that place expectations on a youth beyond her/his/their capacity.**

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**Neglect:** This rating describes the youth's exposure to neglect and the impact of this exposure on youth functioning. Youth neglect occurs when a caregiver does not give a youth the care needed according to her/his/their age. Neglect may be physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision), medical (e.g., failure to provide necessary medical or mental health treatment), educational (e.g., failure to educate a youth or attend to special education needs), and emotional (e.g., inattention to a youth's emotional needs, failure to provide psychological care, or permitting the youth to use alcohol or other drugs). Neglect also includes poor supervision for a youth, including putting her/him/them in the care of someone incapable of caring for youth. It can also mean abandoning a youth or expelling her/him/them from home.

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**Medical Trauma:** This rating describes the youth's exposure to medical trauma and the impact of this exposure on youth functioning. Medical trauma refers to reactions that youth may have to pain, injury, and serious illness or to "invasive" medical procedures (such as surgery) or treatments (such as burn care) that are sometimes frightening.

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**Witness to Family Violence:** This rating describes the youth's exposure to family violence and the impact of this exposure on youth functioning. Family violence, also often referred to as domestic violence, may occur between spouses, domestic partners, romantic partners not living together, siblings, caregiver(s), sibling(s), relatives, and cohabitants. Family violence includes physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence.

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**Community Violence:** This rating describes the youth's exposure to community violence and the impact of this exposure on youth functioning. Community violence includes predatory violence (e.g., robbery) and violence that comes from personal conflicts between people who are not family members. It may include brutal acts such as shootings, rapes, stabbings, and beatings. Youth may experience trauma as victims or witnesses.

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**School Violence:** This rating describes the youth's exposure to school violence and the impact of this exposure on youth functioning. School violence includes fatal and nonfatal student or teacher victimization, threats to or injury of students, fights at school, and students carrying weapons to school.

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**Natural/Man-Made Disaster:** This rating describes the youth's exposure to either natural or man-made disasters, and the impact of this exposure on youth functioning.

**Natural disasters** may include hurricanes, floods, tornadoes, earthquakes, brush fires, tsunami, typhoon, avalanche, blizzard, mudslide, volcanic eruption, cyclone, and wildfire. Other more minor natural occurrences in this category include heat waves, droughts, extreme precipitation, and hail storms.

**Man-made disasters** consist of a broad category of life events, which can cause a traumatic response, both for direct and indirect victims. They might include transportation accidents and crashes (e.g., airplane, train, automobile), bridge/mine collapse, explosions, and energy/chemical containment failures. Factors to consider in disaster trauma include death or injury of loved one or self, home/habitat destruction, financial loss, and displacement from family or friends or community.

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**War-Affected:** This rating describes the youth's direct exposure to war, political violence, or torture and the impact of this exposure on youth functioning. This type of trauma can be the result of living in a region affected by bombing, shooting, or looting, as well as forced displacement to a new home due to political reasons. Some young refugees have served as soldiers, guerrillas, or other combatants in their home countries, and their traumatic experiences may closely resemble those of combat veterans. Violence or trauma related to terrorism is not included here.

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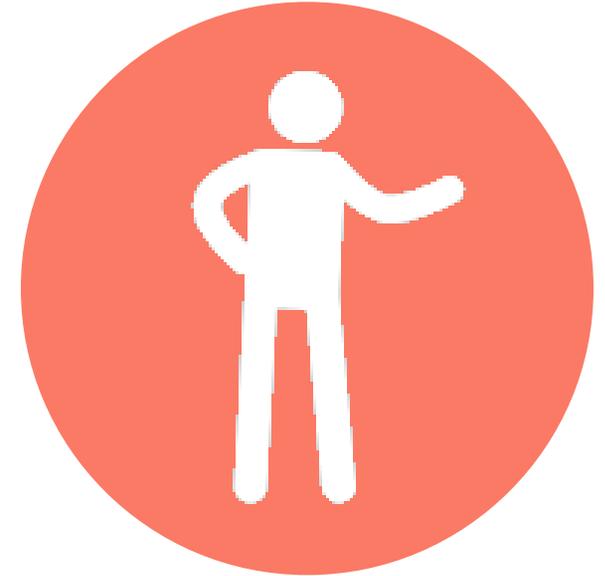
**Terrorism-Affected:** This rating describes the degree to which a youth has been affected by terrorism. Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological." Terrorism includes attacks by individuals acting in isolation (e.g., sniper attacks) as well as attacks by groups or people acting for groups.

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**Witness/Victim to Criminal Activity:** This rating describes the degree of severity of exposure to criminal activity.

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# Trauma Stress Symptoms



These ratings describe a range of reactions that youth may exhibit to any of a variety of traumatic experiences from youth abuse and neglect to community violence to disasters.

	<b>Rating</b>	<b>Level of Need</b>	<b>Action</b>
	0	No evidence	No action needed
	1	Significant history, possible need, or disagreement	Keep an eye on this
	2	Need interferes with functioning	Action is needed
	3	Need is severe, dangerous or prevents functioning in some area	Immediate or intensive action is needed



## Traumatic Grief/Separation

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This rating describes the level of traumatic grief due to death/loss/separation from significant caregivers.

## Re-Experiencing

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These symptoms consist of difficulties with 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-5 criteria for PTSD.

## Avoidance

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These symptoms include efforts to avoid stimuli associated with traumatic experiences, including memories, feelings, people, places, or situation that arouse related thoughts or feelings. These are part of the DSM-5 criteria for PTSD.

## Numbing

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These symptoms include numbing responses that are part of the DSM-5 criteria for PTSD. These responses are not present before the trauma and include inability to experience positive emotions.

## Affect Dysregulation

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These symptoms include difficulties modulating or expressing emotions, intense fear or helplessness, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

## Dissociation

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Symptoms included in this dimension are daydreaming, spacing/blanking out, forgetfulness, emotional numbing, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Unspecified Dissociative Disorder, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).

# Caregiver Needs & Strengths



This domain of the CANS describes the strengths and needs of the parents and/or caregivers in the family. Caregiver ratings should be completed by household. If multiple households are involved in the permanency planning, then this section should be completed once for each household under consideration.

	<b>Rating</b>	<b>Level of Need</b>	<b>Action</b>
	0	No evidence	No action needed
	1	History of a need, not currently impacting functioning, or lack of consensus	Keep an eye on this
	2	Need interferes with functioning	Action is needed
	3	Need is dangerous or has a disabling impact on functioning	Immediate or intensive action is needed



## Pro Tip

Research shows that for children, consistent relationships with knowledgeable, caring, happy, and healthy adults lead to an increased ability to cope with stress, build healthy relationships, and engage self-regulation and problem-solving skills.

Engaging with families to establish their perspectives, goals, and priorities helps improve the accuracy and effectiveness of our collaborative planning process.

## Supervision

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This rating is used to determine the caregiver's capacity to provide the level of monitoring and discipline needed by the youth.

## Involvement with Care

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This rating should be based on the level of involvement the caregiver(s) has in the planning and provision of youth welfare and related services.

## Knowledge

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

## Organization

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This rating should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities (e.g., returning phone calls, getting to appointments and managing a schedule).

## Resources

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This item refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the youth and family.

## Attachment Difficulties

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This item should be rated within the context of the caregiver's significant relationships with youth.



## Accessibility to Child Care Services

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This item refers to babysitting and day care services. If the youth is sufficiently independent to not need these services, then rate the caregiver as '0' on this need.

## Residential Stability

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This item rates the caregivers' current and likely future housing circumstances.

## Family Stress

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This item describes the level of stress or burden the youth's current needs are generating in the family system.

## Safety

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This rating refers to the safety of the assessed youth. It does not refer to the safety of other family or household members based on any danger presented by the assessed youth.

## Physical Health

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Physical health includes medical and physical challenges faced by the caregiver(s) that affects parenting.



**0** No evidence



**1** Keep an eye on this



**2** Action Needed



**3** Immediate/  
Intensive Action



## Mental Health

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This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity to provide care for the youth.

## Substance Abuse

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

## Developmental (cognitive development)

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This item describes the caregiver's developmental status in terms of low IQ, mental retardation or other developmental disabilities that might affect parenting.

## Marital/Partner Conflict

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This rating describes the degree of difficulty or conflict in the caregiver relationship.

## Caregiver Posttraumatic Reactions

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This rating describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to the youth's or their own traumatic experiences.

## Caregiver Criminal Behavior

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This item rates the criminal behavior of the caregiver(s).



### Pro Tip

Examples of developmental disorders include:

- Autism Spectrum Disorders
  - Down Syndrome
  - Learning Disabilities