

# CANS COMPREHENSIVE/MULTISYSTEM ASSESSMENT-SAN BERNARDINO (CANS-SB) GLOSSARY OR ITEMS

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## **GLOSSARY FOR THE CANS-SB**

The decision support and information management tools support communication in a complex environment. They serve to integrate information from whatever sources are available.

Each need item is selected as it has implications for different service delivery pathway and translates into 4 action levels (the same 4 levels are on each tool):

**0 – no evidence** – This rating indicates that there is no reason to believe that a particular need exists. It does not state that the need categorically does not exist, it merely indicates that based on current assessment information there is no reason to address this need. e.g. does Johnny smoke weed? He says he doesn't, his mother says he doesn't, no one else has expressed any concern – does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.

**1 - watchful waiting/prevention** – This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse. e.g. a child who has been suicidal in the past. We know that the best predictor of future behavior is past behavior, and that such behavior may recur under stress, so we'd want to keep an eye on it from a preventive point of view.

**2 - action needed** – This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic that it is interfering in the child or family's life in a notable way.

**3 - immediate/intensive action** – This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child who is not attending school at all or a acutely suicidal youth would be rated with a '3' on the relevant need.

On the Needs Assessment there are "U's" for unknowns – on the SNA there are none as by the time we are doing service planning, we should have enough information about the child and family to be able to develop a rating. Thus not knowing key information is not acceptable when doing service planning.

## ***LIFE DOMAIN FUNCTIONING***

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

### **Family**

This item rates who the child is functioning within his/her family. We recommended that the definition of family should come from the child's perspective (i.e. who the child describes as his/her family). If you do not know this information, then we recommended a definition of family that includes biological relatives and their significant others with whom the child is still in contact.

### **Living Situation**

If a child is living with his/her family this rating is likely similar to the previous one. However, for children in out of home placements this refers to the child's functioning in his/her current living arrangement.

### **Social Functioning**

This item rates the child social skills and relationship functioning. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. This item rates how the child/youth is getting along with both adults and peers. You rate the worst problems here while rating any positive aspects of the child/youth's relational world under Interpersonal Strengths.

### **Recreational**

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

### **Developmental**

This item rates the presence of Mental Retardation or Developmental Disabilities only and does not refer to broader issues of healthy development. A '1' would be a low IQ child. Asperger's Syndrome would likely be rated a '2' while Autism would be rated a '3'.

*A rating of a "1" or greater would result in the need for further specification of these needs through the completion of the **Developmental Module**.*

### **Job Functioning**

This item describes how the youth is performing in a job or job-like role. If a youth is currently not working, then NA is used. Job performance is evaluated based on attendance, productivity, and relations with others at work.

**Legal**

This item indicates the youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified child's involvement is relevant to this rating. This item uses the juvenile justice definition of delinquent behavior—where there are findings of guilt. Only legal involvement based on the youth's behavior is rated here (not involved in the courts due to child custody issues).

**Medical**

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

**Physical**

This item measures the child's/youth's current physical limitations. Child/youth has some physical problems that require treatment, but no physical limitations, would be rated a "1".

**Sexuality**

This item looks at broad issues of sexual development, including sexual behavior, sexual concerns, and the reactions of significant others to any of these factors.

**Sleep**

This item describes any problems of sleep disruption regardless of the cause including nightmares, bedwetting associated with awakening, staying up too late, difficulty sleeping or early awakening, etc.

**School Behavior**

This item rates the child behavior in school. This is rated independently from attendance. Sometimes children are often truant but when they are in school they behave appropriately. If the school placement is in jeopardy due to behavior, this would be rated a "3." If the youth is no longer a student, NA is used.

**School Achievement**

This item rates the child's level of academic achievement. A child having moderate problems with achievement and failing some subjects would be rated a "2." A child failing most subjects or who is more than one year behind his/her peers would be a "3." If the youth is no longer a student, NA is used.

**Note:** for the school items, if the child is receiving special education services, rate the child's performance and behavior relative to their peer group. If it is

planned for the child to be mainstreamed, rate the child's school functioning relative to that peer group.

### **School Attendance**

This item assesses the degree to which the child's attends school regardless of the cause. Both truancy and expulsion or suspension could be rated as school attendance problems. If the youth is no longer a student, NA is used.

## ***CHILD STRENGTHS***

**NOTE:** Think about how the trumps work in a strength-based direction when rating strengths for the **child, the caregiver and acculturation categories.**

A "0" would indicate that this is a significant and functional strength that could become the centerpiece in service planning. For example, a child with a significant interest and involvement in different sports or dance activities and who feels good about his/her involvement.

A "1" would indicate that the strength is clearly exists and could become part of the service plan.

A "2" would indicate that a potential strength has been identified but requires building and development to become useful to the child. For example a teen who loves animals but has no vocational interest or experience. A plan could be developed that explores combining the teen's interest to develop prevocational and vocational experience in their area of interest.

A "3" would indicate that no strength has been identified at this time. A rating at this level would suggest that in this area the effort would be towards identifying and building strengths that can become useful to the child. For example a teen with no identified areas of vocational interest. A planning focus may be to work with the teen to begin to identify possible areas of interest and educate them about different kinds of jobs.

***Remember that strengths are NOT the opposite of needs. Increasing strengths while addressing behavioral/emotional needs leads to better functioning and outcomes than just focusing on the needs. Identifying areas where strengths can be built is an important element of service planning.***

### **Family**

This item refers to the presence of a family identify and love and communication among family members. Even families who are struggling often have a bedrock of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify.

### **Interpersonal**

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

### **Optimism**

This refers to the child's sense of future orientation. There is a strong literature that indicates that kids with a solid sense of themselves and their future have better outcomes than children who do not. A "1" would be a child who is generally optimistic. A "3" would be a child who has difficulty seeing any positives about her/himself or his/her future.

### **Educational**

Certainly a child who loves and excels at school would be rated as having this strength. However, this item predominantly refers more to the nature of the school's relationship to the child and family and the level of support the child is receiving from the school. A rating of "0" would be given if the school was an active participant with the child and family. A rating of "2" would be given if the school was not able to address the child's needs.

### **Vocational\***

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

### **Talents/Interests\***

This item refers to hobbies, skills, artistic interests and talents that are positive ways that kids can spend time and also gives them pleasure and a positive sense of themselves. A kid who likes to collect car stereos without paying for them may need some assistance in developing other interests such as learning to fix his friends' car stereos.

### **Spiritual/Religious\***

This item refers to the child (and family's) experience of receiving comfort and support from religious or spiritual involvement.

This is the most controversial item in the category of child strengths in terms of peoples' comfort levels. For example, one DYFS worker took the children she worked with to her church, while another refused to even discuss the topic as she thought it was not her business. A "0" on this item indicates that the child's

and families' spiritual/religious beliefs and practices are a comfort and significant source of support. For example, a child who is very involved in her church youth group and gives her a source of belonging and in which she has many friends.

### **Community Life**

This item reflects the youth's connection to their community. Kids with a sense of belonging and a stake in their community do better than kids who don't. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and so might be rated a "3".

**\*These strengths (Vocational, Talents/interests and Spiritual/Religious),** have been found to be the three best predictors for positive outcomes for children with mental health and juvenile justice involvement. Children who had strengths in these areas were less likely to be rearrested than those who did not.

### **Well-Being**

This item refers to the ability to enjoy positive life experience and manage negative life experiences. A child with a very low self esteem would be rated "2".

### **Resiliency**

This item describes the child's ability to recognize his/her internal strengths and use them to promote healthy development. A youth who plays the guitar and uses his/her practice to helping them deal with stress is an example. Or a youth very interested in art who is pursuing a career in graphics art would be another example.

### **Resourcefulness**

This item describes the child's ability to recognize his/her external (environmental) strengths and use them to promote healthy development. A youth who seeks out a coach for counsel would be an example. Or a youth who uses his/her church group for support would be another example.

## ***RISK BEHAVIORS***

### **Suicide Risk**

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

Since a history of suicidal ideation and gestures is a predictor of future suicide, any child or adolescent with a history is rated at least a '1'.

Therefore, a '0' is reserved for children and adolescents with no current suicidal thoughts, ideation, or behavior nor any history.

A '2' is used to describe a child or adolescent who is recently suicidal but who is not currently planning to kill him/herself. Thus, a youth who was thinking about suicide but was able to contract for safety would be rated a '2'.

A '3' is used to identify an individual who is either attempted suicide during the rating period or who during this time has an active intention and plan to commit suicide.

### **Self-Injurious Behavior**

This item is used to describe repetitive behavior that results in physical injury to the child or adolescent. 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 done would not be classified as self-mutilation.

### **Other Self Harm**

This item is used to describe behavior not covered by either Suicide Risk or Self-Mutilation that places a child or adolescent at risk of physical injury. Any behavior that the child engages in has significant potential to place the child in danger of physical harm would be rated here. This item provides an opportunity to identify other potentially self-destructive behaviors (e.g. reckless driving, subway surfing). If the child frequently exhibits significantly poor judgment that has the potential to place them in danger, but has yet to actually place themselves in such a position, a rating of '1' might be used to indicate the need for prevention.

To rate a '3', the child or adolescent must have placed himself or herself in significant physical jeopardy during the rating period.

### **Danger to Others**

This item rates the child or adolescents violent or aggressive behavior. Like 'Suicide Risk' a '1' is reserved for history of violence or dangerous aggressiveness. The behavior rated in this item must have the potential to cause significant bodily harm. The behavior also should be intentional. Reckless behavior that may cause physical harm to others is not rated on this item.

Thus a '0' is used to indicate neither history nor any current violent or aggressive behavior.

A '1' indicates history but not recent (as defined in the criteria of the tool used).

A '2' indicates recent but not immediate.

A '3' is reserved for a youth who is acutely dangerous to others at the time of the rating (generally within the past 24 hours). A boy who threatens his mother with a knife would be a '3' at the time of the incident. If he remains committed to killing or injuring his mother even several days after the threat, he would remain

a '3'. If on the other hand, he calms down and feels bad about his earlier threats, he would be reduced to a '2' and then a '1' with the passage of time so long as no other violent behavior or plans are observed.

### **Sexual Aggression**

This item is intended to describe sexually aggressive (or abusive) behavior. The severity and recency of the behavior provide the information needed to rate this item. If sexually aggressive behavior is at the level of molestation, penetration, or rape that would lead to a rating of a '3'.

Any of this behavior in the past year, but not in the rating window would result in a rating of '2'.

Several situations could result in a rating of '1'. A history of sexually aggressive behavior but not in the past year or harassment of others using sexual language would be rated as a '1'.

### **Runaway**

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

### **Delinquent Behavior**

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

### **Exploitation**

This item is used to describe children and youth who are being taken advantage of by others because of their age or other power differential. Victims of bullying would be rated here. A parentified child who is expected to perform household duties well beyond his/her developmental age would be rated here. A child who is victimized by sexual abuse also would be rated here.

### **Fire-setting**

This item describes whether the child intentionally starts fires using matches or other incendiary devices. A '3' is used to describe a child who set a fire that endangered others within the rating window (i.e., 24 hours for the crisis assessment, and 30 days for the CSA referral).

A '2' is used to indicate recent fire-setting behavior or repeated fire setting that did not occur within the rating window.

A '1' is used to indicate history without any evidence of current or recent behavior (past month). A '1' might also be used if fire-setting behavior is suspected but not confirmed.

## **Social Behavior**

This item refers to obnoxious behaviors that force adults to sanction the child. Making comments to strangers would be rated as a "1." Cursing frequently and loudly in public would be rated a "2." Behavior that could result in serious social sanctions such as bully or threatening others would be rated a "3."

## ***ACCULTURATION***

### **Language**

This item looks at whether the child and family need help in communication with you or others in their world. In immigrant families, the child(ren) often becomes the translator. While in some instances, this might work well, it may become a burden on the child, or the child, say in a juvenile justice situation might not translate accurately, and so assessing this item depends on the particular circumstances.

### **Identity**

This item refers to whether the child is experiencing any difficulties or barriers to their connection to their cultural identity. Can the child be with others who share a common culture? For example, A newly immigrated Asian or African child living in a predominantly Caucasian neighborhood and attending a predominantly Caucasian school may be rated a "1" or a "2."

### **Ritual**

This item looks to identify whether barriers exist for a youth to engage in rituals relevant to his/her culture. For example, can a Buddhist child in a residential setting have place to chant? Can a Muslim youth pray in the direction of Mecca at the requisite times during the day?

### **Cultural Stress**

This item describes problems associated with the responses of people in the child or youth's environment to his/her cultural identity. Racism and other forms of discrimination would be rated here.

## ***CAREGIVER STRENGTHS & NEEDS***

### **Supervision**

This item refers to the caregiver's ability to provide monitoring and discipline to the rated child. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son, who is not

following house rules, is staying out all night and who may be using drugs or alcohol may be rated a "2."

### **Involvement**

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

### **Knowledge**

This item is perhaps the one most sensitive to issues of cultural competence. It is natural to think that what you know, someone else should know and if they don't then it's a knowledge problem.

In order to minimize the cultural issues, we recommend thinking of this item in terms of whether there is information that if you made available to the caregivers they could be more effective in working with their child.

### **Organization**

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

### **Social Resources**

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

### **Residential Stability**

Stable housing is the foundation of intensive community-based services. A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'.

### **Physical**

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that limit or prevents their ability to parent the child. For example a single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'.

### **Mental Health**

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

### **Substance Use**

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

### **Developmental**

This item describes the presence of mental retardation among caregivers. A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here.

### **Safety**

This item describes whether individuals in the home present a danger to the child. This item does *not* describe situations in which the caregiver is unable to prevent a child from hurting him/herself despite well-intentioned efforts. A '2' or '3' on this item requires DYFS involvement.

### **\*NOTE: WHEN RATING CAREGIVER NEEDS AND STRENGTHS**

In general, we recommend that you rate the caregiver or caregivers with whom the child is currently living. If the child has been placed temporarily, then focus on the caregiver to whom the child will be returned. If it is a long term foster care placement, then rate that caregiver(s).

However, if the child is currently in a congregate care setting, such as a hospital, shelter, group home, or residential treatment center then it may be more appropriate to rate the community caregivers where the child will be placed upon discharge from congregate care. If there is NO community caregiver, this section might need to be left blank.

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

## **BEHAVIORAL HEALTH MODULE**

### **Psychosis**

The primary symptoms of psychosis include hallucinations (experiencing things other do not experience), delusions (a false belief based on 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), or bizarre behavior. The most common form of hallucination is tactile, followed by auditory and then visual.

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

### **Impulsivity/Hyperactivity**

This item is designed to allow for the description of the child or adolescents level of impulsiveness or hyperactivity. The types of disorders included within this item are Attention Deficit/Hyperactivity Disorder (ADHD) and disorders of impulse control.

Children and adolescents with impulse problems tend to engage in behavior without thinking, regardless of the consequences. A '3' on this item is reserved for those whose impulsive behavior has placed them in physical danger during the period of the rating.

According to DSM-IV, ADHD is characterized by the following:

1. Either of the following:
  - a. six or more of the following symptoms of inattention to a degree that it causes functioning problems over a six month period:
    1. often fails to give close attention to details or makes careless mistakes
    2. often has difficulty sustaining attention in tasks or play activities
    3. often does not seem to listen when spoken to directly
    4. often does not follow through on instruction and fails to finish tasks
    5. often has difficulty organizing tasks and activities
    6. often avoids, dislikes, or is reluctant to engage in tasks that require sustained attention

7. often loses things necessary for tasks or activities
  8. is often easily distracted by extraneous stimuli
  9. is often forgetful in daily activities
- b. six or more of the following symptoms of hyperactivity or impulsivity to a degree that it causes functioning problems over a 6 month period:
1. often fidgets with hands or feet or squirms in seat
  2. often leaves seat in classroom or in other situations in which remaining seated is expected
  3. often runs about or climbs excessively in inappropriate situations
  4. often has difficulty playing or engaging in leisure activities quietly
  5. is often 'on the go' or often acts as if 'driven by a motor'
  6. often talks excessively
  7. often blurts out answers before questions have been completed
  8. often has difficulty waiting turn
  9. often interrupts or intrudes on others

## **Depression**

Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults although it might be somewhat less common among children, particularly young children. The following provides the DSM-IV diagnostic criteria for the presence of a Major Depressive Episode. The main difference between depression in children and adolescents and depression in adults is that among children and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression.

*The person exhibiting five or more of the following symptoms during the same two-week period and representing a change from prior status characterizes Major Depression:*

1. depressed or irritable mood most of the day, nearly every day
2. markedly diminished interest or pleasure in all or almost all activities, most of the day, nearly every day
3. significant weight loss or gain (not a growth spurt)
4. sleep difficulties or too much sleep nearly every night.
5. agitation or retardation in movement nearly everyday
6. fatigue or loss of energy nearly everyday
7. feelings of worthlessness or excessive or inappropriate guilt

8. diminished ability to think or concentrate or indecisiveness, nearly every day
9. recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide

*Dysthymic Disorder* is a chronic condition in which the child or adolescent must have a depressed or irritable mood most of the time for at least one year. The level of symptoms may be lower to qualify for this condition, but the duration must be at least one year.

### **Anxiety**

Anxiety disorders are characterized by either a constant sense of worry or dread or 'out-of-the blue' panic attacks in which the child or adolescent becomes terrified of losing control, dying, or becoming crazy.

A '1' is used to indicate a child or adolescent who has some problems with anxiety or worrying or may have had a single panic attack in the past six months.

A '2' would indicate a child who has had repeated panic attacks or who fits the criteria for a Generalized Anxiety Disorder.

A '3' would indicate such a level of anxiety as to put the child at some physical risk.

In DSM-IV the symptoms of ***Generalized Anxiety Disorder*** are the following

1. Excessive worrying lasting for at least six months
2. Anxiety and worry are associated with at least three of the following (note: children only need one of these symptoms)
  - a. restlessness or feeling keyed up
  - b. being easily fatigued
  - c. difficulty concentrating or mind going blank
  - d. irritability
  - e. muscle tension
  - f. sleep disturbance
3. The anxiety or worry is not about other psychiatric conditions
4. The anxiety or worry causes significant functioning impairment or distress

### **Oppositional**

This item describes the child or adolescent's relationship to authority figures.

Generally oppositional behavior is in response to conditions set by a parent, teacher or other figure with responsibility for and control over the child or youth.

A '0' is used to indicate a child or adolescent who is generally compliant, recognizing that all children and youth fight authority some. A '1' is used to indicate a problem that has started recently (in past six months) and has not yet

begun to cause significant functional impairment or a problem that has begun to be resolved through successful intervention.

A '2' would be used to indicate a child or adolescent whose behavior is consistent with ***Oppositional Defiant Disorder (ODD)***. A '3' should be used only for children and adolescents whose oppositional behavior put them at some physical peril.

According to DSM-IV, the criteria for ODD include at least four of the following occurring for at least six months:

1. often loses temper
2. often argues with adults
3. often actively defies or refuses to comply with adults' requests or rules
4. often deliberately annoys people
5. often blames others for his or her mistakes or misbehavior
6. is often touchy or easily annoyed by others
7. is often angry and resentful
8. is often spiteful and vindictive

### **Conduct**

This item is used to describe the degree to which a child or adolescent engages in behavior that is consistent with the presence of a ***Conduct Disorder***.

Although the actual prevalence is not known, it is believed that Conduct Disorder occurs in 1% to 3% of children and adolescents. This is the disorder that is the childhood equivalent to Antisocial Personality Disorder in adults. Although for an adult to have an Antisocial Personality it requires that they had a Conduct Disorder as a youth, most youth with Conduct Disorders do not grow up to be adults with Antisocial Personalities.

According to DSM-IV, at least three of the following four primary behaviors have been present in the past year, and at least one in the past 6 months:

1. Aggression to people and animals
  - a. bullies, threatens, and intimidates others
  - b. initiates physical fights
  - c. has used a weapon that can cause serious physical harm
  - d. has been physically cruel to people
  - e. has been physically cruel to animals
  - f. has stolen while confronting a victim
  - g. has forced someone into sexual activity
2. Destruction of property
  - a. has deliberately engaged in fire setting
  - b. has deliberately destroyed others property (by means other than fire setting)

3. Deceitfulness or theft
  - a. has broken into someone else's house, building, or car
  - b. often lies to obtain goods or favors or to avoid obligations
  - c. has stolen items of nontrivial value without confronting a victim
4. Serious violations of rules
  - a. often stays out at night despite parental prohibitions, beginning before age 13
  - b. has run away from home overnight at least twice while living in parental or parental surrogate home
  - c. is often truant from school, beginning before age 13

### **Adjustment to Trauma**

This item is used to describe the child or adolescent who is having difficulties adjusting to a traumatic experience. If a child has not experienced any trauma or if they have their traumatic experiences no longer impact their functioning, then he/she would be rated a '0'.

A '1' would indicate a child who is making progress learning to adjust to a trauma or a child who recently experienced a trauma where the impact on his/her well-being is not yet known.

A '2' would indicate significant problems with adjustment or the presence of an acute stress reaction.

A '3' indicates ***Post Traumatic Stress Disorder (PTSD)***.

DSM-IV defines a traumatic event as one in which both of the following were present:

1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others.
2. the person's response involved intense fear, helplessness, or horror. Or a child reacted with disorganized or agitated behavior

According to the DSM-IV the symptoms of PTSD include the following

1. The traumatic event is re-experienced in at least one of the following ways:
  - a. recurrent and intrusive recollections
  - b. recurrent distressing dreams of the event (children may have nightmares and be unable to recall the theme)
  - c. acting or feeling as if the event were recurring or children may re-enact the event.
  - d. Intense distress at exposure to either internal or external stimuli that remind the person of the event.

- e. Physiological reactivity to either internal or external stimuli that reminds the person of the event.
2. Persistent avoidance of stimuli associated with the trauma as indicated by three of more of the following:
    - a. efforts to avoid thoughts, feeling, or conversations associated with the event.
    - b. Efforts to avoid activities, places or people that arouse recollections of the events.
    - c. Inability to recall an important aspect of the event.
    - d. Markedly diminished interest or participation in significant activities.
    - e. Feeling or detachment or estrangement from others
    - f. Restricted range of affect (e.g. unable to have loving feelings)
    - g. Sense of foreshortened future (e.g. does not expect to finish school, have career, get married)
  3. Marked arousal as indicated by:
    - a. difficulty falling asleep or staying asleep
    - b. irritability or outbursts of anger
    - c. difficulty concentrating
    - d. hypervigilance
    - e. exaggerated startle response

### **Anger Control**

This item describes the child and adolescent's ability to manage his/her anger and frustration tolerance.

The '0' level indicates a child or adolescent without problems on this dimension. Everybody gets angry sometime, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning.

A '1' level is occasional angry outbursts or a situation where the individual has begun to successfully exercise control over his/her temper.

A '2' level describes an individual who has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here.

A '3' level describes an individual whose anger control has put them in physical peril within the rating period.

According to DSM-IV, the criteria for ***Intermittent Explosive Disorder*** include the following:

1. Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property.

2. The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychological stressors.

### **Eating Disturbances**

This item refers to problems with eating, including disturbances in body image, refusal to maintain normal body weight, including obesity and recurrent episodes of binge eating.

### **Affect Dysregulation**

This item rates the child's/youths ability to regulate emotional expression, their ability to react to an event within the normal range of emotions.

### **Behavioral Regressions**

This item refers to shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.

### **Somatization**

This item refers to the presence of recurrent physical complaints without apparent physical cause.

### **Substance Use**

The main distinction in this rating is that if a child or adolescent uses any alcohol or drugs, then he/she would be rated as at least a '1'.

If this use causes any functioning problems, then he/she would be rated as at least a '2'.

If the child or adolescent were dependent on a substance or substances, then he/she would be rated as a '3'.

In DSM-IV ***Substance Dependence*** is characterized by a pattern of maladaptive substance use, leading to significant impairment or distress as evidenced by at least three (or more) of the following occurring in a 12-month period:

1. tolerance to the substance, as defined as either
  - a. a need for a markedly increased amount to achieve intoxication;
  - or,
  - b. a markedly diminished effect of using the same amount
2. withdrawal, as defined as either
  - a. a characteristic withdrawal syndrome of a specific substance
  - b. the same substance taken to relieve or avoid symptoms of a withdrawal syndrome.
3. the substance is taken in larger amount over a longer period of time than intended

4. there is a persistent desire or unsuccessful efforts to cut down or control substance use
5. a great deal of time is spent in activities necessary to obtain the substance
6. important social, educational, or recreational activities are given up or reduced because of substance use
7. the substance use is continued despite knowledge of having a persistent or recurrent problem.

**Additional Modules:**

**Early Development (ED) 0-5**

Motor: fine (hand grasping and manipulation) and gross (sitting, standing, walking)

Sensory: vision, hearing, smell, touch and taste

Communication: ability to communicate through any medium

Failure to Thrive: focus on normal physical development such as growth and weight gain

Regulatory Problems: self-regulatory such as sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation and ability to be consoled

Birth Weight: compared to normal

PICA: ingestion of non-nutritive substances

Prenatal Care: health care experienced by the child in utero

Labor & Delivery: complications experienced in labor and delivery of the child

Substance Exposure: exposure to substance use and abuse before and after birth

Parent or Sibling Problems: developmental delays of family members

Maternal Availability: caretaker's emotional and physical availability after birth

Curiosity: self-initiated efforts to discover their world

Playfulness: child's ability to play alone and with others

Attachment: child's ability to attach emotionally

Adaptability: child's ability to adjust to changes and transitions

Persistence: child's ability to continue an activity when challenged

Empathy for child: Caregiver's capacity to understand how the child is feeling

**Transitional Age Youth (TAY)**

Independent Living Skills: presence or absence of short or long-term risks associated with impairments in independent living abilities

Transportation: unmet transportation needs

Parenting Roles: the individual in any caregiver role-parent of child or responsible for elderly parent or grandparent

Personality Disorder: DSM-IV Axis II Diagnosis  
Intimate Relationships: current romantic/intimate relationships  
Gender Identity: self perception of gender  
Sexual Orientation: comfort level with sexual orientation  
Medication Compliance: willingness and participation in taking prescribed medications  
Educational Attainment: the degree to which individual completed or progressed toward planned education  
Victimization: history and level of current risk of victimization

**Family difficulties (FAM)**

Relationship with Bio-Mother: connection with birth parent  
Relationship with Bio-Father: connection with birth parent  
Relationship with Primary Caregiver: connection with current primary caregiver  
Relationship Among Siblings: full, half, step and adoptive siblings  
Parental/Caregiver Collaboration: relationship between all caregivers in child rearing activities  
Family Communication: ability of family to talk to each other  
Family Role Appropriateness/Boundaries: ability of family members to separate themselves as individuals  
Family Conflict: family fighting-domestic violence

**Developmental Needs (DD)**

Cognitive: level of intellectual functioning  
Communication: ability to express thoughts and comprehend the language  
Developmental: gross motor, fine motor, language, cognitive and social  
Self Care/Daily Living Skills: ability to perform daily routines and typical self-care tasks

**Sexuality**

Promiscuity: sexual behavior involving multiple partners not in relationships or very rapid transitions to new relationships to justify sexual behavior  
Masturbation: sexual self-stimulation  
Reactive Sexual Behavior: age-inappropriate sexualized behaviors that may place a child/youth at risk for victimization  
Knowledge of Sex: level of awareness of sexual behavior  
Choice of Relationships: judgment in choosing intimate partners

Sexual Exploitation : child's involvement, or risk of involvement, in sexually exploitive activities

**School**

Attention-Concentration in School: ability to focus on tasks in academic setting

Sensory Integration Difficulties in School: ability to process the information received from all sensory systems within the body and integrate this into the surrounding environment

Affect Dysregulation in School: ability to react to an event at school with the normal range of emotions

Anxiety in School: level of fearfulness, worrying that impact ability to function at school

Depression in School: irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, loss of motivation impact at school

Peer Relations in School: ability to relate to and get along with peers at school

Oppositional in School: how child/youth relates to school authority

Conduct in School: impact of conduct behavior problems like fighting, intimidation, stealing, or sexual activity on school grounds or destruction of property

### **Permanency**

Siblings: relationship with bio siblings, step and half

Biological/Adoptive Mother: relationship with bio or adoptive mother

Biological/Adoptive Father: relationship with bio or adoptive father

Other Significant Adults: relationship with relatives, mentors, CASAs, coaches, neighbors, teachers and family friends

Living Situation: current living arrangement

Grief & Loss: level of unresolved loss

Family Identity & Belonging: child's sense of family identity and belonging

Family Finding: how much family finding the child has received

### **Trauma**

#### **(Characteristic of the Trauma Experience)**

Sexual Abuse: child who has experienced being touched, fondled, oral sex, penetration of genitalia or anus that is not consensual

Physical Abuse: physically harmed by a caregiver, person in authority or significantly older youth

Emotional Abuse: demeaned or ridiculed by verbal or non-verbal statements

Neglect: abandoned, ignored, disregarded, avoided, mistreated, not fed, clothed, sheltered or cared for in an appropriate manner

Medical Trauma: child/youth required legitimate medical care for an injury or illness

Natural Disaster: child/youth experienced tornado, earthquake, wildfire, hurricane, etc.

Witness to Family Violence: child/youth observed family violence

Witness to Community Violence: child/youth observed violence out in community

Witness/Victim-Criminal Acts: child/youth has been victimized or observed someone being victimized through a criminal activity

Marital/Partner Violence: verbal or physical aggression between caregivers

**Sexual Abuse Expansion-Complete if Sexually Abused**

Emotional Closeness to Perpetrator: degree of relationship with the perpetrator of the sexual abuse

Frequency: number of times the sexual abuse took place

Duration: amount of time in months, years the sexual abuse occurred

Force: physical violence/force that occurred

Reaction to Disclosure: the amount of support felt by child after disclosure

**Adjustment to Sexual Abuse Expansion- Complete if Sexually Abused**

Affect Regulation: ability to regulate emotional expression

Intrusions: levels of thoughts that intrude the child's mind

Attachment: ability of the child/youth to have 1:1 relationships

Dissociation: child/youth's level of disruption in the usually integrated functions of consciousness, memory, identity or perception of the environment

Caregiver Post-Traumatic Reaction: Caregiver's symptoms related to own experience of abuse

**Substance Use Disorder (SUD)**

Severity of Use: frequency of usage

Duration of Use: length of time using substances

Stage of Recovery: willingness and depth of commitment to change from use/abuse

Peer Influences: peer pressure, peer drug models that directly and indirectly affect the child/youth's willingness to use or abuse

Parental Influences: parental connectedness

Environmental Influences: impact the environment around the living situation has upon exposing the child/youth to alcohol and drug use

**Violence**

**Historical Risk Factors**

History of Physical Abuse: severity of physical abuse experienced

History of violence: use of violence by the youth

Witness to Domestic Violence: severity of domestic violence witnessed

Witness to Environmental Violence: severity of environmental violence witnessed

**Emotional/Behavioral Risks**

Bullying: use of bullying by the child/youth

Frustration Management: ability to manage frustration

Hostility: how the child/youth expresses hostility

Paranoid Thinking: showing signs of paranoid thinking

Secondary Gains From Anger: use of anger to derive benefits by the youth

Violent Thinking: thinking that is violent by the youth

### **Resiliency Factors**

Aware of Violence Potential: takes responsibility for past violent acts

Response to Consequences: able to anticipate consequences and adjust behaviors

Commitment to Self-Control: exhibiting ability to use self control

Treatment Involvement: ability to be involved in treatment

### **Sexually Aggressive Bx (SAB)**

Relationship: victimizing others sexually

Physical Force/Threat: use of physical force/treat in the sex act

Planning: extent planning took place

Age Differential: difference in age between the child/youth and perpetrator

Type of Sex Act: touching, fondling, oral, anal or penetration of genitalia

Response to Accusation: child's response to accusation

Temporal Consistency: length of time child/youth has engaged in sexually aggressive behavior and if it was preceded by a stressor

History of Sexual Behavior: number of times child/youth has engaged in sexually aggressive behaviors

Severity of Sexual Abuse: experience and severity of sexual abuse child/youth has received from others

Prior Treatment: treatment received by child/youth for sexually aggressive behaviors

### **Runaway**

Frequency of Running: number of times in the past year

Consistency of Destination: specific location

Safety of Destination: is this a safe location

Involvement in Illegal Activities: involved in activities

Likelihood of Return on Own: willingness to return or extent to avoid return

Involvement with Others: role of assistance/encouragement of others

Realistic Expectations: expectations regarding the results of running away

Planning : element of forethought in the youth's running away

### **Juvenile Justice (JJ)**

Seriousness: the seriousness of the behaviors

History: Pattern of delinquent behaviors

Planning: extent the child/youth plans to engage in delinquent or criminal behaviors

Community Safety: extent behaviors place community at risk

Peer Influences: extent the peers are involved

Parental Criminal Behavior: parents involvement in criminal behaviors

Environmental Influences: impact of the environment exposing the child/youth to criminal behavior

**Fire Setting (FS)**

Seriousness: level of harm/damage caused by fire setting

History: frequency of fire setting behavior

Planning: extent the child/youth engaged in planning when setting fires

Use of Accelerants: use such as gasoline to start fire

Intention to Harm: extent to which the child/youth intended to harm others with fire

Community Safety: extent to which the child/youth places the community at risk through setting fires

Response to Accusation: ability to admit to fire setting and taking responsibility for actions

Remorse: extent child/youth displays remorse-regret, sorrow, guilt, shame, in regards to setting fire

Likelihood of Future Fire: likelihood of this behavior occurring in future