# Child and Adolescent Needs and Strengths (CANS) Assessment User Guide

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**Acknowledgements**

The Massachusetts Child and Adolescent Needs and Strengths (CANS) tool was developed based on John Lyons' open domain tool for use in multiple child-serving systems. The copyright is held by the Praed Foundation.

**A note about language**

This reference guide uses the gender-neutral pronouns "they/them/themselves" in the place of "he/him/himself" and "she/her/herself." Additionally, "child/youth" is being utilized in place of "child," "youth," "adolescent," "teen," or "young adult." This is due to the broad range of ages to which this manual applies (birth through 20 years old). Finally, "caregiver" is used in place of "parent" or "guardian" to allow for the most accurate consideration of the child/youth's family structure.

**What is the CANS?**

The CANS is a clinician-rated assessment tool that helps provide an overview of a child/youth's needs and strengths. Utilizing the CANS ensures the completion of a thorough assessment and the ability to see trends in areas that may affect a child/youth and their family over time (e.g., physical and behavioral health symptoms, community experiences, family dynamics, etc.). The CANS **requires the clinician to gather information from a variety of sources**, including the child/youth, their family, their teachers, other treatment providers, and observational data, and to synthesize this information into a single assessment to guide treatment planning. The goal of this assessment is to provide a **shared understanding** of the child/youth's needs, strengths, and goals for treatment, and to track progress on these goals over time.

**Key Principles of the CANS**

- Items in the CANS were selected because each of them is relevant for planning services and treatment.
- The 4-level rating system helps everyone understand where support is needed and helps to prioritize those areas for treatment planning.
- The assessor should consider the child/youth's developmental and chronological age as well as context in which the child/youth lives when assessing their needs and strengths. For the CANS to be effective, answers should reflect the child/youth's experience in the last 30 days (unless otherwise specified).

**Structure of the CANS**

The CANS is divided into different domains which cover different parts of a child/youth's life. Each domain includes specific topics that are each scored independently. The CANS uses both Yes/No and scaled rating questions to assess the child/youth's needs and strengths. A rating of Yes on some key

items will trigger additional questions to more fully assess the situation. In the strength domains, a Yes indicates that a strength is sufficiently present to be used in treatment planning.

**Need Domains:**

| Rating | Level of Need |
|---|---|
| 0 | There is no evidence of any needs |
| 1 | Requires monitoring, watchful waiting, or preventative activities |
| 2 | Requires action to ensure that this identified need or risk behavior is addressed |
| 3 | Requires immediate or intensive action |

**Strength Domains:**

| Answer | Description |
|---|---|
| Yes | Indicates the presence of a strength that can and should be used in treatment planning. |
| No | Indicates that a strength cannot or should not be used in treatment planning. |

**Indicator Questions:**

| Answer | Description |
|---|---|
| Yes | Indicates further assessment in this area is warranted. |
| No | Indicates no evidence that further assessment in this area is warranted. |

**This User Guide**

The remainder of this user guide offers specific guidance on each item of the CANS to help the assessor understand the intent of the questions. Each item in the guide includes the following information to support the completion of the CANS and to ensure consistent interpretation:

- **Description:** The reason(s) for including this item or set of items in the CANS, along with an explanation of how the information may be used by clinical staff to identify issues and facilitate a care plan. Key terms are defined in relation to the question and intent to help the user understand the item and its clinical context.
- **Evidence to consider:** Suggested methodologies for assessing this item to assist the user in selecting appropriate ways to gather information to inform their clinical judgment.
- **Example interview/assessment questions:** Suggested questions for gathering data to inform

clinical judgment. This may include examples of questions that could be directed to the child/youth and/or the family to gather important information in this area.

- **Resources for additional information and guidance:** Regulations, literature, and additional assessment and evaluation materials.

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## Section 1 – Introduction

The Introduction section is designed to capture personal information about the child/youth and their caregiver(s) that will assist in linking past and future assessments in the electronic database. This information will also provide a basic minimum data set about the population of MassHealth members receiving this assessment. This section also prepares the assessor to best engage the child/youth and caregiver(s) by exploring any need for language interpretation, examining the family structure (e.g., with whom does the child/youth live), and identifying any cultural, racial, and ethnic affiliations that may inform subsequent discussions.

**Answer Structure:**

The answer structures in this section are self-explanatory.

**Member Name**

**This item documents the child/youth's first, middle, and last name, and suffix if applicable, as documented in their medical record.** This information will pre-populate in e-CAS. The name used in the medical record is the child/youth's full legal name as it appears on government-issued identification. This may or may not be the name the family uses to address the child/youth or the name the child/youth uses to refer to themselves. It is best practice to confirm the spelling of the child/youth's name with their caregiver, and to inquire how the child/youth prefers to be addressed.

**Example interview/assessment questions:**

*To caregiver(s):*

- Could you please confirm the spelling of your child/youth's name?
- Are there any other names your child/youth goes by?

*To child/youth:*

- What is your name?
- Are there any other names you go by?
- What would you like me to call you?

**Age**

**This item documents the child/youth's age (in years) at the time of assessment.** This information will pre-populate in e-CAS, based on the child/youth's medical record. This information assists in patient identification, as well as informs the assessor's clinical judgement regarding age-appropriate behavior when combined with an understanding of their physical or cognitive development.

**Relationship to Guardian**

**This item documents the relationship between the child/youth and their guardian, which refers to the person who has legal custody of the child/youth or the right to make major decisions on their behalf.** This person may be the natural or adoptive parent(s), a family member, or a court-appointed guardian such as the Department of Children and Families (DCF). Decision-making rights may also be shared between several caregivers and/or guardians.

**Evidence to consider:**

- Check for any guardians listed in medical records, school records, or release authorizations.
- Review records for information about shared custody or guardianship.
- Consider how the child/youth describes this relationship, and whether it differs from how the guardian describes the relationship.

**Example interview/assessment questions:**

*To caregiver(s):*

- Who has guardianship of your child/youth?
- Who are the adults involved in your child/youth's life? How does your child/youth refer to them?
- Who makes legal, education, and/or medical decisions about your child/youth?

*To child/youth:*

- Who is your legal guardian?
- Which adult(s) in your life sign paperwork for you at school or at the doctor's office?
- What do you usually call them?

**Resources for additional information and guidance:**


- Commonwealth of Massachusetts. (n.d.). Guide on the disclosure of confidential information: Health care information. Mass.gov. https://www.mass.gov/info-details/guide-on-the-disclosure-of-confidential-information-health-care-information
- Massachusetts Department of Public Health Authorization for Release of Information Permission to Share Information - https://www.mass.gov/doc/dph-model-authorization-for-release-of-confidential-information-pdf/download
- Commonwealth of Massachusetts. (n.d.). Learn about the difference between guardians and caregivers. Mass.gov. https://www.mass.gov/info-details/learn-about-the-difference-between-guardians-and-caregivers
- Massachusetts General Laws, chapter 190B, article V. (2024). Uniform Probate Code: Protection of persons under disability and their property. https://malegislature.gov/Laws/GeneralLaws/PartII/TitleII/Chapter190B/ArticleV
- Commonwealth of Massachusetts. (n.d.). *Name a caregiver for your child*. Mass.gov. https://www.mass.gov/how-to/name-a-caregiver-for-your-child

**What is the youth's race?**

This item documents the child/youth's race or racial background. Race refers to a person's self-identification with one or more social groups. **In healthcare settings, race describes a group of people who may share social or cultural identities, ancestral backgrounds, and/or physical characteristics such as skin color and facial features.** Subsequent questions will ask about ethnicity. Identifying the child/youth's racial identity will help inform the assessor's understanding regarding experiences of potential discrimination, societal expectations on the child/youth, and appropriate strategies to better address the child/youth's specific needs in a cultural context. Do not assume you can identify the race of a client without asking them directly.
For the purposes of this assessment, refer to the following definitions from the U.S. Census Bureau standards on race and ethnicity:

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Evidence to consider:**

- Consider how the child/youth refers to their own race, and whether this differs from how family members refer to the child/youth's race.
- Explore any differences between the child/youth's or family's reported identity, and if their reported identity differs from what is listed on documentation.
- Check medical records, school records, or release authorizations for a listed race.

**Example interview/assessment questions:**
*To caregiver(s):*

- What race or races does your family identify with?
- How would you describe your child/youth's race?

*To child/youth:*

- How would you describe your race?

**Resources for additional information and guidance:**


- US Census Bureau. (2024, December 20). About the topic of race. Census.gov. https://www.census.gov/topics/population/race/about.html
- Williams, M. T., PhD. (2021, May 3). Being an effective therapist in the era of Black Lives Matter

can be scary. Psychology Today. https://www.psychologytoday.com/us/blog/culturally-speaking/202105/how-talk-about-race-ethnicity-and-culture-clients

**Is the youth of Hispanic or Latino origin or descent?**

**This item documents the child/youth's ethnicity, which refers to shared cultural traits like language, religion, values, and traditions passed down through generations.** Identifying the child/youth's ethnicity will help inform the clinician's understanding regarding experiences of potential discrimination, societal expectations on the child/youth, and appropriate strategies to better address the child/youth's specific needs in a cultural context.
For the purposes of this assessment, refer to the following definitions from the Massachusetts RELD (Race, Ethnicity, Language, and Disability) standards:

- Hispanic: A person with ancestry from a country whose primary language is Spanish
- Latino (Latina, Latinx, Latine): A person with origins from anywhere in Latin America (Mexico, South and Central America) and the Caribbean.

A subsequent question will ask about other ethnicities.

**Evidence to consider:**

- Consider how the child/youth describes their ethnicity.
- Consider how the family members refer to the child/youth's ethnicity.
- Consider if the reported ethnicity differs from what is listed on their documentation.
- Check medical records, school records, or release authorizations for a listed ethnicity.

**Example interview/assessment questions:**

*To caregiver(s):*

- Is your family of Hispanic or Latino origin or descent?
- Do you describe your child/youth as Hispanic or Latino?

*To child/youth:*

- Is your family of Hispanic or Latino origin or descent?
- Do you describe yourself as Hispanic or Latino?

**Resources for additional information and guidance:**

- Ethnicity & race tools. (n.d.). *https://www.socialworkers.org/Practice/Ethnicity-Race/Ethnicity-Race-Tools*
- Williams, M. T., PhD. (2021, May 3). Being an effective therapist in the era of Black Lives Matter can be scary. *Psychology Today*. https://www.psychologytoday.com/us/blog/culturally-speaking/202105/how-talk-about-race-ethnicity-and-culture-clients

**What is the youth's ethnicity?**

**This item documents the child/youth's ethnicity, which refers to shared cultural traits like**

**language, religion, values, and traditions passed down through generations.** Identifying the child/youth's ethnicity will help inform the clinician's understanding regarding experiences of potential discrimination, societal expectations on the child/youth, and appropriate strategies to better address the child/youth's specific needs in a cultural context.
This assessment uses the Massachusetts RELD (Race, Ethnicity, Language, and Disability) list of ethnicities.

**Evidence to consider:**

- Consider how the child/youth describes their ethnicity.
- Consider how family members refer to the child/youth's ethnicity.
- Consider if the reported ethnicity differs from what is listed on their documentation.
- Check medical records, school records, or release authorizations for a listed ethnicity.

**Example interview/assessment questions:**

*To caregiver(s):*

- How would you describe your child/youth's ethnicity?

*To child/youth:*

- How would you describe your ethnicity?
- Given this list of ethnicities, which do you most identify with?

**Resources for additional information and guidance:**

- Ethnicity & race tools. (n.d.). *https://www.socialworkers.org/Practice/Ethnicity-Race/Ethnicity-Race-Tools*
- Williams, M. T., PhD. (2021, May 3). Being an effective therapist in the era of Black Lives Matter can be scary. *Psychology Today*. https://www.psychologytoday.com/us/blog/culturally-speaking/202105/how-talk-about-race-ethnicity-and-culture-clients

**What language does the youth feel most comfortable speaking with the youth's doctor or nurse?**

**This item documents the language the child/youth feels most comfortable *speaking* with a medical professional like a doctor or a nurse**. Subsequent questions will ask about language preferences for the caregiver(s). Clear and accurate communication between the child/youth and the assessment team will ensure their needs and strengths are understood, leading to more precise evaluations and more effective care.
This assessment uses the Massachusetts RELD (Race, Ethnicity, Language, and Disability) list of languages:

- English
- Spanish
- Portuguese
- Chinese
- Haitian
- French

- Vietnamese
- Russian
- Arabic
- Sign Language, such as ASL

**Evidence to consider:**

- Consider what language the child/youth uses when meeting a new person.
- Explore what language is spoken in the child/youth's home.
- Review school documents for any IEP or 504 accommodations regarding communication as an English Language Learner (ELL).

**Example interview/assessment questions:**
*To caregiver(s):*

- What language does your child/youth speak most frequently?
- What language is your child/youth most comfortable speaking?

*To child/youth:*

- What language are you most comfortable using when you go to the doctor?
- What language did you speak when you were very young?
- What language do you speak with your family/at home?

**Resources for additional information and guidance:**

- Standards and Indicators for Cultural Competence in Social Work practice. (n.d.). https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-and-Indicators-for-Cultural-Competence-in-Social-Work-Practice

**In which language would the youth feel most comfortable reading medical or health care instructions?**

**This item documents the language the child/youth feels most comfortable using when *reading* medical or healthcare instructions**. Subsequent questions will ask about language preferences for the caregiver(s). Clear and accurate communication between the child/youth and the assessment team will ensure their needs and strengths are understood, leading to more precise evaluations and more effective care.
This assessment uses the Massachusetts RELD (Race, Ethnicity, Language, and Disability) list of languages.

**Evidence to consider:**

- Observe if there are books, printouts, or hand-written notes in a language other than the one the child/youth is speaking.
- Review school documents for any IEP or 504 accommodations regarding communication as an English Language Learner (ELL).

**Example interview/assessment questions:**
*To caregiver(s):*

- What language(s) can your child/youth read?
- In what language is your child/youth most proficient in reading?
- Does your child/youth have a preferred language for reading?

*To child/youth:*

- What language(s) can you read?
- What's your preferred language for reading?

**Resources for additional information and guidance:**

- Standards and Indicators for Cultural Competence in Social Work practice. (n.d.). https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-and-Indicators-for-Cultural-Competence-in-Social-Work-Practice

**Does the family require an interpreter for CBHI Services?**

**This item documents the family's self-reported need for an interpreter.** Variables that impact this need may include whether the child/youth/family speak multiple languages, whether the child/youth/family has access to services and supports in their preferred language, and whether language differences, disabilities, literacy, or professional jargon interfere with child/youth/family functioning and care. ***For the purposes of this assessment, the child/youth, other family members, friends, or neighbors should NOT be considered adequate interpreters*.**

**Evidence to consider:**

- Consider whether the child/youth/family prefers or requires an interpreter in school, healthcare settings, or community settings.
- Identify whether there are multiple languages spoken in the home.
- Explore whether the child/youth's and their family's language needs are similar or distinct.
- Consider whether language differences have impacted care, communication, collaboration, engagement, and/or relationships with supports or services in the past.
- Review school documents for any IEP or 504 accommodations regarding language interpretation, English language learning (ELL), or communication issues.
- Assess whether anyone in the family has a physical or cognitive disability that is impacting communication.

**Example interview/assessment questions:**
*To caregiver(s):*

- What language are family members most comfortable speaking?
- What language does the family speak at home?
- What language modality is your child/youth/family most comfortable using (e.g., spoken, written, sign, braille, assistive technology, etc.)?

- Does anyone in the family have difficulty communicating?
- Does the family use an interpreter in some situations (e.g., a bilingual family member translates for others while in the community)?
- Is information presented in treatment plan documents, legal documents, and case conference discussions in the language preferred by the family?

*To child/youth:*

- What language are your family members most comfortable speaking?
- Do you, or does someone else, ever interpret for any of your family members in social settings?

**Resources for additional information and guidance:**

- Kilpi-Jakonen, E., Kwon, H.W. The Behavioral and Mental Health Benefits of Speaking the Heritage Language within Immigrant Families: The Moderating Role of Family Relations. J. Youth Adolescence 52, 2158–2181 (2023). https://doi.org/10.1007/s10964-023-01807-5
- NY State Psychiatric Institute Center of Excellence for Cultural Competence (2015) "Dos and Don'ts: Guidelines for Clinicians Working with Interpreters in Mental Health Settings," https://nyculturalcompetence.org/wp-content/uploads/2019/06/DosANDDonts_V5_4-22-14.pdf

**Is the youth deaf or does the youth have serious difficulty hearing?**

**This item documents whether the child/youth is deaf, hard of hearing, or there are concerns about hearing loss.** This item helps determine whether assistive devices or specialized translation services, such as American Sign Language (ASL) may optimize communication. Some children or youth identify as deaf, while others may not, so assessing preferred communication is important. Other children or youth may have signs of hearing loss without a diagnosis, or a caregiver may be concerned.

**Evidence to consider:**

- Note whether ASL is used by the family or child/youth.
- Observe whether hearing aids or cochlear implants are present.
- Observe whether the child/youth responds to their name or looks for the source of sounds; if not this may be a sign of hearing difficulties.
- Note if there is a history of frequent or severe ear infections recently.

**Example interview/assessment questions:**

*To caregiver(s):*

- Is your child/youth deaf or hard of hearing?
- Does your child/youth use any assistive devices to help with hearing?
- Does your child/youth respond to their name or look for the source of sounds in their environment?
- Does your child/youth seem to have more difficulty hearing compared to their peers?

*To child/youth:*

- Do you have trouble hearing?
- Is it hard to understand people talking in a loud room?
- Are you able to hear your teachers at school or it is hard to understand what they are saying?
- Do you need to make the volume loud to hear lyrics or words correctly when listening to music or media?

**Resources for additional information and guidance:**
https://www.cdc.gov/hearing-loss-children/about/index.html#:~:text=Signs%20and%20symptoms,loss%20or%20other%20developmental%20problem.

https://www.mass.gov/info-details/learn-about-hearing-screenings-for-infants-and-children

https://www.healthychildren.org/English/health-issues/conditions/ear-nose-throat/Pages/Hearing-Loss.aspx?_gl=1*1o1l0ly*_ga*MTIzODI1NDQ1My4xNzczOTM5ODk4*_ga_FD9D3XZVQQ*czE3NzM5MzkzOTckbzEkZzEkdDE3NzM5NDAwNDAkajQwJGwwJGgw

https://www.mass.gov/how-to/hearing-aid-program

**Is the youth blind or does the youth have serious difficulty seeing, even when wearing glasses?**

**This item documents whether the child or youth has been diagnosed with blindness, vision loss, or is experiencing problems with vision.** Some children will have been diagnosed at birth or very young, while others may develop vision problems later, so it is important to refer any potential issue back to the medical provider. Children and youth with vision problems may sometimes present with difficulties in school or behavioral issues, so it's important to determine if vision issues may be part of the root cause.

**Evidence to consider:**

- Note any glasses being worn.
- Observe for child/youth squinting, tilting the head, or closing an eye when looking at something.
- Notice if the child/youth's eyes appear crossed or one looking off to the side.

**Example interview/assessment questions:**
*To caregiver(s):*

- Does your child/youth have any difficulties with vision?
- Does your child/youth avoid activities that require close-up vision like reading and drawing or distance vision like sports?
- Does your child/youth have trouble with reading, writing, and/or handwriting?

*To child/youth:*

- Do you have trouble seeing well?
- Is it hard to see shapes/letters/words in school?
- Do you have trouble with sports because it's hard to see what's going on?

**Resources for additional information and guidance:**
https://www.cdc.gov/vision-health/prevention/youth-vision-problems.html#:~:text=Refractive%20errors,a%20book%20or%20digital%20device.

https://www.mass.gov/orgs/massachusetts-commission-for-the-blind

https://www.mass.gov/info-details/early-intervention-ei-vision-specialty-services

**Because of a physical, mental, or emotional condition, does the youth have serious difficulty concentrating, remembering, or making decisions?**

**This item documents whether the child or youth has difficulties with developmentally appropriate executive functioning.** In younger children a difficulty in this area may manifest as developmental concerns, whereas in an older youth school performance, behavioral, or social problems may present.

**Evidence to consider:**

- Developmental concerns by caregivers.
- Review school documents for any IEP or 504 accommodations regarding executive functioning support.
- Identify whether the child/youth has a diagnosis of ADHD, depression or anxiety.
- Explore whether the child/youth struggles to turn in assignments on time or complete work with attention to detail.
- Observe the condition of the child/youth's living space.

**Example interview/assessment questions:**
*To caregiver(s):*

- Does the child/youth have trouble making decisions?
- Does the child/youth have difficulty paying attention or focusing?
- Is the child/youth forgetful?

*To child/youth:*

- Is it harder for you than your peers to focus, especially when something isn't that interesting to you?
- Do you have trouble remembering things?
- Is it hard for you to make decisions/choices?

**Resources for additional information and guidance:**
https://www.brownhealth.org/be-well/executive-functioning-helping-children-learn-skills-life

https://developingchild.harvard.edu/resources/briefs/how-to-motivate-children-science-based-approaches-for-parents-caregivers-and-teachers/

**Does the youth have serious difficulty walking or climbing stairs?**

**This item documents mobility concerns that may be impacting multiple areas of a child/youth's wellbeing.** While often there is a known diagnosis that impacts mobility, issues may arise at any time. If this is a new issue, a prompt referral to primary care for evaluation should be made. If accommodations are inadequate for a known issue, this too should be referred to primary care, physical or occupational therapy or other appropriate service provider.

**Evidence to consider:**

- Child/youth using furniture to assist them while moving through a space.
- Use of a walker/cane.
- Moving a bedroom to the first floor to avoid stairs.

**Example interview/assessment questions:**
*To caregiver(s):*

- Does your child have trouble walking or using stairs?

*To child/youth:*

- Is it hard to go up and down stairs?
- Is walking harder for you than your peers?

**Resources for additional information and guidance:**
Transportation services, medical equipment like canes and walkers and occupational and physical therapy are available through MassHealth: https://www.mass.gov/info-details/masshealth-covered-services#transportation-services

**Does the youth have difficulty dressing or bathing?**

**This item documents whether the child/youth needs assistance with bathing or dressing, two important Activities of Daily Living (ADL).** Some cognitive or emotional disorders may make dressing or bathing difficult, so gathering understanding the context of this issue is important. If difficulties are present, additional support may be available.

**Evidence to consider:**

- Shower chair in the bathing area.
- Incorrectly buttoned/zipped clothing on a child/youth.
- Signs of poor grooming, smell of urine or feces, excessive body odor or unkempt hair.

**Example interview/assessment questions:**
*To caregiver(s):*

- Does your child have difficulty dressing or bathing?
- Does the difficulty seem to be a physical inability or related to sensory, emotional, or cognitive issues?

*To child/youth:*

- Is it hard to dress yourself?
- Are you able to take baths or showers regularly?

**Resources for additional information and guidance:**
https://www.mass.gov/info-details/about-dph-care-coordination

**Because of a physical, mental, or emotional condition, does the youth have difficulty doing errands alone such as visiting a doctor's office or shopping?**

**This item documents problems related to age-appropriate tasks a child/youth is expected to perform.** Note, a toddler is not expected to go to an appointment alone, however, they may be able to stand alone on a scale to be weighed without caregiver support. A teenager may be able to shop for clothes or prepare lunch for school.

**Evidence to consider:**

- Adaptations the family may have made to accommodate less independence than expected for the child/youth.
- Caregiver burn-out may be a sign additional support is needed.

**Example interview/assessment questions:**
*To caregiver(s):*

- Does your child/youth seem unable to do things on their own that other kids their age can do?
- Do you have concerns about your child/youth's ability to be independent?

*To child/youth:*

- Do you have trouble doing things by yourself that other kids can do alone?
- Are you able to do more and more things for yourself or do you feel like you need an adult to help you with things most of the time?

**Resources for additional information and guidance:**
https://www.mass.gov/info-details/about-dph-care-coordination

https://disabilityinfo.org/

**Reason for Referral**

**This item documents what is occurring with the child/youth to necessitate services.** This should include information about the referral source (e.g., self-referral, mental health provider, medical provider, school counselor) and whether this intervention was mandated by the Department of Children and Families (DCF) or some other agency. Write in detail about how the referral source reports the presenting challenge(s), how the child/youth/caregiver/family describes their challenges, and any specific behaviors that are reported to be of concern. Additionally, include information about the referral source's hope for therapeutic treatment and why they feel this is the appropriate treatment modality.

**Evidence to consider:**

- Review any formal referral forms/referral documentation related to the case.
- Consider any differences in how the child/youth's challenges are described by the referral source, the child/youth, and their caregiver(s).

**Example interview/assessment questions:**

*To caregiver(s):*

- Did anyone suggest that these services might be helpful for your child/youth/family?
- How does the person referring you for services understand the challenges you and your child/youth are facing?
- How do you understand the challenges you and your child/youth are facing?
- What behaviors do you see that you feel require therapeutic intervention?
- What do you hope to get out of services?

*To child/youth:*

- Do you know why you were recommended to start therapy?
- Why were you interested in beginning therapy?
- What do you think therapy might be helpful with?

**Caregiver 1 - Name**

**This item documents the first, middle, and last name (plus an additional last name and suffix if applicable) for one of the child/youth's caregivers.** Subsequent questions will document information for other caregivers. This item also documents whether this caregiver is the child/youth's legal guardian and the amount of time the child/youth is living with this caregiver. A legal guardian refers to a person legally responsible for the child/youth such as a parent or as appointed by the State (e.g., Probate and Family Court). A foster parent may sometimes be a legal guardian.
If a caregiver is marked as a legal guardian, the system will prompt additional demographic questions for this caregiver.

**Evidence to consider:**

- Examine the child/youth's medical records, school records, and medical release authorizations for this caregiver's name.
- Check for any documents regarding custody or living arrangements for the child/youth.

**Example interview/assessment questions:**

*To caregiver(s):*

- What is your full name? Is that the name I should use for you? Are there any other names you go by?
- Are you your child/youth's legal guardian? If not, who is?

- Does your child/youth live with you full-time? Part-time? Not at all?

*To child/youth if a caregiver is inaccessible:*

- What is the name of your parent/guardian/caregiver?
- Are they your legal guardian? If no, who is your guardian?
- Do you live with this caregiver full-time, part-time, or not at all?

**Resources for additional information and guidance:**

- Commonwealth of Massachusetts. (n.d.). Guide on the disclosure of confidential information: Health care information. Mass.gov. *https://www.mass.gov/info-details/guide-on-the-disclosure-of-confidential-information-health-care-information*
- Massachusetts Department of Public Health Authorization for Release of Information Permission to Share Information - *https://www.mass.gov/doc/dph-model-authorization-for-release-of-confidential-information-pdf/download*
- Commonwealth of Massachusetts. (n.d.). Learn about the difference between guardians and caregivers. Mass.gov. *https://www.mass.gov/info-details/learn-about-the-difference-between-guardians-and-caregivers*
- Commonwealth of Massachusetts. (n.d.). *Name a caregiver for your child*. Mass.gov. *https://www.mass.gov/how-to/name-a-caregiver-for-your-child*

**Caregiver 1 - Lives with member?**

**This item documents the frequency to which the child/youth lives with this caregiver.** To be considered as living together, both the caregiver and child/youth must live in the same residence simultaneously.

- Full time: The caregiver lives with the child/youth 5-7 days per week.
- Part time: The caregiver lives with the child/youth 1-4 days per week. This may include weekends, alternating days of the week, or shared/split custody arrangements.
- Not at all: The caregiver does not currently live with the child/youth in any capacity.

**Evidence to consider:**

- DCF placement paperwork.
- Custody documentation.

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you live with the child/youth full time?
- Are there any shared/split custody arrangements? If so, what does this look like for your family?

*To child/youth if a caregiver is inaccessible:*

- Who do you live with?

- How often do you live with those family members/individuals?

**Caregiver 1 - Member's Legal Guardian?**

**This item documents if the caregiver is a legal guardian of the child/youth.** It is important to know who the legal guardian is for consent and treatment purposes, and to understand the makeup of the child/youth's family. A genogram or other visual diagram may be helpful to conceptualize the family.

**Evidence to consider:**

- Documentation from the school, court, or DCF stating that a caregiver is the child/youth's legal guardian.

**Example interview/assessment questions:**

*To caregiver(s):*

- Are you the child/youth's legal guardian?
- Is there anyone else who has legal guardianship of the child/youth?

*To child/youth if a caregiver is inaccessible:*

- Is Caregiver 1 your legal guardian?
- Do any of your caregivers sign paperwork at the doctor's office or school for you? Which caregivers do this?

**Caregiver 1 – Date of Birth**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.
**The item documents this caregiver's date of birth, including month, day, and year.** This information assists in patient and caregiver identification.

**Example interview/assessment questions:**
*To caregiver(s):*

- What is your date of birth?

*To child/youth if a caregiver is inaccessible:*

- Do you know your caregiver's birthday?

**Caregiver 1 – What is your race?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.
This item documents this caregiver's race or racial background. Race refers a person's self-identification with one or more social groups. **In healthcare settings, race describes a group of people who may share social or cultural identities, ancestral backgrounds, and/or physical characteristics such as skin color and facial features**. Subsequent questions will ask about ethnicity. Identifying this caregiver's racial identity will help inform the clinician's understanding regarding experiences of potential discrimination, societal expectations on the child/youth, and

appropriate strategies to better address the child/youth's specific needs in a cultural context. Do not assume you can identify the race of a client without asking them directly.

For the purposes of this assessment, refer to the following definitions from the U.S. Census Bureau standards on race and ethnicity:

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Evidence to consider:**

- Consider how this caregiver refers to their own racial identity.
- Identify if any documentation includes this caregiver's race. If a document lists a different race than what this caregiver reports, explore how they would like their race to be categorized.

**Example interview/assessment questions:**
*To caregiver(s):*

- How would you describe your race?

*To child/youth if a caregiver is inaccessible:*

- Do you know how your caregiver might describe their race?

**Resources for additional information and guidance:**

- US Census Bureau. (2024, December 20). About the topic of race. Census.gov. https://www.census.gov/topics/population/race/about.html
- Williams, M. T., PhD. (2021, May 3). Being an effective therapist in the era of Black Lives Matter can be scary. Psychology Today. https://www.psychologytoday.com/us/blog/culturally-speaking/202105/how-talk-about-race-ethnicity-and-culture-clients

**Caregiver 1 - Are you of Hispanic or Latino origin or descent?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.
**This item documents this caregiver's ethnicity, which refers to shared cultural traits like language, religion, values, and traditions passed down through generations.** Identifying this

caregiver's ethnicity will help inform the clinician's understanding regarding experiences of potential discrimination, societal expectations on the child/youth, and appropriate strategies to better address the child/youth's specific needs in a cultural context.
For the purposes of this assessment, refer to the following definitions from the Massachusetts RELD (Race, Ethnicity, Language, and Disability) standards:

- Hispanic: A person with ancestry from a country whose primary language is Spanish.
- Latino (Latina, Latinx, Latine): A person with origins from anywhere in Latin America (Mexico, South and Central America) and the Caribbean.

A subsequent question will ask about other ethnicities.

**Evidence to consider:**

- Consider how this caregiver describes their ethnicity.
- Consider how the child/youth refers to this caregiver's ethnicity.
- Consider if the reported ethnicity differs from what is listed on documentation.
- Check medical records, school records, or release authorizations for whether the family's ethnicity is listed.

**Example interview/assessment questions:**

*To caregiver(s):*

- Is your family of Hispanic or Latino origin or descent?
- Do you describe yourself as Hispanic or Latino?

*To child/youth if a caregiver is inaccessible:*

- Would your caregiver describe themselves as Hispanic or Latino?

**Resources for additional information and guidance:**

- Ethnicity & race tools. (n.d.). *https://www.socialworkers.org/Practice/Ethnicity-Race/Ethnicity-Race-Tools*
- Williams, M. T., PhD. (2021, May 3). Being an effective therapist in the era of Black Lives Matter can be scary. *Psychology Today*. https://www.psychologytoday.com/us/blog/culturally-speaking/202105/how-talk-about-race-ethnicity-and-culture-clients

**Caregiver 1 - What is your ethnicity?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.
**This item documents this caregiver's ethnicity, which refers to shared cultural traits like language, religion, values, and traditions passed down through generations.** Identifying this caregiver's ethnicity will help inform the clinician's understanding regarding experiences of potential discrimination, societal expectations on the child/youth, and appropriate strategies to better address the child/youth's specific needs in a cultural context.
This assessment uses the Massachusetts RELD (Race, Ethnicity, Language, and Disability) list of ethnicities.

**Evidence to consider:**

- Consider how this caregiver describes their ethnicity.
- Consider how the child/youth refers to this caregiver's ethnicity.
- Consider if the reported ethnicity differs from what is listed on their documentation.
- Check medical records, school records, or release authorizations for whether ethnicity is listed.

**Example interview/assessment questions:**

*To caregiver(s):*

- How would you describe your ethnicity?

*To child/youth if a caregiver is inaccessible:*

- How might your caregiver describe their ethnicity?
- Given this list of ethnicities, which do you think your caregiver would identify with?

**Resources for additional information and guidance:**

- Ethnicity & race tools. (n.d.). *https://www.socialworkers.org/Practice/Ethnicity-Race/Ethnicity-Race-Tools*
- Williams, M. T., PhD. (2021, May 3). Being an effective therapist in the era of Black Lives Matter can be scary. *Psychology Today*. https://www.psychologytoday.com/us/blog/culturally-speaking/202105/how-talk-about-race-ethnicity-and-culture-clients

**Caregiver 1 - What language do you feel most comfortable speaking with your doctor or nurse?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.
**This item documents the language this caregiver feels most comfortable *speaking* with a medical professional like a doctor or a nurse**. Clear and accurate communication between the caregiver and the assessment team will ensure the child/youth's needs and strengths are understood, leading to more precise evaluations and more effective care.
This assessment uses the Massachusetts RELD (Race, Ethnicity, Language, and Disability) list of languages.

**Evidence to consider:**

- Consider what language the caregiver uses when meeting a new person.
- Identify what language is spoken in the family's home. Explore if this language differs from the language the caregiver uses during the assessment.

**Example interview/assessment questions:**
*To caregiver(s):*

- What language are you most comfortable using when you go to the doctor?

- What language do you speak with your family at home?

*To child/youth if a caregiver is inaccessible:*

- Do you know what language your caregiver usually speaks when they go to the doctor?
- What language does your caregiver speak at home?

**Resources for additional information and guidance:**

- Standards and Indicators for Cultural Competence in Social Work practice. (n.d.). https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-and-Indicators-for-Cultural-Competence-in-Social-Work-Practice

**Caregiver 1 - In which language would you feel most comfortable reading medical or health care instructions?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.
**This item documents the language this caregiver feels most comfortable using when *reading* medical or healthcare instructions**. Clear and accurate communication between the caregiver and the assessment team will ensure the child/youth's needs and strengths are understood, leading to more precise evaluations and more effective care.
This assessment uses the Massachusetts RELD (Race, Ethnicity, Language, and Disability) list of languages.

**Evidence to consider:**

- Identify what language this caregiver uses when meeting a new person.
- Observe what language(s) family members speak at home and with each other, and whether they use a different language during the assessment.
- Observe if there are books, printouts, or hand-written notes in a language other than the one the caregiver is speaking.

**Example interview/assessment questions:**
*To caregiver(s):*

- What language are you most comfortable using for reading?

*To child/youth if a caregiver is inaccessible:*

- Do you know in what language your caregiver prefers to read?

**Resources for additional information and guidance:**

- Standards and Indicators for Cultural Competence in Social Work practice. (n.d.). https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-and-Indicators-for-Cultural-Competence-in-Social-Work-Practice

**Caregiver 1 - Are you deaf or do you have serious difficulty hearing?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the

child/youth.

**This item documents hearing impairment in a legal guardian that may necessitate additional accommodation to effectively communicate.** If this appears to be a new or untreated issue, consider recommending primary care for evaluation.

**Evidence to consider:**

- Using sign language.
- Hearing aids worn.
- Cochlear implant present.
- Asking to repeat statements/questions frequently.
- Misunderstanding spoken communications.

**Example interview/assessment questions:**

*To caregiver(s):*

- Are you deaf or hard of hearing?
- Do you have trouble with your hearing?

*To child/youth if a caregiver is inaccessible:*

- Does, or do you think, your caregiver has trouble with hearing?

**Resources for additional information and guidance:**

https://medlineplus.gov/lab-tests/hearing-tests-for-adults/

**Caregiver 1 - Are you blind or do you have serious difficulty seeing, even when wearing glasses?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.

**This item documents vision impairment in a legal guardian that may necessitate additional accommodation to effectively communicate**. If this appears to be a new or untreated issue, consider referring to primary care for evaluation.

**Evidence to consider:**

- Holding objects/document very close to face, even with glasses.
- White-tipped cane.

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you have vision difficulties?

*To child/youth if a caregiver is inaccessible:*

- Does your caregiver have trouble with their vision? If so, does that impact your family?

**Resources for additional information and guidance:**

https://medlineplus.gov/lab-tests/vision-screening/

**Caregiver 1 - Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.

**This item documents possible executive function difficulties in a legal guardian that may necessitate additional accommodation to effectively support the child/youth**. If this appears to be a new or untreated issue, consider referring to primary care for evaluation.

**Evidence to consider:**

- Forgetting appointments.
- Forgetting information shared in a conversation minutes ago.
- Inability to make decisions when presented with clear choices.

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you have trouble with concentration, memory to decision-making?
- Are problems with executive functioning negatively impacting you, and or, your family?

*To child/youth if a caregiver is inaccessible:*

- Does your caregiver seem more forgetful than other adults?
- Does your caregiver ever forget to pick you up from school/practice? If so, how often?
- Does your caregiver seem to lose concentration when doing a task and get distracted?

**Caregiver 1 - Do you have serious difficulty walking or climbing stairs?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.

**This item documents possible mobility difficulties in a legal guardian that may necessitate additional accommodation to effectively support the child/youth**. If this appears to be a new or untreated issue, consider referring to primary care for evaluation.

**Evidence to consider:**

- Using wheelchair, walker or cane.
- Avoiding stairs by moving sleeping areas.
- Limiting leaving the living space if stairs are required.

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you have trouble walking or with stairs? If so, how does it impact your life?

*To child/youth if a caregiver is inaccessible:*

- Does your caregiver have trouble walking?
- Does your caregiver avoid using stairs?

**Caregiver 1 - Do you have difficulty dressing or bathing?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.
**This item documents possible difficulties with self-care in a legal guardian that may necessitate additional accommodation to effectively support the child/youth**. If this appears to be a new or untreated issue, consider referring to primary care for evaluation.

**Evidence to consider:**

- Shower chair in the bathing area.
- Incorrectly buttoned/zipped clothing on a child, or the caregiver themselves.
- Signs of poor grooming, smell of urine or feces, excessive body odor or unkempt hair.

**Example interview/assessment questions:**
*To caregiver(s):*

- Do you have troubles bathing or dressing?

*To child/youth if a caregiver is inaccessible:*

- Does your caregiver have trouble bathing regularly without assistance?
- Does your caregiver ever have trouble dressing themselves?

**Caregiver 1 - Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.
**This item documents possible difficulties in instrumental activities of daily living (IADL) in a legal guardian that may necessitate additional accommodation to effectively support the child/youth.** If this appears to be a new or untreated issue, consider referring to primary care for evaluation.

**Evidence to consider:**

- Missed appointments.
- History of utility shut-offs.
- Additional adult supporting this caregiver.

**Example interview/assessment questions:**
*To caregiver(s):*

- Do you have difficulties with getting to appointments, shopping and handling finances on your own?
- Do you need help to do things like make and keep appointments, shopping or preparing meals?

*To child/youth if a caregiver is inaccessible:*

- Does your caregiver need someone to help them do regular adult things like make doctors appointments, do shopping or making meals for the family?
- Do you have to help your caregiver do adult things like shopping, cooking, cleaning, or making appointments because they can't do it?

**Caregiver 1 – Marital Status**

This is a skip logic question asked only if this caregiver was identified as a legal guardian to the child/youth.

**This item documents this caregiver's marital status.** This information may help identify potential sources of support or additional needs for the child/youth and for this caregiver.

For the purposes of this assessment:

- Single: A person who is not in a committed relationship.
- Married: A person who is legally married AND currently living with their spouse.
- Divorced: A person who was legally married but has legally ended the marriage.
- Partnered: Someone who is in a committed relationship, but they may or may not be legally married.

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you have a spouse or a partner?
- What is your marital status?

To child/youth if a caregiver is inaccessible:

- Is your caregiver dating, engaged, or married to someone?
- Is your caregiver currently single or divorced?

**Caregiver 2 (see Caregiver 1)**

**Caregiver 3 (see Caregiver 1)**

**Caregiver 4 (see Caregiver 1)**

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## Section 2 – Treatment History & Systems Involvement

The Treatment History & Systems Involvement section is designed to capture information regarding previous interactions between the family and any formalized systems of youth safety or support. This provides a valuable context within which to evaluate the child/youth/family, determine which services are currently being used, and to explore which services have not been available, accessible, or helpful.

**Answer Structure:**

The answer structures in this section are self-explanatory and do not require clinical judgment.

**Concurrent System Involvement**

**This item documents the child/youth/family's involvement with other state agencies tasked with supporting child/youth health and safety.** Having this information is important in developing the

most appropriate treatment plan for the child/youth and their family. The specific systems documented in this item include:

- Massachusetts Department of Children & Families (DCF)
- Massachusetts Department of Mental Health (DMH)
- Massachusetts Department of Developmental Services (DDS)
- Massachusetts Department of Youth Services (DYS)

Involvement with other federal, state, county, and/or city systems should also be documented in this item.

**Evidence to consider:**

- Consider whether the family receives any services through other agencies.
- If there has been previous involvement, identify if the involvement is still active.
- Examine whether the family is open to the assessor collaborating with these systems.
- Explore whether the assessor would be duplicating any current services.
- Consider the child/youth's and their family's demeanor toward system involvement.
- DCF specific: Check if the family has access to their Family Assessment and Action Plan (FAAP), and whether there are goals or objectives on their FAAP that need to be incorporated into the services the assessor is providing to the child/youth and their family.

**Example interview/assessment questions:**

*To caregiver(s):*

- Is there/has there ever been involvement with any of the following agencies: DCF, DMH, DDS, or DYS? With any other agency?
- Have there been any recommendations for treatment?
- Would you like me to collaborate with them? If so, how much would you like shared (e.g., completion of intake, treatment goals, notification of treatment completion)?

*To child/youth:*

- Do you have a DCF, DMH, or DDS worker?
- Are you currently involved in the Juvenile Justice system, or DYS?

**Resources for additional information and guidance:**

- Massachusetts Department of Children & Families (DCF) https://www.mass.gov/orgs/massachusetts-department-of-children-families
- Massachusetts Department of Mental Health (DMH) https://www.mass.gov/info-details/dmh-child-youth-and-family-services-overview
- Massachusetts Department of Developmental Services (DDS) https://www.mass.gov/orgs/department-of-developmental-services

- Massachusetts Department of Youth Services (DYS) https://www.mass.gov/orgs/department-of-youth-services

**Does the child/youth currently have a specialized education plan?**

**This item documents whether the child/youth has a specialized education plan, an educational resource implemented by a school or a school district for a child/youth with an identified disability to support and enhance their learning experience.** Disabilities are defined by the Individuals with Disabilities Education Act (IDEA). This item rates whether school has developed and approved a specialized education plan, not whether the plan has been implemented.

For the purposes of this assessment a specialized education plan may include any of the following:

- Individualized Education Program (IEP): a formal agreement about the services that a school will provide for the child/youth's special education needs.
- "504 Plan": an agreement that offers students with disabilities both services and accommodations that are necessary for the student to participate fully in the life of the school.
- Alternative School Placement: an instructional approach under the control of a school committee that is offered to "at-risk" students in a non-traditional setting.
- Plan in Progress: a specialized education plan is being devised at this time but is not yet implemented for the child/youth.

**Evidence to consider:**

- Explore whether the school has referred the child/youth for special educational evaluation.
- Check school records for IEP or 504 accommodations for the child/youth.

**Example interview/assessment questions:**

*To caregiver(s):*

- What school does your child/youth currently attend?
- Does your child/youth have a specialized education plan? You may be more familiar with them being called a 504 plan or an IEP.

*To child/youth:*

- Do you have an IEP or 504 plan?
- Are there any services you get at school?
- Are there any accommodations in place at school to help you learn better or to support you emotionally?

**Resources for additional information and guidance:**

- Schultz, Sharon (2022). National Education Association, Differences between a 504 Plan and an Individualized Education Program (IEP). https://www.nea.org/professional-excellence/student-engagement/tools-tips/differences-between-504-plan-and-individualized-

education-program-iep

- Individuals with Disabilities Education Act. (2024, December 18). Educators and Service Providers - Individuals with Disabilities Education Act. Individuals With Disabilities Education Act. https://sites.ed.gov/idea/educators-service-providers
- Massachusetts Department of Elementary and Secondary Education. (n.d.). Alternative Education - Massachusetts Department of Elementary and Secondary Education. https://www.doe.mass.edu/alted/
- Massachusetts General Laws 38Q1/2 Curriculum accommodation plan. https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71/Section38q1~2

**If yes, select the specialized education plan(s) currently in place.**

This is a skip logic question asked only if "Does the child/youth currently have a specialized education plan?" was answered as "yes".

**Date of last meeting**

This is a skip logic question asked only if "Does the child/youth currently have a specialized education plan?" was answered as "yes".

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## Section 3 – Child/Youth Developmental Needs

The Child/Youth Developmental Needs section is designed to capture information regarding the child/youth's physical, cognitive, emotional, and social development. The items in this section reflect those aspects of development which when delayed or compromised, may affect the child/youth's learning, communication, and socialization, leading to academic setbacks, behavioral difficulties, and struggles in everyday life. It is important to note that the assessor is not diagnosing the child/youth, but rather rating whether their symptoms and behaviors are posing a great enough problem to require intervention or further assessment.

**Rating Structure:**

All of the questions in the Child/Youth Developmental Needs section are rated using the following categories and action levels:

| Rating | Level of Need |
|---|---|
| 0 | There is no evidence of any needs |
| 1 | Requires monitoring, watchful waiting, or preventative activities |
| 2 | Requires action to ensure that this identified need or risk behavior is addressed |

| | |
|---|---|
| 3 | Requires immediate or intensive action |

**Communication**

**This item rates difficulties the child/youth may have with communication, which refers to expressing and understanding verbal expression, writing, body language, facial expressions, and social cues.** Difficulties with communication include, but are not limited to:

- Choosing the right words, forming sentences, or organizing thoughts
- Understanding or comprehending spoken language
- Producing speech sounds correctly
- Fluency, flow, and rhythm of speech
- Understanding and using social cues and rules in communication
- Fluency with English as a native speaker of other language(s)
- Developmental delays leading to slower language development
- Hearing loss
- Autism spectrum disorder (ASD)
- Neurological conditions such as a brain injury
- Trauma and resulting traumatic stress symptoms

**Evidence to consider:**

- Observe the child/youth for the presence or absence of eye contact.
- Observe the child/youth's speech for recognizable challenges (e.g., stutter, repetition, mumbling).
- Give the child/youth a three-step task and observe their capacity to complete it.
- Examine the pace of the child/youth's responses to verbal and/or physical cues.
- Observe whether a child/youth can sequence their ideas appropriately (e.g., telling a story).
- Consider the grammatical structure used by the child/youth.
- Assess whether the child/youth responds to loud stimuli with recognition.
- Review school documents for any IEP or 504 accommodations regarding language or communication.

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you have any difficulty communicating with your child/youth? Does your child/youth have difficulty communicating with others?
- Has your child/youth's hearing ever been checked?

- Does your child/youth speak in complete sentences?
- Does your child/youth follow simple directions?
- Is your child/youth able to follow the conversation of others? Can they engage in conversation?
- Does your child/youth seem to follow stories in books? Can they tell a story?

*To child/youth:*

- Do you ever have difficulty finding the right words to say what you're thinking?
- Do you feel like other people understand what you're trying to say when you talk or write about something?
- Do you ever have difficulty understanding what other people are saying to you?
- How easy is it for you to understand how someone might be feeling by just looking at their facial expressions or body language?

**Resources for additional information and guidance:**


- Souza Mumy, A. P. G. (2023). Culturally Responsive Guidelines for Serving Families of Bilingual Children Who Stutter. Perspectives of the ASHA Special Interest Groups, 8(1), 164–175. https://doi.org/10.1044/2022_persp-21-00235
- American Speech-Language-Hearing Association. (1993). Definitions of communication disorders and variations [Relevant Paper]. Available from www.asha.org/policy
- Differential diagnosis in CAS - Apraxia Kids. (2019, November 1). Apraxia Kids. https://www.apraxia-kids.org/apraxia_kids_library/differential-diagnosis-in-cas
- Topal, Z., Demir Samurcu, N., Taskiran, S., Tufan, A. E., & Semerci, B. (2018). Social communication disorder: a narrative review on current insights. *Neuropsychiatric disease and treatment*, *14*, 2039–2046. https://doi.org/10.2147/NDT.S121124


**Social Needs**

**This item rates the difficulty a child/youth may have with initiating or maintaining social relationships and navigating social situations.** This item explores a child/youth's ability to initiate/maintain play and friendships, to read and respond to social cues, to engage in social groups and interactions consistent with developmentally appropriate expectations.

**Evidence to consider:**

- Consider whether the child/youth appears to engage with their peers.
- Observe whether the child/youth picks up on the body language and facial expressions of others.
- Consider the severity of any social problems and how they are impacting the child/youth's relationships and social functioning.
- Review school documents for any IEP or 504 accommodations regarding socialization and social skills.
- Review any neuropsychological evaluations.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth have age-appropriate friends with whom they play on a regular basis?
- Does your child/youth get invited to social events such as birthday parties or playdates? Do they express a desire to attend these social events if they are invited?
- Does your child/youth know how to initiate play with others?
- Does your child/youth know how to make new friends? Do they have an identified "best friend" or preferred friend? Do they tend to change friends frequently?
- Currently, how well does your child/youth get along with others? Has there been an increase in peer conflicts?
- Does your child/youth need frequent adult support when managing interactions with peers?
- How does your child/youth typically behave in group settings (e.g., lead, follow, or withdraw)?

*To child/youth:*

- Tell me about any friends you may have.
- Are there any students you're close with in school?
- What peers do you spend time with outside of school?
- Do you like to spend time with other children/youth?
- How easy is it for you to make new friends?
- How easy is it for you to begin talking to someone new?

**Resources for additional information and guidance:**


- American Speech-Language-Hearing Association. (n.d.). Social communication disorder [Practice portal]. www.asha.org/Practice-Portal/Clinical-Topics/Social-Communication-Disorder/
- Topal, Z., Demir Samurcu, N., Taskiran, S., Tufan, A. E., & Semerci, B. (2018). Social communication disorder: a narrative review on current insights. Neuropsychiatric disease and treatment, 14, 2039–2046. https://doi.org/10.2147/NDT.S121124


**Coordination**

**This item rates the difficulty a child/youth may have coordinating their physical movements, including both fine and gross motor functioning.** These movements may be impacted by all or some of the following: physical challenges related to medical diagnoses, hearing or vision impairment, regulatory concerns (e.g., impulse control, sensory sensitivities), and bodily function control (e.g., challenges related to feeding, elimination, sleep, etc.).

**Evidence to consider:**

- Observe whether the child/youth has stiff or floppy body movements.

- Identify whether the child/youth struggles with spatial awareness. For instance, they tend to bump into others, sit or walk too closely to others, or trip or lose their balance easily.
- Consider whether the child/youth has an atypical pencil grip or has trouble using scissors.
- Evaluate whether the child/youth can easily complete a task (e.g., cleaning up a pile of papers).
- Review school documents for any IEP or 504 accommodations regarding coordination difficulties.
- Check medical or school records for referrals to physical therapy, occupational therapy, or early intervention services.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth regularly knock things over?
- Does your child/youth run into things, trip, or stumble frequently?
- Would you or others describe your child/youth as "clumsy"?
- Does your child/youth struggle to understand and execute physical instructions (e.g., do a jumping jack)?
- Does your child/youth show hesitancy when offered a physical challenge?

*To child/youth:*

- Do others often comment that you're clumsy or like "a bull in a China shop?"
- How often do you bump into things around your home or in school? What kinds of things do you usually bump into?
- Do you ever feel like your body moves too fast or too slow?
- Do you play any sports? If so, which ones?
- Is it ever hard for you to tie your shoes, button your pants or shirt, or write/draw with a pencil or marker?

**Resources for additional information and guidance:**

- Miller, C. (2025, January 29). *Problems with coordination*. Child Mind Institute. https://childmind.org/article/problems-coordination-dyspraxia
- CanChild, *Developmental Coordination Disorder*. McMaster University, https://canchild.ca/en/diagnoses/developmental-coordination-disorder

**Sensory Regulation**

**This item rates the difficulty in the child/youth's experiences when receiving, processing, and responding to stimuli (information) provided by their senses (touch, smell, taste, hearing, vision).** A child/youth who has sensory processing challenges may have too much or too little stimulation through their senses. This can lead to dysregulation, overwhelm, and/or "sensory seeking" behaviors

such as chewing non-food objects, touching objects/people, hitting or crashing into things, etc. Sensory sensitivities/challenges may additionally impact movement (fine and/or gross motor skills) and/or a child/youth's overall level of stimulation and attentiveness across environments.

**Evidence to consider:**

- Consider what foods the child/youth tends to eat or avoid (e.g., crunchy, soft, etc.).
- Identify what clothing they choose to wear or avoid (e.g., baggy, compressive, too tight, only certain fabrics/materials).
- Observe whether the child/youth shows a sensitivity to sound or light (e.g., covering ears when they hear loud noises, wearing sunglasses when outside, appearing overstimulated when in loud or bright environments, etc.).
- Consider the need for proprioceptive input (e.g., crawling, kicking, bouncing, rolling, crashing, etc.) and sensory seeking behaviors (e.g., chewing on clothing, touching objects or people, etc.).
- Review school documents for any IEP or 504 accommodations regarding sensory needs.
- Check for referrals to early intervention and/or occupational therapy.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth display sensory seeking behaviors such as chewing non-food items, picking, rocking, crashing or knocking into things, and/or touching people or objects?
- Does your child/youth have a limited diet and/or prefer certain food textures such as crunchy or soft foods? Does your child/youth have aversions to certain fabrics/materials?
- Does your child/youth experience dysregulation in environments with a lot of sensory stimuli (e.g., bright lights, crowds, loud noises such as multiple people talking at once or music playing)?
- Does your child/youth respond positively to pressure such as being wrapped up in a blanket "like a burrito," using a weighted blanket, or receiving a tight hug? Does your child/youth avoid touch or appear sensitive to touch?
- Does your child/youth have some challenges with fine motor skills such as gripping a pencil or holding an eating utensil?
- Does your child/youth appear clumsy, misjudge distances between things, or have some challenges with determining where their body is in space?
- Are there specific clothing items your child/youth declines to wear (e.g., shirts with tags, socks with a seam, etc.)?

*To child/youth:*

- Are there any sounds that really bother you? What are they?
- How do you feel when you're somewhere that is really loud?
- Are there foods you won't eat because you don't like how they feel? If so, what foods?

- What do you usually like to eat?
- How do you feel when you're somewhere that has bright lights?
- Have you ever been somewhere that felt like "too much"? What was that experience like for you?

**Resources for additional information and guidance:**


- Yochman, A., Alon-Beery, O., Sribman, A., & Parush, S. (2013). Differential diagnosis of sensory modulation disorder (SMD) and attention deficit hyperactivity disorder (ADHD): participation, sensation, and attention. *Frontiers in human neuroscience*, *7*, 862. https://doi.org/10.3389/fnhum.2013.00862
- ADDitude Editors. (2023, August 29). *Sensory Processing Disorder Symptom Test for children*. ADDitude. https://www.additudemag.com/quiz/sensory-processing-disorder-symptom-test-for-children/?srsltid=AfmBOopzqrEmujY-GcbRo21ki7NT7eOZHbSRm7lLaXBCG19t3ItNrSnA


**Physical Development**

**This item rates difficulties associated with the child/youth's physical and/or motor development.** This may include conditions, injuries, or suspected problems that impact normal physical development or meeting developmental milestones. This is a broad category and includes known medical problems (such as asthma, cerebral palsy or precocious puberty), injuries (such as wrist fractures that delay writing skills or head injury impacting balance), observed or reported concerns related to physical development milestones for age (such as fine and gross motor skills, toileting, communication, and social milestones that depend on normal physical functioning or motor skills), or problems that impact physical development (such as disordered eating resulting in amenorrhea).

Please note, "normal" physical development is not defined as a single ideal point but rather as range across a normal distribution. As such, an individual child/youth may present with a perceived "delay" that is actually still within the normal range. This item rates delays that would benefit from additional evaluation.

**Evidence to consider:**

- Check medical and school records for referrals to physical therapy, occupational therapy, or early intervention services.
- Explore whether there is an underlying cognitive or congenital muscle or nervous system problem that contributes to this difficulty.
- Evaluate medical records that may include growth charts/percentiles.
- Observe the child/youth for signs of physical development delays (e.g., unable to sit up straight, "w" sit).
- Review the family history for developmental disorders.

**Example interview/assessment questions:**

*To caregiver(s):*

- Did your child/youth sit up, crawl, and walk "on time"? Did they feed themselves (e.g., picking up cheerios, holding a spoon) "on time"?
- Has your child/youth ever had difficulty gaining or maintaining weight?
- Has your child/youth ever had difficulties with strength (for instance grip strength, carrying things, etc.)?
- Is your child/youth fully toilet trained? If no, please describe the child/youth's current level of toileting independence.
- Have you ever noticed something about your child/youth's physical development that concerned you?

*To child/youth:*

- Do you have any medical conditions that affect your body or how you move (for example, asthma or muscle problems)?
- Did you have any injuries that are still causing problems for you?
- When you were growing up, were there things you learned later than other kids (like walking, talking, or using the bathroom by yourself)?
- Is it hard for you to do things like write, tie your shoes, or use scissors?

**Resources for additional information and guidance:**

- American Academy of Pediatrics and the Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities, Motor Delay Tool. https://www.healthychildren.org/english/ages-stages/pages/default.aspx
- School-age children development. Mount Sinai Health System. https://www.mountsinai.org/health-library/special-topic/school-age-children-development
- *What is a Developmental Milestone?* (2024, September 26). Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/actearly/milestones/index.html

**Cognitive Development**

**This item rates difficulties with the child/youth's cognitive development.** This item considers a child/youth's cognitive/intellectual functioning including attention span, intellectual disability, language processing and expression, and IQ. When rating, consider the severity of the delay/challenges, whether the child/youth's adaptive behaviors are significantly below the expectations for their age, and the overall impact these difficulties have on the child/youth's independent functioning.

**Evidence to consider:**

- Observe whether the child/youth has difficulty communicating, including receiving information, processing information, and expressing meaning.
- Consider whether the child/youth appears easily distracted.
- Identify whether the child/youth is able to follow simple instructions.

- Review school documents for any IEP or 504 accommodations for learning disabilities or other cognitive delays.
- Review any neuropsychological evaluations and check for referrals to early intervention, speech therapy, or occupational therapy.

**Example interview/assessment questions:**

*To caregiver(s):*

- How does your child/youth learn?
- When you compare your child/youth to peers of the same age, are there any differences you notice?
- Can your child/youth follow simple instructions?
- Has your child/youth had difficulty mastering any new skills (e.g., brushing teeth, tying shoelaces)
- Does your child/youth seem to lose focus or attention easily?

*To child/youth:*

- How easy or hard is it for you to pay attention to someone who is talking?
- Do you often forget what directions were, even if someone just told you?
- Are there activities or assignments in school that feel really hard for you, but appear easy for other students?
- When someone teaches you something new, do you need them to explain it more than once for you to understand?
- Are there things at home that you need help with (e.g., getting ready for the day or following a routine)?

**Resources for additional information and guidance:**


- Brown, K. A., Parikh, S., & Patel, D. R. (2020). Understanding basic concepts of developmental diagnosis in children. Translational pediatrics, 9(Suppl 1), S9–S22. https://doi.org/10.21037/tp.2019.11.04
- Mackrides, P. S., & Ryherd, S. J. (2011). Screening for developmental delay. American family physician, 84(5), 544–549. https://www.aafp.org/pubs/afp/issues/2011/0901/p544.html
- What is a Developmental Milestone? (2024b, September 26). Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/actearly/milestones/index.html


**Restricted Interests**

**This item rates difficulties associated with a child/youth's ability to show flexibility in interests and activities.** Restricted interests present as a fixation on a certain topic or object. While restricted interests may be more common in a child/youth who has neurological differences including autism spectrum disorder, sensory processing disorder, obsessive compulsive disorder, attention deficit

hyperactivity disorder, etc., restricted interests may also be present in a child/youth who is considered neurotypical.

**Evidence to consider:**

- Consider whether the child/youth picks up on social cues that may indicate that another person is not interested in engaging in conversation about their preferred topic.
- Explore whether the child/youth appears to have uneven language development (e.g., they have a broad vocabulary related to their topic(s) of interest but a less developed vocabulary when it comes to more "functional" words).
- Observe whether the child/youth has difficulty maintaining attention when they are not focused on their preferred activity or topic.
- Examine the child/youth's home environment for "collections" of items.
- Review any evaluations from neuropsychological, speech therapy, occupational therapy, and early intervention.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth seem to be an "expert" on a certain preferred topic or topics?
- When another child/youth wants to change the activity in play, how does your child/youth respond?
- Is your child/youth inflexible when it comes to engaging in new activities that are not about or related to their preferred topic?
- Does your child/youth pick up on social cues that may indicate that another person is not interested in engaging in conversation about their preferred topic?

*To child/youth:*

- What are some things that you like to learn or talk about?
- Do you collect anything?
- Has someone ever told you to stop talking about something you really enjoy? How did you respond?

**Resources for additional information and guidance:**


- Paula-Pérez, I. (2013). Differential diagnosis between obsessive compulsive disorder and restrictive and repetitive behavioural patterns, activities and interests in autism spectrum disorders. Revista De Psiquiatría Y Salud Mental (English Edition), 6(4), 178–186. https://www.sciencedirect.com/science/article/pii/S2173505013000277
- Spiker, M. A., Lin, C. E., Van Dyke, M., & Wood, J. J. (2012). Restricted interests and anxiety in children with autism. Autism : the international journal of research and practice, 16(3), 306–320. *https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=6c78d0acf7016aeb01f74e*

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**Repetitive Behavior**

**This item rates difficulties the child/youth has with repetitive behaviors, which may include self-stimulatory behaviors ("stimming") as well as the need for a particular structure or routine.** These behaviors may include:

- Mouthing/chewing objects (after 12 months of age)
- Adherence to strict routine
- A need for objects to be in a particular order or place
- Head banging
- Smelling objects
- Spinning
- Twirling
- Hand flapping
- Finger flicking
- Rocking
- Toe walking
- Fidgeting
- Staring at lights
- Repetitive and bizarre verbalizations including echolalia (the repetition of words or phrases spoken by others)

These repetitive behaviors are often a form of self-soothing and can provide sensory input or reduce sensory input for a child/youth who may have neurological differences including autism spectrum disorder, attention deficit hyperactivity disorder, and/or sensory processing disorder.

**Evidence to consider:**

- Observe the child/youth for symptoms of repetitive behavior such as those listed above.
- Move an object or alter the structure and observe whether the child/youth can adapt.
- Review school documents for any IEP or 504 accommodations regarding physical regulation.
- Review any evaluations from neuropsychological, speech therapy, occupational therapy, early Intervention services.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth engage in any of the following activities: Mouthing/chewing objects (after 12 months of age), head banging, smelling objects, spinning, twirling, hand flapping,

finger flicking, rocking, toe walking, staring at lights or repetitive and bizarre verbalizations including echolalia?

- Has your child/youth ever injured themself or required medical attention after engaging in chewing, heading banging, twirling, or any other repetitive behavior?
- Do the repetitive behaviors ever interfere with your child/youth's ability or desire to play with peers or friends?
- Does your child/youth ever "stim" to self-soothe when they are experiencing dysregulation?
- Has your child/youth ever had an EEG, a seizure, or have they been diagnosed with epilepsy?

*To child/youth:*

- Are there certain sounds or words that you repeat a lot? Can you give me an example?
- Are there certain actions you do when you're overwhelmed, anxious, or excited (e.g., rocking back and forth, tapping, or flapping your hands/arms)?
- What happens if your routine is suddenly changed? How would that make you feel?

**Resources for additional information and guidance:**

- Repetitive Behavior Scale for Early Childhood (RBS-EC). Department of Educational Psychology. https://edpsych.umn.edu/research/resources/rbs-ec
- O'Loghlen, J., McKenzie, M., Lang, C., & Paynter, J. (2024). Repetitive Behaviors in Autism and Obsessive-Compulsive Disorder: A Systematic Review. Journal of Autism and Developmental Disorders. https://doi.org/10.1007/s10803-024-06357-8

**Learning Disability**

**This item rates the child/youth's difficulties with academic learning, including reading, writing, speaking, spelling, computing, and/or abilities that affect attention, memory, coordination, or social skills.** Learning disabilities arise from structural or functional differences in the brain and how it processes information, which affect core skills such as reading, speaking, and math.

**Evidence to consider:**

- Consider whether the child/youth has difficulty reading, writing, spelling, reasoning, recalling, and/or organizing information.
- Determine whether there are concerns that the child/youth may have a learning disability, and whether they have ever been tested or diagnosed.
- Consider the severity of the learning disability and its current impact on the child/youth's ability to learn.
- Review school documents for any IEP or 504 accommodations regarding a learning disability.
- Review any neuropsychological testing.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth have a diagnosed learning disability?
- Does your child/youth have any specific learning needs?
- Are there areas in which your child/youth struggles, for example, reading, writing, reasoning, remembering or organizing information?
- How does your child/youth do with reading/writing/memory tasks?

*To child/youth:*

- Do you, or have you, received extra help in school with reading or writing?
- Do you ever mix up your letters or words when you're reading?
- How difficult is school for you?
- Is it easy for you to read out loud to others?
- Do you often forget what the directions were, even if the teacher just said them?
- Is it challenging for you to put your thoughts into writing?
- Is math easy or hard for you? What are some topics you struggle with in math?
- Do you enjoy reading, or is it difficult for you?

**Resources for additional information and guidance:**


- Learning Disabilities Association of America (n.d.) *Learning Disabilities*. Retrieved February 19, 2025. https://ldaamerica.org/disability_type/learning-disabilities/
- Learning Disabilities Association of America. (n.d.). *Symptoms of learning disabilities*. Retrieved February 19, 2025, from https://ldaamerica.org/support/new-to-ld/
- NIH: Eunice Kennedy Shriver National Institute of Child health and Human Development. What are some signs of learning disabilities? 9/11/2018, https://www.nichd.nih.gov/health/topics/learning/conditioninfo/signs


**Child/Youth Developmental Needs Narrative**

**This item provides the opportunity to elaborate on the child/youth's developmental needs.** Include details that clarify and inform the ratings given to the items in this section, as well as notes on any developmental issues not included in this CANS assessment. Include areas where needs have either increased or decreased.

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## Section 4 – Child/Youth Health and Behavioral Health Needs

The Child/Youth Health and Behavioral Health Needs section is designed to capture information regarding the child/youth's physical, emotional, and behavioral issues. The items in this section reflect those behaviors that can place the child/youth and/or others at some level of risk. It is important to take the child/youth's age and development into consideration when rating these items. Additionally, it is important to note that the assessor is not diagnosing the child/youth, rather rating whether their symptoms and behaviors are posing a great enough problem to require intervention.

**Rating Structure:**

Most of the questions in the Child/Youth Health and Behavioral Health Needs section are rated using the following categories and action levels:

| Rating | Level of Need |
|---|---|
| 0 | There is no evidence of any needs |
| 1 | Requires monitoring, watchful waiting, or preventative activities |
| 2 | Requires action to ensure that this identified need or risk behavior is addressed |
| 3 | Requires immediate or intensive action |

Several items (Substance Use, Impact of Trauma on the Individual, and School) are rated using a Yes/No structure, indicating whether or not an issue is present. An affirmative answer on these items will prompt additional questions for a more detailed evaluation of the issue. For these items, consider a lower threshold for a Yes answer to accurately assess suspected needs.

**Physical Illness**

**This item rates the presence of physical illness in the child/youth, referring to any acute or chronic physical medical condition that needs medical care or monitoring.** Acute medical problems are problems expected to go away (e.g., broken bones, flu), while chronic medical conditions last for a year or more and require ongoing medical attention (e.g., congenital disorders, asthma, obesity, diabetes, etc.). This item does not rate depression or other mental health conditions.

**Evidence to consider:**

- Gather documentation or obtain a detailed medical history which will provide insight into the child/youth's health status. This may include presenting symptoms at the time of the assessment, current immunization status, and pertinent family history.
- Assess the child/youth's general appearance, looking for things that may indicate a chronic medical condition (e.g., an insulin pump).
- Explore whether the school has reported poor school performance that could be related to physical symptoms.
- Consider the family's ability to manage medical care and treatment plans.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth attend their annual medical check-up? When was their last physical?

- Does your child/youth have any physical health diagnoses I should be aware of?
- Are there any concerns you have about your child/youth's health?

*To child/youth:*

- Are you generally healthy? Are you feeling sick or hurt today?
- How often do you see your pediatrician?
- When was your last visit to the dentist?
- Do you have any chronic or acute pain?
- Do you have any medical conditions or physical limitations?
- Do you have any chronic illnesses such as asthma or diabetes?
- How well do you think your condition is being managed?
- Do you feel as though your health interferes with daily life?

**Resources for additional information and guidance:**


- Chen, H., Cohen, P., Kasen, S., Johnson, J. G., Berenson, K., & Gordon, K. (2006). Impact of adolescent mental disorders and physical illnesses on quality of life 17 years later. Archives of Pediatrics and Adolescent Medicine, 160(1), 93. https://doi.org/10.1001/archpedi.160.1.93
- McCloughen, A., Foster, K., Huws-Thomas, M., & Delgado, C. (2012). Physical health and wellbeing of emerging and young adults with mental illness: An integrative review of international literature. International Journal of Mental Health Nursing, 21(3), 274–288. https://www.academia.edu/download/41906110/Physical_health_and_wellbeing_of_emergin20160202-12236-1olyvzd.pdf


**Health Behaviors**

**This item rates the child/youth's health behaviors, which refer to patterns, actions, habits, and choices that relate to their mind and body.** Such behaviors may include: sleep, physical activity, food choices, eating patterns, screen time, medication adherence, etc. These behaviors may have an impact on a child/youth's capacity to function or regulate their emotions and may have long-term impacts on their health and behavioral health in the future.

**Evidence to consider:**

- Evaluate medical records that may include growth charts/BMI percentiles, nutritional intakes, physical activity levels, oral hygiene, and sleep patterns.
- Assess medication adherence and vaccination status.
- Examine the child/youth's coping strategies and risk behaviors as they pertain to health behaviors.
- Explore patterns of family health behaviors including history of chronic diseases, family members' behaviors regarding diet, exercise, and screen time, etc.
- Consider daily lifestyle habits such as sleep, hygiene, self-care, and sedentary behaviors.

**Example interview/assessment questions:**

*To caregiver(s):*

- Tell me about how your child/youth takes care of themselves.
- Do you have any concerns about your child/youth's ability to make positive choices regarding the foods they eat, when they go to sleep, or how much they exercise?
- Does your child/youth take their medication on their own? If so, do they remember to take it every day or most days?

*To child/youth:*

- Can you describe what a typical day looks like for you, including eating, activity, sleep, screen time, and school? Do you ever feel like you have issues with these activities?
- What time do you usually go to bed and wake up? What does your bedtime routine look like? Do you feel like that's the right amount of sleep for you?
- Have you noticed any changes in your appetite, mood, or sleep lately?
- Do you take any medications? Do you ever miss doses of your medication? How do you feel about taking your medicine?
- How do you manage any chronic health conditions you have?

**Resources for additional information and guidance:**

- American Academy of Pediatrics, *Bright Futures*, https://brightfutures.aap.org
- American Academy of Pediatrics, *Healthy Children*, https://www.healthychildren.org
- Loewen, O. K., Maximova, K., Ekwaru, J. P., Faught, E. L., Asbridge, M., Ohinmaa, A., & Veugelers, P. J. (2019). Lifestyle behavior and mental health in early adolescence. Pediatrics, 143(5). https://appleschools.ca/wp-content/uploads/2023/06/Research.pdf

**Disordered Eating**

**This item rates the presence of disordered eating in the child/youth, referring to any and all of the symptoms outlined in the DSM and ICD as eating or feeding disturbances.** Behaviors may include restrictive eating, binge eating, purging, excessive exercise or use of laxatives after eating, or any unhealthy preoccupation with food, weight, or body image. This may also include feeding disorders such as food aversions or eating non-food items (i.e., pica).

**Evidence to consider:**

- Look for abnormal growth patterns, weight stagnation, amenorrhea or irregular menses, or other indications of inadequate nutritional intake or failure to thrive.
- Examine food-related behaviors for restricting food groups (e.g., avoiding carbohydrates), ritualistic eating patterns, frequent dieting, episodes of binge eating, self-induced vomiting, excessive exercise, or use of laxatives.
- Consider whether the child/youth expresses dissatisfaction with body shape or weight, anxiety

around food, increased irritability, or ideas of perfectionism and tying self-worth to weight and appearance.

- Consider family members' attitudes toward dieting and body image.
- Examine stressful life events such as family conflict/divorce or significant life changes.

**Example interview/assessment questions:**

*To caregiver(s):*

- Have you noticed any changes in your child/youth's eating habits or attitudes towards food?
- Does your child/youth express concerns about their weight or body image? If so, how often?
- Have you noticed your child/youth engaging in behaviors like restricting food, binge eating, purging, or excessive exercise?
- Does your child/youth avoid certain food or show a strong aversion to particular types of foods or textures?
- Does your child/youth eat non-food items, such as dirt/clay, paper, Styrofoam, hair, chalk, paint chips, pebbles, etc.?

*To child/youth:*

- What are your typical eating habits?
- How do you feel about your body size and shape? Have you ever wanted to lose weight or change how your body looks? What did you do to try and make that happen?
- What are the messages your family gives/receives about bodies?
- Have you ever deliberately tried to limit the amount of food you eat to influence your shape or weight?
- Do you ever feel guilty after eating certain foods? If so, what do you do?
- Do you ever refuse to eat, binge eat, or hoard food?
- Have you ever been diagnosed with an eating disorder?
- Have you ever eaten things that aren't food, like paper, dirt, or chalk?

**Resources for additional information and guidance:**

- National Eating Disorder Association, *Eating Disorders Screening Tool*, https://www.nationaleatingdisorders.org/screening-tool/
- National Center of Excellence for Eating Disorders, *SBIRT-ED Screener Tool for Eating Disorders,* https://nceedus.org/sbirt-for-eating-disorders/

**Depression**

**This item rates behaviors and symptoms consistent with depression, as defined by the ICD or DSM manuals.** Though depression and anxiety often occur together, their symptoms should be considered independently for the purposes of this assessment. A subsequent question will ask about anxiety.

Common symptoms of depression include:

- **Mood**: Feeling sad, hopeless, or irritable
- **Sleep**: Having trouble sleeping, sleeping more than usual, or having irregular sleep patterns
- **Appetite**: Eating more or less than usual, or experiencing weight loss or gain
- **Behavior**: Acting out, being oppositional, or being disruptive
- **Interest**: Losing interest in activities they used to enjoy
- **Concentration**: Having difficulty focusing or directing one's attention
- **Energy**: Feeling tired or lethargic
- **Self-esteem**: Feeling worthless, having low self-esteem, or feeling empty
- **Thoughts**: Having thoughts of suicide or self-harm, or feeling numb
- **Physical**: Having physical complaints like headaches or stomach aches

**Evidence to consider:**

- Consider the presence, range and intensity of depressive symptoms, and whether they interfere with life functioning.
- Assess the time of onset and persistence of depressive symptoms.
- Investigate common risk factors for depression, which include:
- Family history of depression
- Trauma history
- Significant loss
- Previous depressive episodes
- Family conflict
- Uncertainty or stress regarding issues of sexual orientation
- Poor academic performance
- Anxiety disorders
- Substance abuse disorders
- Look at prior medical records or neuropsychological testing for evidence or diagnoses of depression.
- Administer an evidence-based measure to screen for symptoms of depression.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth seem down, or sad? Is your child/youth experiencing more than what you would consider "normal sadness"?
- Is there a family history of depression?
- Does your child/youth display rapid and exaggerated changes in mood or affect?

- Does your child/youth seem lonely or uninterested in others? Have they withdrawn from any activities?
- Does your child/youth report sleep disturbance?
- Is there evidence of eating disturbance? Weight loss or gain?

*To child/youth:*

- Do you struggle with motivation or have difficulty getting out of bed in the morning?
- Are there times when you feel like things won't get better?
- Do you have difficulty going to sleep or staying asleep?
- Do you feel rested when you wake up?
- Have you noticed any changes in your appetite?
- Have you had moments where you've acted out or felt you couldn't control your behavior?
- Are there any activities you used to enjoy that don't feel fun anymore?
- Have you had any headaches, stomachaches, or other physical pain lately?

**Resources for additional information and guidance:**


- Patra S. (2019). Assessment and management of pediatric depression. Indian journal of psychiatry, 61(3), 300–306. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_446_18
- U.S. Preventive Services Task Force. (2016). Screening for Depression in Children and Adolescents: Recommendation statement. In S. Sexton (Ed.), American Family Physician (Vol. 93, Issue 6, pp. 506–507) [Journal-article]. https://www.aafp.org/pubs/afp/issues/2016/0315/p506.pdf
- Korczak, D. J., Westwell-Roper, C., & Sassi, R. (2023). Diagnosis and management of depression in adolescents. CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne, 195(21), E739–E746. https://doi.org/10.1503/cmaj.220966


**Anxiety**

**This item rates behaviors and symptoms consistent with anxiety and anxiety disorders as defined by the ICD and DSM manuals.** Though depression and anxiety often occur together, their symptoms should be considered independently for the purposes of this assessment. This item also considers anxious behavior or responses that are not proportionate to the issue at hand. Common symptoms of anxiety include:

- Excessive worry
- Hypervigilance
- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension

- Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
- Somatic complaints such as headache, stomachache, fatigue, etc.

**Evidence to consider:**

- Consider the degree to which any of the above anxiety symptoms/behaviors are present.
- Examine the degree to which anxiety causes significant distress or impairment.
- Rule out any co-occurring symptoms that might be more associated with depression.
- Look at any neuropsychological testing or prior medical records for evidence of or diagnostic codes related to anxiety.
- Review school documents for any IEP or 504 accommodations regarding anxiety.
- Administer an evidence-based measure to screen for symptoms of anxiety.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth seem to have excessive worries?
- Does your child/youth express any particular fears or phobias?
- Does your child/youth avoid new situations or meeting new people?
- Are they avoiding even everyday activities out of fear of them?
- Does your child/youth act frightened or afraid?
- Does your child/youth have panic attacks?

*To child/youth:*

- Are there certain situations or topics that cause you to worry or stress?
- Do you often worry about things?
- Have you ever experienced a panic attack?
- Do you ever have difficulty relaxing?
- Do you often worry that something bad might happen?

**Resources for additional information and guidance:**


- Chiu, A., Falk, A., & Walkup, J. T. (2016). Anxiety Disorders Among Children and Adolescents. Focus (American Psychiatric Publishing), 14(1), 26–33. https://pmc.ncbi.nlm.nih.gov/articles/PMC6524434/#s3
- Kowalchuk, A., Gonzalez, S. J., & Zoorob, R. J. (2022). Anxiety Disorders in Children and Adolescents. American family physician, 106(6), 657–664. https://www.aafp.org/pubs/afp/issues/2022/1200/anxiety-disorders-children-adolescents.pdf
- Anxiety in children and adolescents with Autism Spectrum Disorders, https://www.sciencedirect.com/science/article/pii/S1750946708000743

- White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and adolescents with autism spectrum disorders. Clinical psychology review, 29(3), 216–229. https://www.sciencedirect.com/science/article/abs/pii/S000579670000005X

**Hallucinations/Delusions**

**This item rates the extent of hallucinations and/or delusions as described by the ICD and DSM.** Hallucinations refer to sensory experiences (through sight, hearing, smell, taste, touch) that occur without any external stimulus. Delusions refer to a false belief or inference about reality that is firmly sustained even though no proof exists of its actual presence.

Symptoms of hallucinations and delusions may be associated with thought disorders or perceptual disturbance disorders, including delusional disorders, schizophrenia, schizoaffective disorder, mood disorders with psychotic features, and post-traumatic stress disorder with associated symptoms.

**Evidence to consider:**

- Consider whether there is evidence of hallucinations or delusions.
- If symptoms do exist, carefully evaluate the source of the report for accuracy.
- Consider the point of onset, the persistence, and duration of the symptoms.
- Assess whether the symptoms place your child/youth or others at risk of harm.
- Examine the differential diagnosis for symptoms of PTSD (e.g., flashbacks rather than hallucinations).

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth ever talked about hearing, seeing, or feeling something that was not actually there?
- Has your child/youth ever done strange or bizarre things that made no sense?
- Has your child/youth ever expressed feelings of persecution or that others are constantly talking about them (i.e., ideas of reference) with no basis in reality?
- Is there a family history of a thought disorder or a psychotic condition?

*To child/youth:*

- Do you ever see, hear, or feel anything that other people tell you isn't really there?
- Do other people tell you that you have strange ideas? Can you give me an example?
- Do you ever feel like others are trying to send a message directly to you through something like the TV, a video, or a news article?
- When did these experiences begin happening?
- Are these experiences upsetting or worrying to you?

**Resources for additional information and guidance:**

- Stevens, J. R., Prince, J. B., Prager, L. M., & Stern, T. A. (2014). Psychotic disorders in children and adolescents: a primer on contemporary evaluation and management. The primary care companion for CNS disorders, 16(2), PCC.13f01514. https://doi.org/10.4088/PCC.13f01514
- Maijer, Kim, et al. "Hallucinations in Children and Adolescents: An Updated Review and Practical Recommendations for Clinicians." Schizophrenia Bulletin, vol. 45, no. Supplement_1, Jan. 2019, pp. S5–S23, https://doi.org/10.1093/schbul/sby119.
- Starling, J., Feijo, I., & IACAPAP. (2012). Schizophrenia and other psychotic disorders of early onset. In International Association for Child and Adolescent Psychiatry and Allied Professions & Polly Kwan, *IACAPAP e-Textbook of Child and Adolescent Mental Health*. https://iacapap.org/_Resources/Persistent/a0587398005c6a355d053b07f7469a997f94babd/H.5-SCHIZOPHRENIA-072012.pdf

**Emotional Regulation**

**This item rates the extent of difficulty the child/youth faces when managing and regulating their emotions.** This includes how the child/youth copes with frustration and transitions, their range of mood and affect, and the match between a situation and the level of their emotional response.

**Evidence to consider:**

- Consider the degree to which the child/youth experiences difficulties with emotional control and the degree to which these difficulties impact functioning or relationships.
- Examine the level of incongruence between a given situation and the child/youth's emotional response.
- Explore the child/youth's ability to self-soothe and accept soothing by others.
- Evaluate the degree to which the child/youth's behavior meets the DSM criteria for a diagnosis of disruptive mood dysregulation disorder (DMDD; see article below).
- Consider the child/youth's behavior in school environments and their ability to respond successfully to feedback or redirection.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth swing between moods quickly or are their moods somewhat unpredictable?
- Does your child/youth overreact to situations with an emotionally wrought response?
- Does your child/youth get upset or frustrated easily?
- Does your child/youth overreact if someone criticizes or rejects them?
- What kind of strategies does your child/youth use to manage their feelings?
- Are you able to help your child/youth manage their emotions? What about other caregivers?

*To child/youth:*

- What do you do when you start to feel frustrated or overwhelmed?
- When something doesn't go your way, how do you usually respond?
- Are there times when it feels like your emotions take over?

**Resources for additional information and guidance:**


- Paulus, F. W., Ohmann, S., Möhler, E., Plener, P., & Popow, C. (2021). Emotional Dysregulation in Children and Adolescents With Psychiatric Disorders. A Narrative Review. Frontiers in psychiatry, 12, 628252. https://doi.org/10.3389/fpsyt.2021.628252
- National Institute of Mental Health. (2023). Disruptive Mood Dysregulation Disorder: The Basics. https://www.nimh.nih.gov/health/publications/disruptive-mood-dysregulation-disorder#part_6572
- Shaw, P., Stringaris, A., Nigg, J., & Leibenluft, E. (2016). Emotion Dysregulation in Attention Deficit Hyperactivity Disorder. FOCUS, 14(1), 127–144. https://doi.org/10.1176/appi.focus.140102
- Freitag, G. F., Grassie, H. L., Jeong, A., Mallidi, A., Comer, J. S., Ehrenreich-May, J., & Brotman, M. A. (2022). Systematic Review: Questionnaire-Based Measurement of Emotion Dysregulation in Children and Adolescents. Journal of the American Academy of Child & Adolescent Psychiatry, 62(7). https://doi.org/10.1016/j.jaac.2022.07.866


**Physical Regulation**

**This item rates the child/youth's difficulties managing and regulating their own voluntary physical movement (also known as physical impulse control).** A child/youth with difficulties regulating voluntary physical movement may fidget, have difficulty staying seated when needed, touch other children or adults impulsively, throw objects or break things, and/or struggle to control the speed or strength of physical responses.

Physical regulation is important in daily functioning, emotional stability, and overall well-being. With neurodevelopmental conditions such as autism and ADHD, physical regulation can be difficult and often affects behaviors and emotional response. It also has the potential to manifest through physical health such as sleep disorders, feeding difficulties, or excessive fatigue.

**Evidence to consider:**

- Explore whether there is an underlying cognitive or congenital muscle or nervous system problem that contributes to this difficulty (e.g., Tourette Syndrome, ADHD, etc.)
- Assess whether the child/youth is able to remain focused and engaged in tasks.
- Evaluate whether the caregiver(s) can respond physical needs of the child/youth.
- Determine if there are inconsistent schedules or potential exposure to stressful environments that could affect the child/youth's physical regulation.
- Identify whether the child/youth takes a medication that could cause physical side effects (e.g., Benadryl).
- Review whether the child/youth has an actionable rating for the Sleep Difficulties, Eating

Disorder, or Emotional Regulation items, or for any items in the Child/Youth Developmental Needs domain.

- Review school documents for any IEP or 504 accommodations regarding physical regulation.

**Example interview/assessment questions:**

*To caregiver(s):*

- Have you noticed your child/youth fidgeting frequently or struggling to sit still?
- Are there instances where your child/youth seems to act impulsively (e.g., pulling a seat out from under someone when your child/youth would typically not behave in this way)?
- Have there been instances where your child/youth has broken something accidentally due to lack of impulse control?

*To child/youth:*

- Do you ever feel like you move your body even though you know you shouldn't?
- Does your body ever act before you have a chance to think about it?
- Do you "get in trouble" or "get feedback" for moving in ways that bother others?
- Do you ever regret or feel bad about physical movements (like pulling out someone's chair)?
- Do you ever feel like your body moves too fast or too slow?
- Do you feel like your body has too much energy?
- Do you have trouble focusing or concentrating on completing tasks?

**Resources for additional information and guidance:**

- Identifying sensory differences. STAR Institute. https://sensoryhealth.org/basic/identifying-sensory-differences
- Child Mind Institute. (2024, May 24). Symptom Checker. https://childmind.org/symptomchecker

**Executive Functioning**

**This item rates difficulties the child/youth has with their working memory, cognitive flexibility, and inhibition control to plan, organize, and carry out tasks in their everyday life.** It examines key skills such as task initiation (getting started), impulse control, adaptability to change, emotional regulation, and self-monitoring. For the purposes of this assessment:

- Working memory: a form of memory that allows an individual to temporarily store information to be utilized as needed without losing track of what the individual is doing. Think of it as a mental sticky note.
- Cognitive flexibility: an individual's ability to adapt their thinking and behaviors to changing situations.
- Inhibition control: an individual's ability to control their automatic responses to be able to utilize attention and reasoning to respond appropriately.

**Evidence to consider:**

- Observe whether the child/youth is fidgeting during the assessment (e.g., poking caregiver, touching things without permission, or getting off topic with ease) or needing frequent redirection.
- Review school documents for any IEP or 504 accommodations regarding executive functioning support.
- Identify whether the child/youth has a diagnosis of ADHD.
- Explore whether the child/youth struggles to turn in assignments on time or complete work with attention to detail.
- Observe the condition of the child/youth's living space.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth have difficulty remembering instructions or keeping track of multiple steps in a task?
- How does your child/youth handle planning out multi-step tasks?
- How does your child/youth respond when they need to abruptly transition to a new task or activity?
- Does your child/youth struggle to begin tasks, even if they know what to do?
- Is your child/youth able to continue and finish a task even when it is difficult or boring to them?
- Is your child/youth able to resist engaging in a behavior they know they shouldn't do (e.g., talking to peers during class, or interrupting others often)?

*To child/youth:*

- Can you tell me how you get ready for school in the morning? What do you need to do first?
- How do you keep track of things you need to do?
- What would you do if you had 10 minutes left to play and still had to clean up?
- If you're doing homework but a friend asks you to play or hang out, what do you do?
- Have you ever had to wait your turn for something? How did you handle it?
- Can you tell me what you had for dinner last night?

**Resources for additional information and guidance:**


- Knapp-Ines, K. S. (2024, April 4). Executive functioning: Helping children learn skills for life. Brown University Health. https://www.brownhealth.org/be-well/executive-functioning-helping-children-learn-skills-life
- Henry, L. A., & Bettenay, C. (2010). The assessment of executive functioning in children. Child and adolescent mental health, 15(2), 110-119. https://openaccess.city.ac.uk/id/eprint/12074/9/The%20assessment%20of%20executive%20f

unctioning%20in%20children.pdf

**Lack of Concern for Others**

**This item rates the child/youth's difficulties identifying, understanding, and responding to the feelings and needs of others.** A child/youth who struggles in this area may have difficulty engaging with peers, making emotional connections with peers or adults, responding appropriately to people's boundaries and needs, and imagining the experiences of others.

Certain developmental or cognitive issues (e.g., autism spectrum disorder) may also inhibit the development of this ability.

**Evidence to consider:**

- Consider whether the child/youth appears to lack empathy or the ability to understand the feelings of others.
- Determine the degree to which the child/youth ignores or minimizes how others may be feeling.
- Investigate any incidences of the child/youth refusing help or respond to someone in need of assistance.
- Review school documents for any IEP or 504 accommodations regarding social skill building.
- Review any neuropsychological evaluations.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth express an "I don't care" attitude about others?
- Does your child/youth express a disdain for the feelings of others?
- Does your child/youth deny ever experiencing an empathic response to the feelings and/or needs of others?
- Can your child/youth identify clues related to emotional expression (e.g., crying or facial expressions)?
- Is your child/youth puzzled or confused by any suggestion of showing concern for others?
- Is there evidence of a developmental or other cognitive disorder?

*To child/youth:*

- How can you tell when someone around you is upset or sad?
- Have you ever helped someone when they were sad or upset? How did you help them?
- How do you show others that you care about them?
- What do you do if someone says "no" or asks you to stop doing something?

**Resources for additional information and guidance:**

- The Empathy Deficit: Why don't they care, https://www.teenagewhisperer.co.uk/the-empathy-deficit-victim-awareness/
- Garton, A. F., Gringart, E., & Edith Cowan University. (2005). MEASURING EMPATHY IN 8- AND 9- YEAR – OLD CHILDREN. Australian Journal of Education and Developmental Psychology, 5, 17–25. https://www.newcastle.edu.au/__data/assets/pdf_file/0017/100394/v5-garton-gringart.pdf
- Kim, E. J., Son, J., Park, S. K., Chung, S., Ghim, H., Lee, S., Lee, S., Shin, C., Kim, S., Ju, G., Park, H., & Lee, J. (2020). Cognitive and Emotional Empathy in Young Adolescents: an fMRI Study. Journal of Korean Academy of Child and Adolescent Psychiatry, 31(3), 121–130. https://doi.org/10.5765/jkacap.200020
- Bons, D., Van Den Broek, E., Scheepers, F., Herpers, P., Rommelse, N., & Buitelaaar, J. K. (2012). Motor, Emotional, and Cognitive Empathy in Children and Adolescents with Autism Spectrum Disorder and Conduct Disorder. Journal of Abnormal Child Psychology, 41(3), 425–443. https://ris.utwente.nl/ws/files/6417829/Bons13-Motor_emotional_and_cognitive_empathy_in_children_and_adolescents_with_autism_and_conduct_disorder.pdf


**Suicidal Ideation**

**This item rates the intensity of suicidal ideation, which refers to the thoughts, fantasies, or considerations about ending one's own life.** This item rates active suicidal ideation as well as significant thoughts of hopelessness, helplessness, and worthlessness. These thoughts and feelings can reach a level of intensity where they are associated with a risk of suicide.

**Evidence to consider:**

- Consider the child/youth's disclosure or denial of any suicidal ideation.
- Investigate the degree to which the child/youth's expressed ideation poses an immediate and urgent risk to their life or well-being.
- Evaluate the persistence of the child/youth's ideation. Consider this as being on a continuum - the more persistent, the higher the risk.
- Consider the child/youth's reaction to their ideation, as well as the reactions of others.
- Determine any history of previous suicidal ideation and/or suicide attempts.
- Identify whether child/youth has a history of admission to an inpatient setting for suicidality, and what events surrounded that admission.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth openly express that they are suicidal?
- If so, do they have a specific plan? Do they have access to their expressed method?
- Are their suicidal thoughts and feelings persistent or intermittent?

- How does your child/youth feel about their ideation? (e.g., Are they somewhat accepting of it? Does it frighten them?)
- Has your child/youth told anyone about their wish to kill themselves? If so, who? What was their reaction/response?
- Does your child/youth deny any current ideation? Are they credible?

*To child/youth:*

- Have you had thoughts about wanting to kill yourself in the past?
- Do you currently have a wish to be dead or to go to sleep and not wake up?
- Do you currently have thoughts about wanting to kill yourself?
- Do you have a plan of how and/or when you would kill yourself?

**Resources for additional information and guidance:**

- Substance Abuse and Mental Health Services Administration, SAFE-T Suicide Assessment Five-Step Evaluation and Triage, https://library.samhsa.gov/sites/default/files/safet-flyer-pep24-01-036.pdf
- Ruch DA, Horowitz LM, Hughes JL, et al. Suicide in US Preteens Aged 8 to 12 Years, 2001 to 2022. JAMA Netw Open. 2024;7(7):e2424664. doi:10.1001/jamanetworkopen.2024.24664 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2821658

**Nonsuicidal Self Harm**

**This item rates behaviors in which the child/youth engages that result in physical harm but are not meant to end the child/youth's life.** These behaviors may include intentional, singular risk-taking behaviors as well as repetitive patterns of behavior that result in physical injury or permanent harm. Common examples of self-injurious behavior include scratching, burning, cutting, head banging, and hair-pulling. Other self-harm behaviors, including carving or branding can result in long-term or permanent physical injury.

**Evidence to consider:**

- Consider any admission by the child/youth to self-injurious behaviors.
- Investigate any physical evidence that might indicate self-injurious behavior.
- Consider the degree to which the self-injurious behavior poses a risk to the child/youth's physical and emotional well-being.
- Explore the motivations behind and self-injurious behaviors.
- Examine medical records for indication of self-harm.

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth ever talked about a wish or plan to hurt themselves?

- Does your child/youth have any unexplained physical indications of injury?
- Does your child/youth purposely hurt themselves?
- What feelings or emotions would your child/youth associate with the behavior? Does it make them feel better, worse, etc.?
- Is anyone aware of their behavior?
- Has anyone tried to intervene? Has it helped?

*To child/youth:*

- Have you ever hurt yourself on purpose? What happened?
- Do you engage in self-harm (e.g., cutting, burning, banging your head, pulling out your hair, punching yourself, etc.)?
- When you are upset or having a hard time, how do you calm yourself down?

**Resources for additional information and guidance:**


- Peterson, J., Freedenthal, S., Sheldon, C., & Andersen, R. (2008). Nonsuicidal Self injury in Adolescents. Psychiatry (Edgmont (Pa. : Township)), 5(11), 20–26. https://pmc.ncbi.nlm.nih.gov/articles/PMC2695720/
- Lloyd-Richardson, E. E., Perrine, N., Dierker, L., & Kelley, M. L. (2007). Characteristics and functions of non-suicidal self-injury in a community sample of adolescents. Psychological medicine, 37(8), 1183–1192. https://pmc.ncbi.nlm.nih.gov/articles/PMC2538378/
- Shao, C., Wang, X., Ma, Q., Zhao, Y., & Yun, X. (2021). Analysis of risk factors of non-suicidal self-harm behavior in adolescents with depression. Annals of Palliative Medicine, 10(9), 9607–9613. https://apm.amegroups.org/article/view/79673/html


**Aggression**

**This item rates aggressive behavior exhibited by the child/youth, which may include physical violence, verbal abuse, or threatening behavior displayed toward others.** Such behaviors can manifest in various ways: fighting, property damage, verbal aggression, and spreading rumors (including via social media). Sexually aggressive behavior occurs when a child/youth takes advantage of another person in a sexual way through seduction, coercion, and/or force. Aggressive behavior can be reactive, such as hitting back when teased or hit by someone else; it can also be exhibited proactively with no provocation. Patterns of aggressive and defiant behavior are key components of the criteria for the DSM diagnosis of oppositional defiant disorder.

Bullying is a type of aggressive behavior, but this will be rated in a separate question.

**Evidence to consider:**

- Investigate whether the child/youth has a reported history of physical and/or sexual violence toward others, and whether they have caused injuries to others because of their aggression.
- Consider the extent to which the child/youth uses social media or other outlets to spread rumors or cause emotional distress in others.
- Determine the extent to which any form of aggression is directed toward the child/youth's

caregiver(s), teachers, or any other authority figure.

- Observe whether the child/youth is verbally aggressive and/or defiant during the assessment.
- Assess whether the child/youth has any current or previous involvement with the juvenile justice system.
- Review school documents for any IEP or 504 accommodations regarding aggressive behavior.
- Administer an evidence-based assessment tool to screen for sexually aggressive behavior.

**Example interview/assessment questions:**

*To caregiver(s):*

- Is there a reported history of aggression? If so, what types?
- Are there any identified triggers?
- Who are the behaviors directed toward?
- Is there a reported history of sexual aggression?
- Is there a pattern to these behaviors or are they isolated incidents?

*To child/youth:*

- Have you ever intentionally hurt someone or something?
- Do you ever explode in a physical way (e.g., hitting a wall)?
- Has anyone ever told you that you made them uncomfortable or that you went "too far" in a sexual way?
- Do you ever feel like you need to act tough or aggressive to protect yourself or to get respect?
- Have you ever started a fight when no one did anything to you first?

**Resources for additional information and guidance:**


- Waschbusch, D. A., Mayes, S. D., Waxmonsky, J. G., Babinski, D. E., & Baweja, R. (2023). Reactive, proactive, relational, and slow dissipation of aggression in children. JAACAP Open, 2(2), 90–99. https://doi.org/10.1016/j.jaacop.2023.12.007
- Zahrt, D. M., & Melzer-Lange, M. D. (2011). Aggressive behavior in children and adolescents. Pediatrics in Review. https://renaissance.stonybrookmedicine.edu/sites/default/files/aggressive-behavior-PIR-2011.pdf
- Pratt, R., & Miller, R. (2012). Adolescents with sexually abusive behaviours and their families. Victorian Government Department of Human Services. https://www.cpmanual.vic.gov.au/sites/default/files/Adolescents%20sexually%20abusive%20behavs%20specialist%20resource%202012%203004%20.pdf


**Bullying**

**This item rates bullying behavior exhibited by the child/youth, which consists of deliberate, repeated aggression toward someone perceived as less powerful (e.g., due to age, strength, size,**

**social status), carried out despite evident emotional or physical distress.** Bullying can occur through various means including intimidation, threats of harm, and/or verbal or physical aggression. Cyber bullying should also be considered here.

This item only considers the child/youth's bullying behavior toward others; a subsequent item will address bullying behavior inflicted on the child/youth.

**Evidence to consider:**

- Investigate whether a bullying incident report has ever been filed against the child/youth at school or in another environment.
- Determine the type of bullying that is utilized.
- Explore whether the child/youth's aggression is directed at someone specific.
- Review school documents for any IEP or 504 accommodations regarding aggressive behavior.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth associate with other young people who are engaged in bullying?
- Have there been any concerns that your child/youth picks on, makes fun of, or harasses other children/youth? Has there been an official report?

*To child/youth:*

- Do you ever tease or make fun of other kids?
- What is the culture like at your school around being mean to each other?
- Have you ever gotten in trouble at school for something that happened with another student? What happened to get you in trouble?

**Resources for additional information and guidance:**


- Bullying Among Young Children (Ages 5-8 Years), https://www.npsk12.com/cms/lib/VA02208074/Centricity/Shared/Student%20Services/Bullying-Among-Young-Children.pdf
- Tsitsika, A. K., Barlou, E., Andrie, E., Dimitropoulou, C., Tzavela, E. C., Janikian, M., & Tsolia, M. (2014). Bullying Behaviors in Children and Adolescents: "An Ongoing Story." Frontiers in Public Health, 2. https://doi.org/10.3389/fpubh.2014.00007
- Steffgen, G., König, A., Pfetsch, J., & Melzer, A. (2009). The role of empathy for adolescents' cyberbullying behaviour. University of Luxembourg, Campus Walferdange, Research Unit INSIDE, https://orbilu.uni.lu/bitstream/10993/4388/1/The%20role%20of%20emathy%20for%20adolescents%27%20cyberbullying%20behaviour.pdf

**Victim of Bullying**

**This item rates bullying behavior inflicted on the child/youth, referring to deliberate, repeated aggression toward someone perceived as less powerful (e.g., due to age, strength, size, social status), carried out despite evident emotional or physical distress.** Bullying can occur through various means including intimidation, threats of harm, and/or verbal or physical aggression; cyber bullying should also be considered here. Both past and present instances of bullying should be considered.

**Evidence to consider:**

- Investigate whether a bullying incident report has ever been filed on behalf of the child/youth at school or in another environment.
- If the child/youth is experiencing teasing at school, consider the degree to which they are a specific target.
- Consider any risk of harm, actual harm, or evidence of trauma as a result of the bullying.
- Determine the extent to which the child/youth's family and caregiver(s) are aware of the bullying.
- Review school documents for any IEP or 504 accommodations regarding bullying prevention.

**Example interview/assessment questions:**

*To caregiver(s):*

- Are there concerns that your child/youth has been or is currently being bullied? Has your child/youth ever been victimized in any way?
- If so, has your child/youth reported the bullying to anyone?
- Is your child/youth currently at risk of further victimization?
- What steps, if any, have been taken to prevent any further bullying?

*To child/youth:*

- Have you ever experienced bullying?
- Have other kids ever been mean to you?
- Has another child/youth ever threatened to fight you or to harm you?
- Are there certain kids you stay away from in your school or in your neighborhood? Why do you like to stay away from them?

**Resources for additional information and guidance:**


- CDC Youth Violence Prevention: Bullying, https://www.cdc.gov/youth-violence/about/about-bullying.html
- Idsoe, Thormod, et al. "Bullying Victimization and Trauma." Frontiers in Psychiatry, vol. 11, no. 11, 14 Jan. 2021, https://doi.org/10.3389/fpsyt.2020.480353.
- Signs Your Child Is Being Bullied - Tip Sheet, https://www.stompoutbullying.org/tip-sheet-signs-your-child-being-bullied

**Sexual Safety**

**This item rates sexual behaviors in which the child/youth engages that could pose a risk to their health or safety.** This behavior may include sexual contact with unknown partners, inconsistent use of contraception or STI prevention, sexual activity without consent, engaging in sexual activity in unsafe locations, etc.

**Evidence to consider:**

- Consider how the family talks about sexual relationships, including any statements about the child/youth's desire for a sexual relationship.
- Evaluate whether the child/youth is acting out any sexualized situations or reenacting them via play.
- Are there any reports of unsafe sexual engagement (e.g., school report, a SAFE report, etc.)
- If available, review notes or referrals to/from the Department of Children and Families (DCF).

**Example interview/assessment questions:**

*To caregiver(s):*

- Have you had a conversation about sex/safe sex with your child/youth?
- Is this a conversation you feel comfortable having with your child/youth? Is this an area you would like more support with?
- Do you know if your child/youth is sexually active?
- Do you have any concerns about their sexual activity?
- Have you met/do you know your child/youth's sexual partner(s)?
- Do you condone the relationship(s)?
- Are you aware of your child/youth's preferred contraceptive method?

*To child/youth:*

- Are you sexually active? If so, with whom?
- Is the activity consensual? How do you define consent?
- Have you ever felt pressure to engage in sexual activity or touching that made you feel uncomfortable?

**Resources for additional information and guidance:**


- Dragonfly Unit, Norfolk & Suffolk NHS Foundation Trust. Sexual Safety Assessment Tool, https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/sexual-safety-collaborative/workshops/workshop-5/dragonfly-rag-sexual-safety-assessment-tool.pdf
- Screening for Sexual Activity and Sexual Risk Assessment - NACHC. (2024, September 9). NACHC. https://www.nachc.org/quality4teenshealth/improvement-goals/screening-for-sexual-activity-and-sexual-risk-assessment/

- Masters, N. T., Beadnell, B., Morrison, D. M., Hoppe, M. J., & Wells, E. A. (2013). Multidimensional characterization of sexual minority adolescents' sexual safety strategies. Journal of Adolescence, 36(5), 953–961. https://pmc.ncbi.nlm.nih.gov/articles/PMC3780982/pdf/nihms-510820.pdf

**Running Away**

**This item rates the child/youth's risk of running away, which refers to leaving an agreed upon location (e.g., home, school, a specific neighborhood) without permission and without the caregiver(s) or guardian(s) knowing where they are going.** This item rates both the risk of running away and actual runaway behavior.

**Evidence to consider:**

- Consider the history of runaway behavior and attempted runaways, including when the behavior began and for how long the child/youth is usually gone.
- Assess whether the child/youth and the caregiver(s) agree on the definition of runaway behavior.
- Evaluate the runaway behavior in the context of other risk factors, including mental health concerns, substance use, history of abuse, violence or victimization, problematic ties to the community, and exposure to trauma.
- Explore the child/youth's motivations for leaving locations without permission.
- Consider whether peers are involved in the child/youth's runaway behavior.
- If possible, review notes or referrals to/from the Department of Children & Families (DCF) or Department of Youth Services (DYS) for previous safety issues or disorderly behavior.
- Review school records for attendance, tardiness, or truancy behavior.

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth ever run away from home, school, or another location? If so, when was this and for how long were they gone?
- Has your child/youth threatened to or talked about running away?
- If your child/youth has run away in the past, did they return on their own?
- If your child/youth has run away in the past, did they go to a specific place or person?
- What are your concerns about your child/youth's runaway behavior? Have you discussed these with your child/youth?

*To child/youth:*

- Have you ever felt the urge to run away?
- What happens when you leave where you're supposed to be? What do you do?

- Do you feel safe at home? At school?
- Are you connected with any resources for runaway children/youth (e.g., the National Runaway Safeline)?

**Resources for additional information and guidance:**

- Katzenellenbogen, R. (2005). HEADSS: The "Review of Systems" for Adolescents. The AMA Journal of Ethic, 7(3). https://doi.org/10.1001/virtualmentor.2005.7.3.cprl1-0503
- Behavioral Health and Welfare Program, Institute for Juvenile Research, University of Illinois at Chicago & Illinois Department of Children and Family Services. (n.d.). RESIDENTIAL RUNAWAY RISK ASSESSMENT USER GUIDE (pp. 2–45). https://www.nccwe.org/BPR/webinars/4-21-10/Runaway_Risk_Assessment_User_Guide_.pdf
- Holliday, S. B., Edelen, M. O., & Tucker, J. S. (2016). Family functioning and predictors of runaway behavior among At-Risk youth. Child and Adolescent Social Work Journal, 34(3), 247–258. https://pmc.ncbi.nlm.nih.gov/articles/PMC5421563/pdf/nihms818649.pdf

**Sleep Difficulties**

**This item rates the disruptive sleep patterns in the child/youth, including difficulty falling asleep, resisting going to sleep, and waking frequently during the night.** The definition of a "full night's sleep" should be considered both from an individual perspective (e.g., how much sleep does this child/youth need) and from a developmental perspective (e.g., how much sleep does a child/youth of this age usually need). Nightmares and/or night terrors would be considered here, as well as if the child/youth is sleeping too much and it is interfering with their or the family's functioning.

**Evidence to consider:**

- Identify the child/youth's normal sleeping pattern and any recent changes in this pattern.
- Consider whether the child/youth is on any medications or eats or drinks things that may impact sleep.
- Examine any environmental factors that would cause difficulties with falling asleep or other sleep disturbances (e.g., lights, noises, smells, temperature).
- Assess any stressful life events such as family conflict/divorce or significant life changes.
- Consider any developmental or physiological concerns that might affect sleep.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth have difficulty falling asleep?
- Does your child/youth follow a regular schedule regarding bedtimes? What is the bedtime routine?
- Is your child/youth's sleep interrupted during the night? In what way(s)?
- Are there any conditions that affect their sleep?

- Does your child/youth experience nightmares or night terrors?
- What was your child/youth's experience of sleep as an infant?
- What are familial expectations, routines, and patterns around sleep?

*To child/youth:*

- Do you have any difficulty going to sleep or staying asleep?
- Do you have a set bedtime? Do you always go to bed at this set time?
- Do you experience nightmares?
- What does your routine look like before you go to bed?
- When you wake up, do you feel rested?

**Resources for additional information and guidance:**

- Children's Sleep Habits Questionnaire, Boston Children's, https://www.childrenshospital.org/sites/default/files/media_migration/e8ac550c-cf80-46a4-8891-c6c7ecb10098.pdf
- Carter, K. A., Hathaway, N. E., & Lettieri, C. F. (2014). Common sleep disorders in children. American family physician, 89(5), 368–377. https://www.aafp.org/pubs/afp/issues/2014/0301/p368.pdf
- Moturi, S., & Avis, K. (2010). Assessment and treatment of common pediatric sleep disorders. Psychiatry (Edgmont (Pa. : Township)), 7(6), 24–37. https://pmc.ncbi.nlm.nih.gov/articles/PMC2898839/

**Technology**

**This item rates difficulties related to the child/youth's use of technology, including computers, phones and smart devices, video game consoles, social media platforms, specific apps, and online gaming spaces.** Concerns with technology may be related to mental health, screen-time, addiction, sleep, academic achievement, etc. This item does not take into consideration barriers to technology such as financial instability, language, or accessibility. Cyberbullying should be considered here, as well as in the Bullying and/or Victim of Bullying items.

**Evidence to consider:**

- Consider how technology use impacts the child/youth's mental health, including potential risks including social comparison, cyberbullying, and addiction, as well as potential benefits such as connection and creativity.
- Explore how technology use impacts the child/youth's social relationships, both online and in person.
- Identify how technology use affects the child/youth's academic performance and learning.
- Consider how technology use impacts the child/youth's physical health, including sleep, nutrition, activity levels, and vision.

**Example interview/assessment questions:**

*To caregiver(s):*

- What types of devices (smartphones, tablets, computers, game consoles) does your child/youth own and access. At what age did they start using them?
- How often and for how long do they use technology, and for what purposes (social media, gaming, communication, entertainment, education)?
- Have you placed any limits on your child/youth's access to the internet (e.g., screen time limits, blocked apps, no phones in the bedroom/bathroom, etc.)?
- Which social media platforms, apps, and online games are most popular with your child/youth? With their peers?
- Does it seem like your child/youth has a healthy relationship with the social media they use? Have there been instances where social media has had a negative impact on your child/youth?
- How does your child/youth view their technology use and its impact on their life (e.g., positive, negative, neutral)?
- How do you and other family members perceive your child/youth's technology use and its potential risks and benefits?

*To child/youth:*

- Do you have a cell phone, laptop/PC, tablet, and/or video game console?
- Are there any restrictions on these devices (e.g., screen time limits, blocked apps, etc.)?
- What is your schedule when it comes to using your devices? When do you begin and end using your devices each day? Are you on a device the whole day?
- Have you and your caregiver(s) discussed which websites you can/can't access, or if you're allowed to talk to people online?
- Do you use social media? If so, do you feel social media has had a positive, negative, or a mix of positive/negative effect on your mental health and wellbeing?
- Do you use apps/websites where you can chat with people online (e.g., Discord, Roblox, Snapchat, Omegle, etc.)? If so, how do you keep yourself safe when you use these platforms?

**Resources for additional information and guidance:**


- Internet Addiction Assessment (2012, Nov 1), https://psychology-tools.com/test/internet-addiction-assessment
- Moreno, M. A., Binger, K., Zhao, Q., Eickhoff, J., Minich, M., & Uhls, Y. T. (2022). Digital Technology and Media Use by Adolescents: Latent Class analysis. *JMIR Pediatrics and Parenting*, *5*(2), e35540. https://doi.org/10.2196/35540
- H Cash, CD Rae, AH Steel, A Winkler. Internet Addiction: A Brief Summary of Research and Practice. 8(4): Curr Psychiatry Rev. 292-298. 2012. https://pmc.ncbi.nlm.nih.gov/articles/PMC3480687/
- Weir, K. (2023, September 1). Social media brings benefits and risks to teens. Psychology can help identify a path forward. *Monitor on Psychology*, *54*(6).

https://www.apa.org/monitor/2023/09/protecting-teens-on-social-media

**Child/Youth Health and Behavioral Health Needs Narrative**

**This item provides the opportunity to elaborate on the child/youth's health and behavioral health needs.** Include details that clarify and inform the ratings given to the items in this section, as well as notes on any health or behavioral health issues not included in this CANS assessment. Include areas where needs have either increased or decreased.

**Substance Use**

**This item documents the child/youth's use or suspected use of substances such as alcohol, nicotine, cannabis, prescription medications, opioids, etc.** This item refers to whether the child/youth's relationship with substances impacts their overall or behavioral health.

An affirmative answer will prompt additional questions related to substance use. Consider a lower threshold for a Yes answer here to accurately assess suspected substance use issues.

**Evidence to consider:**

- Consider whether the child/youth is currently or has ever used substances, whether they are suspected of using substances, or has had any significant exposure to substance use (e.g., by peers, family, community, etc.).
- If substance use is evident, consider the age of first use, number of substances used, frequency of use, severity of use, functional impact of use, consequences of use, and potential risk of toxicity/overdose when indicating concern.
- Examine whether the child/youth would benefit from addressing their relationship with substances.
- Explore reports of family/home problems, such as: a family history of addiction; access to substances in the home; excessive or problematic substance use by others in the home; the child/youth witnessing overdose; a caregiver finding substances or paraphernalia in spaces occupied by the child/youth; a caregiver witnessing or being suspicious of the child/youth being under the influence of substances.
- Evaluate reports of peer relationship problems, such as an association with peers who use substances or changes in peer relationships oriented toward substance use.
- Check medical referrals for treatment for substance use, such as detox/stabilization admissions or emergency room/crisis intervention due to substance use, overdose, or toxicity.
- Check medical records for substance use screening and assessment tools, such as CRAFFT, S2BI, or AUDIT.
- Look for reports of school problems, such as: referrals/suspensions due to substance use; reports of bringing substances or paraphernalia into school; reports of using/sharing substances with others at school.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth currently use or have they ever used any substances (e.g., alcohol, nicotine, cannabis, pills, prescription medications, opioids, etc.)? If so, what type(s) of substances? What is the route of administration (e.g., inhale, ingest, inject)? How much and how often?
- Does the substance have the potential to be toxic or fatal?
- Has your child/youth witnessed or been exposed to significant substance use? If so, does this exposure have the potential to negatively impact your child/youth's own relationship with substances?
- Do people in your child/youth's life suspect that your child/youth is using? If so, do their reports or observations suggest a need to be concerned?

*To child/youth:*

- Do you currently use, or have you used, any substances (e.g., marijuana, alcohol, nicotine, prescription medications, opioids, etc.)? If so, what specific substances? How do you use these substances? How much and how often do you use these substances?
- Has anyone ever offered you a substance? How did you respond?
- Are you curious about trying any substances? Is there a specific substance you want to try?

**Resources for additional information and guidance:**

- Massachusetts Department of Public Health, Screening, Brief Intervention and Referral to Treatment (SBIRT) MA Screening, Brief Intervention, and Referral to Treatment (SBIRT), https://www.mass.gov/info-details/screening-brief-intervention-and-referral-to-treatment-sbirt
- Boston Children's Hospital, CRAFFT Screening tool, https://crafft.org/

**In the past year, how many times have you used:**

This is a skip logic question, asked only if the answer to question 19 is Yes, indicating substance use is a concern.

**This item documents the frequency the child/youth used the following types of substances over the past 12 months**:

- Alcohol (including but not limited to beer, wine, liquor)
- Amphetamines (including but not limited to stimulants, also known as speed, crank, uppers, bennies, meth; includes misuse of ADHD medications like Adderall and Dexedrine)
- Cannabis (active ingredient tetrahydrocannabinol [THC]; also known as marijuana, weed, pot; this may also include vaping or edibles)
- Hallucinogens (including but not limited to GHB, Ketamine, LSD, mushrooms, PCP)
- Inhalants (including but not limited to Nitrous Oxide, commonly known as laughing gas, whippets, huffing; includes the misuse of household chemicals such as paint, glue, markers,

and cleaning products)

- Nicotine (commonly found in tobacco products including cigarettes and e-cigarettes, chewing tobacco, and ZYNs)
- Opiates (including but not limited to Codeine, Percocet, Phenergan®-Codeine Syrup, Fentanyl, Vicodin, Demerol, Oxycodone)
- Sedatives (including but not limited to Phenobarbital, Xanax, Valium, Ativan, Ambien)
- Synthetic/designer drugs (chemicals that are structurally or functionally similar to controlled substances, designed to replicate their pharmacological effects while evading detection or legal classification)

**Evidence to consider:**

- Consider how many times and/or how often over the last year the child/youth used each substance.
- If unsure or frequency is inconsistent, consider links to other patterns in frequency (e.g., certain peers, locations, events) and/or assess more recent, representative patterns of use.
- Check medical referrals for treatment for substance use, such as detox/stabilization admissions or emergency room/crisis intervention due to substance use, overdose, or toxicity.
- Check medical records for substance use screening and assessment tools, such as CRAFFT, S2BI, or AUDIT.
- Look for reports of school problems, such as: referrals/suspensions due to substance use; reports of bringing substances or paraphernalia into school; reports of using/sharing substances with others at school.

**Example interview/assessment questions:**

*To caregiver(s):*

- Are you aware of whether your child/youth has used [substance] in the past year? How often did your child/youth use [substance]?

*To child/youth:*

- In the last year, have you used [substance]? How many times?
- About how often would you say you use [substance]?
- Was this use a one-time event, or have you used more since then?
- Are there certain events, times, circumstances, or patterns which are related to using [substance]?

**Resources for additional information and guidance:**

- National Institute on Drug Abuse (NIDA) Commonly Used Drugs Chart, https://nida.nih.gov/research-topics/commonly-used-drugs-charts
- Drug Enforcement Agency (DEA) https://www.dea.gov/drug-information

- Boston Children's Hospital, CRAFFT Screening tool, **HTTPS://CRAFFT.ORG/**

**Answer Structure:** Choose the frequency for each substance.

| In the past year, how many times have you used: (check all that apply). | This item documents the frequency the child/youth used the following types of substances over the past 12 months. | | | | |
|---|---|---|---|---|---|
| Alcohol | including but not limited to beer, wine, liquor | Never | Once or Twice | Monthly | Weekly or more |
| Amphetamines | including but not limited to stimulants, also known as speed, crank, uppers, bennies, meth; includes misuse of ADHD medications like Adderall and Dexedrine | Never | Once or Twice | Monthly | Weekly or more |
| Cannabis | active ingredient tetrahydrocannabinol (THC); also known as marijuana, weed, pot; this includes all forms of intake | Never | Once or Twice | Monthly | Weekly or more |
| Hallucinogens | including but not limited to GHB, Ketamine, LSD, mushrooms, PCP | Never | Once or Twice | Monthly | Weekly or more |
| Inhalants | including but not limited to Nitrous Oxide, commonly known as laughing gas, whippets, huffing; includes the misuse of household chemicals such as paint, glue, markers, and cleaning products | Never | Once or Twice | Monthly | Weekly or more |
| Nicotine | commonly found in tobacco products including cigarettes and e-cigarettes, chewing tobacco, and nicotine pouches (i.e. ZYN) | Never | Once or Twice | Monthly | Weekly or more |
| Opiates | including but not limited to Codeine, Percocet, Phenergan®- | Never | Once or Twice | Monthly | Weekly or more |

| | | | | | |
|---|---|---|---|---|---|
| | Codeine Syrup, Fentanyl, Vicodin, Demerol, Oxycodone | | | | |
| Sedatives | including but not limited to Phenobarbital, Xanax, Valium, Ativan, Ambien | Never | Once or Twice | Monthly | Weekly or more |
| Synthetic/designer drugs | chemicals that are structurally or functionally similar to controlled substances, designed to replicate their pharmacological effects while evading detection or legal classification | Never | Once or Twice | Monthly | Weekly or more |

**Risk Behavior Associated with Substance Use**

This is a skip logic question, asked only if the answer to question 19 is Yes, indicating substance use is a concern.

**This item rates the presence of behavior associated with the child/youth's substance use that could lead to negative health outcomes, including disease, injury, or death.** This item acknowledges that risk is inherent in substance use, especially for adolescents and young adults, and intends to clarify the increased risk of harm based on the child/youth's substance use profile.

**Evidence to consider:**

- Consider whether the substances being used by the child/youth are drugs of concern (e.g., cocaine, heroin, methamphetamine), prescriptions medications, or injection medications. These are considered high risk substances.
- Examine whether the frequency, severity, and/or patterns of use indicate a severe substance use problem or the potential for overdose.
- Assess whether the child/youth's substance use occurs within the context of other risk-taking behaviors (e.g., sneaking out at night, using alone or with strangers, using in unfamiliar locations, driving or riding with a driver under the influence, engaging in sex work to access substances, dealing drugs, etc.).
- Evaluate whether risks represent inherent, long-term, eventual consequences (e.g., physical health problems, financial loss, strained relationships, etc.) and/or whether more urgent, acute, life-threatening risks are present (e.g., overdose, toxicity, exploitation, abuse, violence, loss of basic needs, etc.).
- Check medical referrals for treatment for substance use, such as detox/stabilization admissions or emergency room/crisis intervention due to substance use, overdose, or toxicity.
- Check medical records for substance use screening and assessment tools, such as CRAFFT, S2BI, or AUDIT.
- Look for reports of school problems, such as: referrals/suspensions due to substance use;

reports of bringing substances or paraphernalia into school; reports of using/sharing substances with others at school.

**Example interview/assessment questions:**

*To caregiver(s):*

- Have there been instances where your child/youth's substance use has led to a safety or health risk (e.g., your child/youth driving under the influence or using an unknown substance)?
- Does your child/youth make risky or impulsive decisions while under the influence of substances (e.g., running away, unsafe sex, or verbal/physical altercations with others)?
- Does your child/youth use substances alone or with others? Who are the people they use substances with?
- Does your child/youth seem to understand the potential health risks or consequences of using substances?

*To child/youth:*

- Have you ever used more than you intended? Have you ever "blacked out," forgotten what happened, become sick, lost consciousness, or had any other problems while using?
- Has anything frightening or upsetting happened while you were using?
- Have you ever done something risky (e.g., snuck out of the house, run away, rode with a stranger, rode in a car with someone under the influence, been exposed to or involved in violence, etc.) in order to obtain, use, or recover from substances?
- What precautions do you take to avoid infectious diseases that could be transmitted through sharing paraphernalia (e.g., needles)?
- What worries you about your substance use?
- In what ways could your substance use harm you, now or in the future?

**Resources for additional information and guidance:**

- National Institute on Drug Abuse (NIDA): screening tools and assessments for substance use https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
- Boston Children's Hospital, CRAFFT Screening tool, **HTTPS://CRAFFT.ORG/**
- Baskin-Sommers, A., & Sommers, I. (2006). The co-occurrence of substance use and high-risk behaviors. Journal of Adolescent Health, 38(5), 609–611. https://modlab.yale.edu/sites/default/files/files/JournalOfAdoleHealth.pdf

**Readiness for Change**

This is a skip logic question, asked only if the answer to question 19 is Yes, indicating substance use is a concern.

**This item rates the child/youth's readiness to explore, consider, discuss, and/or change their substance use behavior.** Readiness for change considers problem identification, ambivalence, and

desires about change, not simply action toward change. When rating this item, consider whether the child/youth's willingness to address their substance use is congruent with the severity and risk of the substance use. This item would be rated higher for individuals who continue to use despite great risk to themselves, and lower for individuals who are either appropriately engaged or are not urgently in need of change.

**Evidence to consider:**

- Consider the child/youth's self-report of substance use: how often do they use, when did it start, curiosity about future use, etc.
- Identify any family history of addiction, access to substances in the home, excessive or problematic substance use by others in the home, child/youth witnessing overdose, etc.
- Consider whether the child/youth can acknowledge, discuss, and/or make plans toward improving their relationship to substances.
- Evaluate whether any effort by the child/youth is likely to result in progress or improvement of the condition.
- Evaluate whether lack of effort is likely to result in harm or a worsening of the condition.
- Check medical referrals for treatment for substance use, such as detox/stabilization admissions or emergency room/crisis intervention due to substance use, overdose, or toxicity.
- Check medical records for substance use screening and assessment tools, such as CRAFFT, S2BI, or AUDIT.
- Look for reports of school problems, such as: referrals/suspensions due to substance use; reports of bringing substances or paraphernalia into school; reports of using/sharing substances with others at school.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth see their substance use as something that needs to change?
- Has your child/youth expressed a desire to stop or decrease their substance use? When did they most recently make this type of statement?
- Has your child/youth made previous efforts to decrease or stop using substances? What happened?
- Is your child/youth open to receiving help for their substance use? Have they expressed any thoughts or feelings about this?

*To child/youth:*

- How would you describe your relationship with drugs and alcohol?
- Do you (or others) think you need to change how you use alcohol or other drugs?
- On a scale of 0-10 (where 0 is least and 10 is most), how important is it to you to change the way you use drugs or alcohol? What would need to happen to go from # to #?
- Has anything bad ever happened because of your substance use? If so, did it change the way

you feel about drugs and alcohol?

- Does anything you've witnessed or experienced about drugs and alcohol make you worried about your own use?

**Resources for additional information and guidance:**

- Tomlin, KM. (2020). Readiness scale tools and examples. Prevention Technology Transfer Center (PTTC) Network.https://pttcnetwork.org/wp-content/uploads/2020/06/Readiness-Rulers-Description.pdf
- Carroll, A., Ashman, A., Bower, J., & Hemingway, F. (2013). Readiness for change: Case studies of young people with challenging and risky behaviours. Journal of Psychologists and Counsellors in Schools, 23(1), 49-71. https://www.researchgate.net/profile/Annemaree-Carroll/publication/240917551_Readiness_for_Change_Case_Studies_of_Young_People_with_Challenging_and_Risky_Behaviours/links/5710507008ae19b186938c42/Readiness-for-Change-Case-Studies-of-Young-People-with-Challenging-and-Risky-Behaviours.pdf

**Substance Use Narrative**

**This item provides the opportunity to elaborate on the child/youth's use of substances, any risk associated with their use, and their readiness to change.** Include clinically relevant details that clarify and inform the ratings given to the items in this section (i.e., timing, frequency, and context of substance use), as well as any substances that are not included in this CANS assessment. Avoid unnecessary details to protect client privacy.

**Impact of Trauma on the Individual**

**This item documents exposure to trauma and resulting difficulties for the child/youth.** An answer affirming the presence of trauma will prompt additional questions related to the types of trauma the child/youth may have experienced, including abuse, neglect, family and community violence, medical trauma, etc. It will also prompt additional questions related to traumatic stress symptoms, including intrusive thoughts/re-experiencing, hypervigilance, etc. Consider a lower threshold for a Yes answer here to accurately assess suspected trauma issues.

**Evidence to consider:**

- Consider the child/youth's presentation when asking them about traumatic events (e.g., avoiding eye contact, an appearance of withdrawal or avoidance, etc.).
- Identify whether the child/youth reenacts a traumatic event (e.g., engaging play figures in violent acts).
- Consider whether the child/youth avoids activities/places that may remind them of the event (e.g., they will not remain in a certain area of the home, they avoid a specific person, etc.).
- Observe whether child/youth appears hyper-focused on the safety of themselves or their loved ones.
- Review any available notes from the Department of Children and Families (DCF).
- Review school documents for any IEP or 504 accommodations regarding anxiety or PTSD.

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth ever experienced or been witness to something that may have been traumatic to them?
- Does this impact your child/youth's ability to function in other areas of daily living?
- Has your child/youth withdrawn from activities they previously found enjoyable/rewarding? If so, when did this occur?
- Has there been any regression to previously outgrown behaviors (e.g., bedwetting, thumb-sucking, etc.)?
- Does your child/youth experience a real or perceived threat to their life or their loved one?

*To child/youth:*

- Has anything ever happened to you that felt scary, upsetting, or overwhelming?
- Have you ever experienced or been witness to a traumatic event? If so, how did this impact you?
- On a scale of 1 to 10, with 1 being "I do not think about this" and 10 being "I think of this often," how frequently do you think about the traumatic event(s)?

**Resources for additional information and guidance:**

- PTSD: National Center for PTSD. Trauma and Stressor Exposure Measures, https://www.ptsd.va.gov/professional/assessment/te-measures/index.asp
- Peterson, S. (2018b, March 19). Effects. The National Child Traumatic Stress Network. https://www.nctsn.org/what-is-child-trauma/trauma-types/physical-abuse/effects

**Physical Abuse**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item documents the presence or history of physical abuse in the life of the child/youth, referring to the non-accidental commission of any act by a caregiver which causes or creates a substantial risk of physical or emotional injury, or the sexual abuse of a child/youth.*** A subsequent question will rate the presence of traumatic stress related to witnessing the physical abuse of others.

**Evidence to consider:**

- Observe whether the child/youth has unexplained bruises or injuries.
- Consider whether the child/youth appears anxious around certain family members.
- Investigate whether there is current or past Department of Children and Families (DCF) or other system involvement and for what reason.

- Identify whether the child/youth's primary care provider has any concerns about the possibility of physical abuse.
- Review any available notes from DCF.

**Example interview/assessment questions:**

*To caregiver(s):*

- How do you handle misbehavior in your house?
- Do you ever utilize physical punishment such as spanking, slapping, or movement restrictions?
- Has your child/youth experienced any form of physical violence by another person?

*To child/youth:*

- Have you experienced physical aggression from someone else?
- How do people in the house express anger to each other?
- Is there ever physical conflict in your home?

**Resources for additional information and guidance:**


- * Massachusetts Department of Children and Families, Definitions of abuse and neglect, https://www.mass.gov/info-details/definitions-of-abuse-and-neglect
- National Society for the Prevention of Cruelty to Children. Physical Abuse. https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/physical-abuse/
- Peterson, S. (2018b, March 19). Effects. The National Child Traumatic Stress Network. https://www.nctsn.org/what-is-child-trauma/trauma-types/physical-abuse/effects
- Kellogg, N. D. (2007). Evaluation of suspected child physical abuse. PEDIATRICS, 119(6), 1232–1241. https://doi.org/10.1542/peds.2007-0883


**Neglect**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item documents the presence or history of neglect in the life of the child/youth, referring to the failure of a caregiver to provide the child/youth with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability, or other essential care.*** Inability to provide such care due solely to inadequate economic resources or a disability is not considered neglect.

**Evidence to consider:**

- Check medical records or other paperwork for the symptoms of neglect (e.g., failure to thrive, malnutrition, etc.).
- Observe the condition of the house and the child/youth.
- Review any available notes from the Department of Children and Families (DCF).

**Example interview/assessment questions:**

*To caregiver(s):*

- Have you ever struggled to meet your family's needs?
- What was your transition to parenthood like? Did you feel prepared to parent?
- Were there ever times when your child/youth was left alone in the house/apartment?

*To child/youth:*

- Have there been times when you felt that your basic needs haven't been met?
- When you were young, were you ever left alone in the house/apartment?

**Resources for additional information and guidance:**

- * Massachusetts Department of Children and Families, Definitions of abuse and neglect, *https://www.mass.gov/info-details/definitions-of-abuse-and-neglect*
- Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). (n.d.). Child Neglect and Trauma: A Fact sheet for providers. https://www.nctsn.org/sites/default/files/resources/fact-sheet/child-neglect-and-trauma-a-fact-sheet-for-providers.pdf
- Hornor, G. (2014). Child Neglect: Assessment and intervention. Journal of Pediatric Health Care, 28(2), 186–192. https://doi.org/10.1016/j.pedhc.2013.10.002

**Emotional Abuse**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item documents the presence or history of emotional abuse in the life of the child/youth, referring to the intentional infliction of emotional distress by a caregiver.** Such distress may be caused by behaviors such as, but not limited to: verbal communication, physical intimidation but not harm, threats of physical harm, and/or exposure to developmentally inappropriate content.

**Evidence to consider:**

- Consider whether the child/youth is isolated from others (e.g., family members, friends, etc.).
- Take note of the interactions between the child/youth and the caregiver(s).
- Consider how family members describe the child/youth (e.g., with positive words and descriptions of strengths, or with negative words and descriptions of needs).
- Explore whether the child/youth can freely express themselves.
- Consider how the child/youth talks about themselves, and whether they use words or phrases that feel like a repetition of what may be said to them.
- Review any involvement with the Department and Children and Families (DCF).

**Example interview/assessment questions:**

*To caregiver(s):*

- How do you discipline your child/youth?
- When you feel disappointed in your child/youth's behavior, how do you express that to them?

*To child/youth:*

- How might your caregiver(s) express their disappointment to you?
- What kind of messages do you get about yourself at home?
- Are you ever afraid of your caregiver(s), or what they think of you?

**Resources for additional information and guidance:**

- Mennen, F. E., Kim, K., Sang, J., & Trickett, P. K. (2010). Child neglect: definition and identification of youth's experiences in official reports of maltreatment. Child abuse & neglect, 34(9), 647–658. https://doi.org/10.1016/j.chiabu.2010.02.007
- Understanding child emotional abuse. (2025, February 3). Kids Helpline. https://kidshelpline.com.au/parents/issues/understanding-child-emotional-abuse
- NICE. (2017, October 9). Overview | Child abuse and neglect | Guidance | NICE. https://www.nice.org.uk/guidance/ng76

**Medical Trauma**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item documents the presence or history of a medical intervention that was traumatic (as defined by the child/youth and/or family).** Experiences that can contribute to medical trauma may include:

- Unexpected or frightening medical procedures
- Experiences of pain or injury
- Medical diagnoses or conditions
- Poor treatment or care
- The medical environment (e.g., loud noises, sleep disturbances, being isolated, etc.)

**Evidence to consider:**

- Examine whether the child/youth or any family members have a history of life-threatening medical concerns.
- Determine whether the child/youth has had surgery or other major medical intervention at any point.
- Explore whether the child/youth experiences a physical response when speaking about medical appointments, procedures, and professionals.

- Identify whether the child/youth reenacts a traumatic event (e.g., engaging play figures in a pretend hospital).

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth ever experienced a medical emergency?
- Have you or your child/youth ever had surgery?
- Has your child/youth ever witnessed a medical emergency?
- Have you or your child/youth ever had a chronic and/or life-threatening medical issue?

*To child/youth:*

- Have you or a loved one ever experienced a medical emergency?
- Have you ever had surgery? What was that experience like for you?
- How do you feel about going to the doctor's office or to the hospital?

**Resources for additional information and guidance:**

- Peterson, S. (2018, March 19). Effects. The National Child Traumatic Stress Network. https://www.nctsn.org/what-is-child-trauma/trauma-types/medical-trauma/effects
- Springer Publishing Company. (2023, August 20). What is Medical Trauma? Springer Publishing. https://connect.springerpub.com/content/book/978-0-8261-2894-2/part/part01/chapter/ch01

**Witness to Family Violence**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item documents the presence or history of the child/youth's exposure to violence toward or between family members, including physical, verbal, and emotional abuse.**

**Evidence to consider:**

- Investigate whether there is a documented history of family violence.
- Observe whether the child/youth appears anxious around certain family members, family members appear anxious with each other, or there is a general sense of tension in the household.
- Identify whether the child/youth reenacts a traumatic event (e.g., engaging play figures in violent acts).
- Review any available notes from the Department of Children and Families (DCF).

**Example interview/assessment questions:**

*To caregiver(s):*

- How do family members resolve conflicts?
- Has your child/youth ever witnessed violence between family members?
- Has your child/youth ever witnessed verbal or emotional abuse between family members (e.g., name-calling, threats, or humiliation)?

*To child/youth:*

- Is there ever yelling in your household?
- Have you ever seen family members hurt one another (e.g., pushing, hitting, throwing things)?
- When your family members are upset, how do they usually handle it?
- Do your family members use mean language to talk to one another?
- How do you usually feel when people in your home argue or fight?
- Do you ever feel like you need to protect yourself or someone in your family when an argument or fight happens?

**Resources for additional information and guidance:**

- Ouzounian, Z. (2019). Childhood witnessing of domestic violence and its impact on character development across time and adulthood relationships. Antioch University, https://etd.ohiolink.edu/acprod/odb_etd/ws/send_file/send?accession=antioch1576091625968322&disposition=inline
- Finkelhor, D., Turner, H., Hamby, S. L., & Ormrod, R. (2011). Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse. National survey of children's exposure to violence. https://scholars.unh.edu/cgi/viewcontent.cgi?article=1024&context=ccrc

**Intergenerational Trauma**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item documents the presence or history of intergenerational trauma in the child/youth's family, which involves the transmission of trauma symptoms across one or more generations.** Examples may include survivorship of a refugee migration, genocide, war, etc. Also considered here is community trauma, which includes identity-related stress and/or interpersonal trauma experienced by the caregiver(s) and previous generations.

**Evidence to consider:**

- Consider the family's migration/immigration history.
- Explore how the child/youth describes the social identity (e.g., race, gender, sexuality, ability, skin color, etc.) of their caregiver(s) and/or extended family, and whether they relay stories of discrimination, abuse, bullying, violence, neglect, etc.
- Examine the family's racial, ethnic, religious, or national background and whether there is a history of systemic discrimination against that specific minority group, especially where the

family lives/lived.

- Consider the family's racial, ethnic, religious, or national background and whether there are historical events that may have involved trauma (e.g., ongoing war, genocidal events, refugee relocation, etc.).

**Example interview/assessment questions:**

*To caregiver(s):*

- What is your family's migration/immigration story? To the United States? Within the United States? What prompted these moves?
- Were there any difficult or traumatic events in your family's history?
- Have you or other family members experienced trauma in your life that you think might impact how you parent or how your child/youth sees the world?
- Have stories of trauma or hardship been passed down in your family? Do these stories shape how family members relate to one another or others outside of the family?

*To child/youth:*

- Has anyone in your family told you stories about hard things they went through (e.g., someone hurting them, war, escaping danger, or being treated unfairly because of who they are or what they look like)?
- Have your parents or grandparents experienced something really scary, dangerous, or upsetting in their lives?
- Are there certain events or topics that you and other family members are not supposed to talk about because it is upsetting to the family?

**Resources for additional information and guidance:**


- Békés, V., & Starrs, C. J. (2024). Assessing transgenerational trauma transmission: development and psychometric properties of the Historical Intergenerational Trauma Transmission Questionnaire (HITT-Q). European Journal of Psychotraumatology, 15(1). https://doi.org/10.1080/20008066.2024.2329510
- Kottenstette, S., Segal, R., Roeder, V., Rochford, H., Schnieders, E., Bayman, L., McKissic, D. A., Dahlberg, G. J., Krewer, R., Chambliss, J., Theurer, J. L., & Oral, R. (2019). Two-generational trauma-informed assessment improves documentation and service referral frequency in a child protection program. Child Abuse & Neglect, 101, 104327. https://doi.org/10.1016/j.chiabu.2019.104327


**Witness to Community Violence**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item documents whether the child/youth has witnessed acts of violence within their neighborhood/community.**

**Evidence to consider:**

- Consider the characteristics of the neighborhood in which the child/youth lives/has lived.
- If the child/youth immigrated or moved from another location, investigate what spurred the decision to move.
- Identify whether the child/youth reenacts a traumatic event (e.g., engaging play figures in violent acts).
- Consider whether the child/youth avoids activities/places that may remind them of the event (e.g., they will not remain in a certain area of the community, they avoid a specific person, etc.).

**Example interview/assessment questions:**

*To caregiver(s):*

- Have you or your child/youth ever witnessed violence in your community or town?
- Do you and your family feel safe where you live? Why or why not?
- Do you ever worry about violence in your neighborhood?

*To child/youth:*

- Tell me about your neighborhood. What do you like about it?
- Do you feel safe where you live? Why or why not?
- Have you ever heard or seen anything scary happen in your neighborhood?
- Have you ever seen someone get hurt or in a fight in your neighborhood?

**Resources for additional information and guidance:**


- Zinzow, H. M., Ruggiero, K. J., Resnick, H., Hanson, R., Smith, D., Saunders, B., & Kilpatrick, D. (2009). Prevalence and mental health correlates of witnessed parental and community violence in a national sample of adolescents. Journal of Child Psychology and Psychiatry, 50(4), 441–450. https://pmc.ncbi.nlm.nih.gov/articles/PMC3485065/
- Maschi, T., Perez, R. M., & Tyson, E. (2010). Exploring the relationship between exposure to violence, perceptions of neighborhood safety, and children's adaptive functioning: Clinical and community implications. Journal of Human Behavior in the Social Environment, 20(6), 744-761, https://www.academia.edu/download/31455108/Exploring_the_Relationship_between_Exposure_to_Violence__Perceptions_of_Neighborhood_Safety__and_Childrens_Adaptive_Function.pdf


**War/Terrorism Affected**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as “Yes”, indicating there are concerns regarding the child/youth’s exposure to trauma and resulting difficulties.

**This item documents a child/youth's exposure to acts of terrorism or war.** Events such as witnessing violence, being displaced, or losing family and home would be included here.

**Evidence to consider:**

- Identify whether the child/youth/family has immigrated, and for what reason.
- Explore whether there is a history of military service in the family.
- Identify whether the child/youth reenacts a traumatic event (e.g., engaging play figures in acts depicting refugees).

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth experienced the impact of war or terrorism?
- Has your child/youth ever been separated from their family due to war?
- Has your child/youth had to leave their home or country because it was not safe to stay there?

*To child/youth:*

- Have you seen or been in/near a war?
- Have you ever left your home or country because it wasn't safe to stay there?
- Were you ever separated from your family during a war or conflict?

**Resources for additional information and guidance:**

- Hazer, L., & Gredebäck, G. (2023). The effects of war, displacement, and trauma on child development. Humanities and Social Sciences Communications, 10(1). https://doi.org/10.1057/s41599-023-02438-8
- Bürgin, D., Anagnostopoulos, D., the Board and Policy Division of ESCAP. et al. Impact of war and forced displacement on children's mental health—multilevel, needs-oriented, and trauma-informed approaches. Eur Child Adolesc Psychiatry 31, 845–853 (2022). https://doi.org/10.1007/s00787-022-01974-z

**Disruptions in Caregiving/Attachment**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item documents whether the child/youth has experienced a disruption with or loss of their primary caregiver(s).** Examples may include adoption, foster care, kinship placement, or the death of a caregiver.

**Evidence to consider:**

- Investigate the child/youth's birth story, including who was involved, and how they describe the events.

- Explore the child/youth's caregiver history, including whether any primary caregiver ever entered or exited the child/youth's life.
- Identify the primary caregiver's history of divorce/re-partnering.
- Explore whether there is a history of military service in the family.

**Example interview/assessment questions:**

*To caregiver(s):*

- Who is the current primary caregiver(s) for your child/youth? Has there been any change in this responsibility over time?
- Which adults are currently living with your child/youth? Which other adults have ever lived with your child/youth?
- Does your child/youth have different caregivers during work hours vs the evenings?
- Has your child/youth ever had a strong connection with an adult, who for whatever reason, left your lives?

*To child/youth:*

- What adults did you live with when you were young? Are these the same adults you live with now?
- Have you ever lived apart from your caregiver(s)?
- Are there any adults that took care of you in the past, but are no longer in your life?

**Resources for additional information and guidance:**

- Kaplow, J. B., Layne, C. M., Saltzman, W. R., Cozza, S. J., & Pynoos, R. S. (2013). Using multidimensional grief theory to explore the effects of deployment, reintegration, and death on military youth and families. Clinical child and family psychology review, 16, 322-340, https://pmc.ncbi.nlm.nih.gov/articles/PMC4651441/pdf/nihms492190.pdf
- Briggs-Gowan, M. J., Greene, C., Ford, J., Clark, R., McCarthy, K. J., & Carter, A. S. (2019). Adverse impact of multiple separations or loss of primary caregivers on young children. European Journal of Psychotraumatology, 10(1), 1646965, https://www.tandfonline.com/doi/pdf/10.1080/20008198.2019.1646965

**Exploitation**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item documents current or historical exploitation of the child/youth. Exploitation may take the form of financial, emotional, physical, or sexual abuse, or may involve inappropriate reliance on the child/youth for household or family responsibilities.** Sexual exploitation and trafficking are also included here.

**Evidence to consider:**

- Evaluate the potential for exploitation by considering key risk factors, including mental health concerns, substance use, history of abuse, exposure to violence or prior victimization, problematic connections within the community, other traumatic experiences, unmet basic needs, and rejection related to gender identity and/or sexual orientation.
- If possible, review notes or referrals to/from the Department of Children & Families (DCF) or Department of Youth Services (DYS) for previous safety issues or disorderly behavior.
- Review school records for attendance, tardiness, or truancy behavior.
- Investigate whether there is any record of arrest for the child/youth or for a caregiver related to exploitative behavior.

**Example interview/assessment questions:**

*To caregiver(s):*

- Are you aware of any situation, in the past or present, where your child/youth may have been taken advantage of?
- Has your child/youth ever been expected to contribute to the household income or care for siblings? How often was/is your child/youth expected to help with these responsibilities? How old was your child/youth when these responsibilities began?
- Has your child/youth ever been in a relationship with an adult or a peer where there was concern that your child/youth was being manipulated or controlled?
- Has your child/youth ever spoken about feeling pressured, scared, or trapped in a situation with another person that your child/youth did not know how to get out of?

*To child/youth:*

- Are there any adults or older people in your life who ask you for things that make you uncomfortable?
- Has anyone ever touched you, spoken to you, or treated you in a way that made you feel scared or confused?
- Has anyone ever pressured you into performing sexual acts with them or another person?
- Have you ever had to do something unwanted in exchange for money, food, shelter, to survive, or to get something you needed?
- Is there someone in your life that gives you presents/gifts like a cell phone, clothing, or money to get your hair or nails done? Why do you think this person gives you these gifts? Does this person ever ask for anything in return for the gifts?
- Do you ever feel like you're taking care of others more than you're being taken care of?

**Resources for additional information and guidance:**


- U.S. Department of Homeland Security. (2025). Child exploitation. SchoolSafety.gov. https://www.schoolsafety.gov/child-exploitation
- Commonwealth of Massachusetts. (2025). Commonwealth anti-trafficking task force.

Mass.gov. https://www.mass.gov/info-details/commonwealth-anti-trafficking-task-force

- Gámez-Guadix, M., Mateos-Pérez, E., Wachs, S., Wright, M., Martínez, J., & Íncera, D. (2022). Assessing image-based sexual abuse: Measurement, prevalence, and temporal stability of sextortion and nonconsensual sexting ("revenge porn") among adolescents. Journal of Adolescence, 94(5), 789-799, https://onlinelibrary.wiley.com/doi/pdfdirect/10.1002/jad.12064

**Traumatic Stress Narrative**

**This item provides the opportunity to elaborate on the child/youth's experience of traumatic experiences and their impact on current functioning.** Include clinically relevant details that clarify and inform the ratings given to the items in this section (i.e., timing, frequency, or context), as well as any traumatic experiences that are not included in this CANS assessment. Avoid unnecessary details to protect client privacy.

**Traumatic Stress Symptoms**

**Intrusive Thoughts or Re-Experiencing**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item rates unwanted, recurring thoughts or images and the process of involuntarily reliving the distressing memories, thoughts, and emotions associated with a traumatic event.** Such thoughts and experiences can be key symptoms of post-traumatic stress disorder (PTSD). Intrusive thoughts and re-experiencing can include:

- Feeling like one is experiencing the traumatic event again in the moment, even though it is just a thought.
- Recurring dreams that are directly related to the traumatic experience.
- Feeling physical symptoms like increased heart rate, sweating, or muscle tension when an intrusive thought arises.

Intrusive thoughts and re-experiencing can be triggered by:

- Seeing, hearing, smelling, or feeling something that reminds one of the trauma.
- Situations that evoke feelings similar to those from the original event, such as fear or danger.
- Dates or events that mark the passage of time since the trauma.

**Evidence to consider:**

- Consider whether the child/youth avoids activities/places that may remind them of the event (e.g., they will not remain in a certain area of the home, they avoid a specific person, etc.).
- Consider reports of disturbing dreams and/or nightmares.
- Examine physical and sensory reactions related to thoughts and sensory reminders.
- Review school documents for any IEP or 504 accommodations regarding trauma, PTSD, or anxiety.

- Review school records for patterns in absences, tardiness, truancy, or early dismissals.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth report unwanted thoughts and memories of the trauma?
- Does your child/youth report having flashbacks of the event(s)?
- Does your child/youth experience night terrors or nightmares?

*To child/youth:*

- Do you ever experience unwanted thoughts or memories of the event(s)?
- Do you ever have flashbacks of the event(s)?
- Do you have nightmares about the event(s)?
- Are there certain situations or experiences (e.g., a certain deodorant/perfume, a particular sound/voice) that trigger strong physical reactions such as anxiety, rapid heart rate, nausea, or trembling?

**Resources for additional information and guidance:**


- Gillette, H. (2023, November 16). What are intrusive memories in PTSD? Healthline. https://www.healthline.com/health/intrusive-memories-ptsd
- Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma. Available from: https://www.ncbi.nlm.nih.gov/books/NBK207191/
- Tull, M., PhD. (2024, February 14). Types of Re-Experiencing in PTSD. Verywell Mind. https://www.verywellmind.com/re-experiencing-2797325
- Website, N. (2024, November 20). Symptoms - Post-traumatic stress disorder. nhs.uk. https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/symptoms/


**Hypervigilance**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as “Yes”, indicating there are concerns regarding the child/youth’s exposure to trauma and resulting difficulties.

**This item rates hypervigilant behavior in the child/youth, which refers to being constantly on alert for danger and can cause the child/youth to be hypersensitive to their surroundings for potential or perceived threats.** A child/youth who is hypervigilant may appear jumpy, easily startled, and overly sensitive to their surroundings. Hypervigilance is a common symptom of post-traumatic stress disorder (PTSD).

**Evidence to consider:**

- Consider whether the child/youth appears to monitor their environment or looks for signs of potential threats even in seemingly safe situations.
- Examine whether they appear easily startled or have strong reactions to stimuli.
- Consider whether the child/youth seems afraid of falling asleep or has disruptive sleep.
- Review school documents for any IEP or 504 accommodations regarding trauma, anxiety, or PTSD.
- Observe whether the child/youth has an easy startle reflex.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth "overreact" to seemingly normal things in their environment (e.g., they startle in response to moderate noise)?
- Does your child/youth have difficulty winding down or feeling truly relaxed?
- Does your child/youth react to sounds or movements in a fearful or panicky manner?
- Is your child/youth in a constant state of heightened anxiety?
- Is there evidence of your child/youth having difficulty falling asleep?

*To child/youth:*

- Do you feel constantly worried about what is going on around you?
- Do you find yourself always wondering about what might happen next, or trying to predict what people might do next?
- Do you ever watch people or your surroundings to make sure everything is safe or okay?
- Do you feel nervous if someone walks up behind you, even if it's someone you know?
- Do you prefer to sit or stand in a specific spot (e.g., near or facing the door) when you're around other people?

**Resources for additional information and guidance:**


- Good Health Psych. (2024, December 26). What is hypervigilance in PTSD and how to recognize its signs? Good Health Psych | Psychiatric Services for Adults, and Adolescents in NYC. https://goodhealthpsych.com/blog/what-is-hypervigilance-in-ptsd-and-how-to-recognize-its-signs/
- Klimkowski, J. (2024, November 30). Childhood trauma and hypervigilance. Redeemed Mental Health. https://redeemedmentalhealth.com/childhood-trauma-hypervigilance/
- Davis, S. (2022, June 27). The Tragedy of never feeling safe | CPTSDfoundation.org. https://cptsdfoundation.org/2022/06/27/the-tragedy-of-never-feeling-safe/

**Grief**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item rates the presence of grief as a result of exposure to trauma. Trauma-related grief refers to the complex and often debilitating experience of grieving a loss during childhood, especially when the loss occurs under traumatic circumstances.** A grief reaction can also occur as the result of other traumatic experiences, such as abuse or neglect, witnessing violence, medical trauma, etc. Grief can significantly disrupt a child/youth's ability to process trauma and can lead to long-term emotional difficulties in adulthood. Essentially, the trauma of the event itself interferes with the natural grieving process, causing more severe and prolonged distress.

**Evidence to consider:**

- Consider the child/youth's behavior during the assessment, taking note of:
- Sad affect
- Inattentiveness
- Emotional lability
- Avoidance and/or unresponsiveness to provider
- Unkempt physical appearance
- Explore reports of sleep disturbance, significant weight change, and reports of isolative behavior.
- Review school records for patterns in absences, tardiness, truancy, or early dismissals.

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth lost something as a result of a trauma (e.g., a sense of safety or a person)?
- Does your child/youth report feeling sad most of the time?
- Does your child/youth express anger with little or no provocation?
- Does your child/youth feel stuck and unable to overcome these feelings?
- Can your child/youth identify the reason for their sadness?
- Does your child/youth experience sleep disturbance?
- Does your child/youth engage in isolated themselves?
- Is there anything that helps your child/youth to feel better? What makes it worse?

*To child/youth:*

- Did the event result in a loss of some sort (e.g., a person or a sense of safety)?
- Has it been difficult to grieve or talk about this loss because of the circumstances of how it happened?

- Since the event(s), have you noticed any changes in yourself (e.g., feeling anxious, numb, angry, etc.)?
- Since the event(s), have you had difficulty sleeping?
- Since the event(s), have you struggled to feel close to others?
- Since the event(s), have you had difficulty concentrating?

**Resources for additional information and guidance:**


- Ferow, A. (2019). Childhood grief and loss. European Journal of Educational Sciences, 06. https://doi.org/10.19044/ejes.s.v6a1
- The National Child Traumatic Stress Network (2008). Brief Information on Childhood Traumatic Grief. Child Trauma Toolkit for Educators. https://media.svsd.ca/sb365media/attachments/5cb0e095-7790-4dc7-8b25-69097741ae8a_brief_information_on_childhood_traumatic_grief.pdf


**Numbing**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item rates the degree to which a child/youth utilizes numbing behaviors to cope with trauma, which refers to the psychological defense mechanism where a person experiences a lack of emotional feeling, essentially "shutting down" their emotions as a way to cope with overwhelming pain or stress.** Numbing acts as a survival strategy, allowing a child/youth to avoid the immediate pain of a traumatic event by temporarily blocking out emotions.

**Evidence to consider:**

- Consider the child/youth's behavior during the assessment, taking note of:
- A flat affect
- Non-responsiveness
- The child/youth being physically withdrawn (e.g., lack of eye contact)
- Distant and disconnected behavior
- Review school documents for any IEP or 504 accommodations regarding attendance and behavior.
- Review school records for patterns in absences, tardiness, truancy, or early dismissals.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does it seem like your child/youth is distant or disconnected? Does your child/youth appear this way even if something big happens?
- Has your child/youth withdrawn from activities they previously found enjoyable/rewarding? If

so, when did this occur?

- Does your child/youth isolate?
- Do they have difficulty expressing any emotions?
- Do they avoid interactions with others?

*To child/youth:*

- Does it ever seem like you can't feel any emotions?
- Have other people told you that you seem distant, or like you're not showing a lot of emotion, even when something big happens?
- Are there times when it's easier to feel nothing at all instead of feeling sad, scared, or angry?

**Resources for additional information and guidance:**


- Saprea. (2023, September 15). Emotional Numbness | Saprea. https://saprea.org/heal/emotional-numbness/
- MEd, S. L. (2024, April 21). What is emotional numbness? Verywell Mind. https://www.verywellmind.com/emotional-numbing-symptoms-2797372
- Kerig, P. K., Bennett, D. C., Chaplo, S. D., Modrowski, C. A., & McGee, A. B. (2016). Numbing of positive, negative, and general emotions: Associations with trauma exposure, posttraumatic stress, and depressive symptoms among justice-involved youth. Journal of Traumatic Stress, 29(2), 111-119. https://www.academia.edu/download/45063576/Kerig__Bennett__Chaplo__Modrowski___McGee__2016_-_JTS_Numbing_of_positive_emotions.pdf


**Dissociation**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item rates the degree to which a child/youth engages in dissociation to cope with trauma, which refers to a mental process where there is a disconnection or separation from one's thoughts, feelings, memories, or sense of identity.** Symptoms of dissociation may include memory loss, feeling "out of body", time distortion, unresponsiveness, identity confusion, rapid mood shifts, and physical complaints like headaches or stomach pain.

**Evidence to consider:**

- Consider the child/youth's behavior during the assessment, taking note of:
- The child/youth being distant or not present psychologically
- A trance-like state
- A lack of eye contact
- Incongruous facial expressions
- Rapid mood and behavior shifts

- Auditory and visual hallucinations
- Review school documents for any IEP or 504 accommodations regarding behavior and memory and skills retention.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth report feeling detached from reality?
- Do they often feel disoriented or confused?
- Does it ever seem like your child/youth loses track of time?
- Are there problems with memory or retaining information? Have they experienced periods of amnesia?

*To child/youth:*

- Are there times when you feel like you go somewhere else in your mind or zone out from what is happening around you? Does this happen when you are stressed or feel scared, or does it happen at other times?
- Are there instances where you don't remember part of your day or can't remember how you got somewhere?
- Do you ever lose track of time?

**Resources for additional information and guidance:**


- Lyons, S. (2020). Dissociation in children and teens. Beacon House Therapeutic Services & Trauma Team. https://beaconhouse.org.uk/wp-content/uploads/2020/02/Dissociation-in-Children-Teens-Resource_compressed.pdf
- Boyer, S. M., Caplan, J. E., & Edwards, L. K. (2022). Trauma-Related Dissociation and the Dissociative Disorders:: Neglected Symptoms with Severe Public Health Consequences. Delaware journal of public health, 8(2), 78–84. https://doi.org/10.32481/djph.2022.05.010
- Aukamp, A., International Society for the Study of Trauma and Dissociation, & Putnam, F. W. (1997). The child Dissociative checklist. Guilford Press. http://emdrmasterclass.com/wp-content/uploads/2023/03/Child-Dissociation-Checklist.pdf
- Dalenberg, C., Carlson, E., American Psychiatric Association, C. Dalenberg, & E. Carlson. (2010). Severity of Dissociative Symptoms—Child age 11–17 (Brief Dissociative Experiences Scale [DES-B]—Modified). https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Severity-of-Dissociative-Symptoms-Child-Age-11-to-17.pdf


**Avoidance**

This is a skip logic question asked only if the Indicator Question for the Trauma Module was answered as "Yes", indicating there are concerns regarding the child/youth's exposure to trauma and resulting difficulties.

**This item rates the degree to which a child/youth engages in avoidance behaviors to cope with trauma, which refers to a coping mechanism that involves avoiding thoughts, feelings, people, places, or situations that remind someone of a traumatic event.** While avoiding triggers can bring short-term symptom relief, chronic avoidance can make trauma symptoms worse.

**Evidence to consider:**

- Consider the child/youth's behavior during the assessment, taking note of:
- heightened anxiety
- refusal to discuss thoughts or feelings related to trauma
- detached posture (e.g., lack of eye contact)
- selective memory
- Explore whether the child/youth avoids activities/places that may remind them of the event (e.g., they will not remain in a certain area of the home, they avoid a specific person, etc.).
- Review school documents for any IEP or 504 accommodations regarding anxiety or PTSD.
- Review school records for patterns in absences, tardiness, truancy, or early dismissals.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth avoid people, places, situations, or activities that might remind them of the trauma?
- How frequently and intensely does your child/youth engage in avoidance behaviors?
- Does your child/youth avoid participating in outside activities?

*To child/youth:*

- Do you avoid specific places, scents, people, thoughts, or feelings because they remind you of the traumatic event(s)?
- How often do you find yourself avoiding those things?
- How much does avoidance interfere with your daily life and relationships?

**Resources for additional information and guidance:**


- Shenk, C. E., Putnam, F. W., & Noll, J. G. (2012). Experiential avoidance and the relationship between child maltreatment and PTSD symptoms: Preliminary evidence. Child Abuse & Neglect, 36(2), 118–126. https://doi.org/10.1016/j.chiabu.2011.09.012, https://pmc.ncbi.nlm.nih.gov/articles/PMC3345516/pdf/nihms-354446.pdf
- Sheynin, J., Shind, C., Radell, M., Ebanks-Williams, Y., Gilbertson, M. W., Beck, K. D., & Myers, C. E. (2017). Greater avoidance behavior in individuals with posttraumatic stress disorder symptoms. Stress, 20(3), 285–293. https://doi.org/10.1080/10253890.2017.1309523,
- Tull, M., PhD. (2023, November 16). Emotional avoidance in PTSD. Verywell Mind. https://www.verywellmind.com/ptsd-and-emotional-avoidance-2797640

**Traumatic Stress Symptoms Narrative**

**This item provides the opportunity to elaborate on the child/youth's needs related to symptoms of traumatic stress.** Include details that clarify and inform the ratings given to the items in this section, as well as notes on any traumatic stress symptoms not included in this CANS assessment. Include areas where needs have either increased or decreased.

**Are There Difficulties in the Child/Youth's School Setting?**

**This item documents whether the child/youth experiences difficulty in their school setting, including (but not limited to) attendance, school behavior, academic achievement, and the child/youth's relationship to school and school staff** he presence of a learning disability was covered in a previous item. Any academic challenges resulting from a learning disability should be addressed in this section.

An affirmative answer will prompt additional questions related to the child/youth's needs around school. Consider a lower threshold for a Yes answer here to accurately assess suspected school issues.

**Evidence to consider:**

- Review school records for patterns in absences, tardiness, truancy, or early dismissals.
- Consider the severity of any difficult behavior at school, as well as the level of disruption caused by this behavior.
- Review school documents for any IEP or 504 accommodations regarding behavior issues, anxiety, learning disability, or any other issue that could interfere with school.
- Determine whether the child/youth is at risk of failing any classes or being left back.
- Consider the relationship between the child/youth and teachers.
- Consider whether the child/youth has difficulty reading, writing, spelling, reasoning, recalling, and/or organizing information.

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth had any difficulty with getting to or staying in school?
- Has your child/youth ever received a sanction at school due to their behavior?
- Is your child/youth engaged in their classes?
- How is your child/youth doing academically in school?
- In what subjects is your child/youth strongest and in which subjects does your child/youth struggle?
- What activities does your child/youth enjoy at school?
- Are there areas in which your child/youth struggles, for example, reading, writing, reasoning, remembering or organizing information?

*To child/youth:*

- Do you enjoy attending school? Why or why not?
- How are you doing academically in school? Are there particular classes that are more challenging for you?
- How often are you absent from classes?
- Have you gotten in trouble at school? When was this?

**Resources for additional information and guidance:**

- Chris, K, Silverman, W. (2007) Oxford University Press. School Refusal Assessment Scale-Revised (C) https://schoolavoidance.org/wp-content/uploads/2021/11/sras-child-version.pdf
- Functional behavioral assessment-based interventions. (2016). In U.S. DEPARTMENT OF EDUCATION, WWC Intervention Report (pp. 1–33) [Report]. https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/wwc_fba_011017.pdf
- Cook, C. R., Coco, S., Zhang, Y., Fiat, A. E., Duong, M. T., Renshaw, T. L., Long, A. C., & Frank, S. (2018). Cultivating Positive Teacher–Student Relationships: Preliminary evaluation of the Establish–Maintain–Restore (EMR) Method. School Psychology Review, 47(3), 226–243. https://www.researchgate.net/publication/328757668_Cultivating_Positive_Teacher-Student_Relationships_Preliminary_Evaluation_of_the_Establish-Maintain-Restore_EMR_Method

**School Attendance**

This is a skip logic question, asked only if the Indicator Question for the School Module was answered as "Yes", indicating the presence of difficulties in the child/youth's school setting.

**This item rates issues related to the child/youth's absences, tardiness, and/or truancy (skipping school without caregiver knowledge).** Mental health conditions such as anxiety and depression can directly impact a student's ability and willingness to attend school. Additionally, missing school regularly can lead to feelings of isolation, low self-esteem, and increased stress, which can contribute to or worsen existing mental health problems.

**Evidence to consider:**

- Review school records for patterns in absences, tardiness, truancy, or early dismissals.
- Evaluate attendance issues in the context of other risk factors, including mental health concerns, substance use, history of abuse, violence or victimization, problematic ties to the community, and exposure to trauma.
- Assess attendance issues in the context of the family's risk factors, including economic instability, language barriers, caregiver mental health concerns, caregiver substance use, etc.
- For older students, consider if there are specific classes/class periods the student is missing.

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth had any difficulty getting to or staying at school?
- How often is your child/youth absent from school?
- Has a teacher or other school personnel called you to discuss your child/youth's attendance?

*To child/youth:*

- How many times per week are you absent from school? How many times per month?
- Where are you when you aren't in school? Who is usually with you?
- Has the school administration talked to you or your caregiver(s) about your absences?
- Have there been any consequences either at school or at home due to your absences?

**Resources for additional information and guidance:**

- Chris, K, Silverman, W. (2007) Oxford University Press. School Refusal Assessment Scale-Revised (C) https://schoolavoidance.org/wp-content/uploads/2021/11/sras-child-version.pdf
- Banerjee J, M V, S V KK, Kiran P. Post pandemic school reluctance - Do children require attention, support, and intervention? Asian J Psychiatr. 2022 Jan;67:102940. doi: 10.1016/j.ajp.2021.102940. Epub 2021 Nov 24. PMID: 34839097; PMCID: PMC8612815. https://pmc.ncbi.nlm.nih.gov/articles/PMC8612815/
- Falci M, Kean, N. Managing School Avoidance and Refusal in Children, Adolescents Post-Pandemic. Clinical Advisor. (9/11/24) https://www.clinicaladvisor.com/features/school-avoidance/

**School Behavior**

This is a skip logic question, asked only if the Indicator Question for the School Module was answered as "Yes", indicating there are difficulties in the child/youth's school setting.

**This item rates the child/youth's behavioral problems in school, such as acting out in class, refusing to do work, physical or verbal altercations, and destructive behaviors.** This item is rated independently from attendance and achievement (e.g., a child/youth may be frequently absent but exhibit appropriate behavior when attending school).

**Evidence to consider:**

- Consider the child/youth's behavior at school vs their behavior at home.
- Consider the severity of any difficult behavior at school, as well as the level of disruption caused by this behavior.
- Determine whether the teacher or other school personnel have called the child/youth's caregiver(s) to talk about their behavior.
- Examine whether this behavior is likely to result in a serious sanction.
- Review school documents for any IEP or 504 accommodations regarding behavior issues.

**Example interview/assessment questions:**

*To caregiver(s):*

- How is your child/youth's behavior at school? Is this different from how they behave at home?
- Has your child/youth ever received a sanction at school due to their behavior?
- Is your child/youth engaged in their classes?
- Is your child/youth liked by teachers and peers?
- Is your child/youth on the teacher's or administration's "radar"?
- Are there specific teachers or administrators that your child/youth struggles to get along with? Do these interpersonal challenges affect your child/youth's behavior in class/school?
- Is your child/youth being challenged enough academically? If no, might this be a factor in their misbehavior in class?

*To child/youth:*

- Have you gotten in trouble at school for your behavior? What was the most serious consequence the school has implemented (e.g., lunch detention, after-school detention, in-school suspension, out-of-school suspension, expulsion, etc.)?
- How would your peers or teachers describe you?
- How often do you receive consequences at school?
- Is there something about school or a particular class that makes it more challenging to follow the rules?

**Resources for additional information and guidance:**

- Functional behavioral assessment-based interventions. (2016). In U.S. DEPARTMENT OF EDUCATION, WWC Intervention Report (pp. 1–33) [Report]. https://ies.ed.gov/ncee/wwc/Docs/InterventionReports/wwc_fba_011017.pdf
- Brooks Blog (2021) 10 Positive Ways to Assess and Support Students with Behavior Challenges. https://blog.brookespublishing.com/10-positive-ways-to-assess-and-support-students-with-behavior-challenges/

**Academic Achievement**

This is a skip logic question, asked only if the Indicator Question for the School Module was answered as "Yes", indicating there are difficulties in the child/youth's school setting.

**This item rates difficulties with the child/youth's grades or level of academic achievement.** Many variables impact a child/youth's academic achievement, including:

- The child/youth's internal motivation
- Stress and anxiety, and their capacity to cope with it
- Self-esteem or self-efficacy
- Emotional and physical self-regulation
- Cognitive and intellectual skills
- Learning styles and personality

- The education level of the caregiver(s)
- The family's socioeconomic status

**Evidence to consider:**

- Investigate how the child/youth is doing academically in school (e.g., whether they are performing at grade level).
- Consider whether the child/youth having difficulty with specific subjects.
- Determine whether the child/youth is at risk of failing any classes or of being held back.
- Explore whether a teacher or other school personnel has spoken to the child/youth's caregiver(s) about their performance.
- Review school documents for any IEP or 504 accommodations regarding behavior issues, anxiety, learning disability, or any other issue that could interfere with school.

**Example interview/assessment questions:**

*To caregiver(s):*

- How was your child/youth's last report card?
- What kind of grades does your child/youth receive?
- What kind of comments do teachers write on progress reports?
- In what subjects is your child/youth strongest and in which subjects does your child/youth struggle?
- How are your child/youth's grades this year compared to last school year or last semester?

*To child/youth:*

- What are your current grades?
- Have your grades changed at all from last school year?
- Is completing your schoolwork important to you? Is it important to your family?
- Are there specific classes that are more challenging for you?
- Are you being challenged enough in your classes?

**Resources for additional information and guidance:**


- Di Pietro, G. (2023). The impact of Covid-19 on student achievement: Evidence from a recent meta-analysis. Educational Research Review, 39, 100530. https://pmc.ncbi.nlm.nih.gov/articles/PMC10028259/
- Ross, E.M. (2024) Despite Progress, Achievement Gaps Persist During Recovery from Pandemic. https://www.gse.harvard.edu/ideas/news/24/01/despite-progress-achievement-gaps-persist-during-recovery-pandemic
- Horanicova, S., Husarova, D., Geckova, A. M., Rebicova, M. L., Sokolova, L., De Winter, A. F., & Reijneveld, S. A. (2024). Adolescents' academic performance: what helps them and what

hinders them from achievement and success? Frontiers in Psychology, 15. https://doi.org/10.3389/fpsyg.2024.1350105

**Relationship to School**

This is a skip logic question, asked only if the Indicator Question for the School Module was answered as "Yes", indicating there are difficulties in the child/youth's school setting.

**This item rates difficulties in the child/youth's relationship to school, including their feelings of connection, engagement, and positive experiences toward teachers, peers, school administrators, and the overall school climate.** Though schools may contribute to student stress through academic and social pressures, they also serve as key spaces for emotional growth, peer connection, and mental health support.

**Evidence to consider:**

- Consider whether the student feels connected to the school.
- Examine the relationship between the child/youth and their teachers.
- Evaluate the child/youth's relationships with peers.
- Consider whether the child/youth is engaged academically.
- Assess whether the child/youth feels safe at school.

**Example interview/assessment questions:**

*To caregiver(s):*

- What activities does your child/youth enjoy at school?
- Does your child/youth feel cared for by an adult at school? Do they feel they can talk with teachers and administrators?
- Is school a place where your child/youth is successful?
- Does your child/youth feel they are treated fairly by teachers?
- Does your child/youth have positive social interactions with classmates? Do they feel accepted and included by classmates?
- Does your child/youth have a friend at school?
- Does your child/youth feel safe and secure at school?

*To child/youth:*

- Do you feel wanted, or like you belong, at school?
- Do you feel safe at school?
- How do you get along with your peers and classmates?
- Are there specific activities or classes you really enjoy at school?
- Do you feel like your teachers and administrators are supportive of you? Do you feel like they want to help you succeed?

**Resources for additional information and guidance:**

- Cook, C. R., Coco, S., Zhang, Y., Fiat, A. E., Duong, M. T., Renshaw, T. L., Long, A. C., & Frank, S. (2018). Cultivating Positive Teacher–Student Relationships: Preliminary evaluation of the Establish–Maintain–Restore (EMR) Method. School Psychology Review, 47(3), 226–243. https://www.researchgate.net/publication/328757668_Cultivating_Positive_Teacher-Student_Relationships_Preliminary_Evaluation_of_the_Establish-Maintain-Restore_EMR_Method
- McCabe EM, Davis C, Mandy L, Wong C. The Role of School Connectedness in Supporting the Health and Well-Being of Youth: Recommendations for School Nurses. NASN School Nurse. 2022;37(1):42-47. doi:10.1177/1942602X211048481Brooks Blog (2021) 10 Positive Ways to Assess and Support Students with Behavior Challenges. https://blog.brookespublishing.com/10-positive-ways-to-assess-and-support-students-with-behavior-challenges/
- Rimm-Kaufman, S & Sandilos, L. (2010). Improving Students' Relationships with Teachers to Provide Essential Supports for Learning. Accessed at: https://www.apa.org/education-career/k12/relationships
- Wilkins NJ, Krause KH, Verlenden JV, et al. School Connectedness and Risk Behaviors and Experiences Among High School Students — Youth Risk Behavior Survey, United States, 2021. MMWR Suppl 2023;72(Suppl-1):13–21. DOI: http://dx.doi.org/10.15585/mmwr.su7201a2

**School Narrative**

**This item provides the opportunity to elaborate on the child/youth's needs related to school.** Include details that clarify and inform the ratings given to the items in this section, as well as notes on any school issues not included in this CANS assessment. Include areas where needs have either increased or decreased.

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## Section 5 – Family and Community Context

The Family and Community Context section is designed to capture information regarding the challenges the entire family is facing in general, as well as in response to the child/youth's needs. These items consider the family's challenges around access to resources, the child/youth's social identity (e.g., race, gender, sexuality, ability, skin color, etc.), the need for additional support for the caregiver(s), and conflicts within the family. It is essential to evaluate the child/youth within the context of their family, and their wider community, because it provides a holistic understanding of their development that encompasses the social, cultural, and environmental factors that shape their experiences.

**Rating Structure:**

Most of the questions in the Child/Youth Health and Behavioral Health Needs section are rated using the following categories and action levels:

| Rating | Level of Need |
|---|---|
| 0 | There is no evidence of any needs |
| 1 | Requires monitoring, watchful waiting, or preventative activities |
| 2 | Requires action to ensure that this identified need or risk behavior is addressed |
| 3 | Requires immediate or intensive action |

Several items (Identity-Related Stress, Caregiver Need for Support, and Family Functioning) are rated using a Yes/No structure, indicating whether or not an issue is present. An affirmative answer on these items will prompt additional questions for a more detailed evaluation of the issue. For these items, consider a lower threshold for a Yes answer to accurately assess suspected needs.

**Accessibility**

**This item rates the degree to which needed support services are inaccessible to the child/youth/family.** Barriers to support may include lack of transportation, physical accessibility, financial barriers, technological barriers, communication and language barriers, visual and hearing accessibility issues, access to gender affirming care, access to medical care, etc.

**Evidence to consider:**

- Examine records to see if there is a history of ending services early or difficulty with attendance.
- Identify whether the child/youth or a member of their family requires ramps to exit/enter their home or supportive service provider's offices, assistive technologies for hearing impaired individuals such as live transcription, video relay services, video phones, psychoeducational information available in braille or large print, etc.
- Investigate whether the family has adequate health insurance, is able to communicate with providers, is adequately medically literate and able to provide and synthesize information, is able to access care without fear of bias or discrimination, is able to access all needed medication and medical equipment/assistive devices such as wheelchairs, prosthetics, leg braces, walkers, glasses, hearing aids, etc.
- Investigate the family's access to transportation.

**Example interview/assessment questions:**

*To caregiver(s):*

- Can you manage to schedule, get to, and attend all of the appointments you have in a week? If no, what would help?
- Do you have your own transportation? If not, how do you get to and from important appointments?
- Do all family members have health insurance? Have you ever been unable to access care due

to your health insurance not covering the service?

- Have you ever been unable to access medical care or other supportive care due to a lack of funds or transportation?
- Do you ever have difficulty communicating with service providers? Is this due to a hearing impairment? A language barrier? Lack of access to a phone, computer, or internet?
- Does anyone in the family use hearing aids, wear glasses, utilize a wheelchair, walker, or other assistive device?
- Have you ever avoided accessing care due to fear of bias, discrimination, or fear of harm to yourself and/or your family?

To child/youth if a caregiver is inaccessible:

- How does your family get to and from appointments or stores?
- Does your family ever have difficulty communicating with service providers? What causes this difficulty (e.g., a hearing impairment, language barrier, lack of access to a phone/computer/internet)?
- Has your family ever avoided getting medical or mental health care due to fear of bias, discrimination, or fear of harm to family members?
- If you or someone in your family needed medical care, where would you go? Would it be easy or hard to get services there? Would you or a family member receive good care there?

**Resources for additional information and guidance:**

- Clemente, K. A. P., Silva, S. V. D., Vieira, G. I., Bortoli, M. C., Toma, T. S., Ramos, V. D., & Brito, C. M. M. (2022). Barriers to the access of people with disabilities to health services: a scoping review. *Revista de saude publica*, *56*, 64. *https://doi.org/10.11606/s1518-8787.2022056003893*, https://pmc.ncbi.nlm.nih.gov/articles/PMC9239543/
- Disability barriers to inclusion. (2024, December 18). Disability Inclusion. https://www.cdc.gov/disability-inclusion/barriers/index.html
- Accessible health care. (n.d.). ADA National Network. https://adata.org/factsheet/accessible-health-care

**Housing Stability**

**This item rates the family's difficulties with housing stability; it does not include the likelihood that the child/youth will be removed from the household and/or foster placements.**

**Evidence to consider:**

- Consider how often the child/youth/family has been unhoused and/or at risk of losing housing.
- Examine whether the child/youth/family experiences limitations or barriers in accessing stable housing (e.g., low income, ineligible for housing programs, discrimination).
- Evaluate whether the child/youth/family feels safe and secure in their current housing.
- Assess whether the child/youth/family is currently living in permanent or temporary housing.

- Consider whether the child/youth's housing situation is similar or different from the family (e.g., child/youth has been asked to move out, child/youth is living independently).

**Example interview/assessment questions:**

*To caregiver(s):*

- Where does your child/youth and their family currently live? Are they living with others?
- Do they enjoy and feel secure where they live?
- Is the family's current housing permanent or temporary? Are you worried about your housing?
- Has your family experienced difficulty due to housing in the past?
- Does your child/youth/family plan or expect to live somewhere else in the future?

To child/youth if a caregiver is inaccessible:

- Where do you currently live? Who do you live with?
- How long have you lived where you are currently? Do you think you'll stay there for the next few years?
- Have you heard your caregiver(s) talking about not being able to afford where you currently live? Do they seem worried about finding a place to live that is affordable?
- Do you, or have you previously, lived in a shelter?

**Resources for additional information and guidance:**

- Hatem, C., Lee, C. Y., Zhao, X., Reesor-Oyer, L., Lopez, T., & Hernandez, D. C. (2020). Food insecurity and housing instability during early childhood as predictors of adolescent mental health. Journal of Family Psychology, 34(6), 721–730. https://doi.org/10.1037/fam0000651, https://pmc.ncbi.nlm.nih.gov/articles/PMC7483158/
- Social Interventions Research & Evaluation Network, University of California San Francisco (n.d.). Housing insecurity / Instability / Homelessness questions. https://sirenetwork.ucsf.edu/housing-insecurity-instability-homelessness-questions

**Built Environment**

**This item rates the degree to which the child/youth is exposed to physical environments that impede healthy development such as exposure to pollutants, lack of access to safe outdoor space, unsafe conditions within the home, etc.** Unhealthy and dangerous environments can negatively impact a child's intellectual, social, and emotional growth.

**Evidence to consider:**

- Consider whether the child/youth/family has lived in environments where public health concerns are evident or suspected.
- Investigate whether the child/youth/family experiences any health concerns related to, or suspected to be the result of, exposure to the build environment (e.g., worsening asthma due to air quality).

- Examine whether the child/youth/family requires modifications in their environment in order to improve treatment outcomes (e.g., requiring water filter or bottled water).
- Consider if the built environment contributes to barriers to accessing healthy options or care (e.g., transportation, "food desert", unsafe areas, etc.).
- Consider if the built environment contributes to community connection (e.g., walkable routes, mixed-use facilities to encourage community overlap, etc.).

**Example interview/assessment questions:**

*To caregiver(s):*

- What is your neighborhood like? Does it feel like a place where you can interact with others?
- Does local store have healthy foods available? Do you have to travel far to access fresh food and/or things your care provider says you need (e.g., more fruits and vegetables, non-processed foods, certain medications or vitamins, etc.)?
- Do you have access to clean water and air? Can you walk to parks and gardens in your area?
- Have you been exposed to toxic environments (e.g., lead paint or contaminated water) or situations (e.g., community violence) where you live?
- Are there any health hazards in your home of which you are aware (for instance, lead paint)?

To child/youth if a caregiver is inaccessible:

- Has a grownup ever told you to stay away from a part of your home because it was unsafe or dangerous?
- Is there an outdoor space at or near your home where you can spend time? Are there any safety concerns there?
- Are there any problems in your home like leaks, mold, or bugs?

**Resources for additional information and guidance:**


- Nordbø, E. C. A., Nordh, H., Raanaas, R. K., & Aamodt, G. (2018). GIS-derived measures of the built environment determinants of mental health and activity participation in childhood and adolescence: A systematic review. Landscape and Urban Planning, 177, 19–37. https://doi.org/10.1016/j.landurbplan.2018.04.009
- U.S. Centers for Disease Control and Prevention, (2024, February 7). Built Environment Assessment Tool and manual. https://www.cdc.gov/physical-activity/php/built-environment-assessment/index.html


**Economic resources**

**This item rates difficulties the family may experience in meeting financial demands related to the needs of the child/youth and/or other family members.** Financial vulnerability and instability can significantly impact a child/youth's behavioral and emotional development.

**Evidence to consider:**

- Consider the way in which poverty or economic hardship is impacting the family's day-to-day functioning.
- Examine if the family has been unable to afford basic needs like food, housing, utilities, or healthcare (recently or in the past).
- Consider what resources the family is already using to mitigate financial hardship.
- Consider the way in which poverty or economic hardship is impacting your child/youth's behavior or emotional state.
- Assess whether there is risk of the family losing their housing because of economic hardship.

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you have trouble paying for things like food or your monthly bills?
- Have you had to delay or forgo medical care due to cost?
- Has economic hardship affected your relationships with family or friends?
- Are you at risk of losing housing?
- Do you have people you can turn to in the event of a financial emergency?

To child/youth if a caregiver is inaccessible:

- Do you hear your caregiver(s) talking about not having enough money?
- Are there times when your family didn't have enough food at home, or you had to go hungry?
- Have there been times when the electricity/heat/water was turned off for longer than one day?

**Resources for additional information and guidance:**


- U.S. Department of Health & Human Services. (n.d.). *Massachusetts: Financial assistance resources for families*. Childcare.gov. Retrieved March 24, 2025, from https://childcare.gov/state-resources/massachusetts/financial-assistance-resources-for-families
- Jung, J., Mukherjee, K., Brown, M., & Sadigh, G. (2024). Association between financial hardship and psychological burden and the role of social and mental health support: An observational study. Medicine, 103(28), e38871. https://doi.org/10.1097/MD.0000000000038871
- Social Interventions Research & Evaluation Network, University of California San Francisco (n.d.). Financial Strain Questions. https://sirenetwork.ucsf.edu/financial-strain-questions-0


**Identity-Related Stress**

**Does the child/youth experience stress or difficulties related to their social identity (race, gender, sexuality, ability, skin color, etc.), including discrimination?**

For the purposes of this assessment:

- Social Identity: How a child/youth views themselves (e.g., gender, race, ethnicity, class, sexual orientation, gender identity, immigration status, abilities, etc.)

- Cultural Identity: A child/youth's sense of belonging to a culture or group, based on shared characteristics, values, beliefs, traditions, and language. Cultural identities may include, but are not limited to: Race, ethnicity, class, gender, sexual orientation, gender identity, abilities, etc.

An affirmative answer will prompt additional questions related to identity-related stress, including family acceptance, discrimination, immigration, etc. Consider a lower threshold for a Yes answer here to accurately assess suspected identity-related stress issues.

**Evidence to consider:**

- Consider whether the child/youth identifies with a race, gender, ethnicity, etc. that differs from that of other family members or that may differ from the family's expectations of the child/youth.
- Investigate the child/youth's reports of experiencing stereotyping or discrimination, and/or observations of stereotyping or discrimination made by the caregiver(s).
- Observe whether the child/youth wears any clothing or jewelry that indicates a connection to a cultural group or social identity (e.g., cross, Star of David, Hamsa, Mala beads, shirt with an inclusive pride flag on it, etc.).
- Examine the child/youth's home setting for any clues about the family's culture (e.g., mezuzah on the door, pride flag, etc.).
- Determine whether family members use the child/youth's preferred pronouns and/or name.
- Identify what language the child/youth primarily uses or prefers to use, as well as what language is primarily spoken at home.
- Consider how differently the child/youth behaves when with different social groups (e.g., peers vs caregiver), and whether this difference is unusual or extreme.

**Example interview/assessment questions:**

*To caregiver(s):*

- Are there any aspects of your child's identity that have been difficult for you or other family members to understand?
- Does your child/youth identify with any racial/ethnic/cultural group? Does your child/youth find this group a source of support?
- Does your child/youth feel pressured to join/leave a racial/ethnic/cultural subgroup for another?
- Does your child/youth identify as a part of the LGBTQIA+ family? What are your thoughts and feelings about your child/youth holding this identity?

To child/youth:

- How would you describe yourself? How do they think your caregiver(s) would describe you? Friends? Teachers?
- Do you ever feel as though you can't be your true self? If so, when and/or with whom? How does this impact you?

- Have you ever wished you could change a part of your identity? When and why?
- Has anyone called into question your identity? What happened?
- Has anyone ever treated you differently or unkindly because of the way you identify? If so, what happened?
- Is your family accepting of your identity?

**Resources for additional information and guidance:**

- Carroll, A., Bower, J. M., Povey, J., Muspratt, S., & Chen, H. (2023). Validation of the Adolescent Social Identity Measure: Adolescents' perception of themselves in a social context. International Journal of Educational Methodology, 9(3), 551–565. https://doi.org/10.12973/ijem.9.3.551
- Adapted from Marcella Runell, Social Justice Education UMass-Amherst and "Voice of Discovery," Intergroup Relations Center, Arizona State University. Social Identity Wheel: https://www.scrippscollege.edu/laspa/wp-content/uploads/sites/38/Social-Identity-Wheel.pdf

**Family Acceptance/Recognition of Young Person's Identity**

This is a skip logic question asked only if the Indicator Question for the Identity Related Stress Module was answered as "Yes", indicating there are concerns about the presence of stress or difficulties related to the child/youth's social identity (e.g., race, gender, sexuality, ability, skin color, etc.).

**This item rates difficulties with family members recognizing and/or accepting the child/youth's personal social identities (e.g., race, gender, sexuality, ability, skin color, etc.).** Family recognition of a young person's identity is essential for their self-esteem, well-being, and healthy emotional development.

**Evidence to consider:**

- Consider whether the child/youth identifies with a race, gender, ethnicity, etc. that differs from that of family members or that may differ from the family's expectations of the child/youth.
- Investigate whether family members have ever verbalized or otherwise rejected the child/youth's identity.
- Examine whether child/youth reports conflict or stress within the family related to their identity.
- Consider how much family members understand about different social identities, specifically sexual orientation and gender identity.

**Example interview/assessment questions:**

*To caregiver(s):*

- Are you worried that your child/youth isn't following or connecting with important values, traditions, or beliefs to your family?
- Are there any aspects of your child/youth's identity that have been difficult for you or other family members to understand?

- Have there been any conflicts or tension in the family due to your child/youth's identity?
- Are there family members who are especially supportive or unsupportive of your child/youth's identity?

To child/youth:

- How has your family responded to you expressing parts of your identity that might differ from their expectations/values?
- Do you feel like there are things about how you see yourself that your family doesn't like or wants you to change?
- Are there important parts of your family's values, traditions or beliefs that conflict with how you see yourself?
- Do you feel like your family respects and supports who you are?
- Are there things about yourself that you hide from your family because you think they might not understand or accept you?

**Resources for additional information and guidance:**


- Benson, J. E., & Johnson, M. K. (2009). Adolescent Family Context and Adult Identity Formation. Journal of Family Issues, 30(9), 1265-1286. https://doi.org/10.1177/0192513X09332967, https://pmc.ncbi.nlm.nih.gov/articles/PMC2806681/
- Matarese, M., Weeks, A., Greeno, E., Betsinger, A., Hammond, P., Schisler, L., Ruth Ellis Center, Family Acceptance Project, Karreci, L., Fullenkamp, J., Ryan, C., & Institute for Innovation & Implementation. (2022). *Family Support Model: Implementation Guide*. https://sogiecenter.org/wp-content/uploads/2023/10/QICFSMguide.pdf


**Stereotyping & Experiences of Discrimination**

This is a skip logic question asked only if the Indicator Question for the Identity Related Stress Module was answered as "Yes", indicating there are concerns about the presence of stress or difficulties related to the child/youth's social identity (e.g., race, gender, sexuality, ability, skin color, etc.).

**This item rates issues the child/youth is having related to stereotyping or discrimination regarding their social identity(ies).** The experience of discrimination or stereotyping can create barriers for accessing services, thus careful assessment, including therapeutic acknowledgement of the disclosure, is essential in treatment planning.

**Evidence to consider:**

- Consider the child/youth's apparent or confirmed identity as a part of a minoritized group (e.g., skin color, self-identification of sexuality, language status etc.).
- Observe how school officials and other community members interact with the family related to identity.

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth ever shared that they've been treated differently/unfairly/poorly because of who they are?
- Have you witnessed or heard about any situations where your child/youth was excluded/bullied/judged based on how they look, express themselves, or speak?
- Do you think your child/youth has experienced discrimination or stereotyping at school or in the community?

*To child/youth:*

- Have you been excluded/bullied/judged based on how you look, express yourself, or speak?
- Has your family experienced discrimination?
- Do you feel like you've been negatively stereotyped for how you look, dress, or talk?
- Do you worry your doctors or teachers treat you differently because of your identity?

**Resources for additional information and guidance:**

- Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress and discrimination. *Journal of Health Psychology, 2*(3), 335–351. https://doi.org/10.1177/135910539700200305
  https://sparqtools.org/mobility-measure/perceived-discrimination-scale

**Immigration**

This is a skip logic question asked only if the Indicator Question for the Identity Related Stress Module was answered as "Yes", indicating there are concerns about the presence of stress or difficulties related to the child/youth's social identity (e.g., race, gender, sexuality, ability, skin color, etc.).

**This item rates the stress or adverse effects the child/youth experiences because of their or family members' immigration status.** Immigration status includes both documented and undocumented immigrants and can greatly impact not only a child/youth's mental health, but also their ability to access services due family concerns.

**Evidence to consider:**

- Investigate the child/youth's reports of experiencing stereotyping or discrimination, and/or observations of stereotyping or discrimination made by the caregiver(s).
- Consider the child/youth's reluctance to discuss immigration status, which may indicate a concern for disclosure and may mask underlying challenges.
- Review school documents for any IEP or 504 accommodations regarding English language learning.

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth experienced bullying/discrimination/stereotyping related to their immigration background/status?

- Does your child/youth exhibit stress, fear, or anxiety about their, or a family member's, immigration status?
- Are there places that your child/youth or family avoids due to concerns related to immigration status?
- Has your child/youth experienced or witnessed family separation due to immigration?
- Does your child/youth translate conversations between family members and service providers, or translate documents (e.g., legal, medical, housing, etc.) for family members?

*To child/youth:*

- Has your family experienced challenges related to immigration?
- Do you and your caregiver(s), or other family members, have conflict with one another because of cultural differences between the U.S. and your family's country(s) of origin?
- Do you have stress about being able to communicate in English?
- Have any family members suddenly left or are they at risk of suddenly leaving?

**Resources for additional information and guidance:**

- Office for Refugees and Immigrants (ORI) - https://www.mass.gov/orgs/office-for-refugees-and-immigrants
- National Association of Social Workers (2025, February 10). Know Your Rights - Information for Social Workers in Working with Immigrants, https://www.naswma.org/news/693297/Know-Your-Rights---Information-for-Social-Workers-in-Working-with-Immigrants.htm

**Need for Gender-Affirming Care**

This is a skip logic question asked only if the Indicator Question for the Identity Related Stress Module was answered as "Yes", indicating there are concerns about the presence of stress or difficulties related to the child/youth's social identity (e.g., race, gender, sexuality, ability, skin color, etc.).

**This item rates the child/youth's need for gender-affirming care.** For the purposes of this assessment, gender-affirming care refers to a range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual's gender identity when it conflicts with the sex they were assigned at birth*. These interventions help transgender people integrate their emotional, relational, and physical selves to reflect their authentic gender identity. Gender-affirming care may include medical interventions such as hormone therapy or surgical procedures, as well as non-medical interventions such as counseling and support, name and pronoun changes, social transition, and legal changes.

**Evidence to consider:**

- Consider the child/youth/family's statements about accessing gender-affirming care.
- Explore the child/youth's reports experiencing adverse effects of bullying about gender or gender markers.

**Example interview/assessment questions:**

*To caregiver(s):*

- Has your child/youth expressed a desire to change their appearance so that it matches their gender (e.g., changing the way they dress, to wear/not wear makeup, how they cut/style their hair, etc.)? Have these changes been made?
- Has gender-affirming care been sought for your child/youth? Was gender-affirming care accessible or were there barriers to access? Were services ultimately implemented?
- Does your child/youth go by a different name than their given name? Do others use their chosen name when addressing your child/youth?
- When referring to your child/youth, do others use the pronouns your child/youth has asked them to use?

*To child/youth:*

- Have you ever had a bad experience with a doctor or counselor because of your gender?
- Does your current appearance match your gender? What would you change to make it match (e.g., clothing, makeup, hair cut/style, piercings)?
- Do you go by a name other than your legal, given name? Do others respect and use your chosen name?
- Do your family members, and people outside of your family, respect and use your correct pronouns?

**Resources for additional information and guidance:**

- National Association of Social Workers. Glossary for NASW Ethics Table Talk, https://www.socialworkers.org/About/Ethics/Ethics-Education-and-Resources/Gender-Affirming-Care-Resources
- Boyle, P. (2024, May 9). What is gender-affirming care? Your questions answered. AAMC. https://www.aamc.org/news/what-gender-affirming-care-your-questions-answered
- *World Health Organization, *Gender incongruence and transgender health in the ICD*. (n.d.). https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd

**Identity-Related Isolation**

This is a skip logic question asked only if the Indicator Question for the Identity Related Stress Module was answered as "Yes", indicating there are concerns about the presence of stress or difficulties related to the child/youth's social identity (e.g., race, gender, sexuality, ability, skin color, etc.).

**This item rates the degree to which isolation is experienced by the child/youth related to part of their identity.** Isolation refers to a lack of interaction, connections, and meaningful activities with others. Social isolation can negatively affect a child/youth's mental health, self-esteem, and identity development.

**Evidence to consider:**

- Investigate the child/youth's reports of experiencing identity-related bullying or other negative

social impacts.

- Explore any concerns from family members about the child/young being isolated or keeping to themselves.
- Assess whether the child/youth feels lonely or apart from peers because of their identity.
- Review school documents for any IEP or 504 accommodations regarding socialization.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth seem lonely or uninterested in others? Have they withdrawn from peers they previously liked?
- Has your child/youth withdrawn from activities they previously found enjoyable/rewarding, if so, when did this occur?
- Has your child/youth reported being bullied?
- To what extent do isolating behaviors interfere with daily life and relationships?
- Does your child/youth report negative self-beliefs or expectations about themselves?

*To child/youth:*

- Do you have friends or a community of people that share the same or a similar identity to you?
- Do you feel like you fit in with other children/youth in your school, neighborhood, or community?
- Does it feel like you've experienced loneliness or sadness because of your identity?
- Are there people that you could turn to in a time of need?
- Are there local support groups, community events, or activities you participate in?
- Are there barriers keeping you from participating in community activities or accessing resources?

**Resources for additional information and guidance:**


- Garcia, J., Vargas, N., Clark, J. L., Magaña Álvarez, M., Nelons, D. A., & Parker, R. G. (2019). Social isolation and connectedness as determinants of well-being: Global evidence mapping focused on LGBTQ youth. *Global Public Health*, *15*(4), 497–519. https://doi.org/10.1080/17441692.2019.1682028, https://pmc.ncbi.nlm.nih.gov/articles/PMC7093214
- Russell, D. W. (1996). *UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure*. Journal of Personality Assessment, 66(1), 20–40. https://doi.org/10.1207/s15327752jpa6601_2, https://sparqtools.org/mobility-measure/ucla-loneliness-scale-version-3

**Caregiver Need for Support**

**Does the Caregiver have a need for additional support to effectively manage the responsibilities of the child/youth and their family's everyday needs?**

In general, we recommend that the assessor rate the caregiver(s) with whom the child/youth is currently living, evaluating the collective needs of all caregivers as they affect the child/youth. If the child/youth is in temporary foster care or in a congregate care setting such as a hospital, shelter, group home, or residential treatment center, rate the caregiver(s) to whom the child/youth will return; if they are in a long-term foster care placement, rate the foster caregiver(s).

An affirmative answer will prompt additional questions related to the need for additional support for the caregiver(s), including understanding the child/youth, supervision, engagement, etc. Consider a lower threshold for a Yes answer here to accurately assess suspected caregiver support issues.

**Evidence to consider:**

- Consider how often the child/youth is in the care of the caregiver(s) (e.g., full-time, part-time).
- Consider how many children live in the household and whether the family also cares for elderly or disabled relatives.
- Assess the stress level of the family system as a whole and how it could impact the parenting abilities of the caregiver(s).
- Identify whether the caregiver(s) can access family, community, or formal supports.
- Examine whether the child/youth and their caregiver(s) are in agreement about the presenting issue (e.g., they describe the issue in similar ways).
- Consider whether the child/youth's supervision is developmentally appropriate.
- Identify barriers that could prevent the caregiver(s) from understanding their child/youth, accessing available opportunities and engaging in treatment.

**Example interview/assessment questions:**

*To caregiver(s):*

- What do you find most challenging or stressful about being a caregiver?
- Who would you consider to be your biggest supports? What kind of support do they provide you with?
- Do you ever feel stressed or overwhelmed by the needs of your family or the household? How can you tell? What do you typically do to alleviate your stress and overwhelm?
- Are there any household tasks that you feel you need more support with?
- Do you feel that you are able to take a break when needed?

To child/youth if a caregiver is inaccessible:

- Do you ever feel like your caregiver(s) could be stressed or overwhelmed with taking care of you and/or other people in the home?
- Do you ever feel like they need extra help?
- How much time do you spend with your caregiver(s)?

**Resources for additional information and guidance:**

- Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale: Initial Psychometric Evidence. Journal of Social and Personal Relationships, 12(3), 463-472. https://www.corc.uk.net/media/2764/parent-stress-scale-fillable-pdf.pdf
- Office of the Surgeon General (OSG). Parents Under Pressure: The U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents [Internet]. Washington (DC): US Department of Health and Human Services (US); 2024. 1, The Current State of Parental Stress & Well-Being. Available from: https://www.ncbi.nlm.nih.gov/books/NBK606662/

**Understanding of the Child/Youth**

This is a skip logic question asked only if the Indicator Question for the Caregiver Need for Support Module was answered as "Yes", indicating there are concerns about caregiver need for support.

**This item rates the degree to which the child/youth's caregiver(s) and family require(s) help to understand the child/youth's needs and strengths, their presenting issue, and the treatment plan.** The treatment planning process is more effective when the family members understand each other's perspectives and can agree on the issues and subsequent course of action.

**Evidence to consider:**

- Examine whether the child/youth and their caregiver(s) are in agreement about the presenting issue (e.g., they describe the issue in similar ways).
- Assess whether family members describe behavioral health symptoms, behaviors, or interventions in accurate ways.
- Consider how family members describe the child/youth (e.g., with positive words and descriptions of strengths, or with negative words and descriptions of needs).

**Example interview/assessment questions:**

*To caregiver(s):*

- Describe your child/youth's personality.
- Describe your child/youth's strengths.
- What does your child/youth struggle with?
- Do other family members understand your child/youth the same way you do? If not, how is their perspective different?
- What area(s) do you think should be the focus in your child/youth's therapy sessions?

To child/youth if a caregiver is inaccessible:

- Does your family understand what you're currently going through/struggling with?
- Do you feel like your caregiver(s) can recognize your strengths as well as your weaknesses?
- Do you and your caregiver(s) agree about going to therapy and what you should work on?

**Resources for additional information and guidance:**

- Education, D. O. B. a. S. S. A., Families, B. O. C. Y. A., Children, C. O. S. T. P. O. Y., Breiner, H., Ford, M., & Gadsden, V. L. (2016, November 21). *Parenting knowledge, attitudes, and practices*. Parenting Matters - NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK402020/

**Supervision**

This is a skip logic question asked only if the Indicator Question for the Caregiver Need for Support Module was answered as "Yes", indicating there are concerns about caregiver need for support.

**This item rates the degree to which a caregiver(s) require(s) help to effectively monitor and respond to the child/youth in order to ensure safety.** For a younger child/youth this may include locking up or restricting access to parts of the house that are unsafe. For an older child/youth this may include knowing where they are and who they are with and setting appropriate limits with regard to community activity.

**Evidence to consider:**

- Consider whether the child/youth's supervision is developmentally appropriate.
- Determine whether there are appropriate safety measures taken in the home (based on the child/youth's age and development), such as safety gates, safety locks, window guards, etc.
- Consider whether a lack of discipline or monitoring puts the child/youth at risk in any way.
- Observe how the child/youth is monitored by the caregiver(s) during assessment, whether they notice when the child/youth needs redirection, and is they can redirect them successfully.
- Review school documents for any IEP or 504 accommodations regarding elopement or supervision.
- Review neuropsychological and educational evaluations.

**Example interview/assessment questions:**

*To caregiver(s):*

- What is your understanding of your child/youth's need for supervision?
- How do you provide supervision? What is your approach and what is the reason behind this approach?
- What kind of rules do you have in the house? How are these rules determined and enforced?
- How do you respond when your child/youth does something you feel is inappropriate?
- Who besides you supervises your child/youth? Do they take the same approach to supervision?
- If there are multiple children in the home, do you approach supervision in the same way for each child/youth, or do you adjust your approach based on each child/youth's unique needs, chronological age, developmental stage, etc.?
- Do you have any financial limitations or stressors that might make it difficult for you to effectively monitor your child/youth and/or attend to their needs?

To child/youth if a caregiver is inaccessible:

- How much time do you spend with your caregiver(s)?
- Does your family use any apps to share your locations with each other?
- If you were to go hangout with friends after school or on the weekend, would you need to check in with your caregiver(s) before leaving?
- Do you have a specific curfew on weekdays or weekends? How is it enforced?

**Resources for additional information and guidance:**

- Vanderbilt University. (2023). Quick Parenting Assessment (QPA). In Quick Parenting Assessment (QPA). https://pediatrics.vumc.org/sites/default/files/VUMC-Pediatrics-QPA-AP-v9.11.23.pdf
- Morrongiello, B. A., & Corbett, M. (2006). The Parent Supervision Attributes Profile Questionnaire: a measure of supervision relevant to children's risk of unintentional injury. *Injury Prevention*, *12*(1), 19–23. https://doi.org/10.1136/ip.2005.008862, https://pmc.ncbi.nlm.nih.gov/articles/PMC2563508/

**Engagement and Responsiveness**

This is a skip logic question asked only if the Indicator Question for the Caregiver Need for Support Module was answered as "Yes", indicating there are concerns about caregiver need for support.

**This item rates the degree to which the caregiver(s) requires support in order to recognize and respond to the child/youth's cues.**

**Evidence to consider:**

- Identify barriers that could prevent the caregiver(s) from engaging in treatment (e.g., language/literacy, employment status, own mental health concerns, other caregiving responsibilities, etc.).
- Identify barriers that could prevent the caregiver(s) from accessing available opportunities and understanding their rights (e.g., language/literacy, education level, stigma, systemic discrimination, etc.).
- Examine whether the caregiver(s) may struggle with stress, overwhelm, or other caregiving responsibilities, and whether these may limit their ability to attend/participate in parenting.
- Observe the interactions between the child/youth and their caregiver(s) with an eye toward call and response.

**Example interview/assessment questions:**

*To caregiver(s):*

- How do you know when your child/youth is upset?
- How do you know when your child/youth is happy?
- How do you identify and respond to your child/youth's emotions?

To child/youth if a caregiver is inaccessible:

- When you spend time with your caregiver, how is that time usually spent?
- Do you feel like your caregiver(s) can recognize and respond to cues that you are stressed, overwhelmed, happy, etc.?
- If you're upset or sad, how might your caregiver(s) respond?
- Are there times when you try to show or tell your caregiver(s) something and they don't seem to notice or respond?

**Resources for additional information and guidance:**

- Haine-Schlagel, R., & Walsh, N. E. (2015). A review of parent participation engagement in child and family mental health treatment. Clinical child and family psychology review, 18(2), 133–150. https://doi.org/10.1007/s10567-015-0182-x, https://pmc.ncbi.nlm.nih.gov/articles/PMC4433419/
- Haine-Schlagel, R., Roesch, S. C., Trask, E. V., Fawley-King, K., Ganger, W. C., & Aarons, G. A. (2016). The Parent Participation Engagement Measure (PPEM): Reliability and Validity in Child and Adolescent Community Mental Health Services. Administration and policy in mental health, 43(5), 813–823. https://doi.org/10.1007/s10488-015-0698-x, https://pmc.ncbi.nlm.nih.gov/articles/PMC4852156/

**Routines/Expectations**

This is a skip logic question asked only if the Indicator Question for the Caregiver Need for Support Module was answered as "Yes", indicating there are concerns about caregiver need for support.

**This item rates the degree to which the caregiver(s) requires support to effectively establish and implement routines and expectations that are appropriate given the child/youth's age and development level.** This item also takes into account whether the caregiver(s) can identify the need for and offer age-appropriate instruction, correction, and ongoing communication about routines and expectations. Consistent routines and clear expectations can support a sense of safety and build independence and confidence in the child/youth and can decrease conflict within a family unit.

**Evidence to consider:**

- Consider any medical conditions, behavioral health diagnosis, or developmental delays that may impact a child/youth's routine and overall expectations for behavior and self-sufficiency.
- Observe whether there are any charts, reminders, calendars, etc. on the wall that outline the daily routine.
- Assess whether the caregiver(s) can communicate instructions and expectations to the child/youth, and whether the child/youth understands them.
- Review school documents for any IEP or 504 accommodations around routines and behavior expectations.
- Review any neuropsychological evaluations and check for referrals to early intervention or occupational therapy.

**Example interview/assessment questions:**

*To caregiver(s):*

- What are the expectations in the home? Are they the same for each household/family member, why or why not? How do you communicate expectations to household members?
- What is your understanding of what kind of support your child/youth needs based on their age?
- Who participates in determining the routines and expectations for the home? How do you know when it's time to make a shift in the routine?

To child/youth if a caregiver is inaccessible:

- Do you have established routines for different times of the day? Do you find routines helpful in your daily life?
- What parts of your daily routine go well? Which parts feel challenging? If you could change any part of your family's daily routine, what would you change and why?
- How often does misunderstanding about expectations cause conflict in the home?

**Resources for additional information and guidance:**

- Stacy Scott & R. A. McWilliam (2000, Revised 4/03) Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, https://olms.ctejhu.org/data/ck/sites/4055/files/SAFER%20Scale.pdf
- Sytsma, S. E., Kelley, M. L., & Wymer, J. H. (2001). Development and initial validation of the Child Routines Inventory. Journal of Psychopathology and Behavioral Assessment, 23(4), 241 - 251. https://doi.org/10.1023/A:1012727419873 , https://www.researchgate.net/publication/263606965_Development_and_Initial_Validation_of_the_Child_Routines_Inventory

**Organization**

This is a skip logic question asked only if the Indicator Question for the Caregiver Need for Support Module was answered as "Yes", indicating there are concerns about caregiver need for support.

**This item rates the degree to which the caregiver(s) requires support to organize and manage their household.** Family organization support can improve well-being, ease stress, strengthen relationships, and help families access vital resources and systems.

**Evidence to consider:**

- Consider the degree to which difficulties with organization and executive function preventing the caregiver(s) from fully engaging in services (e.g., keeping appointments, returning phone calls, following up when needed, following treatment plans, etc.).
- Evaluate whether there are other barriers to meeting these needs, such as lack of transportation, lack of access to a phone, lack of internet access, communication challenges, inability to take time off from work, etc.
- Review the patient's chart to determine whether they have a history of starting and stopping

services, or if there is a history of missed appointments.

- Observe the home for organizational structures (chore charts, schedules, etc.).

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you have difficulty getting your child/youth to appointments or to school?
- How do you manage all the logistics of parenting? Do you feel overwhelmed doing so?
- Do you use any tools to stay organized such as a calendar or planner?

To child/youth if a caregiver is inaccessible:

- Have you ever missed appointments, meetings, or events because no one was available to take you?
- Has a family member ever forgotten to pick you up from school, an event, or from someone's house?
- Is it hard for your caregiver(s) to remember your school events or appointments?
- What does the family routine look like in the mornings before school?

**Resources for additional information and guidance:**

- Strait, J. E., Dawson, P., Walther, C. A. P., Strait, G. G., Barton, A. K., & McClain, M. B. (2020). Refinement and psychometric evaluation of the Executive Skills Questionnaire-Revised. Contemporary School Psychology, 24, 378-388. https://doi.org/10.1007/s40688-018-00224-x https://novopsych.com.au/wp-content/uploads/2024/07/Executive-Skills-Questionnaire-Revised-ESQ-R-blank-form-pdf-survey-questions-items.pdf

**Personal Stress Management**

This is a skip logic question asked only if the Indicator Question for the Caregiver Need for Support Module was answered as "Yes", indicating there are concerns about caregiver need for support.

**This item rates the degree to which a caregiver(s) requires support to manage their individual stress.** This item takes into consideration various issues that could prevent the caregiver(s) from caring for the child/youth, as well as other stressors on the whole family, including:

- medical and/or physical problems
- mental health concerns
- substance use
- intellectual or developmental disabilities
- trauma history or adverse childhood experiences
- the child/youth's behavioral and emotional needs

A caregiver may have a chronic health/behavioral health or other need and manage the stress associated with that need in a way that does not impact their parenting. Conversely, a caregiver may

experience an outside stressor (for instance job loss) and have difficulty managing that stress in a way that minimizes the impact on the child/youth.

**Evidence to consider:**

- Review whether any family members have any documented health or behavioral health care needs.
- Consider whether the family is experiencing any stressful transitions or life events.
- Assess the stress level of the family system as a whole and how it could impact the parenting abilities of the caregiver(s).

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you feel stressed? How can you tell?
- What coping mechanisms do you implement to address stress? Do you have friends that you talk to? A supportive partner?
- Do you find it stressful to manage your child/youth's behavioral and emotional needs?
- Does stress ever interfere with your ability to care for your child/youth or yourself?
- Do you have any physical challenges, physical disabilities, or medical diagnoses/conditions that can make caregiving difficult?
- Do you have any mental health concerns? If so, how do you manage them?
- Does anyone else in the family have serious physical or mental health needs that you are taking care of? Developmental needs? Disability needs? Substance use needs?

To child/youth if a caregiver is inaccessible:

- Do your family members or caregiver(s) ever appear stressed? If so, what do they do to cope with their stress?
- What relaxation techniques have you seen your caregiver(s) use?
- Can your caregiver(s) ask for and receive help when they are overwhelmed?
- If your caregiver(s) had a hard day, would that impact how things go at home?

**Resources for additional information and guidance:**


- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. Journal of Health and Social Behavior, 24(4), 385–396, https://www.das.nh.gov/wellness/docs/percieved%20stress%20scale.pdf
- ACEs Aware. (2024, November 6). Clinical Assessment & Treatment - ACEs aware. https://www.acesaware.org/ace-fundamentals/clinical-assessment-and-treatment/
- Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale: Initial Psychometric Evidence. Journal of Social and Personal Relationships, 12(3), 463-472. https://www.corc.uk.net/media/2764/parent-stress-scale-fillable-pdf.pdf

**Management of Challenging Moments**

This is a skip logic question asked only if the Indicator Question for the Caregiver Need for Support Module was answered as "Yes", indicating there are concerns about caregiver need for support.

**This item rates the degree to which a caregiver requires support to handle challenging moments/incidents with the child/youth or their family.** Challenging moments may include the child/youth's emotional dysregulation, unexpected changes in routine, a child/youth's non-adherence to household expectations, brief illness that is disruptive to the routine and/or expectations, sibling arguments/disagreements, etc. This item rates whether the caregiver(s) can use positive coping strategies or resources (such limit-setting, attunement, co-regulation, problem-solving) to navigate challenging moments.

**Evidence to consider:**

- Consider how challenging moments are described by the caregiver(s), including their frequency, duration, precipitating events, and nature.
- Consider which challenging moments seem more manageable for the caregiver(s).
- Consider how many children live in the household and whether the family also cares for elderly or disabled relatives.
- Examine the support available to the caregiver(s) in addressing their own challenges or deficits.
- Consider whether the child/youth has any diagnoses or challenges that may increase the likelihood, frequency, or duration of challenging moments.
- Notice how the caregiver(s) interact with their child/youth during session, and how they handle things such as the child/youth needing redirection, not answering a provider's questions, etc.

**Example interview/assessment questions:**

*To caregiver(s):*

- How often do you or other family members face challenging moments with your child/youth or other children? How long do the challenging moments last, and what helps settle things down?
- How often are you alone with your child/youth or other children? Do you ever get a break? Do you have family or friends who offer you emotional support? A therapist?
- How were stressful moments handled in your household when you were a child? How did you feel about this approach, and do you use any of the same approaches now with your own child/youth or children?
- Do you have any strategies to increase your own self-regulation during challenging moments?
- Does your child/youth have any strategies that they use or that you can support them with (co-regulation) to increase regulation during challenging moments?

To child/youth if a caregiver is inaccessible:

- If you did something you're not supposed to do, how would your caregiver(s) react?
- What is their response when you are upset?

- How might your caregiver(s) respond if you and your siblings were to argue or fight?
- Do you feel like your family is good at adjusting when things don't go as planned?

**Resources for additional information and guidance:**

- Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations. Psychological Assessment, 5(2), 137–144, https://www.cabarrushealth.org/DocumentCenter/View/1011/Level-4---Standard---Parenting-Scale---English
- The California Evidence-Based Clearinghouse for Child Welfare (n.d.). Assessment tools › Parenting tools. https://www.cebc4cw.org/assessment-tools/parenting-tools/

**Family Functioning**

**Are there difficulties within the family that are negatively impacting individuals within the family, or the family as a whole?**

An affirmative answer will prompt additional questions related to difficulties within the family. Consider a lower threshold for a Yes answer here to accurately assess suspected difficulties with family functioning issues.

**This item documents the presence of difficulties within the family that are negatively impacting individuals within the family, or the family as a whole.** These difficulties may include conflict and arguing, communication issues, sibling needs, agreement between caregivers, etc. For the purposes of this assessment, the definition of family should come from the child/youth's perspective.

**Evidence to consider:**

- Identify who the child/youth defines as their family, and whether this differs from the family described by the caregiver(s).
- Consider whether family members communicate in unproductive ways and whether that is impacting the family's ability to function.
- Examine any conflict between family members.
- Assess whether the child/youth understands their responsibilities in the home.
- Consider how/whether the child/youth is able to express themselves to their family members.

**Example interview/assessment questions:**

*To caregiver(s):*

- Are there events within the family that are negatively impacting your child/youth or family?
- Is there conflict within the identified family unit?
- How does the family handle conflict or disagreement?
- Are family members able to express their needs and emotions openly?
- Is there an identified family member your child/youth can go to in a time of crisis? What level of support does that family member provide?

To child/youth if a caregiver is inaccessible:

- How do you and your family members get along? Are there specific family members that don't get along well with each other?
- Are there aspects of your family that cause you stress? If so, what specifically causes you stress?
- How does your family deal with conflict?

**Resources for additional information and guidance:**

- Baena, S., Jiménez, L., Lorence, B., & Hidalgo, M. V. (2021). Family Functioning in Families of Adolescents with Mental Health Disorders: The Role of Parenting Alliance. Children, 8(3), 222. https://doi.org/10.3390/children8030222
- Center for Healthier Children, Families & Communities. (2024, June 18). Family Functioning Measures. https://healthychild.ucla.edu/programs/life-course-translational-research-network/resources/family-functioning-measures

**Family Conflict**

This is a skip logic question asked only if the Indicator Question for the Family Functioning Module was answered as "Yes", indicating there are concerns about difficulties within the family.

**This item rates difficulties associated with family conflict.** Conflict may include arguments and serious disagreements as well as ongoing tension. Conflict within a family can often relate to financial concerns, differing values or beliefs, parenting and discipline, disagreements over family activities and events, communication styles and expectations.

**Evidence to consider:**

- Consider the severity of the conflict and whether it is impacting the family's ability to function.
- Identify which family members are often or always involved in the conflict.
- Explore what the family normally argues about, and whether there is a theme to any repeated conflict.
- Examine whether the conflict has escalated and/or if it includes verbal, physical, or emotional abuse.
- Consider how the child/youth describes the conflict, and whether it differs from how family members describe it.

**Example interview/assessment questions:**

*To caregiver(s):*

- How frequently do conflicts arise?
- What is the intensity of the conflict? Are the conflicts verbal, or have they escalated to physical or emotional abuse?
- How easily are the conflicts resolved?

- Does the conflict interrupt daily routine?
- Has there ever been violence in the home?

To child/youth if a caregiver is inaccessible:

- What does it look like in your family when two or more people disagree with one another?
- Does anyone in your family verbally or physically fight with one another?
- How often do conflicts or disagreements happen in your family?
- Do the conflicts or disagreements cause any difficulties in your own life?
- Do you feel safe in your home?

**Resources for additional information and guidance:**

- Olatunji, O. A., & Idemudia, E. S. (2021). The multidimensionality of inter-parental conflict on aggression and mental health among adolescents. Heliyon, 7(5), e07124. https://doi.org/10.1016/j.heliyon.2021.e07124
- Center for Healthier Children, Families & Communities. (2024, June 18). Family Functioning Measures. https://healthychild.ucla.edu/programs/life-course-translational-research-network/resources/family-functioning-measures

**Family Communication**

This is a skip logic question asked only if the Indicator Question for the Family Functioning Module was answered as "Yes", indicating there are concerns about difficulties within the family.

**This item rates difficulties the family experiences with communication.** For the purposes of this assessment, communication refers to ways family members share feelings, thoughts, values, and needs through speaking, body language, and tone of voice. Also considered here are the styles of communication used (e.g., aggressive, assertive, passive) and how a mixture of communication types can impact a family's functioning.

**Evidence to consider:**

- Consider the ease or difficulty with which the family communicates with each other, and whether this differs from how they communicate with others.
- Examine whether the language used by the family is developmentally appropriate for the child/youth.
- Consider whether/how the child/youth is able to express their feelings, thoughts, values, and needs, and whether other family members seem to understand and/or acknowledge them.
- Evaluate whether the child/youth is able to understand the feelings, thoughts, values, and needs of members of their family.
- Observe how family members use body language and tone of voice, and whether it is congruent with their verbal communication.
- Identify whether any family members use unproductive communications styles.

**Example interview/assessment questions:**

*To caregiver(s):*

- What happens when there is a misunderstanding between family members?
- What happens when there is a problem in the family? How do you talk about it?
- Are there any specific situations where communication tends to break down or become more difficult for the family?
- Do different family members communicate differently than one another? How so?

*To child/youth:*

- How well does your family listen to you?
- Do you feel supported when you do share something with your family? Do they seem to understand how you feel?
- Do you understand the expectations from your caregiver(s)?
- Do your family members share how they are feeling with you?

**Resources for additional information and guidance:**

- Zapf, H., Boettcher, J., Haukeland, Y., Orm, S., Coslar, S., & Fjermestad, K. (2023). A systematic review of the association between parent-child communication and adolescent mental health. JCPP Advances, 4(2). https://doi.org/10.1002/jcv2.12205
- Center for Healthier Children, Families & Communities. (2024, June 18). Family Functioning Measures. https://healthychild.ucla.edu/programs/life-course-translational-research-network/resources/family-functioning-measures

**Caregiver Alignment**

This is a skip logic question asked only if the Indicator Question for the Family Functioning Module was answered as "Yes", indicating there are concerns about difficulties within the family.

**This item rates difficulties caregiver(s) and/or other guardians experience being aligned in their caregiving approach.** Caregiver alignment involves being in agreement when it comes to discipline, decision making, caregiving strategies, and family responsibilities. Having agreement in these areas helps create a stable and nurturing environment for the child/youth, reducing stress and providing greater support.

**Evidence to consider:**

- Examine whether there appears to be conflict or confusion between caregivers regarding discipline, decision making, caregiving strategies, or family responsibilities.
- Consider how family members and the caregiver(s) interact with each other and with the child/youth.
- Consider if all caregivers attended the therapy intake appointment, if they are in agreement with therapy services commencing, and if they are in agreement with the proposed treatment goals.

**Example interview/assessment questions:**

*To caregiver(s):*

- Are you and any other caregivers usually in agreement about how to meet your child/youth's needs?
- Do you and any other caregivers communicate openly with one another around the concerns for your child/youth's care?
- How do you and any other caregivers collaborate on family responsibilities?
- When there is a disagreement, how do you and any other caregivers work together to resolve things without causing stress for your child/youth?

To child/youth if a caregiver is inaccessible:

- Do your caregivers agree on how to parent you (e.g., what consequences should be in place if you get in trouble, or how to best support you)?
- Do your caregivers have disagreements about you or your siblings?
- When something important needs to be decided about you and/or your siblings, do your caregivers talk about it together?
- Do your caregivers handle things the same way if you break a rule or get in trouble?

**Resources for additional information and guidance:**

- Garland, A. F., Lewczyk-Boxmeyer, C. M., Gabayan, E. N., & Hawley, K. M. (2004). Multiple stakeholder agreement on desired outcomes for adolescents' mental health services. Psychiatric Services, 55(6), 671–676. https://doi.org/10.1176/appi.ps.55.6.671
- Center for Healthier Children, Families & Communities. (2024, June 18). Family Functioning Measures. https://healthychild.ucla.edu/programs/life-course-translational-research-network/resources/family-functioning-measures

**Sibling needs**

This is a skip logic question asked only if the Indicator Question for the Family Functioning Module was answered as "Yes", indicating there are concerns about difficulties within the family.

**This item rates the degree to which the needs of a sibling impact the child/youth/family.** These needs include emotional, developmental, and relational support that may draw resources away from the child/youth and/or cause conflict between the children.

**Evidence to consider:**

- Consider the language used when the caregiver(s) and child/youth are speaking of the sibling(s).
- Consider the closeness of the sibling in relation to the family unit and whether there is consistent communication with the sibling
- Examine whether a sibling has a medical, behavioral, or developmental need that is not being

met.

- Assess whether the child/youth's behavior is impacting the relationships between the caregiver(s) and the sibling(s).

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you have other children? If yes, do they have any ongoing physical, behavioral, or mental health needs that require your time and attention?
- How do you divide your time and attention between your children? Has this been a challenge now or in the past?
- How do your children get along with one another?
- Are there physical or verbal altercations between your children that concern you?

To child/youth if a caregiver is inaccessible:

- Do your siblings have any behavioral or mental health needs?
- Do your siblings have any physical needs that require a lot of attention from your caregiver(s)?
- How would you describe your relationship with your siblings?
- How often do you and your sibling argue or fight? How do you resolve things when you do?
- Do you feel like you and your sibling are treated similarly?
- Do you feel as equally involved and valued in the family unit as your sibling(s)?
- If you and your siblings had an argument or a fight, how would your caregiver(s) respond?

**Resources for additional information and guidance:**

- Smith, M. M., Pereira, S. P., Chan, L., Rose, C., & Shafran, R. (2018). Impact of Well-being Interventions for Siblings of Children and Young People with a Chronic Physical or Mental Health Condition: A Systematic Review and Meta-Analysis. Clinical Child and Family Psychology Review, 21(2), 246–265. https://doi.org/10.1007/s10567-018-0253-x
- Center for Healthier Children, Families & Communities. (2024, June 18). Family Functioning Measures. https://healthychild.ucla.edu/programs/life-course-translational-research-network/resources/family-functioning-measures

**Family and Community Context Narrative**

**This section provides the opportunity to elaborate on the needs of the child/youth's family and community, as they pertain to the child/youth.** Include details that clarify and inform the ratings given to the items in this section, as well as notes on any family and community context not included in this CANS assessment. Include areas where needs have either increased or decreased.

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## Section 6 – Transition to Adulthood

This section is only applicable to a child/youth 14.5 years or older.

The Transition to Adulthood section is designed to capture information regarding the child/youth's skills and support around becoming a responsible adult. The items in this section reflect those aspects of independence that may demonstrate whether the child/youth can effectively participate in their own life activities and health needs. This section considers whether the child/youth has ongoing physical health, mental health, or behavioral health challenges, as well as where the child/youth may turn to for emotional, social, and practical support in their daily lives. Items in this section do not require that the child/youth live on their own.

**Rating Structure:**

All of the questions in the Transition to Adulthood section are rated using the following categories and action levels:

| Rating | Level of Need |
|---|---|
| 0 | There is no evidence of any needs |
| 1 | Requires monitoring, watchful waiting, or preventative activities |
| 2 | Requires action to ensure that this identified need or risk behavior is addressed |
| 3 | Requires immediate or intensive action |

**Independent Living Skills**

**This item rates the child/youth's difficulties with performing instrumental activities of daily living.** These skills often include managing hygiene, money management, maintaining a living space, cooking, cleaning, shopping, scheduling and making appointments, and other age-appropriate activities of daily living. This item does not require that the child/youth live on their own.

**Evidence to consider:**

- Consider whether the child/youth engages in and/or takes action to perform age-appropriate personal living skills on their own or without significant intervention by adults.
- Investigate whether the child/youth has ideas, plans, and skills that are/would be effective in managing daily living skills.
- Explore deficits or impairments which could prevent attainment of age-appropriate independence.
- Review school documents for any IEP or 504 accommodations regarding functioning independently.
- Review any neuropsychological evaluations and check for referrals to early intervention or occupational therapy.
- Observe the condition of the child/youth's room, clothing, refrigerator, etc.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth take care of their personal hygiene needs?
- Does your child/youth have a general hygiene routine?
- Does your child/youth know how to prepare a meal, cook, clean, etc.?
- Is your child/youth able to be left unsupervised? If so, do they demonstrate responsible decision-making and act on daily tasks as needed?
- Is your child/youth developing skills to eventually live more independently?
- If living independently, how well can child/youth maintain their home?

*To child/youth:*

- Do you complete your daily hygiene tasks on your own, or do you sometimes need assistance?
- Does your caregiver(s) give you reminders to brush your teeth, shower, or use deodorant?
- Do you know how to cook any meals? What are they?
- Have you ever scheduled an appointment (e.g., dentist, pediatrician, interview) for yourself?
- Do you have chores to complete at home? What are they? How often do you complete them?
- Has anyone taught you how to manage money? If you were given $500, what would you do with it?

**Resources for additional information and guidance:**

- Mass.gov - Health transition tips and resources for healthcare providers - https://www.mass.gov/info-details/health-transition-tips-and-resources-for-healthcare-providers
- Reifman, A., Arnett, J. J., & Colwell, M. J. (2007). Emerging Adulthood: Theory, assessment and application. Journal of Youth Development, 2(1), 37–48. https://doi.org/10.5195/jyd.2007.359

**Transportation**

**This item rates the need for transportation assistance in order for the child/youth to effectively participate in their own life activities and health needs.** If the child/youth has access to sufficient public or private transportation and can afford either of these means, there is no transportation need.

**Evidence to consider:**

- Consider whether gaps in the child/youth's transportation options impact their ability to develop independence and/or fulfill age-appropriate and developing needs.
- Assess how much assistance the child/youth requires to successfully attend activities/work in the community and whether this transportation requires a special vehicle.
- Examine whether the child/youth can afford to maintain their current transportation options.
- Review school documents for any IEP or 504 accommodations regarding transportation.

- Consider reports from child/youth and/or family about their ability to get to school, work, and other community locations.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth have unmet transportation needs?
- Do your child/youth's transportation options limit their participation in treatment or other life activities? Do they require a special vehicle?
- Is there a Provider Request for Transportation form (PT-1) for your child/youth?
- Are your child/youth's current transportation options reliable and sustainable?
- Can your child/youth afford to maintain their current transportation options?

*To child/youth:*

- How do you get to school in the morning?
- How do you get to your appointments or the mall/stores?
- If applicable, have you taken a driver's education class? Do you have your permit or license?
- Are there times where you're not able to go somewhere or do something because you don't have a way to get there?
- If you started a job, how would you get there?

**Resources for additional information and guidance:**

- Mass.gov - Health transition tips and resources for healthcare providers - https://www.mass.gov/info-details/health-transition-tips-and-resources-for-healthcare-providers
- Reifman, A., Arnett, J. J., & Colwell, M. J. (2007). Emerging Adulthood: Theory, assessment and application. Journal of Youth Development, 2(1), 37–48. https://doi.org/10.5195/jyd.2007.359
- Commonwealth of Massachusetts. (n.d.). Request transportation for a member. Mass.gov. https://www.mass.gov/how-to/request-transportation-for-a-member

**Management of Needs**

**This item rates the need for assistance with managing ongoing health needs including physical health, mental health, behavioral health, and medication management.** This item focuses on those needs that are outside of activities of daily living (e.g., hygiene, meal preparation, etc.) and are specific to recognizing and responding to specialized needs (for instance, mental health).

**Evidence to consider:**

- Consider whether the child/youth is aware of their health needs and resources/providers who support them.
- Assess whether the child/youth expresses interest and confidence in their ability to follow

through with healthcare treatment plans.

- Explore whether the child/youth has ever misused their prescribed medication and/or refused to take the medication. Investigate how they managed the consequences of such decisions.
- Review school documents for any IEP or 504 accommodations regarding medication management.
- Consider reports from child/youth and/or family about their ability to manage their health needs and treatments independently.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth know how to contact their primary care provider, mental/behavioral health provider, and/or medication provider?
- Does your child/youth know their prescribed medications and schedule?
- Does your child/youth take their medications as prescribed?
- Has your child/youth ever misused medications (prescribed or otherwise)?
- What would your child/youth do if they experienced a health-related problem or needed to communicate with a provider?

*To child/youth:*

- Have you ever called your pediatrician, dentist, therapist, or medication provider (as applicable) to make/change an appointment or to raise a concern about your health/treatment?
- If you take medication, what meds are you currently prescribed? Do you know the dosage(s)? Is someone else (e.g., your caregiver(s)) in charge of giving you your meds, or is that something you do on your own? How often, if ever, do you forget to take your meds?
- Do you agree with your providers (e.g., pediatrician, therapist, medication provider) recommendations for your care? What, if any, recommendations/topics do you not agree on?
- Do you feel comfortable voicing your opinions about your care to your providers?

**Resources for additional information and guidance:**

- Mass.gov - Health transition tips and resources for healthcare providers - https://www.mass.gov/info-details/health-transition-tips-and-resources-for-healthcare-providers
- Reifman, A., Arnett, J. J., & Colwell, M. J. (2007). Emerging Adulthood: Theory, assessment and application. Journal of Youth Development, 2(1), 37–48. https://doi.org/10.5195/jyd.2007.359

**Vocational Interests/Employment Opportunities**

**This item rates the child/youth's need for support in developing vocational skills that contribute to finding successful employment.**

**Evidence to consider:**

- Consider whether the child/youth has vocational or employment interests and goals.
- Explore whether the child/youth's education, skills, and abilities align with their vocational goals.
- Investigate whether the child/youth's vocational or employment history interferes with their future goals or their ability to function independently and/or earn a living.
- Identify whether the child/youth expresses confidence in their vocational plans.
- Consider reports from child/youth and/or family that identify successes and challenges with getting and keeping a job.
- Review school documents for any IEP or 504 accommodations regarding skills or abilities associated with vocational functioning (e.g., attendance, tardiness, adherence to policies).

**Example interview/assessment questions:**

*To caregiver(s):*

- Does the young person have a high school diploma or GED? Do they plan to attend college?
- How invested is your child/youth in their educational goals?
- Does your child/youth know what they want to "be" when they grow up?
- Has your child/youth ever worked or are they developing pre-vocational skills?
- Does your child/youth have any special skills that could be readily applied to a vocation?

*To child/youth:*

- Do you currently work? If yes, where and how many hours per week?
- Do you have an idea of what you'd like to do for a career?
- Are you currently taking any classes or engaging in any opportunities (e.g., internship, volunteering, apprenticeship) to help you on the path to a career/job?
- Does your school offer a Career and Technical Education (CTE) or other trade program? Are you enrolled in this program?
- Are you interested in getting a job at this time, or in the future?

**Resources for additional information and guidance:**

- Mass.gov - Health transition tips and resources for healthcare providers - https://www.mass.gov/info-details/health-transition-tips-and-resources-for-healthcare-providers
- Reifman, A., Arnett, J. J., & Colwell, M. J. (2007). Emerging Adulthood: Theory, assessment and application. Journal of Youth Development, 2(1), 37–48. https://doi.org/10.5195/jyd.2007.359

**Natural Supports**

**This item rates the need for more natural supports and relationships in the child/youth's life.**
Natural supports refer to the informal network of family, friends, and neighbors that people turn to for

emotional, social, and practical support in their daily lives. This item should not consider the presence of structured or formal services (e.g., social services, clinical services, etc.).

**Evidence to consider:**

- Consider whether the child/youth has individuals in their life who reciprocate a healthy and positive relationship, or who they can call on for help or guidance.
- Assess whether the child/youth finds particular relationships rewarding, enriching, and enjoyable.
- Examine whether the child/youth's relationships seem permanent (e.g., family) or transient (e.g., fall season soccer coach).
- Evaluate whether individuals in the child/youth's life make themselves available to the child/youth and/or appear to contribute to the child/youth's wellbeing.

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth have family (biological, chosen, or kinship) that they are close with?
- Does your child/youth have friends their own age?
- Does your child/youth have supportive adults in their life or individuals in their community who offer guidance or help in times of need?
- Does your child/youth wish they had more supportive relationships?
- Who would your child/youth call if they needed a small favor? If they needed advice on something important?
- Does your child/youth feel that their supports are reliable and lasting? Is your child/youth likely to lose supports at any point?
- Do the quality and quantity of your child/youth's relationships match their needs and abilities?

*To child/youth:*

- Who in your life can you turn to if you're struggling with something (e.g., school, mental health, relationships)?
- Are you close with any of your family members? Are they people that support you when you need it?
- Are there other people in your life (friends, trusted adults, neighbors, etc.) that provide you with a form of support (e.g., emotional, financial, practical, informational)?
- Do you feel like you need more people in your life who can provide support to you? What type of support is currently lacking?

**Resources for additional information and guidance:**

- Mass.gov - Health transition tips and resources for healthcare providers - https://www.mass.gov/info-details/health-transition-tips-and-resources-for-healthcare-providers

- Borato, M., Gaetz, S., & McMillan, L. (2020). Family and natural supports: A framework to enhance young people's network of support. https://yorkspace.library.yorku.ca/server/api/core/bitstreams/9ddcfb95-8562-4fd3-8ce5-55c5436e2ca7/content
- Reifman, A., Arnett, J. J., & Colwell, M. J. (2007). Emerging Adulthood: Theory, assessment and application. Journal of Youth Development, 2(1), 37–48. https://doi.org/10.5195/jyd.2007.359


**Transition to Adulthood Narrative**

**This item provides the opportunity to elaborate on the child/youth's needs in their transition to adulthood.** Include details that clarify and inform the ratings given to the items in this section, as well as notes on any transition to adulthood issues not included in this CANS assessment. Include areas where needs have either increased or decreased.

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## Section 7 – Child/Youth Strengths

The Child/Youth Strengths section is designed to capture information regarding the child/youth's positive attributes, including their skills, their relationships and connection to the community, and their sense of self. Unlike the Needs sections, which focus on the child/youth's challenges, this section rates positive aspects of the child/youth that could be used as part of a treatment plan. Identifying areas upon which strengths can be built is a significant element of service planning and has shown to be more successful than solely focusing on needs.

**Answer Structure:**

All of the questions in the Child/Youth Strengths section are rated using a Yes/No structure, indicating whether or not a strength is present. A rating option of "Further Assessment Needed" is also available for cases where the assessor may need to gather additional information before rating if the strength is present or not.

| Answer | Description |
|---|---|
| Yes | Indicates the presence of a strength that can and should be used in treatment planning. |
| No | Indicates that a strength cannot or should not be used in treatment planning. |

**Advocacy Skills**

**This item documents whether the child/youth can advocate for themselves with individuals and/or within systems (e.g., school, healthcare, etc.).** Self-advocacy refers to an individual's ability to recognize their needs, communicate their concerns, and take an active role in decision-making to ensure their preferences are respected. Examples may include the child/youth asking for help in class,

voicing that they do not wish to participate in a specific activity, or requesting informal or professional support with a challenge.

A rating of Yes suggests the presence of advocacy skills that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Explore whether the child/youth has experienced voicing their needs with others.
- Consider whether the child/youth voiced their needs and preferences in the therapy intake or subsequent sessions.
- Consider whether the child/youth reports confidence when sharing, asking about, or discussing personal perspectives with others.
- Consider whether there have been instances where it may have been beneficial for the child/youth to voice their needs or preferences and they did not do so (e.g., they did not inform their teacher or guidance counselor another student was bothering them).
- Consider whether self-advocacy by a child/youth is acceptable in the family's culture.

**Example interview/assessment questions:**

*To caregiver(s):*

- Can you provide an example of a situation where your child/youth advocated for themselves?
- In your culture, is it acceptable for a child/youth to advocate for themselves?

*To child/youth:*

- How comfortable do you feel voicing your own needs and perspectives? Does it feel different depending on who you're talking to?
- How do you speak up for yourself?
- How do you tell adults what you need?
- What would you do if you needed help?
- What would you do if you disagreed with something adults or friends said/did, particularly if it affected you personally?

**Resources for additional information and guidance:**


- Syan, A., Lam, J. Y., Huang, C. G., Smith, M. S., Darnay, K., Hawke, L. D., & Henderson, J. (2021). The Wellness Quest: a health literacy and self-advocacy tool developed by youth for youth mental health. Health Expectations, 24(2), 659-669. https://onlinelibrary.wiley.com/doi/full/10.1111/hex.13214
- Martinez, M. Y. (2016). Introducing Self-Advocacy Skills to Transition Age Youth. https://repository.usfca.edu/cgi/viewcontent.cgi?article=1377&context=capstone

**Interests/Passions**

**This item documents whether the child/youth has interests, passions, hobbies, skills, and/or talents that provide motivation, connection, and a sense of accomplishment.** It is important to consider the child/youth's demonstration of interests and skills through the context of their cognitive and social developmental stage.

A rating of Yes suggests the presence of interests/passions/hobbies/skills that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Identify whether the child/youth expresses interest or confidence in certain areas (e.g., subjects at school, sports, clubs, affinity groups, solitary and/or prosocial activities).
- Consider the degree to which the child/youth's talents or interests provide the child/youth with pleasure, self-esteem, or a positive peer group.
- Consider if there are barriers to accessing their hobbies or activities of interest (e.g., financial, transportation, language, etc.).
- Explore whether the child/youth has lost interest in activities or topics they used to enjoy.
- Investigate examples/reports of the child/youth in leadership or organizational roles related to their interests.

**Example interview/assessment questions:**

*To caregiver(s):*

- What things does your child/youth do well?
- Is there anything that gets in the way of your child/youth engaging in a desired activity (e.g., financial, transportation, language, etc.)?

*To child/youth:*

- What activities do you enjoy?
- What activities are you involved in (sports, groups, clubs, etc.)?
- What interactions, events, experiences, or activities make you feel confident?
- What experiences feel rewarding to you?
- Is there anything that prevents or stops you from participating in an activity you enjoy?
- Are there any activities you used to enjoy that you don't anymore? Why do you think that is?

**Resources for additional information and guidance:**


- youth.gov. (2020). Finding my Passion: A "Plug and play" activity for youth - facilitator guide. In youth.gov [Report]. https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/FindingMyPassionFacilitatorGuide.pdf
- Trainor, S., Delfabbro, P., Anderson, S., & Winefield, A. (2010). Leisure activities and adolescent psychological well-being. Journal of adolescence, 33(1), 173-186. https://www.academia.edu/download/73194022/j.adolescence.2009.03.01320211020-9374-

1wa84af.pdf

**Community Connection**

**This item documents whether the child/youth has positive connections to people, places, or institutions in their community.** This may include structured groups/activities or informal relationships with individuals/groups of people in their community. Examples may include: attending church, a youth group, YMCA, extracurricular activities, participation on a sports team, or cultural/racial/ethnic activities within the community. Consider how community is defined by the child/youth as well as by the rest of their family.

A rating of Yes suggests the presence of community connections that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Consider whether the child/youth is a member of, or participates in, any groups or community activities.
- Consider whether the child/youth spends time with others in their neighborhood.
- Explore how the child/youth defines community, and whether that differs from how the caregiver(s) and/or the rest of their family define it.
- Assess available community resources (e.g., nonprofit organizations, religious institutions, athletics, etc.) that emphasize community connection.

**Example interview/assessment questions:**

*To caregiver(s):*

- What community groups or organizations is your child/youth or family system involved in?
- Is there a community or group you would like your child/youth to be a part of that they currently are not a part of?

*To child/youth:*

- Are you a part of any teams, clubs, or organized groups?
- Do you identify with any particular communities?
- What faith/religious group do you or your family associate with?
- Is there a community center or gathering place that you go to often?
- Are there any cultural or identity-related groups that you participate in?

**Resources for additional information and guidance:**


- Sapiro, B., Ward, A. Marginalized Youth, Mental Health, and Connection with Others: A Review of the Literature. Child Adolescent Social Work Journal 37, 343–357 (2020). https://doi.org/10.1007/s10560-019-00628-5
- Lardier Jr, D. T., Barrios, V. R., Forenza, B., Herr, K. G., Bergeson, C., Suazo, C. M., ... & Reid, R. J.

(2020). Contextualizing negative sense of community and disconnection among urban youth of color:"Community... We ain't got that". Journal of Community Psychology, 48(3), 834-848. https://www.researchgate.net/profile/David-Lardier/publication/337877150_Contextualizing_negative_sense_of_community_and_disconnection_among_urban_youth_of_color_CommunityWe_ain%27t_got_that/links/60a321d992851cc80b609573/Contextualizing-negative-sense-of-community-and-disconnection-among-urban-youth-of-color-CommunityWe-aint-got-that.pdf

**Adult/Mentor Connection**

**This item documents whether the child/youth has a healthy connection with an adult outside of their family.** Research shows that having at least one supportive, consistent, reliable adult (outside of a caregiver) in a child/youth's life is a protective factor that can have a lasting and positive impact on their overall well-being and development. This adult may be a coach, a tutor, a member of clergy, a teacher, a child/youth mentor (such as from Big Brothers Big Sisters), etc. For this item, members of the child/youth's family (nuclear or extended) should not be considered.

A rating of Yes suggests the presence of a connection that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Consider if the child/youth talks about any adults they trust or feel supported by (aside from their caregivers and family members).
- Consider how the child/youth feels about, views, and/or describes the relationship with the adult, how much time they spend together, and how long this adult has been in the child/youth's life.
- Consider how this relationship is described by the caregiver(s).

**Example interview/assessment questions:**

*To caregiver(s):*

- How do you feel about your child/youth's relationship with this person?
- Have you noticed any shifts (positive or negative) in your child/youth or in their behavior since they started spending time with this person?

*To child/youth:*

- Are there any adults in your life that you can trust or that you feel supported by?
- Do you view this adult as a positive figure in your life?
- Do you feel as though you can go to this adult if you are in need of help?
- What are some things you appreciate about your relationship?
- What are some challenges you face in your relationship?
- Do you feel like you can be yourself when you spend time with this adult?
- Is there anything you've stopped doing, or people you've stopped spending time with because of this adult?

- Do you ever do things you don't want to do when you spend time with this adult?

**Resources for additional information and guidance:**

- Frederick, J., Spratt, T., & Devaney, J. (2023). Supportive Relationships with Trusted Adults for Children and Young People Who Have Experienced Adversities: Implications for Social Work Service Provision. The British Journal of Social Work, 53(6), 3129–3145. https://doi.org/10.1093/bjsw/bcad107
- Center for the Developing Adolescent. Secure Relationships with Supportive Adults Continue to Matter for Adolescents, https://developingadolescent.semel.ucla.edu/steps-for-youth/item/secure-relationships-with-supportive-adults-continue-to-matter-for-adolescents

**Ability to Engage Coping Mechanisms**

**This item documents whether the child/youth is able to identify and engage in adaptive coping skills to manage challenges.** This item focuses solely on the use of positive adaptive coping skills (e.g., going for a walk/run, deep breathing, drawing, journaling, playing basketball, praying, listening to music). Child/youth may engage in a variety of behaviors to cope that may cause harm (e.g., substance use), these behaviors should not be rated here.

A rating of Yes suggests the presence of coping skills that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Consider if the child/youth engages in coping mechanisms when discussing difficult topics.
- Consider if the child/youth engages in behaviors that result in stress-relief, even if the child/youth does not consider the behavior a coping skill (e.g., taking the dog for a walk, playing a sport, crafting, doing their hair or makeup, etc.).
- Consider barriers to using identified coping mechanisms in real time (e.g., response from peers/family/teachers, school restrictions, or cultural issues).
- Identify if coping skills were included in previous treatment plans.
- Review school documents for any IEP, 504, or informal accommodations regarding stress management or emotional regulation.

**Example interview/assessment questions:**

*To caregiver(s):*

- What skills or behaviors does your child/youth engage in to calm themselves down or to relax?
- Is your child/youth able to effectively use any coping skills in the moment when things are challenging for them?

*To child/youth:*

- Do you have any strategies you use to manage hard moments (for example, listening to music, playing a sport, deep breathing, drawing, journaling, etc.)?
- Do you find that you are able to use those strategies when you need them?

- Are there other activities you enjoy doing that make you feel relaxed or relieve your stress?
- How effective are those strategies in the moment?

**Resources for additional information and guidance:**


- Aid, T. (2016, April 29). *Distress tolerance*. Therapist Aid. https://www.therapistaid.com/therapy-worksheet/dbt-distress-tolerance-skills
- Halloran, J. (2018). *Coping Skills for Kids workbook*. https://cdn.pesi.com/pdf/publishing/workbook/PUB085420.pdf
- https://www.akronchildrens.org/files/99-Healthy-Coping-Skills.html
- Marc, G., Mitrofan, L., & Vlad, C. (2024). The relationship between critical life events, psycho-emotional health and life satisfaction among youths: coping mechanisms and emotional regulation. *Frontiers in Psychology*, *14*. https://doi.org/10.3389/fpsyg.2023.1288774


**Peer Connections**

**This item documents whether the child/youth has healthy relationships with individuals of similar age that provide a sense of belonging, support, and understanding.** These connections can positively impact various aspects of life. Peers may include children/youth of a similar age that the child/youth spends time with in or out of school. This may also include extended family such as cousins, or peers that the child/youth interacts with online.

A rating of Yes suggests the presence of peer connections that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Consider if the child/youth talks about their friends or peers, and how they describe these relationships.
- Identify whether the child/youth is registered or involved in any extracurricular activities that provide a positive peer group.
- Review school documents for any IEP or 504 accommodations regarding social interaction and peer skills.
- Explore the child/youth's peer relationships with their caregiver(s).

**Example interview/assessment questions:**

*To caregiver(s):*

- Does your child/youth have friends who understand and support them?
- Is your child/youth able to maintain long-term friendships?

*To child/youth:*

- Tell me about any friends you may have.
- How do you get along with your peers in school?

- Are there any young people you like to spend time with or do activities with?
- Are there any family members you are particularly close with?
- Are there any young people to whom you go for emotional support or advice?

**Resources for additional information and guidance:**

- Youth peer support, Mental Health America. https://www.mhanational.org/youth-peer-support
- Birrell, L., Werner-Seidler, A., Davidson, L., Andrews, J. L., & Slade, T. (2025). Social connection as a key target for youth mental health. *Mental Health & Prevention*, *37*, 200395. https://www.sciencedirect.com/science/article/pii/S2212657025000054#sec0001

**School Partnership**

**This item documents whether the child/youth is connected to individuals or groups in their school community.** A child/youth who struggles at school but is receiving good support from their district would have this item listed as a strength. Having an IEP/504 plan alone does not indicate a strength area if the caregiver(s) or child/youth do not feel that accommodations are being followed, the goals of the plans are not being met, or if the child/youth continues to struggle.

A rating of Yes suggests the presence of a school partnership that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Consider the degree to which the educational system acts as a partner to help the child/youth achieve their goals and to mitigate obstacles to these goals.
- Explore whether the child/youth's vocational skills have been taken into consideration by the school to assist in future planning for earning an income that is livable and/or pursuing a trade that would be enjoyable moving forward.
- Consider whether the school communicates in a way that is accessible for the caregiver(s).

**Example interview/assessment questions:**

*To caregiver(s):*

- Is your child/youth's school an active partner in figuring out how to best meet their needs?
- Has the school supported your child/youth in identifying any interests or vocational skills that could be used in a work setting?
- Does the school regularly communicate concerns or successes to you?
- Does the school respond quickly to identified concerns?
- Have you ever requested educational or psych evaluations to address a learning or behavioral concern? If so, what was the outcome of that request?

*To child/youth:*

- Do you feel that the school teachers and/or administration support you?
- If you raise an issue at school, do you feel it is taken seriously?

- Do you have any adult mentors at school? If so, who?

**Resources for additional information and guidance:**

- Davis, R. (2022, June 29). Equitable, inclusive parent communication is key to helping students thrive. EdSource. https://edsource.org/2022/equitable-inclusive-parent-communication-is-key-to-helping-students-thrive/670489
- Levi, D. (2024, May 22). Breaking Down the School vs. Parents Mentality: Fostering Collaboration for Student Success. School Avoidance Alliance. https://schoolavoidance.org/breaking-down-the-school-vs-parents-mentality-fostering-collaboration-for-student-success/
- Balfanz, R., Everyone Graduates Center, Johns Hopkins University, Jerabek, A., BARR Center, Payne, K., Network for College Success, University of Chicago, Scala, J., & American Institutes for Research. (2024). STRENGTHENING SCHOOL CONNECTEDNESS TO INCREASE STUDENT SUCCESS. EdResearch for Action, 2–3. https://edresearchforaction.org/wp-content/uploads/55011-EdResearch-School-Connectedness-Brief-29-REV.pdf

**Clarity in Defining and Taking Pride in Their Identities**

**This item documents whether the child/youth expresses pride and connection associated with one or more of their social identities (e.g., race, gender, sexuality, ability, skin color, etc.).** Identity formation is a critical part of childhood development. Having pride in and connection to one's identity can support an increase in a child/youth's confidence and self-esteem and can positively impact the ways in which they respond to and navigate stress and adversity. Alternatively, having a lack of pride in or connection to their identity may undermine a child/youth's sense of self-worth and may increase feelings of isolation.

A rating of Yes suggests the presence of clarity and pride in the child/youth's identity that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Consider whether the child/youth is able to safely express pride in their identity without fear of bias or discrimination.
- Consider not only the child/youth's verbal expression of their pride in/connection to identity, but other indications such as clothing they may wear, clubs they are part of, community activities they participate in, etc.
- Explore whether the child/youth and caregiver(s) are in agreement regarding the child/youth's identity and whether this may impact the child/youth's ability to express pride and connection.

**Example interview/assessment questions:**

*To caregiver(s):*

- What are your thoughts and feelings about your child/youth's identity (religion, sexual orientation, gender identity)?
- Do you have any concerns about your child/youth displaying pride in their identity (e.g., race,

ethnicity, religion, sexual orientation, gender identity)?

*To child/youth:*

- When do you feel like your most authentic self?
- Do you feel that you are able to be your most authentic self in school, at home, out in the community, and/or with your friends?
- Are there any aspects of your identity that you struggle with? If so, why?
- What does it mean to have pride in your identity?
- Do the expectations of others ever impact the ways in which you express or connect with your identity?
- Have you ever felt lonely or isolated because you felt that others didn't understand or support you because of your identity?

**Resources for additional information and guidance:**


- Chang, C. J., Feinstein, B. A., Meanley, S., Flores, D. D., & Watson, R. J. (2021). The Role of LGBTQ Identity Pride in the Associations among Discrimination, Social Support, and Depression in a Sample of LGBTQ Adolescents. *Annals of LGBTQ Public and Population Health*, *2*(3), 203–219. https://doi.org/10.1891/lgbtq-2021-0020, https://shine.lab.uconn.edu/wp-content/uploads/sites/3321/2022/11/Chang-et-al.-2021.pdf
- Tsang, S. K., Hui, E. K., & Law, B. C. (2012). Positive identity as a positive youth development construct: a conceptual review. *TheScientificWorldJournal*, *2012*, 529691. https://doi.org/10.1100/2012/529691
- Karim, J., Weisz, R., & Rehman, S. U. (2011). International positive and negative affect schedule short-form (I-PANAS-SF): Testing for factorial invariance across cultures. Procedia - Social and Behavioral Sciences, 15, 2016–2022. https://doi.org/10.1016/j.sbspro.2011.04.046, https://ogg.osu.edu/media/documents/MB%20Stream/PANAS.pdf


**Child/Youth Strengths Narrative**

**This item provides the opportunity to elaborate on the child/youth's strengths.** Include any strengths that the child/youth exhibits and can be incorporated in treatment planning. This may include behaviors, skills, interests/passions, or interpersonal connections with another individual or groups. Additionally, include if a child/youth expresses pride in any of their identity (e.g., religion, culture, sexual orientation, gender identity). Include areas where strengths have either increased or decreased.

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## Section 8 – Family Strengths

The Family Strengths section is designed to capture information regarding the attributes of the caregiver(s) and the entire family, including their skills, their relationships and connection to the community, and support of the child/youth. Unlike the Family and Community Context section, which focuses on the family's challenges, this section rates positive aspects of the family that could be used

as part of the child/youth's treatment plan. Identifying areas upon which strengths can be built is a significant element of service planning and has shown to be more successful than solely focusing on needs.

**Answer Structure:**

All of the questions in the Family Strengths section are rated using a Yes/No structure, indicating whether or not a strength is present. A rating option of "Further Assessment Needed" is also available for cases where the assessor may need to gather additional information before rating if the strength is present or not.

| Answer | Description |
|---|---|
| Yes | Indicates the presence of a strength that can and should be used in treatment planning. |
| No | Indicates that a strength cannot or should not be used in treatment planning. |

**Family: Advocacy Skills**

**This item documents whether the family is able to effectively advocate for the child/youth's needs with individuals and within systems.** Advocacy refers to the ability of the caregiver(s) to recognize the child/youth's needs, communicate any concerns regarding the child/youth, and take an active role in decision-making to ensure the child/youth is respected.

A rating of Yes suggests the presence of advocacy skills that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Consider to what extent the caregiver(s) can identify the child/youth needs, capabilities, and resources.
- Assess the extent to which the caregiver(s) can be an active participant in their child/youth's care and well-being.
- Observe whether the caregiver(s) can advocate for the child/youth's needs.
- Examine caregiver understanding of the child/youth's behavior and how it may vary depending on where the child/youth is and who is with them.
- Explore whether the caregiver(s) can express their thoughts and feelings effectively.

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you and other caregivers communicate with the child/youth and ask questions?
- Do you encourage your child/youth to communicate their needs?

- Do you communicate with the child/youth's teachers? Do you attend parent-teacher conferences or school meetings?
- Do you have insight on how to ask for help?
- Have you tried to advocate for your child/youth in the past? How did that go?

To child/youth if a caregiver is inaccessible:

- If you were having an issue at school, academically or with a peer or teacher, how would your caregiver(s) support you? Would they talk to anyone at the school?
- Have there been any times where you needed your caregiver(s) to speak up for you (e.g., if someone wasn't listening to your concerns or if someone was being mean to you)? If so, how did they speak up for you?
- Do you feel like your success is important to your caregiver(s)?

**Resources for additional information and guidance:**

- Koplewicz, H. S., MD. (2024, December 10). Being an effective advocate for your child. Child Mind Institute. https://childmind.org/article/being-an-effective-advocate-for-your-child/

**Family: Natural Supports**

**This item documents whether the family has access to natural supports, which refers to the network of family, friends, and neighbors that one turns to for emotional, social, and practical support.** These supports should be established enough to be utilized in the child/youth's treatment plan. This item should not consider structured or formal services (e.g., social services, clinical services, etc.).

A rating of Yes suggests the presence of natural supports skills that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Consider whether the family feels they have social network they can rely on.
- Explore how to build upon these natural supports.
- Identify where there are gaps in support.
- Consider individuals or groups within the family's network who may be willing to offer support but are not currently involved.
- If possible, observe interactions between the caregiver(s) and members of their support network to gain a better understanding of the dynamics and quality of the relationships.

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you have friends, connections from community groups (e.g., church, volunteer group, book club, mothers' group), or others who provide support?
- Can you call on your support network to help in times of need?

- What are the relationships like between your family members and your extended family?
- What informal support systems can you rely on? These could be family, friends, neighbors, and community networks that do not have to be paid for. How helpful and effective is the support?
- What are the strengths and weaknesses of your support network?
- Are there any unmet needs or gaps in your support network?

To child/youth if a caregiver is inaccessible:

- Who would your caregiver(s) talk to if they were having a bad day or dealing with a challenge?
- If your caregiver(s) needed to stay at work late, is there anyone they would call to help with dinner or to take care of the family or pets?
- Do you have any family members (e.g., aunts, uncles, grandparents, family friends) who help your family?

**Resources for additional information and guidance:**

- Carer Support Needs Assessment Tool (CSNAT), https://csnat.org
- Dunst, Carl. (2022). Associations Between Perceived Family Social Support and The Psychological Health of Caregivers of Children and Adolescents: A Systematic Review and Meta-analysis. 9. 32-57. European Journal of Psychological Research Vol. 9 No. 2, 2022, ISSN 2057-4794, Progressive Academic Publishing, UK Page 32 https://www.idpublications.org/wp-content/uploads/2022/08/Full-Paper-ASSOCIATIONS-BETWEEN-PERCEIVED-FAMILY-SOCIAL-SUPPORT-AND-THE-PSYCHOLOGICAL-HEALTH-OF-CAREGIVERS.pdf
- How to Develop Natural Supports: Natural Supports . . . They're All Around You! Department of Developmental Services, Services and Supports Section, https://laddc.org/userfiles/files/Natural_Supports.pdf

**Family: Offering Opportunities for Success**

**This item documents whether the caregiver(s)/family proactively intervenes to help the child/youth find success (e.g., institutes a schedule, prompts the child/youth early when difficulties arise, etc.).** Be sure to consider success through the perspective of the child/youth and their family, their culture, and their values.

A rating of Yes suggests the presence of opportunities for success that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Consider whether the family fosters a supportive environment by talking with the child/youth about their dreams, goals, and challenges.
- Observe whether the family and caregiver(s) listen to the child/youth's concerns and whether they validate their feelings.
- Consider whether family members model positive behaviors by demonstrating effective communication, problem-solving, and resilience.

- Identify any resources and supports that are provided by the caregiver(s).

**Example interview/assessment questions:**

*To caregiver(s):*

- How do you find good ways to talk and listen with your child/youth?
- How do you help your child/youth succeed?
- How do you praise and celebrate your child/youth's efforts and successes. How do you help your child/youth learn from mistakes?
- How do you help your child/youth persevere when something is hard for them?
- Do you attend parent-teacher conferences?

To child/youth if a caregiver is inaccessible:

- Does anyone help you to plan your day or week (e.g., setting up a schedule or reminders to do things)?
- How does your caregiver(s) support you when you're having a hard time?
- How does your caregiver(s) help you succeed in school, at home, or in general?

**Resources for additional information and guidance:**

- Negussie, Y., Geller, A., & DeVoe, J. E. (2019, July 25). Fostering caregiver Well-Being Toward Healthy Child Development. Vibrant and Healthy Kids - NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK551487/
- Jackson, Z. (2024, June 17). Supporting kinship caregiver participation in CFT meetings. Alliance for Children's Rights. https://allianceforchildrensrights.org/resources/supporting-kinship-caregiver-participation-in-cft-meetings/
- University of Delaware: How Parents Can Help Their Kids Be Successful in School. https://www.udel.edu/academics/colleges/canr/cooperative-extension/fact-sheets/parents-help-children-school-success/

**Family: Resourcefulness**

**This item documents the family's capacity to respond to challenges in innovative and creative ways.** Resourcefulness is the ability to navigate challenges and maintain well-being by using personal strengths and external support, and can include problem-solving, adaptability, and seeking help when needed.

A rating of Yes suggests the presence of resourcefulness that can be utilized within the child/youth's treatment plan.

**Evidence to consider:**

- Observe the caregiver(s) for signs of overwhelm, burnout, or fatigue.
- Consider individual strengths of family members and the family's use of social supports.

- Explore the family's migration/immigration history.
- Examine the family members' social identity (e.g., race, gender, sexuality, ability, skin color, etc.) and the family's racial, ethnic, religious, or national background and whether there is a history of systemic discrimination against that specific minority group, especially where the family lives/lived.
- Examine the family members' social identity (e.g., race, gender, sexuality, ability, skin color, etc.) and the family's racial, ethnic, religious, or national background and whether there are historical events that may have involved trauma (e.g., ongoing war, genocidal events, refugee relocation, etc.).
- Examine how family members and the caregiver(s) describe their own strengths and the strengths of the child/youth.
- Consider which resources and supports have been provided by the caregiver(s).

**Example interview/assessment questions:**

*To caregiver(s):*

- Do you ever find it challenging to maintain your own health and well-being? If so, who do you ask for help when that happens?
- Has there been a time where you or the family may have benefitted from resources in your community? If so, were you able to identify and use those resources?
- What are you especially good at? Do you get a chance to use those skills often?
- How do you feel when you are faced with a challenge? Confident? Hopeful? Discouraged?

To child/youth if a caregiver is inaccessible:

- Can you think of a time when your family had a problem or something unexpected happened? What did your caregiver(s) do to handle it?
- If your family faced an obstacle, would your caregiver(s) find a way to overcome it?
- Has your caregiver(s) ever come up with a creative or different way to solve a problem? What was it?
- Does your caregiver(s) request and accept help from others?

**Resources for additional information and guidance:**


- Chislett, G., & Kennett, D. J. (2007). The effects of the Nobody's Perfect program on parenting resourcefulness and competency. Journal of Child and Family Studies, 16, 473-482. https://www.academia.edu/download/52739753/The_Effects_of_the_Nobodys_PerfectProgra20170421-31529-1anyapr.pdf
- Musil CM, Jeanblanc AB, Burant CJ, Zauszniewski JA, Warner CB. Longitudinal analysis of resourcefulness, family strain, and depressive symptoms in grandmother caregivers. Nurs Outlook. 2013 Jul-Aug;61(4):225-234.e2. doi: 10.1016/j.outlook.2013.04.009. Epub 2013 Jun 10. PMID: 23756496; PMCID: PMC3786552. https://pmc.ncbi.nlm.nih.gov/articles/PMC3786552/

- Zauszniewski JA, Bekhet AK. Measuring use of resourcefulness skills: psychometric testing of a new scale. ISRN Nurs. 2011;2011:787363. doi: 10.5402/2011/787363. Epub 2011 Jun 7. PMID: 21994896; PMCID: PMC3169308. https://pmc.ncbi.nlm.nih.gov/articles/PMC3169308/


**Family Strengths Narrative**

**This item provides the opportunity to elaborate on areas of strengths for the family system as a whole.** Include any strengths that the family exhibits and can be incorporated into the child/youth's treatment planning. This may include behaviors, supports, or the interpersonal dynamics of the family system. Examples may include family members supporting and/or advocating for one another, members attending to their physical and mental health needs, or having a reliable support system outside of the nuclear family. Include areas where strengths have either increased or decreased.

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**Assessment Narrative**

**This item provides the opportunity to write a summative assessment for the child/youth's CANS as a whole.** Include any items that will require action – those rated as a 2 or a 3. Describe the plan to address the actionable items. Note any items that have shown improvement or decline, as applicable.

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