

CHILD & ADOLESCENT NEEDS & STRENGTHS

**An Information Integration Tool for
Children and Adolescents with
Mental Health Challenges**

CANS-MH Manual

Copyright, 1999

The Copyright for the **CANS-MH** Information Integration Tool is held by the Praed Foundation to ensure that it remains an open domain tool, free for anyone to use. Information on guidelines for use and development can be obtained by contacting the Praed Foundation at praedfoundation@yahoo.com or visit the website at www.praedfoundation.org

A large number of individuals have collaborated in the development of the CANS-MH. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS-MH is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Praed Foundation. For more information on the **CANS-MH** assessment tool contact:

John S. Lyons, Ph.D.
University of Ottawa
Children's Hospital of Eastern Ontario
401 Smyth Road, R1118
Ottawa, ON
jlyons@uottawa.ca
johnslyonsphd@yahoo.com

Praed Foundation
praedfoundation@yahoo.com
www.praedfoundation.org

INTRODUCTION AND METHOD

As children and families seek assistance in addressing problems that arise, the first step of helping involves assessment. A good assessment provides information about service planning and communicates to the larger system of care about the needs and strengths of children and families. We have used a uniform methodological approach to develop assessment tools to guide service delivery for children and adolescents with mental, emotional and behavioral health needs, mental retardation/developmental disabilities, and juvenile justice involvement. The basic approach allows for a series of locally constructed decision support tools that we refer to as the Child & Adolescent Needs and Strengths (**CANS-MH**).

The background of the **CANS** comes from our prior work in modeling decision-making for psychiatric services. In order to assess appropriate use of psychiatric hospital and residential treatment services, we developed the Childhood Severity of Psychiatric Illness (CSPI). This measure was developed to assess those dimensions crucial to good clinical decision-making for expensive mental health service interventions. We have demonstrated its utility in reforming decision making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of the measurement approach has been that it is face valid and easy-to-use, yet provides comprehensive information regarding the clinical status of the child or youth.

The **CANS-MH** builds on the methodological approach for the CSPI but expands the assessment to include a broader conceptualization of needs and the addition of an assessment of strengths. It is a tool developed to assist in the management and planning of services to children and adolescents and their families with the primary objectives of permanency, safety, and improved quality of life. The **CANS** is designed for use at two levels—for the individual child and family and for the system of care. The **CANS** provides a structured assessment of children along a set of dimensions relevant to service planning and decision-making. Also, the **CANS** provides information regarding the child and family's service needs for use during system planning and/or quality assurance monitoring. Due to its modular design the tool can be adapted for local applications without jeopardizing its psychometric properties

The **CANS-MH** is designed to be used either as a *prospective* assessment tool for decision support during the process of planning services or as a *retrospective* assessment tool based on the review of existing information for use in the design of high quality systems of services. This flexibility allows for a variety of innovative applications.

As a *prospective* assessment tool, the **CANS-MH** provides a structured assessment of children with mental health challenges along a set of dimensions relevant to case service decision-making. The **CANS-MH** provides information regarding the service needs of the child and their family for use during the development of the individual plan of care. The assessment tool helps to structure the staffing process in *strengths-based* terms for the care manager and the family.

As a *retrospective* assessment tool, the **CANS-MH** provides an assessment of the children and adolescents currently in care and the functioning of the current system in relation to the needs and strengths of the child and family. It clearly points out "service gaps" in the current services system. This information can then be used to design and develop the community-based, family-focused system of services appropriate for the target population and the community.

Retrospective review of prospectively completed **CANS** allows for a form of measurement audit to facilitate the reliability and accuracy of information (Lyons, Yeh, Leon, Uziel-Miller & Tracy, 1999).

In addition, the **CANS-MH** assessment tool can be used by care coordinators and supervisors as a quality assurance/monitoring device. A review of the case record in light of the **CANS-MH** assessment tool will provide information as to the appropriateness of the individual plan of care and whether individual goals and outcomes are achieved.

The dimensions and objective anchors used in the **CANS-MH** were developed by focus groups with a variety of participants including families, family advocates, representatives of the provider community, mental health case workers and staff. The **CANS** measure is then seen predominantly as a communication strategy. Testing of the reliability of the **CANS** in its applications for developmental disabilities and mental health indicate that this measurement approach can be used reliably by trained professionals and family advocates.

Reliability

A number of reliability studies have been accomplished using the **CANS-MH** including studies with a variety of practitioners and researchers. A total sample of more than 300 subjects have been included in these reliability studies. When clinical vignettes are used as the source of ratings, the average reliability across studies is 0.74. When case records or current cases are used as the source of ratings, the average reliability across studies is 0.85. In a study in Iowa, the reliability of individual items was assessed between clinicians and researchers. The average reliability of individual items of the **CANS-MH** was 0.73 across 40 cases. A number of different types of individual have been trained to use the **CANS-MH** reliably including mental health providers, child welfare case workers, probation officers, and family advocates (parents of children with difficulties). A minimum of a bachelor's degree with some training or experience with mental health is needed to use the **CANS-MH** reliably after training.

Validity

The validity of the **CANS-MH** has been studied in a variety of ways. In a study in Allegheny County, Pennsylvania, the **CANS** was found to be significantly correlated with an independently assessed **CAFAS** (Rautkis & Hdalio, 2001). In this study, the Caregiver Needs & Strengths total was found to be correlated with an independent measure of burden. In a sample of more than 1700 cases in 15 different program types across the State of New York, the total scores on the dimensions of the **CANS-MH** (e.g. Problems, Risk Behaviors) reliably distinguished level of care. In a comparison of **CANS-MH** level of care guidelines to clinical judgment, staff at Multnomah County, Oregon found that the **CANS-MH** informed level of care criteria agreed with the expert panel decision 91% of the time. It has also been used to distinguish needs of children in rural and urban settings (Anderson & Estle, 2001).

ADMINISTRATION OVERVIEW

When the **CANS-MH** is administered, each of the dimensions is rated on its own 4-point scale after the initial intake interview, routine service contact or following the review of a case file. Even though each dimension has a numerical ranking, the **CANS-MH** assessment tool is designed to give a **profile** of the needs and strengths of the child and family. *It is **not** designed to require that you "add up" all of the "scores" of the dimensions for an overall score rating.*, although such scoring is an option for evaluation applications. When used in a *retrospective* review of cases, it is designed to give an overall "**profile**" of the system of services and the gaps in the service system not an overall "score" of the current system. Used as a **profile** based assessment tool, it is reliable and gives the care coordinator, the family and the agency, valuable existing information for use in the development and/or review of the individual plan of care and case service decisions.

The CANS was developed based on communication theory. It is a communimetric tool. There are six key principles of the CANS that should be considered when completing:

- I. It is an item level tool. Items are included because they might have direct impact on the service planning process.
- II. The levels of each item translate immediately into action levels. There are different action implications for needs and strengths, therefore:

The action levels for ratings for need items are:

- **'0' indicates no need for action**
- **'1' indicates a need for watchful waiting to see whether action is needed (i.e. flag it for later review to see if any circumstances change) or prevention planning**
- **'2' indicates a need for action**
- **'3' indicates the need for either immediate or intensive action**

The action levels for ratings of strengths are:

- **'0' indicates a centerpiece strength. The focus of a strength-based plan**
- **'1' indicates a useful strength. It can be included in a strength-based plan**
- **'2' indicates an identified strength. It could be developed to become useful.**
- **'3' indicates no strength has been identified.**

- III. It is about the child not about the service. All ratings are done with an understanding that a service context might be masking a need. You rate the need not the fact that the service is masking it.
- IV. Always consider cultural and developmental contexts before establishing the action levels
- V. It is agnostic to etiology. It is about the 'what' not about the 'why'. Although several items have some cause and effect thinking most of the CANS is entirely descriptive. For example, school attendance is a need whether the child is truant or expelled. It doesn't matter why they aren't going to school to rate that need.
- VI. There is a 30-day window for ratings unless otherwise specified but this is just to keep the ratings fresh. You can use the action levels to trump the time

frames it if it is a better description of a need or strength of the child and family.

VII. Following are a summary of the dimensions of the **CANS-MH**. Unless otherwise specified, each rating is based on the last 30 days. Each of the dimensions is rated on a 4-point scale after routine service contact or following review of case files. The basic design is that ‘0’ reflects no evidence, a rating of ‘1’ reflects a mild degree of the dimension, a rating of ‘2’ reflects a moderate degree and a rating of ‘3’ reflects a severe or profound degree of the dimension. Another way to conceptualize these ratings is that a ‘0’ indicates no need for action, a ‘1’ indicates a need for watchful waiting to see whether action is warranted, a ‘2’ indicates a need for action, and a ‘3’ indicates the need for either immediate or intensive action. In order to maximize the ease of use and interpretation, please note that the last two clusters of dimensions, Caregiver Capacity and Strengths, are rated in the **opposite logical manner** to maintain consistency across the measure. Thus, in all cases, *a low rating is positive*. The basic structure of the **CANS-MH** is:

A. Problem Presentation

Psychosis
 Attention Deficit/Impulse Control
 Depression/Anxiety
 Oppositional Behavior
 Antisocial Behavior
 Substance Abuse
 Adjustment to Trauma
 Attachment

B. Risk Behaviors

Danger to Self
 Danger to Others
 Other Self Harm
 Runaway
 Sexually Abusive Behavior
 Social Behavior
 Crime/Delinquency

C. Functioning

Intellectual/Developmental
 Physical/Medical
 Sleep
 School Achievement
 School Behavior
 School Attendance
 Relationship with Teachers
 Sexual Development

D. Child Safety

Abuse
 Neglect
 Exploitation
 Permanency

E. Family/Caregiver Needs and Strengths

Physical
 Supervision
 Involvement with Care
 Knowledge
 Organization
 Residential Stability
 Resources
 Safety

F. Strengths

Family
 Interpersonal
 Relationship Permanence
 Education
 Vocational
 Well-being
 Optimism
 Spiritual/Religious
 Talents/Interest
 Inclusion
 Resiliency
 Resourcefulness

CODING CRITERIA

PROBLEM PRESENTATION

PSYCHOTIC SYMPTOMS

This rating is used to describe symptoms of psychiatric disorders with a known neurological base. DSM-IV disorders included on this dimension are Schizophrenia and Psychotic Disorders (unipolar, bipolar, NOS). The common symptoms of these disorders include hallucinations, delusions, unusual thought processes, strange speech, and bizarre/idiosyncratic behavior.

- 0** This rating indicates a child with no evidence of thought disturbances. Both thought processes and content are within normal range.
- 1** This rating indicates a child with evidence of mild disruption in thought processes or content. The child may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes children with a history of hallucinations but none currently. The category would be used for children who are below the threshold for one of the DSM IV diagnoses listed above.
- 2** This rating indicates a child with evidence of moderate disturbance in thought process or content. The child may be somewhat delusional or have brief intermittent hallucinations. The child's speech may be at times quite tangential or illogical. This level would be used for children who meet the diagnostic criteria for one of the disorders listed above.
- 3** This rating indicates a child with a severe psychotic disorder. Symptoms are dangerous to the child or others.

ATTENTION DEFICIT/IMPULSE CONTROL

Symptoms of Attention Deficit and Hyperactivity Disorder and Impulse Control Disorder would be rated here. Inattention/distractibility not related to opposition would also be rated here.

- 0** This rating is used to indicate a child with no evidence of attention/hyperactivity problems.
- 1** This rating is used to indicate a child with evidence of mild problems attention/hyperactivity or impulse control problems. Child may have some difficulties staying on task for an age appropriate time period.
- 2** This rating is used to indicate a child with moderate attention/hyperactivity or impulse control problems. A child who meets DSM-IV diagnostic criteria for ADHD or an impulse control disorder would be rated here.
- 3** This rating is used to indicate a child with severe impairment of attention or impulse control. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g. running into the street, dangerous driving, or bike riding). A child with profound symptoms of ADHD would be rated here.

DEPRESSION/ANXIETY

Symptoms included in this dimension are depressed mood, social withdrawal, anxious mood, sleep disturbances, weight/eating disturbances, loss of motivation. This dimension can be used to rate symptoms of the following psychiatric disorders as specified in DSM-IV: Depression (unipolar, dysthymia, NOS), Bipolar, Generalized Anxiety, and Phobias.

- 0** This rating is given to a child with no emotional problems. No evidence of depression or anxiety.
- 1** This rating is given to a child with mild emotional problems. Brief duration of depression, irritability, or impairment of peer, family, or academic function that does not lead to gross avoidance behavior. This level is used to rate either a mild phobia or anxiety problem or a level of symptoms that is below the threshold for the other listed disorders.
- 2** This rating is given to a child with a moderate level of emotional disturbance. This could include major conversion symptoms, frequent anxiety attacks, obsessions, rituals, flashbacks, hypervigilance, depression, or school avoidance. This level is used to rate children who meet the criteria for an affective disorder listed above.

- 3** This rating is given to a child with a severe level of emotional disturbance. This would include a child who stays at home or in bed all day due to anxiety or depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. More severe forms of anxiety or depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

OPPOSITIONAL BEHAVIOR (COMPLIANCE WITH AUTHORITY)

This rating is intended to capture how the child relates to authority. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance to authority rather than on seriously breaking social rules, norms and laws.

- 0** This rating indicates that the child is generally compliant.
- 1** This rating indicates that the child has mild problems with compliance to some rules or adult instructions.
- 2** This rating indicates that the child has moderate problems with compliance to rules or adult instructions. A child who meets the criteria for Oppositional Defiant Disorder in DSM-IV would be rated here.
- 3** This rating indicates that the child has severe problems with compliance to rules and adult instructions. A child rated at this level would be a severe case of Oppositional Defiant Disorder. They would be virtually always disobedient.

ANTISOCIAL BEHAVIOR (COMPLIANCE WITH SOCIETY'S RULES)

These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault. This dimension would include the symptoms of Conduct Disorder as specified in DSM-IV.

- 0** This rating indicates a child with no evidence of behavior disorder.
- 1** This rating indicates a child with a mild level of conduct problems. Some antisocial behavior in school and/or home. Problems recognizable but not notably deviant for age and sex and community. This might include occasional truancy, lying, or petty theft from family.
- 2** This rating indicates a child with a moderate level of conduct disorder. This could include episodes of planned aggressive or other anti-social behavior. A child rated at this level should meet the criteria for a diagnosis of Conduct Disorder.
- 3** This rating indicates a child with a severe Conduct Disorder. This could include frequent episodes of unprovoked, planned aggressive or other anti-social behavior.

SUBSTANCE ABUSE

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

- 0** This rating is for a child who has no substance use difficulties at the present time. If the person is in recovery for greater than 1 year, they should be coded here, although this is unlikely for a child or adolescent.
- 1** This rating is for a child with mild substance use problems that might occasionally present problems of living for the person (intoxication, loss of money, reduced school performance, parental concern). This rating would be used for someone early in recovery (less than 1 year) who is currently abstinent for at least 30 days.
- 2** This rating is for a child with a moderate substance abuse problem that both requires treatment and interacts with and exacerbates the psychiatric illness. Substance abuse problems consistently interfere with the ability to function optimally but do not completely preclude functioning in an unstructured setting.
- 3** This rating is for a child with a severe substance dependence condition that presents a significant complication to the coordination of care (e.g. need for detoxification) of the individual.

ADJUSTMENT TO TRAUMA

This rating covers the reactions of children and adolescents to any of a variety of traumatic experiences from child abuse and neglect to forced separation from family. This dimension covers both adjustment disorders and post traumatic stress disorder from DSM-IV.

- 0** Child has not experienced any trauma or has adjusted well to significant traumatic experiences. If the child is separated from parents, he/she has adjusted to this separation.
- 1** Child has some mild adjustment problems to separation from parent(s) or other caregivers or as a result of earlier abuse. Child may be somewhat distrustful or unwilling to talk about parent(s) or other caregivers.
- 2** Child has marked adjustment problems associated either with separation from parent(s) or other caregivers or with prior abuse. Child may have nightmares or other notable symptoms of adjustment difficulties.
- 3** Child has post-traumatic stress difficulties as a result of either separation from parent(s), multiple other caregivers, or prior abuse. Symptoms may include intrusive thoughts, hypervigilance, constant anxiety, and other common symptoms of PostTraumatic Stress Disorder (PTSD).

ATTACHMENT

This dimension should be rated within the context of the child's significant parental relationships.

- 0** No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
- 1** Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
- 2** Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here. Children with developmental delays may experience challenges with attachment and would be rated here.
- 3** Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

RISK BEHAVIORS

DANGER TO SELF

This rating describes both suicidal and significant self-injurious behavior. A rating of 2 or 3 would indicate the need for a safety plan.

- 0** Child has no evidence or history of suicidal or self-injurious behaviors.
- 1** History of suicidal or self-injurious behaviors but no self-injurious behavior during the past 30 days.
- 2** Recent, (last 30 days) but not acute (today) suicidal ideation or gesture. Self-injurious in the past 30 days (including today) without suicidal ideation or intent.
- 3** Current suicidal ideation and intent in the past 24 hours.

DANGER TO OTHERS

This rating includes actual and threatened violence. Imagined violence, when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan.

- 0** Child has no evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
- 1** History of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days. History of fire setting (not in past year) would be rated here.
- 2** Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression.
- 3** Frequent or dangerous (significant harm) level of aggression to others. Any fire setting within the past year would be rated here. Child or youth is an immediate risk to others.

OTHER SELF HARM

This rating includes issues of recklessness, engaging in unsafe behaviors that are putting the child or youth in jeopardy of physical harm.. A rating of 2 or 3 would indicate the need for a safety plan.

- 0 No evidence of behaviors other than suicide or self-mutilation that place the youth at risk of physical harm.**
- 1 History of behavior other than suicide or self-mutilation that places youth at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the youth.**
- 2 Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.**
- 3 Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.**

RUNAWAY

In general, to classify as a runaway or elopement, the child is gone overnight or very late into the night. Impulsive behavior that represents an immediate threat to personal safety would also be rated here.

- 0 This rating is for a child with no history of running away and no ideation involving escaping from the present living situation.**
- 1 This rating is for a child with no recent history or running away but who has expressed ideation about escaping present living situation or treatment. Child may have threatened running away on one or more occasions or have a history (lifetime) of running away but not in the past year.**
- 2 This rating is for a child who has run away from home once or run away from one treatment setting within the past year. Also rated here is a child who has run away to home (parental or relative) in the past year.**
- 3 This rating is for a child who has (1) run away from home and/or treatment settings within the last 7 days or (2) run away from home and/or treatment setting twice or more overnight during the past 30 days. Destination is not a return to home of parent or relative.**

SEXUALLY ABUSIVE BEHAVIOR

Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which the child or adolescent takes advantage of a younger or less powerful child through seduction, coercion, or force.

- 0** No evidence of problems with sexual behavior in the past year.
- 1** Mild problems of sexually abusive behavior. For example, occasional inappropriate sexual behavior or language.
- 2** Moderate problems with sexually abusive behavior, For example, frequent inappropriate sexual behavior. Frequent disrobing would be rated here only if it was sexually provocative. Frequent inappropriate touching would be rated here.
- 3** Severe problems with sexually abusive behavior. This would include the rape or sexual abuse of another person involving sexual penetration.

SOCIAL BEHAVIOR

This rating describes obnoxious social behaviors that a child engages in to intentionally force adults to sanction him/her. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which he/she lives) that put the child at some risk sanctions (e.g. not excessive shyness).

- 0** Child shows no evidence of problematic social behaviors.
- 1** Mild level of problematic social behaviors. This might include occasionally inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included at this level.
- 2** Moderate level of problematic social behaviors. Social behavior is causing problems in the child's life. Child may be intentionally getting in trouble in school or at home.
- 3** Severe level of problematic social behaviors. This would be indicated by frequent seriously inappropriate social behavior that force adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community).

CRIME/DELINQUENCY

This rating includes both criminal behavior and status offenses that may result from child or youth failing to follow required behavioral standards (e.g. truancy). Sexual offenses should be included as criminal behavior.

- 0** Child shows no evidence or has no history of criminal or delinquent behavior.
- 1** History of criminal or delinquent behavior but none in the past 30 days. Status offenses in the past 30 days would be rated here.
- 2** Moderate level of criminal activity including a high likelihood of crimes committed in the past 30 days. Examples would include vandalism, shoplifting, etc.
- 3** Serious level of criminal or delinquent activity in the past 30 days. Examples would include car theft, residential burglary, gang involvement, etc.

FUNCTIONING

INTELLECTUAL/DEVELOPMENTAL

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

- 0** Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.
- 1** Low IQ or learning disability (IQ between 70 and 85) or mild developmental delay.
- 2** Mild to moderate mental retardation (IQ between 50 and 69) or significant developmental delay.
- 3** Severe or profound mental retardation (less than 50) or pervasive developmental delay.

PHYSICAL/MEDICAL

This rating describes both health problems and chronic/acute physical conditions.

- 0** Child appears physically healthy. There is no reason to believe that the child has any medical or physical problems.
- 1** Mild or well-managed physical or medical problems. This might include well-managed chronic conditions like juvenile diabetes or asthma.
- 2** Chronic physical or moderate medical problems.
- 3** Severe, life threatening physical or medical problems.

SLEEP

This rating describes whether or not the child or youth gets a full night's sleep regardless of the reason..

- 0** Child gets a full night's sleep each night.
- 1** Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally waking or bed wetting or nightmares.
- 2** Child is having problems with sleep. Sleep is often disrupted and child seldom obtains a full night of sleep
- 3** Child is generally sleep deprived. Sleeping is difficult for the child and they are not able to get a full night's sleep.

FAMILY FUNCTIONING

The definition of family should be from the perspective of the child or youth (i.e., who does the child consider to be family). The family can include all biological relatives with who the child or youth remains in some contact with and individuals with relationship ties to these relatives. Family functioning should be rated independently of the problems experienced by the child.

- 0 Family appears to be functioning adequately. There is no evidence of problems in the family.**
- 1 Mild to moderate level of family problems including marital difficulties, problems with siblings.**
- 2 Significant level of family problems including frequent arguments, difficult separation and/or divorce or siblings with significant mental health, developmental or juvenile justice problems.**
- 3 Profound level of family disruption including significant parental substance abuse, criminality, or domestic violence.**

SCHOOL ACHIEVEMENT

This rating describes the child or adolescent's academic performance in school.

- 0 Child is doing well in school.**
- 1 Child is doing adequately in school, although some problem with achievement exists.**
- 2 Child is having moderate problems with school achievement. He/she may be failing some subjects.**
- 3 Child is having severe achievement problems. He/she may be failing most subjects or is more than one year behind same age peers in school achievement.**

SCHOOL BEHAVIOR

This item describes the behavior of the child or youth in school. A rating of 3 would indicate a child who is still having problems after special efforts have been made, i.e., problems in a special education class.

- 0 No evidence of behavior problems at school. Child is behaving well.**
- 1 Mild problems with school behavioral problems.**
- 2 Child is having moderate behavioral difficulties at school. He/she is disruptive and may receive sanctions including suspensions.**
- 3 Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.**

SCHOOL ATTENDANCE

This item describes the child or adolescents pattern of coming to and stay at school for each required school day.

- 0** No evidence of attendance problems. Child attends regularly.
- 1** Child has some problems attending school, although he/she generally goes to school. Or, he/she may have had moderate to severe problems in the past six months but has been attending school regularly in the past month.
- 2** Child is having problems with school attendance. He/she is missing at least one out of every 7 (14%) school days on average.
- 3** Child is generally truant or refusing to go to school.

SEXUAL DEVELOPMENT

This rating describes issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior.

- 0** Child shows no evidence of problems with sexual behavior or development in the past year.
- 1** Mild problems of sexual development. For example, occasional inappropriate sexual behavior or language. Some mild forms of sexual behavior might be rated here.
- 2** Moderate to serious problems of sexual development. For example, frequent inappropriate sexual behavior, including public disrobing or multiple older sexual partners.
- 3** Severe problems of sexual development. Prostitution, sexual aggression, exhibitionism, voyeurism, or other severe problems would be rated here.

CHILD SAFETY

13. ABUSE

This dimension refers to physical, emotional, or sexual abuse occurring, or at risk for occurring, in child's living situation.

- 0 No evidence of emotional, physical, or sexual abuse.**
- 1 Mild level of emotional abuse or occasional spanking without physical harm, or intention to commit harm. No sexual abuse.**
- 2 Moderate level of emotional abuse and/or frequent spanking or other forms of physical punishment.**
- 3 Severe level of emotional or physical abuse with intent to do harm and/or actual physical harm, or any form of sexual abuse. This would include regular beatings with physical harm and frequent and ongoing emotional assaults.**

14. NEGLECT

This refers to failure to provide adequate supervision and expectations and access to the basic necessities of life, including food, shelter, and clothing.

- 0 No evidence of neglect.**
- 1 Mild level of neglect of caretaker responsibilities, such as failure to provide adequate expectations or supervision to child.**
- 2 Moderate level of neglect, including some supervision and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action.**
- 3 Severe level of neglect, including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.**

16. EXPLOITATION

This refers to manipulation of the child to perform exploitive acts that serve only the interests of the adult, without concern for consequences for the child.

- 0 No exploitation. Child is treated fairly and respectfully and engages in appropriate responsibilities for household maintenance.**
- 1 Mild level of exploitation. Child is asked to perform chores or errands that serve only the interest of the adult, with no emotional harm or intent to do harm. This may include running personal errands or occasionally performing age inappropriate household responsibilities**
- 2 Moderate level of exploitation. Child is consistently asked to perform inappropriate responsibilities that serve adult needs, without concern for physical or emotional consequences for the child. This may be included assuming consistently inappropriate responsibilities for sibling care or other household responsibilities.**
- 3 Severe level of exploitation. This may include involvement in criminal activity directed or supervised by adults, or involvement in sexual exploitation.**

15. PERMANENCY

This refers to the failure to provide adequate response to the child's needs for a stable, emotionally secure living arrangement with consistency of relationships and appropriate adult role models.

- 0 Home is stable, nurturing, and provides appropriate adult role models.**
- 1 Mild level of instability in the home. This may be characterized by some transition among adult figures and the occasional presence of adults who are questionable role models.**
- 2 Moderate level of instability in the home. This may be characterized by frequent transition of adults in and out of the home, with minimal attention to the child's needs in the process, or frequent changes in residence or caretaker for the child.**
- 3 Severe level of instability and failure to address basic dependency needs. This may include frequent changes in caretaker or shifts in living arrangements, resulting in severe attachment issues.**

FAMILY/CAREGIVER NEEDS AND STRENGTHS

Caregiver refers to parent(s) or other adult with primary care-taking responsibilities for the child.

PHYSICAL/BEHAVIORAL HEALTH

Physical and behavioral health includes medical, physical, mental health, and substance abuse challenges faced by the caregiver(s).

- 0 Caregiver(s) has no physical or behavioral health limitations that impact assistance or attendant care.**
- 1 Caregiver(s) has some physical or behavioral health limitations that interfere with provision of assistance or attendant care.**
- 2 Caregiver(s) has significant physical or behavioral health limitations that prevent them from being able to provide some of needed assistance or make attendant care difficult.**
- 3 Caregiver(s) is physically unable to provide any needed assistance or attendant care.**

SUPERVISION

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

- 0 This rating is used to indicate a caregiver circumstance in which supervision and monitoring is appropriate and well functioning.**
- 1 This level indicates a caregiver circumstance in which supervision is generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.**
- 2 This level indicates a caregiver circumstance in which supervision and monitoring are very inconsistent and frequently absent.**
- 3 This level indicates a caregiver circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.**

INVOLVEMENT

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

- 0** This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child or adolescent.
- 1** This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the child or adolescent.
- 2** This level indicates a caregiver(s) who is only somewhat involved in the care of the child or adolescent. Caregiver may consistently visit individual when in out-of-home placement, but does not become involved in service planning and implementation.
- 3** This level indicates a caregiver(s) who is uninvolved with the care of the child or adolescent. Caregiver likely wants individual out of home or fails to visit individual when in residential treatment.

KNOWLEDGE

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

- 0** This level indicates that the present caregiver is fully knowledgeable about the child's psychological strengths, weaknesses, talents, and limitations.
- 1** This level indicates that the present caregiver, while being generally knowledgeable about the child, has some mild deficits in knowledge or understanding of either the child's psychological condition or his/her talents, skills, and assets.
- 2** This level indicates that the caregiver does not know or understand the child well and that notable deficits exist in the caregiver's ability to relate to the child's problems and strengths.
- 3** This level indicates that the present caregiver has a significant problem in understanding the child's current condition. The placement is unable to cope with the child, given his/her status at the time, not because of the needs of the child but because the caregiver does not understand or accept the situation.

ORGANIZATION

This rating should be based on the ability of the caregiver to participate in or direct the organization of the household, services, and related activities.

- 0** Caregiver(s) is well organized and efficient.
- 1** Caregiver(s) has some difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to call back case manager.
- 2** Caregiver(s) has significant difficulty organizing or maintaining household to support needed services.
- 3** Caregiver(s) is unable to organize household to support needed services.

RESOURCES

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

- 0** Caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the child.
- 1** Caregiver(s) has the necessary resources to help address the child's basic needs and are helpful in the care and treatment of the child.
- 2** Caregiver(s) has limited financial and other resources (e.g. grandmother living in same town who is sometimes available to watch child).
- 3** Caregiver has severely limited resources that are available to assist in the care and treatment of the child.

RESIDENTIAL STABILITY

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

- 0** Caregiver(s) has stable housing for the foreseeable future.
- 1** Caregiver(s) has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months.
- 2** Caregiver(s) has moved multiple times in the past year. Housing is unstable.
- 3** Caregiver(s) has experienced periods of homelessness in the past six months.

SAFETY

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

- 0** This level indicates that the present placement is as safe or safer for the child (in his or her present condition) as could be reasonably expected.
- 1** This level indicates that the present placement environment presents some mild risk of neglect, exposure to undesirable environments (e.g. drug use, gangs, etc.) but that no immediate risk is present.
- 2** This level indicates that the present placement environment presents a moderate level of risk to the child including such things as the risk of neglect or abuse or exposure to individuals who could harm the child.
- 3** This level indicates that the present placement environment presents a significant risk to the well being of the child. Risk of neglect or abuse is eminent and immediate. Individuals in the environment offer the potential of significantly harming the child.

STRENGTHS

FAMILY

Family refers to all biological or adoptive relatives with whom the child or youth remains in contact along with other individuals in relationships with these relatives.

- 0** Significant family strengths. This level indicates a family with much love and mutual respect for each other. Family members are central in each other's lives. Child is fully included in family activities.
- 1** Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members. Child is generally included.
- 2** Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other. Child is often not included in family activities.
- 3** This level indicates a child with no known family strengths. Child is not included in normal family activities.

INTERPERSONAL

This rating refers to the interpersonal skills of the child or youth both with peers and adults.

- 0** Significant interpersonal strengths. Child is seen as well liked by others and has significant ability to form and maintain positive relationships with both peers and adults. Individual has multiple close friends and is friendly with others.
- 1** Moderate level of interpersonal strengths. Child has formed positive interpersonal relationships with peers and/or other non-caregivers. Child may have one friend, if that friendship is a healthy 'best friendship model.
- 2** Mild level of interpersonal strengths. Child has some social skills that facilitate positive relationships with peers and adults but may not have any current relationships, but has a history of making and maintaining healthy friendships with others.
- 3** This level indicates a child with no known interpersonal strengths. Child currently does not have any friends nor has he/she had any friends in the past. Child does not have positive relationships with adults.

RELATIONSHIP PERMANENCE

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

- 0** This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
- 1** This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A child who has a stable relationship with only one parent may be rated here.
- 2** This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
- 3** This level indicates a child who does not have any stability in relationships.

EDUCATIONAL

This rating refers to the strengths of the school system and may or may not reflect any specific educational skills possessed by the child or youth.

- 0** This level indicates a child who is in school and is involved with an educational plan that appears to exceed expectations. School works exceptionally well with family and caregivers to create a special learning environment. A child in a mainstream educational system who does not require an individual plan would be rated here.
- 1** This level indicates a child who is in school and has a plan that appears to be effective. School works fairly well with family and caregivers to ensure appropriate educational development.
- 2** This level indicates a child who is in school but has a plan that does not appear to be effective.
- 3** This level indicates a child who is either not in school or is in a school setting that does not further his/her education.

VOCATIONAL

Generally this rating is reserved for adolescents and is not applicable for children 12 years and under. Computer skills would be rated here.

- 0** This level indicates an adolescent with vocational skills who is currently working in a natural environment.
- 1** This level indicates an adolescent with pre-vocational and some vocational skills but limited work experience.
- 2** This level indicates an adolescent with some pre-vocational skills. This also may indicate a child or youth with a clear vocational preference.
- 3** This level indicates an adolescent with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences.

WELL-BEING

This rating should be based on the psychological strengths that the child or adolescent might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's current level of distress.

- 0** This level indicates a child with exceptional psychological strengths. Both coping and savoring skills are well developed.
- 1** This level indicates a child with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.
- 2** This level indicates a child with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
- 3** This level indicates a child with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

OPTIMISM

This rating should be based on the child or adolescent's sense of him/herself in his/her own future. This is intended to rate the child's positive future orientation.

- 0 Child has a strong and stable optimistic outlook on his/her life. Child is future oriented.**
- 1 Child is generally optimistic. Child is likely able to articulate some positive future vision.**
- 2 Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.**
- 3 Child has difficulties seeing any positives about him/herself or his/her life.**

SPIRITUAL/RELIGIOUS

This rating should be based on the child or adolescent's and their family's involvement in spiritual or religious beliefs and activities.

- 0 This level indicates a child with strong moral and spiritual strengths. Child may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times.**
- 1 This level indicates a child with some moral and spiritual strengths. Child may be involved in a religious community.**
- 2 This level indicates a child with few spiritual or religious strengths. Child may have little contact with religious institutions.**
- 3 This level indicates a child with no known spiritual or religious involvement.**

TALENT/INTERESTS

This rating should be based broadly on any talent, creative or artistic skill a child or adolescent may have including art, theatre, music, athletics, etc.

- 0** This level indicates a child with significant creative/artistic strengths. A child/youth who receives a significant amount of personal benefit from activities surrounding a talent would be rated here.
- 1** This level indicates a child with a notable talent. For example, a youth who is involved in athletics or plays a musical instrument, etc. would be rated here.
- 2** This level indicates a child who has expressed interest in developing a specific talent or talents even if they have not developed that talent to date.
- 3** This level indicates a child with no known talents, interests, or hobbies.

INCLUSION

This rating should be based on the child or adolescent's level of involvement in the cultural aspects of life in his/her community.

- 0** This level indicates a child with extensive and substantial, long-term ties with the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout etc.) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
- 1** This level indicates a child with significant community ties although they may be relatively short term (e.g. past year).
- 2** This level indicates a child with limited ties and/or supports from the community.
- 3** This level indicates a child with no known ties or supports from the community.

RESILIENCY

This rating should be based on the individual's ability to identify and use internal strengths in managing their lives.

- 0** This level indicates an individual who is able to both identify and use internal strengths to better themselves and successfully manage difficult challenges.
- 1** This level indicates an individual who able to identify most of his/her internal strengths and is able to partially utilize them.
- 2** This level indicates an individual who is able to identify internal strengths but is not able to utilize them effectively.
- 3** This level indicates an individual who is not yet able to identify internal personal strengths

RESOURCEFULNESS

This rating should be based on the child's ability to identify and use external/environmental strengths in managing their lives.

- 0** Child is quite skilled at finding the necessary resources required to aid him/her in his/her managing challenges.
- 1** Child is some skills at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
- 2** Child has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
- 3** Child has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

REFERENCES

- Anderson, RL (2003). Use of community-based services by rural adolescents with mental health and substance use disorders. *Psychiatric Services*, 54, 1339-1341.
- Anderson, RL, Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health*, 17, 259-265.
- Anderson, RL, Lyons, JS, Giles, DM, Price, JA, Estes, G. (2002). Examining the reliability of the Child and Adolescent Needs and Strengths-Mental Health (CANS-MH) Scale from two perspectives: A comparison of clinician and researcher ratings. *Journal of Child and Family Studies*, 12, 279-289.
- Fawley, K., Shalla, H., Griffin, G., Lyons, J. S. (2004) Addressing the mental health needs of detained juveniles. *Correctional Health Care Report*; January/February, 7-8, 96.
- He, XZ, Lyons, JS, Heinemann, AW. (2004). Modeling crisis decision making for children in state custody. *General Hospital Psychiatry*, (in press).
- Leon, SC, Lyons, JS, Uziel-Miller, ND, Tracy, P. (1999). Psychiatric hospital utilization of children and adolescents in state custody. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 305-310.
- Lyons, JS, Kisiel, CL, Dulcan, M, Cohen, R, Chesler, P. (1997). Crisis assessment and psychiatric hospitalization of children and adolescents in state custody. *Journal of Child and Family Studies*, 6, 311-320.
- Lyons, JS, Mintzer, LL, Kisiel, CL, Shallcross, H. (1998). Understanding the mental health needs of children and adolescents in residential treatment. *Professional Psychology: Research and Practice*, 29, 582-587.
- Lyons, JS, Rawal, P, Yeh, I, Leon, SC, Tracy, P. (2002). Use of measurement audit in outcomes management. *Journal of Behavioral Healthcare Services & Research*, 29, 75-80.
- Lyons, JS (1998). *Severity and Acuity of Psychiatric Illness Manual. Child and Adolescent Version*. The Psychological Corporation, Harcourt Brace Jovanovich, San Antonio, Texas.
- Lyons, JS, Howard, KI, O'Mahoney, MT, Lish, J (1997). *The measurement and management of clinical outcomes in mental health*. John Wiley & Sons, New York.
- Lyons, JS (1997). The evolving role of outcomes in managed mental health care. *Journal of Child and Family Studies*, 6, 1-8.
- Lyons, JS, Chesler, P, Shallcross, HM (1996) Using a Measure of Children's Mental health Needs to Inform system changes. *Family Matters*, a national newsletter published by the mental Health Services Program for Youth, a national program of the Robert Wood Johnson Foundation, 2nd Special Edition, may, 1996, 1-8.

Lyons, JS, Kisiel C, West C, (1997) Child and Adolescent Strengths Assessment: a Pilot study, *Family Matters*, a national newsletter published by the mental Health Services Program for Youth, a national program of the Robert Wood Johnson Foundation, Fall 1997, 30-32.

Lyons, JS, Shallcross, HM, Sokol, PT, (1998) Using Outcomes Management for systems Planning and Reform, *The Complete guide To Managed Behavioral Healthcare*, Chris E. Stout, Editor, John Wiley & Sons, Inc., Chapter K.

Lyons, JS, Uziel-Miller, ND, Reyes, F, Sokol, PT. (2000). The strengths of children and adolescents in residential settings: Prevalence and associations with psychopathology and discharge placement. *Journal of the Academy of Child and Adolescent Psychiatry* 39, 176-181.

Lyons, JS, MacIntyre, JC, Lee, ME, Carpinello, S, Zuber, MP, Fazio, ML (2004). Psychotropic medication prescription patterns for children and adolescents in New York's public mental health system. *Community Mental Health*, 40, 101-118.

Lyons, JS, Griffin, G, Jenuwine, M, Shasha, M, Quintenz, S. (2003). The mental health juvenile justice initiative. Clinical and forensic outcomes for a state-wide program. *Psychiatric Services*, 54, 1629-1634.

Lyons, JS (2004). *Redressing the Emperor: Improving the children's public mental health system*. Praeger Publishing, Westport, Connecticut.

Lyons, JS, Weiner, DA, Lyons, MB (2004). Measurement as communication. The Child and Adolescent Needs and Strengths tool . In M. Mariush (Ed.) *The use of psychological testing for treatment planning and outcome assessment*. 3rd Edition, volume 2, Lawrence Erlbaum Associates, Inc, Mahwah, New Jersey pp 461-476

Lyons, JS, Helgerson, J, Fawley, K. (2004). Future directions in the use of psychological assessment for treatment planning and outcomes assessment: predictions and recommendations. In M. Mariush (Ed.) *The use of psychological testing for treatment planning and outcome assessment*. 3rd Edition, volume 1, Lawrence Erlbaum Associates, Inc, Mahwah, New Jersey, pp 367-377.

Lyons, JS. (2006). The complexity of communication in an environment with multiple disciplines and professionals: communimetrics and decision support. *Medical Clinics of North America*, 90, 693-701.

Rautkis, MB, Hdalio, J. (2001). The validity of the Child and Adolescent Needs and Strengths. Presented to the Louis del Parte Florida Mental Health Institute Annual Convention.

Rawal, P, Lyons, JS, MacIntyre, J, Hunter, JC. (2003). Regional variations and clinical indicators of antipsychotic use in residential treatment: A four state comparison. *Journal of Behavioral Health Services and Research* (in press).

