# CHILD AND ADOLESCENT NEEDS AND STRENGTHS<sup>©</sup>

# DEVELOPMENTAL PROFILE & AUTISM SPECTRUM PROFILE

CANS<sup>©</sup>-DP-ASP Manual



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A large number of individuals have collaborated in the development of the CANS<sup>©</sup> for children and adolescents with the Developmental Profile/Autism Spectrum Profile - CANS-DP-ASP. Along with the CANS<sup>©</sup> 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-DP-ASP 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 for use. For specific permission to use please contact the Foundation. For more information on the CANS-DP-ASP assessment tool contact:

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The CANS $^{\circ}$  is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS $^{\circ}$  is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the CANS $^{\circ}$  is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS $^{\circ}$  is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS $^{\circ}$ .

# Six Key Principles of the CANS<sup>©</sup>

- 1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
- 2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.
- 3. Rating should describe the child/adolescent not the child/adolescent in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an 'actionable' need (i.e. '2' or '3').
- 4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child or adolescent regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth's developmental age.
- 5. The ratings are generally 'agnostic as to etiology'. In other words this is a descriptive tool. It is about the 'what' not the 'why'. Only one item, Adjustment to Trauma, has any cause-effect judgments.
- 6. A 30-day window is used for ratings in order to make sure assessments stay 'fresh' and relevant to the child or adolescent's present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

#### **Action Levels for "Need" Items:**

- 0 No Evidence of Need This rating indicates that there is no reason to believe that a particular need exists. Based on current assessment information there is no reason to assume this is a need. For example, "does Johnny smoke weed?" He says he doesn't, his mother says he doesn't, no one else has expressed any concern does this mean Johnny is not smoking weed? NO, but we have no reason to believe that he does and we would certainly not refer him to programming for substance related problems.
- 1 Watchful Waiting/Prevention This level of rating indicates that you need to keep an eye on this area or think about putting in place some preventive actions to make sure things do not get worse (e.g. a child/adolescent who has been suicidal in the past). We know that the best predictor of future behaviour is past behaviour, and that such behaviour may recur under stress, so we would want to keep an eye on it from a preventive point of view.
- **2 Action Needed** This level of rating implies that something must be done to address the identified need. The need is sufficiently problematic, that it is interfering in the child/adolescent's or family's life in a notable way.
- **3 Immediate/Intensive Action Needed** This level rating indicates a need that requires immediate or intensive effort to address. Dangerous or disabling levels of needs are rated with this level. A child/adolescent who is not attending school at all or an acutely suicidal adolescent would be rated with a '3' on the relevant need.

# **Action Levels of "Strengths" Items**

- **0 Centerpiece Strength.** This rating indicates a domain where strengths exist that can be used as a centerpiece for a strength-based plan. In other words, the strength-based plan can be organized around a specific strength in this area.
- 1 Useful Strength. This rating indicates a domain where strengths exist and can be included in a strength-based plan but not as a centerpiece of the plan.
- 2 **Identified Strength**. This rating indicates a domain where strengths have been identified but that they require significant strength building efforts before they can be effectively utilized in a strength-based plan.
- **3 No Strength Identified**. This rating indicates a domain in which efforts are needed in order to identify potential strengths for strength building efforts.

#### ORGANIZATION OF THE CANS-DP-ASP

#### CHILD & ADOLESCENT NEEDS

#### Life Domain Functioning

- 1. Family Functioning
- 2. Social Functioning
- 3. Temperament/Emotional

Responsiveness

- 4. Eating
- 5. Sleeping
- 6. Elimination
- 7. Parent-Child/Adolescent Interaction
- 8. Academic Achievement
- 9. Academic Engagement
- 10. School Attendance
- 11. Classroom Behaviour
- 12. Non Classroom Behaviour
- 13. Educational Fit
- 14. Activities of Daily Living
- 15. Adaptation to Change
- 16. Transitions
- 17. Sexual Behaviour
- 18. Autonomy

#### **Cognitive Functioning**

- 19. Attention
- 20. Decision-Making Skills

#### Sensory/Motor Functioning

- 21. Gross Motor
- 22. Fine Motor
- 23. Coordination
- 24. Vision and Hearing
- 25. Sensory Responsiveness

#### Communication

- 26. Augmented Communication
- 27. Receptive Language
- 28. Expressive Language
- 29. Speech Sound Production
- 30. Social/Pragmatic Use of Language
- 31. Stereotyped Sound output
- 32. Gestures

#### Co-morbidities

- 33. Autism Spectrum
- 34. Medical
- 35. Intellectual
- 36. Attachment
- 37. Regulatory: Body

Control/Emotional Control

- 38. Impulsive Behaviour
- 39. Oppositional Behaviour (Compliance with authority)
- 40. Depression/Anxiety
- 41. Psychosis
- 42. Adjustment to Trauma/Traumatic Life Experiences

#### **Maladaptive Behaviours**

- 43. Repetitive Behaviours
- 44. Restricted Interests
- 45. Aggression
- 46. Self Injurious Behaviour
- 47. Exploitation
- 48. Flight Risk
- 49. Suicide

#### PARENT/CAREGIVER NEEDS & **STRENGTHS**

- 50. Language
- 51. Cultural Stress
- 52. Physical/Behavioural Health
- 53. Family Stress
- 54. Parental Responsiveness
- 55. Organization
- 56. Residential Stability
- 57. Financial Resources
- 58. Natural Supports
- 59. Parent Resourcefulness
- 60. Transportation
- 61. Safety
- 62. Involvement with Care
- 63. Knowledge of Child/Adolescent Needs/Strengths
- 64. Parent's/Caregiver's Ability to Listen
- 65. Parents/Caregiver's Ability to
- Communicate
- 66. Parent's/Caregiver's Understanding of Impact of Own Behaviour on Children/Adolescents
- 67. Parents'/Caregiver's Knowledge of Rights and Responsibilities
- 68. Parent's/Caregiver's Knowledge of Service Options

# CHILD/ADOLESCENT STRENGTHS

# Child/Adolescent Strengths

- 69. Exploration
- 70. Persistence
- 71. Creativity/Imagination
- 72. Solitary Playfulness
- 73. Playfulness with Others
- 74. Interests
- 75. Self Expression
- 76. Resiliency
- 77. Recreational

#### **Environmental Strengths**

- 78. Family Strengths
- 79. Interpersonal
- 80. Spiritual/Religious
- 81. Community Involvement
- 82. Child/Adolescent Involvement with

Care

83. Resourcefulness

# ITEM DEFINITIONS: CHILD/ADOLESCENT NEEDS

# LIFE DOMAIN FUNCTIONING

# 1. FAMILY FUNCTIONING

The definition of family should be from the perspective of the child/adolescent (i.e., those individuals who the child/adolescent considers to be family). The family can include all biological relatives with whom the child/adolescent remains in some contact and individuals with relationship ties to these relatives. Family functioning should be rated independently of the problems experienced by the child/adolescent, and can include frequent arguments, problems with siblings, marital difficulties, separation and/or divorce, siblings with mental health/juvenile justice problems, parental substance abuse, criminality, domestic violence, etc.

- The child/adolescent's family appears to be functioning adequately. There is no evidence of problems in the family.
- 1 There are mild to moderate level of family problems, including marital difficulties or problems with siblings.
- There is a significant level of family problems including frequent arguments, separation and/or divorce, or siblings with significant mental health or juvenile justice problems.
- 3 There is a profound level of family disruption including significant parental substance abuse, criminality, or domestic violence.

#### 2. SOCIAL FUNCTIONING

This item describes the child/adolescent's interactions with others. Evidence of problems in this domain may include difficulties responding to adults, difficulty interacting with peers or in social situations, lack of ability to play in groups, relate, or interact in a meaningful manner, unresponsiveness to or unawareness of others, excessive arguing with peers/adults, excessive withdrawal, lack of joy or sustained interaction, aggression, etc.

- 0 No evidence of problems in social functioning.
- 1 Child/adolescent is having some minor problems in social relationships.
- 2 Child/adolescent is having some moderate problems with his/her social relationships.
- 3 Child/adolescent is experiencing severe disruptions in his/her social relationships, showing an inability to interact in a meaningful manner.

#### 3. TEMPERAMENT/EMOTIONAL RESPONSIVENESS

This rating describes the child/adolescent's general mood state.

- This level indicates a child/adolescent with an easy temperament and a generally sunny disposition.
- This level indicates a child/adolescent with some mild problems with his/her general mood. He/she may be mildly anxious or sad or may have occasional episodes or extended crying or tantrumming.
- This level indicates a child/adolescent with a difficult temperament. S/he has intense reactions, crying loudly with persistent episodes of crying, tantrumming, or other difficult behaviours.
- This level indicates a child/adolescent who has severe problems with general mood. His/her mood prevents functioning in at least one life domain.

#### 4. EATING

This item describes any needs involving the child/adolescent's food intake.

- 0 No evidence of problems related to eating.
- 1 Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.
- 2 Moderate problems with eating are present and impair the child/adolescent's functioning. Child/adolescents may be finicky eaters, have few food preferences and not have a clear pattern of when they eat. They may spit food or overeat, or may have problems with oral motor control.
- 3 Severe problems with eating, either in the mechanics of eating or with respect to food preferences, are present putting the child/adolescent at risk developmentally. The child/adolescent and family are very distressed and unable to overcome problems in this area.

#### 5. SLEEPING

This item describes whether or not the child/adolescent gets a full night's sleep consistently or is sleeping too much. It is intended to reflect whether the child/adolescent goes to sleep easily, stays asleep during the night and wakes up easily in the morning.

- O Child/adolescent gets a full night's sleep each night.
- 1 Child/adolescent has some problems sleeping. Generally, child/adolescent gets a full night's sleep but at least once a week problems arise.
- 2 Child/adolescent is having problems with sleep. Sleep problems are interfering with functioning in at least one other life domain.
- 3 Child/adolescent is experiencing significant sleep problems that result in sleep deprivation. Sleep problems are disabling.

# 6. ELIMINATION

This item describes any needs related to the process of eliminating bodily wastes.

- 0 There is no evidence of elimination problems.
- 1 Child/adolescent may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
- 2 Child/adolescent demonstrates problems with elimination on a consistent basis. This is interfering with functioning as child/adolescent may experience encopresis and enuresis.
- 3 Child/adolescent demonstrates significant difficulty with elimination to the extent that child/adolescent and parent are in significant distress or interventions have failed.

# 7. PARENT CHILD/ADOLESCENT INTERACTION

This item rates the quality of parent-child/adolescent interaction including the nature of activities, how feelings are expressed and how the parent and child/adolescent communicate with one another. Please rate the highest level from the **past 30 days**.

- 0 No evidence of problems in parent-child/adolescent interaction.
- 1 Mild degree of impairment in parent-child/adolescent interaction.
- 2 Moderate degree of impairment in parent-child/adolescent interaction.
- 3 Significant degree of impairment in parent-child/adolescent interaction.

# 8. ACADEMIC ACHIEVEMENT

This item describes the child/adolescent's capability to participate in his/her educational setting and/or program.

- NA This item is not applicable to the child.
- O Child/adolescent is meeting expectations and is able to fully participate in his/her educational setting and/or program.
- 1 Child/adolescent struggles with some aspects of his/her educational setting/program.
- 2 Child/adolescent is having difficulty with most aspects of his/her educational setting/program.
- 3 Child/adolescent is unable to take part in his/her educational setting/program. A review of child's current educational setting/program is warranted.

#### 9. ACADEMIC ENGAGEMENT

This rating should be based broadly on the child/adolescent's overall efforts to engage, regardless of outcome.

- NA This item is not applicable to the child/adolescent.
- This level indicates a child/adolescent demonstrates a desire and ability to participate in academic activities.
- 1 This level indicates a child/adolescent who is developing appropriate interest and ability to participate in academic activities.
- 2 This level indicates a child/adolescent whose interest and ability to participate in academic activities are inconsistent.
- This level indicates a child/adolescent whose interest and ability to participate in academic activities are inadequate.

# 10. SCHOOL ATTENDANCE

This item describes the child/adolescent's attendance at school and/or in therapy.

- 0 No evidence of attendance problems. Child/adolescent attends regularly.
- 1 Child/adolescent has some problems with attendance, although he/she generally goes to school and/or therapy. He/she may have one or two excused absences per month.
- 2 Child/adolescent is currently having problems with attendance. He/she may have one or two unexcused absences in a month.
- 3 Child/adolescent is missing school and/or therapy on a weekly basis or more, whether excused or unexcused.

# 11. CLASSROOM BEHAVIOUR

This item describes the child/adolescent's disruptive behavior while in class, nursery school/daycare.

- NA This item is not applicable to the child.
- 0 Child/adolescent participates appropriately in classes and is not disruptive.
- 1 Child/adolescent does not participate in classes but is not disruptive.
- 2 Child/adolescent is occasionally disruptive in classes.
- 3 Child/adolescent's behavior regularly disrupts classes.

#### 12. NON-CLASSROOM BEHAVIOUR

This item describes the child/adolescent's behavior in school, outside the classroom setting. The child/adolescent may be either the initiator or the responder.

- NA This item is not applicable to the child.
- O Child/adolescent gets through non-classroom tasks (i.e. lunch, study hall, passing through hallways) without incidents.
- 1 Child/adolescent gets through non-classroom tasks (i.e. lunch, study hall, passing through hallways) with occasional minor incidents, such as an argument.
- 2 Child/adolescent has minor incidents weekly during non-classroom tasks (i.e. lunch, study hall, passing through hallways).
- 3 Child/adolescent had a major incident, such as a physical fight, during nonclassroom tasks (i.e. lunch, study hall, passing through hallways).

#### 13. EDUCATIONAL FIT

Please rate the highest level from the past 30 days.

- NA This item is not applicable to the child.
- O School works closely with child/adolescent and family to identify and successfully address child/adolescent educational needs OR child/adolescent excels in school.
- School is working with child/adolescent and family to identify and address child's educational needs and child is working toward meeting expectations OR child likes school.
- 2 School currently unable to adequately address child/adolescent needs but is engaged in dialogue with parents and Team to determine necessary changes to allow for success.
- 3 Review of and a change to child/adolescent educational program and supports are needed.

# 14. ACTIVITIES OF DAILY LIVING

This item rates the ability of the child/adolescent to perform activities of daily living (e.g., self-care, including feeding, bathing, dressing, grooming; work; home-making; and leisure activities).

- No evidence of problems with activities of daily living. Child/adolescent is fully independent across these areas, as developmentally appropriate.
- Mild problems with activities of daily living. Child/adolescent is generally good with such activities but may require some adult support to complete some specific developmentally appropriate activities.
- 2 Moderate problems with activities of daily living. Child/adolescent has difficulties with developmentally appropriate activities.
- 3 Severe problems with activities of daily living. Child/adolescent requires significant and consistent adult support to complete developmentally appropriate activities.

# 15. ADAPTATION TO CHANGE

This item rates the ability of the child/adolescent to adapt to new situations or experiences and to shift from one activity/person/environment to another without disruptions.

- No evidence of problems with environmental changes. The child/adolescent adapts across places, people and activities without difficulty.
- Mild problems with environmental changes. The child/adolescent is generally good with changes but may experience some difficulties with specific individuals, environments, or activities.
- 2 Moderate problems with environmental changes. Child/adolescent has difficulties with smoothly adapting to changes from places, people and/or activities.
- 3 Severe problems with environmental changes. Changes in places, people, or activities are very disrupting and can be disabling for the child/adolescent.

#### 16. TRANSITIONS

This item rates the ability of the child/adolescent to anticipate, plan, and adapt to global transition phases (e.g., preschool to elementary school; elementary school to secondary school; secondary school to vocational setting) or transition events in one's life (e.g., relocations, births of siblings, marriages/deaths in the family).

- No evidence of problems with transitions. The child/adolescent experiences global transitions/events without difficulty.
- 1 Mild problems with transitions. The child/adolescent is generally good with global transitions/events but may experience some difficulties without support.
- 2 Moderate problems with transitions. Child/adolescent has exhibited difficulty with global transitions/events atypical of developmental level.
- 3 Severe problems with transitions. Global changes are very disrupting and can be very disabling for the child/adolescent.

#### 17. SEXUAL BEHAVIOUR

This rating describes issues around sexual behaviour including developmentally inappropriate sexual behaviour and problematic sexual behaviour. Predatory sexual behaviour also would be rated here.

- O Child/adolescent shows no evidence of problems with sexual behaviour over the past year.
- 1 Child/adolescent has mild problems with sexual behaviour, including occasional inappropriate sexual behaviour, language, or dress. Mild forms of sexualized behaviour and poor boundaries with regards to physical/sexual contact may be rated here.
- 2 Child/adolescent has moderate to serious problems. For example, frequent inappropriate sexual behaviour or disinhibition, including public disrobing, multiple older sexual partners, or frequent sexualized language. Age inappropriate sexualized behaviours, or lack of physical/sexual boundaries would be rated here.
- 3 Child/adolescent exhibits severe problems, including prostitution, exhibitionism, or other severe sexualized or sexually reactive behaviour.

#### 18. AUTONOMY

This item describes the child/adolescent's age appropriate judgment and ability to function and/or pursue activities independently.

- O Child/adolescent shows age appropriate autonomy. There is no reason to believe that the child/adolescent has any problems with age appropriate independence or self-governed behaviour.
- 1 Child/adolescent shows some mild difficulties with pursuing age appropriate activities independently, and requires some monitoring.
- 2 Child/adolescent requires consistent assistance with pursuing age appropriate activities independently and/or does not appear to be developing the needed skills in this area.
- 3 Child/adolescent is not able to function independently.

# **COGNITIVE FUNCTIONING**

#### 19. ATTENTION

This item rates the child/adolescent's ability to focus and attend to tasks or interactions with others; to maintain consistent behavioural responses during continuous or repeating activities; to maintain focus in the face of competing stimuli (freedom from distractibility); to shift attention between tasks, people, or events with different cognitive requirements; to respond simultaneously to multiple tasks or demands.

- 0 No evidence of challenges with attention.
- 1 Mild degree of challenges with attention.
- 2 Moderate degree of challenges with attention. Child/adolescent's difficulties attending impair functioning in at least one life domain.
- 3 Significant degree of challenges with attention. Child/adolescent's inability to attend is disabling in at least one life domain.

#### 20. DECISION-MAKING SKILLS

This item describes the child/adolescent's ability to demonstrate decision-making skills and appropriate behaviours in personal, school, and social situations.

- O Child/adolescent makes decisions that are at a level consistent with age level. Child/adolescent manages well in school activities.
- 1 Child/adolescent usually makes decisions that are at a level consistent with age level. Child/adolescent may have occasional difficulties managing in school or activities.
- 2 Child/adolescent does not usually make decisions that are at a level consistent with age level. Child/adolescent regularly has difficulty managing in school or activities but responds to guidance.
- 3 Child/adolescent makes decisions that are below a level consistent with age level. Student is unable to manage in school or activities and does not appear to respond to guidance.

# SENSORY/MOTOR FUNCTIONING

#### 21. GROSS MOTOR

This rating describes the child/adolescent's gross motor functioning (e.g. sitting, standing, and walking).

- O Child/adolescent's gross motor functioning appears normal. There is no reason to believe that the child/adolescent has any problems with gross motor functioning.
- The child/adolescent has mild gross motor skill deficits. The child/adolescent may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.
- 2 The child/adolescent has moderate gross motor deficits. A non-ambulatory child/adolescent would be rated here.
- 3 The child/adolescent has severe or profound gross motor deficits. A nonambulatory child/adolescent with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.

#### 22. FINE MOTOR

This rating describes the child/adolescent's fine motor functioning (e.g. hand grasping and manipulation).

- 1. Child/adolescent's fine motor functioning appears normal. There is no reason to believe that the child/adolescent has any problems with fine motor functioning.
- 2. The child/adolescent has mild fine (e.g. using scissors) motor skill deficits. The child/adolescent may have trouble with fine motor tasks such as buttons, zippers, utensil use, etc.
- 3. The child/adolescent has moderate fine motor deficits. Severe fine motor deficits such as marked impairment of age appropriate fine motor skills would be rated here.
- 4. The child/adolescent has severe or profound fine motor deficits. Complete absence of manual skills would be rated here.

#### 23. COORDINATION

This item describes the child/adolescent's ability to coordinate movement with activities, including motor-planning ability.

- O Child/adolescent has good coordination and motor-planning. No evidence of any problems.
- 1 Child/adolescent has mild or occasional coordination and motor-planning problems but they do not interfere with functioning.
- 2 Child/adolescent has notable problems with coordination and motorplanning that interferes with functioning in at least one area.
- 3 Child/adolescent has severe problems with coordination and motor-planning that affects most areas of functioning or disables the child/adolescent in one area of functioning.

#### 24. VISION AND HEARING

This rating describes the child/adolescent's ability to use senses of vision and hearing.

- The child/adolescent's vision/hearing appears normal. There is no reason to believe that the child/adolescent has any problems related to vision/hearing.
- 1 The child/adolescent has mild impairment in a single sense (e.g. mild hearing deficits, correctable vision problems)
- 2 The child/adolescent has moderate impairment in a single sense or mild impairment in multiple senses.
- The child/adolescent has significant impairment in one or more senses (e.g. profound hearing or vision loss).

#### 25. SENSORY RESPONSIVENESS

This rating describes the child/adolescent's responses to sensory stimuli including both hyper or hypo sensitivities (e.g., tactile, oral, auditory, olfactory, smell, vestibular and proprioceptive).

- The child/adolescent's sensory integration appears normal. There is no reason to believe that the child/adolescent has atypical responding to stimuli.
- 1 The child/adolescent has mildly atypical reactions to one or more sensory stimuli.
- 2 The child/adolescent has moderately atypical reactions to one or more sensory stimuli.
- The child/adolescent has severely atypical reactions to one or more sensory stimuli. Social, emotional and/or behavioural difficulties related to sensory integration problems are/can be extreme.

# **COMMUNICATION**

#### 26. AUGMENTED COMMUNICATION

This rating describes the child/adolescent's ability to use sign language, PECS, and other communication strategies to improve communication with others.

- O Child/adolescent has good communication skills or does not require augmented communication.
- 1 Child/adolescent has some augmented communication skills that facilitate communication with others.
- 2 Child/adolescent has limited augmented communication skills and requires the development of these skills in order to communicate effectively.
- 3 Child/adolescent has no augmented communication skills and is unable to communicate with them.

# 27. RECEPTIVE LANGUAGE

This rating describes the child/adolescent's ability to understand others' oral communication at an age-appropriate or developmentally appropriate level.

- O Child/adolescent's receptive communication appears developmentally appropriate.
- 1 Child/adolescent's receptive communication can be appropriate in many, but not all, natural situations.
- 2 Child/adolescent's receptive communication is below expected norms, but can understand some language.
- 3 Child/adolescent is unable to understand any spoken language.

# 28. EXPRESSIVE LANGUAGE

This rating describes the child/adolescent's ability to communicate through spontaneous verbalizations / vocalizations at a developmentally or age-appropriate level. Non-verbal language is addressed elsewhere.

- 0 Child/adolescent's expressive communication appears appropriate.
- 1 Child/adolescent's expressive communication can be appropriate in many, but not all, natural situations.
- 2 Child/adolescent's expressive communication is below expected norms, but has some language.
- 3 Child/adolescent is unable to communicate intent/interest by verbalization or vocalization.

# 29. SPEECH ARTICULATION (SOUND PRODUCTION)

This rating describes the child/adolescent's ability to produce sounds appropriately as per age or developmental stage. Non-verbal children/adolescents should be rated a '3'.

- O Child/adolescent's speech is generally understood by others. Older children/adolescents who are fluent in alternative systems of communication (e.g., sign language) should also be rated here.
- 1 Child/adolescent's speech is generally understood by people familiar with him/her, though inconsistently by others.
- 2 Child/adolescent's speech is understood by primary caregivers less than 50% of the time.
- 3 Child/adolescent's speech is frequently unintelligible to others, even caregivers. This can include non-verbal children/adolescents.

#### 30. SOCIAL/PRAGMATIC USE OF LANGUAGE

This rating describes the child/adolescent's ability to understand and communicate in unstructured, naturally occurring situations and environments.

- O Child/adolescent uses language for a variety of social and functional purposes (e.g., requesting, protesting, greeting, asking questions, etc. Child/adolescent's social/pragmatic language is known or expected to be within normal limits at this time.
- 1 Child/adolescent uses language for a variety of functional purposes but not in all situation/environments.
- 2 Child/adolescent has substantial problems using words in a functional way.
- 3 Child/adolescent rarely, if ever, communicates in a functional or social manner despite having evidence of some language ability (this rating would include children/adolescents with no verbal speech)

# 31. STEREOTYPED VERBAL (SOUND) OUTPUT

This rating describes stereotyped, perseverative, atypical and other forms of non-functional speech. (ONLY RATE IF CHILD/ADOLESCENT HAS EVIDENCE OF EXPRESSIVE ORAL LANGUAGE).

- O Child/adolescent's output rarely, if ever, contains stereotyped content or is perserverative beyond typical developmental features.
- 1 Child/adolescent's output occasionally contains stereotyped content or is perseverative, but rarely interferes with functional communication.
- 2 Child/adolescent's output frequently is stereotyped, and child perseverates to the point of interfering with functional communication.
- 3 Child/adolescent output is almost entirely composed of stereotyped and perseverative content.

#### 32. GESTURES

This rating describes the child/adolescent's ability to communicate effectively and appropriately through gestures (e.g. hand and head movements, facial expressions).

- O Child/adolescent complements verbal communication, at whatever level established, through age-appropriate use of gestures.
- 1 Child/adolescent inconsistently or awkwardly complements verbal communication, at whatever level established, through age-appropriate use of gestures.
- 2 Child/adolescent rarely complements verbal communication, at whatever level established, through age-appropriate use of gestures or choices of gestures create communication challenges.
- 3 Child/adolescent has no communication system through gestures established or choices of gestures create significant difficulties in other life domains.

# **CO-MORBIDITIES**

# 33. AUTISM SPECTRUM

This rating describes symptoms of Autism Spectrum Disorder

- 0 No evidence of characteristics of Autism Spectrum Disorder.
- Evidence of an Autism Spectrum Disorder but the child/adolescent is high functioning in many areas, although functioning is some areas (e.g. social awareness) may be problematic.
- 2 This rating indicates a child/adolescent is clearly on the Autism Spectrum, symptoms and characteristics have a marked impact on functioning.
- 3 Severe Autism Spectrum Disorder. Child/adolescent has severe functional impairment arising from symptoms and characteristics of Autism.

# 34. . MEDICAL

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

- Child/adolescent appears physically healthy. There is no reason to believe that the child/adolescent has any medical or physical problems.
- 1 Child/adolescent has mild or well-managed physical or medical problems.

  These include well-managed chronic conditions like juvenile diabetes or asthma.
- 2 Child/adolescent has chronic physical or moderate medical problems, such as a chronic auto-immune disorder.
- 3 Child/adolescent has severe, life threatening physical or medical problems.

# 35. INTELLECTUAL

This item rates the child/adolescent's cognitive/intellectual functioning.

- NA This item is not applicable to the child.
- O Child/adolescent's intellectual functioning appears to be in normal range.

  There is no reason to believe that the child/adolescent has any problems with intellectual functioning.
- 1 Borderline to low average IQ (IQ between 70 and 85).
- 2 Mild to moderate delayed intellectual functioning (IQ between 40 and 70).
- 3 Severe or profound delayed intellectual functioning (IQ less than 40).

#### 36. ATTACHMENT

This item should be understood within the context of the child/adolescent's significant parental relationships.

- There is no evidence of attachment problems. The parent-child/adolescent relationship is characterized by satisfaction of child/adolescent's needs and child/adolescent's development of a sense of security and trust.
- There are mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment. Child/adolescent does not evidence attachment difficulties in all situations and at all times, but rather at times of stress (e.g. transitions, separations, or reunions).
- There are moderate problems with attachment. Child/adolescent is having problems with attachment that require intervention. A child/adolescent who meets criteria for Separation Anxiety Disorder would be rated here.
- There are severe problems with attachment. A child/adolescent who is completely unable to separate from a parent/caregiver or a child/adolescent who appears to have severe problem with forming or maintaining relationships with caregivers would be rated here. A child/adolescent who has received a diagnosis of Reactive Attachment Disorder would be rated here.

# 37. REGULATORY: BODY CONTROL/EMOTIONAL CONTROL

This item refers to the child/adolescent's ability to control behaviour and modulate intense emotions, activity level/intensity, sensitivity to external stimulation, and ability to understand boundaries and personal space.

- 0 No evidence of regulatory problems.
- Some problems with regulation are present. Child/adolescent may require some structure and need more support than other children/adolescents in coping with frustration and difficult emotions.
- Moderate problems with regulation are present. Child/adolescent may demonstrate severe reactions to sensory stimuli and emotions that interfere with their functioning and ability to progress developmentally. Older children/adolescents may demonstrate such unpredictable patterns in their eating and sleeping routines that the family is disrupted and distressed.
- 3 Profound problems with regulation are present that place the child/adolescent's safety, well being and/or development at risk.

#### 38. . IMPULSIVE BEHAVIOUR

Symptoms of Attention Deficit and Hyperactivity Disorder and Impulse Control Disorder would be rated here.

- This rating is used to indicate a child/adolescent with no evidence of impulse control problems.
- 1 This rating is used to indicate a child/adolescent with evidence of mild problems impulse control problems. Child/adolescent may have some difficulties staying on task for an age appropriate time period.
- This rating is used to indicate a child/adolescent with moderate impulse control problems. A child/adolescent who meets DSM-IV diagnostic criteria for ADHD or an impulse control disorder may be rated here.
- This rating is used to indicate a child/adolescent with dangerous or disabling impairment of impulse control. Child/adolescent engages in dangerous behaviour due to lack of impulse control.

# 39. OPPOSITIONAL BEHAVIOUR (compliance with authority)

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

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

#### 40. DEPRESSION/ANXIETY

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

- This rating is given to a child/adolescent with no emotional problems. No evidence of depression or anxiety.
- This rating is given to a child/adolescent with mild emotional problems.

  Brief duration of depression, irritability, anxiety that does not lead to gross avoidance behaviour.
- This rating is given to a child/adolescent with a moderate level of emotional disturbance. Any diagnosis of depression or anxiety disorders would be coded here. This level is used to rate children/adolescents who meet the criteria for an affective disorder listed above.
- This rating is given to a child/adolescent with a severe level of depression and/or anxiety. This would include a child/adolescent who stays at home or in bed all day due to depression or anxiety or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive or anxiety diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

#### 41.. PSYCHOSIS

This rating is used to describe symptoms of psychiatric disorders with a known neurological base. DSM-V 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 behaviour.

- This rating indicates a child/adolescent with no evidence of thought disturbances. Both thought processes and content are within normal range.
- This rating indicates a child/adolescent with evidence of mild disruption in thought processes or content. The child/adolescent may be somewhat tangential in speech or evidence somewhat illogical thinking (age inappropriate). This also includes a history of hallucinations but none currently. The category would be used for symptoms below the threshold for one of the DSM IV diagnoses listed above.
- This rating indicates a child/adolescent with evidence of moderate disturbance in thought process or content. The child/adolescent may be somewhat delusional, have brief intermittent hallucinations or speech may be at times quite tangential or illogical. A child/adolescent at this level would meet the diagnostic criteria for one of the disorders listed above.
- 3 This rating indicates a child/adolescent with a severe psychotic disorder. Child/adolescent is fully delusional, has ongoing hallucinations, high levels of paranoia. Unable to engage in meaningful conversation. Symptoms are dangerous to the child/adolescent or others.

#### 42. ADJUSTMENT TO TRAUMA / TRAUMATIC LIFE EXPERIENCES

This rating covers the reactions of children and adolescents to **any** life experience which the child/adolescent perceives as traumatic. This dimension covers adjustment disorders, acute stress disorders, post traumatic stress disorder, and bereavement from DSM-V.

- O Child/adolescent has not experienced any significant traumatic life events or has adjusted well.
- 1 Child/adolescent has mild adjustment problems related to a negative life event or child/adolescent has recently experienced traumatic life event(s) and adjustment is not yet known.
- 2 Child/adolescent has marked adjustment problems associated with past or ongoing abuse, neglect, trauma or other traumatic experiences. Child/adolescent has notable symptoms of grief, depression, anxiety or disturbances in conduct related to adjustment difficulties. May experience intrusive thoughts related to trauma or flashbacks.
- 3 Child/adolescent functioning is severely impaired by prolonged or severe levels of grief, depression, anxiety or disturbances in conduct directly related to abuse, trauma or stressors experienced. Frequent and debilitating flashbacks or dissociative episodes would be rated here.

# MALADAPTIVE BEHAVIOURS

#### 43. REPETITIVE BEHAVIOURS

This item describes ritualized or stereotyped motor behaviours; "stereotypies" (e.g. Spinning, head banging, twirling, hand flapping, finger-flicking, rocking, toe walking, repetitively asking questions, etc.).

- No evidence of repetitive or stereotypies in the child/adolescent.
- 1 Repetitive behaviour or stereotypies occasionally noticed by familiar caregiver but may have only mild or occasional interference in functioning.
- 2 Repetitive behaviours or stereotypies generally noticed by unfamiliar people and have notable interference in functioning.
- 3 Repetitive behaviour or stereotypies occur with high frequency, and are disabling or dangerous.

# 44. RESTRICTED INTERESTS

This item describes highly circumscribed or unusual/bizarre interests that are not usually seen.

- O Child/adolescent has varied and age-appropriate interests in objects and the environment. No evidence of preoccupations in the child/adolescent.
- 1 Child/adolescent has some age-appropriate interests in objects and the environment, but can also demonstrate preoccupations that have mild or occasional interference with functioning.
- 2 Child/adolescent frequently demonstrates excessive preoccupations, or odd interests, but may have some age-appropriate interests in objects and the environment which interferes in a notable way with functioning.
- 3 Child/adolescent's interests are almost completely preoccupied with a specific focus that is disabling or dangerous.

#### 45. AGGRESSION

This item describes the child/adolescent's behaviour that is dangerous to others.

- No evidence that the child/adolescent is aggressive beyond normal developmental expectations.
- 1 Child/adolescent has a history of aggressive behaviour that has hurt others or child/adolescent engages in somewhat elevated levels of aggression relative to normal developmental expectations.
- 2 Child/adolescent engages in aggressive behaviour that places other at risk of injury.
- 3 Child/adolescent engages in frequent and/or severe aggressive behaviour that places others at risk of injury requiring medical attention.

# 46. . SELF-INJURIOUS BEHAVIOUR

This rating is used for any intentional self harming behaviour (e.g., head banging, biting) that does not have a suicidal intent. A rating of 3 indicates need for a safety plan.

- 0 No history of self injurious behaviour.
- A history of self injurious behaviour but none within the past 30 days or minor self injuring behaviour (i.e., scratching) in the last 30 days that does not require any medical attention.
- 2 Moderate self-injurious behaviour in the last 30 days requiring medical assessment (cutting, burns, piercing skin with sharp objects, repeated head banging) that has potential to cause safety risk to child/adolescent.
- One or more incidents of self injurious behaviour in the last 30 days requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put child/adolescent's health at risk.

#### 47. EXPLOITATION

This item is used to examine a history and level of current risk for exploitation which includes being bullied or taken advantage of by others, physical or sexual abuse. Please rate the highest level from the past 30 days.

- This level indicates a person with no evidence of recent exploitation and no significant history of victimization within the past year. The person may have been victimized in the past, but no pattern of victimization exists. Person is not presently at risk for re-victimization.
- This level indicates a person with a history of exploitation but who has not been exploited to any significant degree in the past year. Person is not presently at risk for re-victimization.
- This level indicates a child/adolescent who has been recently exploited (within the past year) but is not in acute risk of re-exploitation.
- This level indicates a child/adolescent who has been recently exploited and is in acute risk of re-exploitation.

#### 48. FLIGHT RISK

This rating refers to any planned or impulsive running or "bolting" behaviour that presents a risk to the safety of the child/adolescent. Factors to consider in determining level of risk include age of child/ adolescent, frequency and duration of escape episodes, timing and context, and other risky activities while running.

- This rating is for a child/adolescent with no history of running away or bolting and no ideation involving escaping from the present living situation.
- This rating is for a child/adolescent with a history of running away but none in the past month, or a child/adolescent who expresses ideation about escaping present living situation or has threatened to run. A child who bolts occasionally might be rated here.
- This rating is for a child/adolescent that has engaged in escape behaviours during the past 30 days. Repeated bolting would be rated here.
- This rating is for a child/adolescent who has engaged in escape behaviours that places the safety of the child/adolescent at significant risk.

#### 49. SUICIDE

This item includes suicidal thoughts, plans or behaviors.

- 0 No evidence of suicidal thoughts, plans or behaviors.
- 1 The child/adolescent has a history of suicidal behavior but is not expressing any current intent.
- 2 The child/adolescent expresses occasional thoughts about injuring self or seems preoccupied by death.
- The child/adolescent has significant problems with suicidal behaviors. The child/adolescent may be engaging in suicidal planning or experience a recent attempt.

# PARENT/CAREGIVER NEEDS & STRENGTHS

#### **50. LANGUAGE**

This item rates the level of need regarding the parent's/caregiver's ability to understand and communicate with others in the predominant language of service delivery. Please rate the highest level from the past 30 days.

- 0 No evidence of language representing a barrier to service.
- 1 Language barriers represent a potential risk to service delivery.
- 2 Language barriers interfere significantly to service delivery.
- 3 Language barriers currently prevent effective service delivery.

# **51. CULTURAL STRESS**

Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives. This includes age, gender, ethnicity, physical disability, sexual orientation, and the culture of having a child/adolescent with autism with challenging behaviours.

- No evidence of stress between child/adolescent or the family's cultural identify and current living situation.
- Some mild or occasional stress resulting from friction between the child/adolescent or the family's cultural identify and his/her current living situation.
- 2 Child/adolescent or family is experiencing cultural stress that is causing problems of functioning in at least one life domain.
- 3 Child/adolescent or family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.

#### 52. . PHYSICAL / BEHAVIOURAL HEALTH

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

- O Caregiver(s) has no health limitations that impact assistance or care of child/adolescent.
- 1 Caregiver(s) has some health limitations that interfere with provision of assistance or care to child/adolescent.
- 2 Caregiver(s) has significant health limitations that prevent them from being able to provide some of needed assistance or make care of child/adolescent difficult.
- 3 Caregiver(s) is physically or mentally unable to provide any needed assistance or care for child/adolescent.

#### 53. FAMILY STRESS

This item reflects the degree of stress or burden experienced by the family as a result of the individual's needs as described elsewhere in the assessment.

- Family is able to manage the stress of child/adolescent's needs.
- 1 Family has some problems managing the stress of child/adolescent's needs.
- 2 Family has notable problems managing the stress of child/adolescent's needs. This stress interferes with the functioning of the family.
- Family is unable to manage the stress associated with child/adolescent's needs. This stress creates severe problems of family functioning.

#### **54. PARENTAL RESPONSIVENESS**

This item describes the parent/caregiver's ability to understand the child/adolescent's expression of emotion and respond in an emotionally effective manner (e.g., calming and anxious child/adolescent, soothing a child/adolescent in pain).

- Parent(s)/Caregiver(s) are strong in his/her capacity to understand how the child/adolescent is feeling and consistently demonstrates this in interactions with the child/adolescent.
- Parent(s)/Caregiver(s) has the ability to understand how the child/adolescent is feeling in most situations and is able to demonstrate support for the child/adolescent in this area most of the time.
- 2 Parent(s)/Caregiver(s) are only able to respond toward the child/adolescent in some situations and at times the inability to respond interferes with the child/adolescent's growth and development.
- Parent(s)/Caregiver(s) show no ability to respond to the child/adolescent in most situations especially when the child/adolescent is distressed.

  Parent(s)/Caregiver(s) lack of appropriate response is impeding the child/adolescent's development.

# 55. . 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 Parent(s)/Caregiver(s) are well organized and efficient.
- Parent(s)/Caregiver(s) have some difficulties with organizing or maintaining household to support needed services. For example, may be forgetful about appointments.
- Parent(s)/Caregiver(s) has significant difficulty organizing or maintaining household to support needed services. Parent(s)/caregiver(s) have significant impairments in ability to organize necessary medical or rehabilitative care for child/adolescent.
- 3 Parent(s)/Caregiver(s) are unable to organize household to support needed services.

#### 56. RESIDENTIAL STABILITY

This dimension rates the parent/caregiver's current and likely future housing circumstances.

- Parent(s)/Caregiver(s) and child/adolescent have stable housing for the foreseeable future.
- Parent(s)/Caregiver(s) and child/adolescent are currently in stable housing but have either moved in the past three months or there are significant risks of housing disruption (e.g., loss of job, change in foster / group homes)
- 2 Parent(s)/Caregiver(s) and child/adolescent have moved multiple times in the past year or current housing is unstable.
- Parent(s)/Caregiver(s) and child/adolescent are currently homeless or have experienced periods of homelessness in the past six months and current housing remains unstable.

#### 57. . FINANCIAL RESOURCES

This rating refers to the financial assistance that the parent(s)/caregiver(s) have knowledge of and their ability to access funding they are eligible for within their region. (receiving social assistance rated a 2)

- Parent(s)/Caregiver(s) are aware of and/or receive all funding assistance they are eligible for.
- Parent(s)/Caregiver(s) are receiving some funding and/ or have some knowledge of financial resources available to them but require assistance in accessing the funding.
- 2 Parent(s)/Caregiver(s) have limited knowledge of financial aids available to them and need assistance navigating the system and/ or may be receiving some limited amount of funding.

3 Parent(s)/Caregiver(s) have severely limited knowledge of financial aids available to them and are not receiving any funding.

#### 58. NATURAL SUPPORTS

This item refers to unpaid others who help out the parents/caregivers in times of need.

- Parent(s)/Caregiver(s) have significant natural supports. Multiple friends and neighbors routinely provide support for the family.
- 1 Parent(s)/Caregiver(s) have some natural supports. Unpaid others will help out in times of need.
- 2 Parent(s)/Caregiver(s) have friends and neighbors but it is not know whether they would be willing to help.
- 3 Parent(s)/Caregiver(s) have no natural supports.

#### 59. PARENT RESOURCEFULNESS

This item refers to the parents'/caregivers' ability to recognize their environmental strengths and apply them to support a healthy development for their child. This includes ways of getting their needs met in a positive manner. Examples include: accessing community and other resources for self, the child, or the family.

- Parent(s)/Caregiver(s) are quite skilled at finding and using the necessary resources required to aid child in managing challenges.
- Parent(s)/Caregiver(s) have some skills in finding and using necessary resources required to aid child's healthy lifestyle, but sometimes requires assistance at identifying or accessing these resources.
- 2 Parent(s)/Caregiver(s) have limited skills at finding necessary resources required to aid child in achieving a healthy lifestyle and require temporary assistance both with identifying and accessing these resources.
- Parent(s)/Caregiver(s) have no skills at finding the necessary resources to aid child in achieving a healthy lifestyle and require ongoing assistance both with identifying and accessing these resources.

#### 60. TRANSPORTATION

This rating reflects the level of <u>unmet</u> transportation needs that are required to ensure that the child/adolescent could effectively participate in his/her own treatment.

- 0 Child/adolescent has no unmet transportation needs.
- 1 Child/adolescent has occasional transportation needs (e.g. appointments) but access to appropriate transportation is a challenge. These needs would be no more than weekly and not require a special vehicle. Child/adolescent with a parent(s)/caregiver(s) who needs transportation assistance to visit a child would be rated here.
- 2 Child/adolescent has either occasional transportation needs that require a special vehicle or frequent transportation needs (e.g. daily) that do not require a special vehicle but access to transportation is difficult.
- 3 Child/adolescent requires frequent (e.g. daily) transportation in a special vehicle and access to appropriate transportation is difficult.

#### **61... SAFETY**

This rating refers to the safety of the assessed child/adolescent. This can include risk of emotional abuse, neglect, exposure to undesirable environment and/or accessibility concerns. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/adolescent. Please specify concerns in a note.

- This level indicates that the present placement is safe and there are no concerns.
- This level indicates that the present placement environment presents some mild risk but no immediate risk is present and no action needs to take place at this time.
- This level indicates that the present placement environment presents a moderate level of risk to the child/adolescent and changes would be beneficial to the child/adolescent and/or the family.
- 3 This level indicates that the present placement environment presents a significant risk to the well-being of the child/adolescent. Action/change is required.

# **62...INVOLVEMENT WITH CARE**

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

- This level indicates a parent(s)/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/adolescent.
- This level indicates a parent(s)/caregiver(s) who are consistently involved in the planning and/or implementation of services for the child/adolescent.
- This level indicates a parent(s)/caregiver(s) who are only somewhat or inconsistently involved in the implementation and planning of the care of the child/adolescent.
- This level indicates a parent(s)/caregiver(s) who are uninvolved with the care of the child/adolescent or adolescent. Parent(s)/caregiver likely wants individual out of home or fails to visit individual in out of home placement or acute care setting.

#### 63. . KNOWLEDGE OF CHILD/ADOLESCENT NEEDS / STRENGTHS

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

- This level indicates that the present parent(s)/caregiver(s) are fully knowledgeable about the child/adolescent's strengths, needs, and limitations.
- This level indicates that the present parent(s)/caregiver(s), while being generally knowledgeable about the child/adolescent, has some mild deficits in knowledge or understanding of either the child/adolescent's condition or his/her needs and assets.
- This level indicates that the parent(s)/caregiver(s) do not know or understand the child/adolescent well and that notable deficits exist in the parent(s)/caregiver(s) ability to relate to the child/adolescent's problems and strengths.
- This level indicates that the present parent(s)/caregiver(s) have a significant problem in understanding the child/adolescent's current condition. They are unable to cope with the child/adolescent, given his/her status at the time, not because of the child/adolescent's needs but because the parent(s)/caregiver(s) does not understand/ accept the situation.

#### 64. PARENT'S/CAREGIVER'S ABILITY TO LISTEN

This item refers to the parent's/ caregiver's ability both to sit quietly and listen and to actually hear and understand what other people tell them about their parenting style and their child's/adolescent's needs and strengths.

- Parent(s)/Caregiver(s) are able to listen carefully and understand both good and bad news regarding family and child/adolescent issues.
- Parent(s)/Caregiver(s) have listening skills but sometimes struggle(s) to hear either good or bad news regarding family and child/adolescent issues.
- 2 Parent(s)/Caregiver(s) require help learning to listen(s) effectively.
- 3 Parent(s)/Caregiver(s) require substantial help learning to listen effectively.

#### 65. PARENT'S/CAREGIVER'S ABILITY TO COMMUNICATE

This item describes the parent/caregiver's ability to articulate in an understandable way their thoughts, feelings, beliefs, and concerns regarding parenting and child/adolescent needs and strengths.

- Parent(s)/Caregiver(s) are able to express feeling and thoughts effectively with regard to family and child/adolescent issues.
- Parent(s)/Caregiver(s) are able to express feeling and thoughts but sometimes struggle to express these so that others can listen and/or understand.
- 2 Parent(s)/Caregiver(s) require help learning to express feelings and thoughts effectively with regard to family and child/adolescent issues.
- 3 Parent(s)/Caregiver(s) require substantial help learning to express feelings and thoughts effectively with regard to family and child/adolescent issues.

# 66. PARENT'S/CAREGIVER'S UNDERSTANDING OF IMPACT OF OWN BEHAVIOUR ON CHILDREN/ADOLESCENTS

This item is intended to describe the degree to which a parent has self awareness regarding how his/her actions and behaviour affect his/her children/adolescents.

- Parent(s)/Caregiver(s) have a clear understanding of the impact of his/her behaviour on children/adolescents and are able to adjust behaviour to limit negative impact.
- Parent(s)/Caregiver(s) have some understanding of impact of his/her behaviour but may struggle at time to change behaviour to limit negative impact.
- 2 Parent(s)/Caregiver(s) have limited understanding of the impact of his/her behaviour on children/adolescents.
- 3 Parent(s)/Caregiver(s) have no understanding or deny any impact of his/her behaviour on children/adolescents.

#### 67. PARENT'S/CAREGIVER'S KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

This item refers to the parent/caregiver's ability to be knowledgeable both about his/her legal rights and legal and moral responsibilities as a parent.

- **O** Parent(s)/Caregiver(s) have strong understanding of rights and responsibilities.
- 1 Parent(s)/Caregiver(s) have understanding of rights and responsibilities but may still require some help in learning about certain aspects of these needs.
- 2 Parent(s)/Caregiver(s) require assistance in understanding rights and responsibilities.
- 3 Parent(s)/Caregiver(s) require(s) substantial assistance in identifying and understanding rights and responsibilities.

# 68. PARENT'S/CAREGIVER'S KNOWLEDGE OF SERVICE OPTIONS

This item refers to the choices the family might have for specific treatments, interventions or other services that might help the family address their needs or the needs of one of the family's members.

- 0 Parent(s)/Caregiver/s have strong understanding of service options.
- 1 Parent(s)/Caregiver/s have understanding of service options but may still require some help in learning about certain aspects of these services.
- 2 Parent(s)/Caregiver/s require assistance in understanding service options.
- 3 Parent(s)/Caregiver/s require substantial assistance in identifying and understanding service options.

# CHILD/ADOLESCENT STRENGTHS

# 69. EXPLORATION

This rating describes the child/adolescent's self-initiated efforts to discover his/her world.

- This level indicates a child/adolescent with exceptional curiosity. Child/adolescent seeks out novel play items and environments.
- This level indicates a child/adolescent with good curiosity. Child/adolescent interested in novel play items and environments. Child/adolescent may not seek out objects or experiences, but who will actively explore them when presented to him/her, would be rated here.
- This level indicates a child/adolescent with limited curiosity.
  Child/adolescent may be hesitant to seek out, or reluctant to explore novel play items and environments even when presented to him/her.

This level indicates a child/adolescent with very limited or no observable curiosity. Child/adolescent may seem averse/oblivious to novel play items and environments.

#### 70. PERSISTENCE

This item rates the ability of the child/adolescent to continue attempting a difficult task when challenged.

- O Significant level of persistence. The child/adolescent consistently demonstrates strong skills in this area.
- 1 Moderate level of persistence. The child/adolescent usually demonstrates good skills in persistence but continues to need development in this area.
- 2 Mild level of persistence. The child/adolescent usually demonstrates only marginal skills in persistence but can cope with caregiver support.
- This level indicates a child/adolescent with no known skills in persistence. Adults are minimally able to impact child/adolescent's skills in this area.

#### 71. CREATIVITY/IMAGINATION

This item rates the child/adolescent's ability to solve problems and develop new ideas.

- O Significant level of creativity/imagination. The child/adolescent consistently demonstrates strong skills in this area.
- Moderate level of creativity/imagination. The child/adolescent usually demonstrates good skills in creativity/imagination but continues to need development in this area.
- 2 Mild level of creativity/imagination. The child/adolescent usually demonstrates only marginal skills in creativity/imagination but can be encouraged in this area by adults.
- 3. This level indicates a child/adolescent with no known skills in creativity/imagination. Adults are minimally able to impact the child/adolescent's skills in this area.

#### 72. . SOLITARY PLAYFULNESS

This rating describes the child/adolescent's enjoyment of play alone.

- This level indicates a child/adolescent with substantial ability to play by self. Child/adolescent enjoys play, and if old enough, regularly engages in symbolic and means-end play.
- 1 This level indicates a child/adolescent with good play abilities. Child/adolescent may enjoy play only with a limited selection of toys.
- This level indicates a child/adolescent with limited ability to enjoy play. Child/adolescent may remain preoccupied with certain objects or may exhibit impoverished or unimaginative play.

This level indicates a child/adolescent who has significant difficulty with play by his/her self. Child/adolescent does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

#### 73. PLAYFULNESS WITH OTHERS

This rating describes the child/adolescent's enjoyment of play with others based on observable or verbalized interest.

- This level indicates a child/adolescent with substantial ability to play with others. Child/adolescent enjoys varied interactive play with peers or caregivers.
- This level indicates a child/adolescent with good play abilities.
  Child/adolescent may enjoy play inconsistently with others, or in only highly supported situations.
- This level indicates a child/adolescent with limited ability to enjoy play. Child/adolescent may remain preoccupied with other children/adolescents or adults to the exclusion of engaging in play, or show inhibition.
- This level indicates a child/adolescent who has significant difficulty with play with others. Child/adolescent is averse and/or oblivious to the presence of others.

#### 74. INTERESTS

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

- This level indicates a child/adolescent with significant creative/artistic/athletic strengths.
- This level indicates a child/adolescent with a notable talent. For example, an adolescent who is (or who was) involved in athletics or plays a musical instrument, etc. would be rated here.
- This level indicates a child/adolescent who has expressed interest in developing a specific talent(s) even if they have not developed that talent to date.
- This level indicates a child/adolescent with no known interests.

#### 75. . SELF EXPRESSION

This rating refers to a child/adolescent's ability to identify and express their thoughts and feelings. Expression may be in a variety of ways (i.e. written, verbal, artistic). Examples include poetry, song lyrics, art, dance etc.

- This rating would be used for a child/adolescent that is able to clearly identify and express how they feel. A child/adolescent here feels understood, as they have found a vehicle through which they can articulate and share their thoughts and feelings with others around them.
- This child/adolescent is sometimes able to identify and express thoughts and feelings. A child/adolescent here may keep a journal or confide in others but does not always feel as though they are able to make themselves clearly understood.
- A child/ adolescent at this level has considerable difficulty identifying or expressing how they think and feel and may indicate their thoughts/feelings are frequently misinterpreted/misunderstood. A child/adolescent here may currently internalize most of their thoughts/emotions or express all as only one emotion (i.e. anger) but shows evidence in the past of having been able to express self.
- A child/adolescent here shows no evidence of capability to express how they think or feel, causing significant frustration/stress for child/youth. A child/adolescent here may feel completely misunderstood and alone. Child/adolescent has never been able to express self.

# **76. RESILIENCY**

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

- This level indicates a child/adolescent who is able to both identify and use strengths to better themselves and successfully manage difficult challenges.
- This level indicates a child/adolescent who able to identify most of his/her strengths and is able to partially utilize them
- This level indicates a child/adolescent who is able to identify strengths but is not able to utilize them effectively
- This level indicates a child/adolescent who is not yet able to identify personal strengths.

#### 77. RECREATIONAL

This rating refers to leisure time activities outside of school.

- O Child/adolescent has notable recreational opportunities that play a significant role in his/her well-being.
- 1 Child/adolescent has recreational opportunities that are consistent with his/her talents/interests.
- 2 Child/adolescent has limited recreational opportunities or those available do not fit the child/adolescent's talents/interests.
- 3 Child/adolescent has no recreational opportunities.

# **ENVIRONMENTAL STRENGTHS**

# 78. FAMILY STRENGTHS

This item rates the family's ability to nurture, support and communicate with one another.

- O Significant nuclear family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child/adolescent is fully included in family activities.
- 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.
- 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.
- This level indicates a child/adolescent with no known nuclear family strengths. The family generally does not communicate well and enjoy one another's company. Child/adolescent is not included in normal family activities.

#### 79. . INTERPERSONAL

This rating refers to the interpersonal skills of the child/adolescent both with peers and non-related adults.

- O Significant interpersonal strengths. Child/ adolescent have excellent ability to form and maintain positive relationships with both peers and adults. Relates and interacts well with all ages. A child/ adolescent with strong leadership skills would be rated here.
- Moderate level of interpersonal strengths. Child/ adolescent has shown ability to make and keep friends and shows evidence of having formed positive interpersonal relationships with both peers and adults (i.e., has one best friend, relates well to adults).
- Mild levels of interpersonal strengths. Child/ adolescent has some social skills that facilitate positive relationships (i.e., can be kind, caring, generous) but currently has only very limited positive relationships (i.e., with one adult or with a much younger peer).
- This level indicates a child/ adolescent with no evidence of interpersonal strengths. Child/ adolescent currently do not have any friends nor has he/she had any significant friendships in the past. Child/ adolescent do not have positive relationships with adults.

# 80. SPIRITUAL/RELIGIOUS

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

- This level indicates a child/adolescent with observable or verbalized strong moral and spiritual strengths. Child/adolescent may have strongly held spiritual or religious beliefs that sustain or comfort him/her in difficult times. Child/adolescent may be actively involved in religious services or activities with or without support.
- This level indicates a child/adolescent with some observable or verbalized moral and spiritual strength. Child/adolescent may find comfort in his/her spiritual beliefs and/or involvement in a religious community. Child/adolescent may attend religious services or activities regularly with or without support.
- This level indicates a child/adolescent with little observable or verbalized spiritual or religious strength. Child/adolescent may be questioning current beliefs or wanting to explore his/her spirituality. Child/adolescent may have some contact with a religious community but does not consider it a support.
- 3 This level indicates a child/adolescent with no known spiritual or religious involvement or interest.

#### 81. COMMUNITY INVOLVEMENT

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

- This level indicates a child/adolescent with extensive and substantial, longterm (i.e. more than one year) ties with the community. For example, individual may be an active member of one or more organized community groups (e.g. sports team, volunteer service, youth group, child/adolescent councils), or involved in other community activities, informal networks, etc.
- This level indicates a child/adolescent with significant community ties although they may be relatively short term (e.g. past year). This would include joining one community group/sports team or being involved in one community organization.
- This level indicates a child/adolescent with limited ties and/or involvement in the community. This would include a child/adolescent who has expressed interest in joining a community organization.
- This level indicates a child/adolescent with no known involvement or interest in his/her community.

#### 82. CHILD/ADOLESCENT INVOLVEMENT WITH CARE

This item refers to the child/adolescent s participation in efforts to address his/her identified needs.

- O Child/adolescent is knowledgeable of needs and helps direct planning to address them.
- 1 Child/adolescent is knowledgeable of needs and participates in planning to address them.
- 2 Child/adolescent is at least somewhat knowledgeable of needs but is not willing and/or able to participate in plans to address them or child/adolescent is willing to participate in planning but lack any knowledge/understanding of his/her needs.
- 3 Child/adolescent is neither knowledgeable about needs nor willing and/or able to participate in plans to address them.

# 83. RESOURCEFULNESS

This item refers to the child/adolescent's ability to recognize his/her environmental strengths and apply them to support healthy development. This includes ways of getting needs met in a positive manner. Examples include: asking for help, getting a snack, "trying another way", taking an adult by the hand and leading.

- Individual is quite skilled at finding the necessary resources required to aid him/her in his/her managing challenges.
- 1 Individual 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.
- Individual 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.
- Individual 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.