

## CHILD & ADOLESCENT NEEDS & STRENGTHS– MENTAL HEALTH

For the Community Data Roundtable (CDR-CANS)

An Information Integration Tool for professionals working with Children and Adolescents with Mental Health Challenges in the Pennsylvania Child Serving System.



The Praed Foundation

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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. 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:

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The CDR CANS is an augmented version of the CANS-MH, designed by stakeholders in the CDR area, for the specific needs of the Pennsylvania Medicaid Mental Health system of care. It is designed to integrate smoothly with other existing CANS projects, while still offering specific insight for this particular system of care. Details on these augmentations and uses for the CDR-CANS can be found in the manual, or through contacting Community Data Roundtable (Dan Warner: [dwarner@communitydataroundtable.org](mailto:dwarner@communitydataroundtable.org)).

[www.communitydataroundtable.org](http://www.communitydataroundtable.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 individuals 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.

*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 clinically positive.*

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

#### Domains, Items, Modules, Module Items

The CANS-MH is comprised of multiple levels.

First are the Domains. The Domains are the largest category of distinction within the CANS. They demarcate concepts that are universally applicable in analyzing a person biopsychosocially. These are:

1. Problem Presentation
2. Risk Behaviors
3. Functioning
4. Child Safety
5. Caregiver Needs & Strengths
6. Strengths (child)

Second are the Items. The items are the action level needs and strengths that one directly scores in filling out a CANS. The items are discussed in detail below. There are 53 first-order items in the CDR-CANS.

Third, there are certain items that when scored at a 1 or higher, prompt for the use of a “module.” A Module is a group of items that give more detail on a first-order item. In the CDR-CANS there are the following modules:

1. Substance Abuse
2. Adjustment to Trauma
3. Sexually Aggressive Behavior
4. Fire Setting
5. Sensory/Motor Functioning
6. Communication
7. Maladaptive Behaviors

The items within these modules are known as “module items,” or “second-order items” and are only scored when the first-order item that prompts them is scored at a 1 or higher. The module items are listed below as indented items under the first order item that prompts their use.

## CDR-CANS OVERVIEW

The CDR CANS-MH is a slightly augmented version of the CANS-MH, designed to be optimized for the Pennsylvania Medical Assistance landscape. This CANS is designed to help optimize service prescriptions done primarily by licensed psychologists in the Pennsylvania Medicaid system, for such services as outpatient psychotherapy, Behavioral Health Rehabilitation Services (BHRS), Family Based Mental Health (FBMH), Partial Hospitalization Program (PHP), and a variety of specialized programs. It is also designed to produce data that allows for smooth integration with all other major CANS in use today, including the CANS-Comprehensive, the CANS-MH, the CANS-ASP, and major permutations of those tools. Psychologist evaluators who utilize this CANS through the online CDR database are dually certified, both by the Praed Foundation in CANS generally, and by CDR in this specific CDR CANS.

The basic distinctions between the CDR CANS-MH and the CANS-MH are:

1. The modules from the CANS-Comprehensive for Substance Abuse, Adjustment to Trauma, Sexually Aggressive Behavior & Fire Setting have been added.

2. A Firearms Risk item has been added, to ascertain the client's access to firearms, and the risk they pose in treatment to clinicians and clients alike.
3. The Intellectual /Developmental item has been reduced to just Intellectual Delay, which measures mental retardation needs.
4. Autism Spectrum has been added to the Problem Presentation domain.
  - a. Functioning and risk items uniquely relevant to children with autism have been added to the Risk and Functioning domains.
5. The Child Safety items have been reduced into just one item, Safety. It is in the Child Safety Domain.
6. Social Functioning – Peer, and Anger Control have been added as items.

The basic structure of the CDR CANS-MH is below. Indented items are “modules” that only require scoring if the item under which they are indented is scored at a 1 or higher:



**Problem Presentation**

Psychosis  
Attention Deficit/Impulse  
Autism Spectrum  
Depression/Anxiety  
Oppositional Behavior  
Antisocial Behavior  
Anger Control  
Substance Abuse  
    Severity of Use  
    Duration of Use  
    Stage of Recovery  
    Peer Influences  
    Parental Influences  
    Environmental Influences  
Adjustment to Trauma  
    Affect Regulation  
    Intrusion  
    Dissociation  
Attachment

**Risk Behaviors**

Danger to Self  
Danger to Others  
Other Self Harm  
Runaway/Elopement  
Exploitation  
Sexually Aggressive Behavior (SAB)  
    Prior Treatment  
    Severity of Sexual Abuse  
    History of SAB  
    Temporal Consistency  
    Response to Accusation  
    Type of Sex Act  
    Age Differential  
    Planning  
    Physical Force/Threat  
    Relationship  
Social Behavior  
Crime/Delinquency  
Firearms Risk  
Fire Setting  
    Seriousness  
    History  
    Planning

Accelerants  
Intention  
Community Safety  
Accusation  
Remorse

**Functioning**

Intellectual Delay  
Physical/Medical  
Sleep  
Family  
Living Situation  
Social Functioning – Peer  
School Achievement  
School Behavior  
School Attendance  
Sexual Development  
Sensory/Motor Functioning  
    Gross Motor  
    Fine Motor  
    Coordination  
    Vision and Hearing  
    Sensory Responsiveness  
Communication  
    Augmented Communication  
    Receptive Language  
    Expressive Language  
    Speech – Sound Production  
    Social/Pragmatic Language  
    Stereotyped Sound Output  
    Gestures  
Maladaptive Behaviors  
    Repetitive Behaviors  
    Restricted Interests

**Child Safety**

Safety

**Caregiver Needs & Strengths**

Physical/Behavioral Health  
Supervision  
Involvement  
Knowledge  
Organization  
Resources  
Residential Stability

## **Strengths**

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

## **CODING CRITERIA**

### **PROBLEM PRESENTATION**

#### **PSYCHOSIS**

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 (including unipolar, bipolar, & NOS with psychotic features). 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 in 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.

## AUTISM SPECTRUM

This item is meant to identify functional deficits associated with autism and pervasive developmental delays.

0	Child behaves at his appropriate developmental age.
1	Child possesses developmental delays, but these are not resulting in functional deficits.
2	Child possesses pervasive developmental delays that are resulting in clinically significant functional deficits that require intervention.
3	Child possesses pervasive developmental delays that are resulting in severe functional deficits, and require immediate or intensive intervention.

## 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.
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#### 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.

#### ANGER CONTROL

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

0	Child or adolescent does not have problems on this dimension. Everybody gets angry sometime, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning.
1	Child has occasional angry outbursts or a situation where the individual has begun to successfully exercise control over his/her temper.

2	Child has functioning problems as a result of anger control problems. An individual who meets criteria for Intermittent Explosive Disorder would be rated here.
3	Child's anger control has put them in physical peril within the rating period.

### 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.

### SUBSTANCE USE DISORDER (SUD) MODULE

Check SEVERITY OF USE Please rate the highest level from the past 30 days

0	Child is currently abstinent and has maintained abstinence for at least six months.
1	Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Child actively uses alcohol or drugs but not daily.
3	Child uses alcohol and/or drugs on a daily basis.

Check DURATION OF USE Please rate the highest level from the past 30 days

0	Child has begun use in the past year.
1	Child has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
2	Child has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Child has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

Check STAGE OF RECOVERY Please rate the highest level from the past 30 days

0	Child is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
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1	Child is actively trying to use treatment to remain abstinent.
2	Child is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
3	Child is in denial regarding the existence of any substance use problem.

Check PEER INFLUENCES Please rate the highest level from the past 30 days

0	Youth's primary peer social network does not engage in alcohol or drug use.
1	Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.
3	Youth is a member of a peer group that consistently engages in alcohol or drug use.

Check PARENTAL INFLUENCES Please rate the highest level from the past 30 days

0	There is no evidence that youth's parents have ever engaged in substance abuse.
1	One of youth's parents has history of substance abuse but not in the past year.
2	One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.
3	One or both of youth's parents use alcohol or drugs with the youth.

Check ENVIRONMENTAL INFLUENCES Please rate the environment around the youth's living situation

0	No evidence that the child's environment stimulates or exposes the child to any alcohol or drug use.
1	Mild problems in the child's environment that might expose the child to alcohol or drug use.
2	Moderate problems in the child's environment that clearly expose the child to alcohol or drug use.
3	Severe problems in the child's environment that stimulate the child to engage in alcohol or drug.

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#### 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).

### **TRAUMA REACTION MODULE**

Check AFFECT REGULATION Please rate the highest level from the past 30 days

0	Child has no problems with affect regulation.
1	Child has mild to moderate problems with affect regulation.
2	Child has severe problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.
3	Child unable to regulate affect.

Check INTRUSIONS Please rate the highest level from the past 30 days

0	There is no evidence that child experiences intrusive thoughts of trauma.
1	Child experiences some intrusive thoughts of trauma but they do not affect his/her functioning.
2	Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains.
3	Child experiences repeated and severe intrusive thoughts of trauma.

Check DISSOCIATION Please rate the highest level from the past 30 days

0	There is no evidence of dissociation.
1	Child may experience some symptoms of dissociation.
2	Child clearly experiences episodes of dissociation.
3	Profound dissociation occurs.

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### **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.
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## **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/ELOPEMENT

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. For younger children, this category can be used to rate classroom elopement (e.g. bolting).

0	This rating is for a child with no history of running away and no ideation involving escaping from the present living situation/classroom environment.
1	This rating is for a child with no recent history of 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. For younger children, if there was previous elopement behavior, but it has not happened in 30 days, choose this level.
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, or who has run away to home (parental or relative) in the past year. A younger child who is regularly bolting from the classroom should be scored here.
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. For younger children, bolting into traffic, or off of school property, should be scored here.

## 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.

0	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.
1	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.
2	This level indicates a child/adolescent who has been recently exploited (within the past year) but is not in acute risk of re-exploitation.
3	This level indicates a child/adolescent who has been recently exploited and is in acute risk of re-exploitation.

## SEXUALLY AGGRESSIVE BEHAVIOR

Sexually aggressive 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.
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1	Mild problems of sexually aggressive behavior. For example, occasional inappropriate sexual behavior or language.
2	Moderate problems with sexually aggressive 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 aggressive behavior. This would include the rape or sexual abuse of another person involving sexual penetration.

### **SEXUALLY AGGRESSIVE BEHAVIOR (SAB) MODULE**

#### Check PRIOR TREATMENT

0	No history of prior treatment or history of outpatient treatment with notable positive outcomes.
1	History of outpatient treatment which has had some degree of success.
2	History of residential treatment where there has been successful completion of program.
3	History of residential or outpatient treatment condition with little or no success.

#### Check SEVERITY OF SEXUAL ABUSE

0	No history of any form of sexual abuse.
1	History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
2	This level is to indicate a moderate level of sexual abuse. This may involve a child who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child.

#### Check HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR (toward others)

0	Child or adolescent has only one incident of sexually aggressive behavior that has been identified and/or investigated.
1	Child or adolescent has two or three incidents of sexually aggressive behavior that have been identified and/or investigated.
2	Child or adolescent has four to ten incidents of sexually aggressive behavior that have been identified and/or investigated with more than one victim.
3	Child or adolescent has more than ten incidents of sexually aggressive behavior with more than one victim.

#### Check TEMPORAL CONSISTENCY

0	This level indicates a child who has never exhibited sexually aggressive behavior or who has developed this behavior only in the past three months following a clear stressor.
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1	This level indicates a child who has been sexually aggressive during the past two years OR child who has become sexually aggressive in the past three months despite the absence of any clear stressors.
2	This level indicates a child who has been sexually aggressive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
3	This level indicates a child who has been sexually aggressive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

Check RESPONSE TO ACCUSATION Please rate the highest level from the past 30 days

0	Child admits to behavior and expresses remorse and desire to not repeat.
1	Child partially admits to behaviors and expresses some remorse.
2	Child admits to behavior but does not express remorse.
3	Child neither admits to behavior nor expresses remorse. Child is in complete denial.

Check TYPE OF SEX ACT Please rate the highest level from the most recent episode of sexual behavior

0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

Check AGE DIFFERENTIAL Please rate the highest level from the most recent episode of sexual behavior

0	Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).
1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
2	Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.
3	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

Check PLANNING Please rate the highest level from the most recent episode of sexual behavior

0	No evidence of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
2	Evidence of some planning of sex act.
3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

Check PHYSICAL FORCE/THREAT Please rate the highest level from the most recent episode of sexual behavior

0	No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.
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1	Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.
2	Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.
3	Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.

Check RELATIONSHIP Please rate the most recent episode of sexual behavior

0	No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.
1	Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child or adolescent being in the position of authority.
2	Child is clearly victimizing at least one other individual with sexually aggressive behavior.
3	Child is severely victimizing at least one other individual with sexually aggressive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

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#### SOCIAL BEHAVIOR (NEGATIVE ATTENTION SEEKING)

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.
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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.

### FIREARMS RISK

This item measures the access to firearms risk in the client's social world.

0	No firearms risk exists. Client has no access to firearms.
1	Mild firearms risk. Firearms are available to the client in his or her home, or a place where he or she spends much time (e.g. a car, a close family member). But in those areas the guns are appropriately stored, and client has expressed no interest in obtaining access to these guns. Or, if he or she does want to obtain these guns, has gone through appropriate safety training, and has a non-pathological intent for their use (e.g. hunting, sport).
2	Moderate firearms risk. Firearms are readily available to the client and are not stored in such a way that meets safety standards. Client may have an interest in obtaining access to the firearms, and is not properly trained in safety precautions, or has a mental health diagnosis that makes access to guns concerning (e.g. suicidality, anti-social, impulse control, etc.).
3	Severe firearms risk. Client has ready access to firearms that may or may not be properly stored, and has a significant threat to use the guns to hurt him or herself, or others.

### FIRE SETTING

Please rate the highest level from the past 30 days

0	No evidence
1	History of fire setting but not in the past six months.
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

### FIRE SETTING MODULE

Check SERIOUSNESS Please rate most recent incident

0	Child has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
1	Child has engaged in fire setting that resulted only in some property damage that required repair.
2	Child has engaged in fire setting which caused significant damage to property (e.g. burned down house).

3	Child has engaged in fire setting that injured self or others.
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Check HISTORY Please rate using time frames provided in the anchors

0	Only one known occurrence of fire setting behavior.
1	Youth has engaged in multiple acts of fire setting in the past year.
2	Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.
3	Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.

Check PLANNING Please rate most recent incident

0	No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
1	Evidence suggests that youth places him/herself into situations where the likelihood of fire setting behavior is enhanced.
2	Evidence of some planning of fire setting behavior.
3	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

Check USE OF ACCELERANTS Please rate most recent incident

0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

Check INTENTION TO HARM Please rate most recent incident

0	Child did not intend to harm others with fire. He/she took efforts to maintain some safety.
1	Child did not intend to harm others but took no efforts to maintain safety.
2	Child intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Child intended to injure or kill others.

Check COMMUNITY SAFETY Please rate highest level in the past 30 days

0	Child presents no risk to the community. He/she could be unsupervised in the community.
1	Child engages in fire setting behavior that represents a risk to community property.
2	Child engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Child engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Child attempts to use fires to hurt others.

Check RESPONSE TO ACCUSATION Please rate highest level in the past 30 days

0	Child admits to behavior and expresses remorse and desire to not repeat.
1	Child partially admits to behaviors and expresses some remorse.
2	Child admits to behavior but does not express remorse.
3	Child neither admits to behavior nor expresses remorse. Child is in complete denial.

Check REMORSE Please rate highest level in the past 30 days

0	Child accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child is able to apologize directly to effected people.
1	Child accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child is unable or unwilling to apologize to effected people.
2	Child accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.

## **FUNCTIONING**

### INTELLECTUAL DISABILITY

This rating describes the child's intellectual functioning – i.e. it is meant to distinguish between those with normal IQ, or those in the mentally retarded range. Autism is not scored here, unless the autistic child is also mentally retarded or learning disabled.

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, but this does not appear to be impacting mental health functioning at this time.
2	Client has a Low IQ or learning disability that either exacerbates, or is exacerbated by, his mental health condition. The intellectual disability needs to be addressed in treatment.
3	Client has a Low IQ or learning disability that severely impedes functioning, and must be addressed immediately and/or intensively.

### 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.

## LIVING SITUATION

This item rates how the child is functioning within his or her living situation. If a child is living with his or her family, this rating is likely similar to the previous one. However, for children in out-of-home placements, this refers to the child's functioning in her current living arrangement (e.g. CRR Host Home, RTF, Hospital, Detention Centers, etc.).

0	No evidence of problems with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregiver is concerned about youth's behavior at home.
2	Moderate to severe problems with functioning in current living situation. Youth has difficulties maintaining her behavior in this setting and this is creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Youth is at immediate risk of being removed from living situation due to his or her behaviors.

## SOCIAL FUNCTIONING - PEER



This item rates the child social skills and relationship functioning with same age children or youth. This includes age appropriate behavior and the ability to make and maintain relationship during the past 30 days. Social function is different from Interpersonal strengths in that functioning is a description of how the child/youth is doing currently. Strengths are longer term assets. A child with friends may be struggling to get along with them currently.

0	Child has positive social relationships with same age peers.
1	Child is having some minor problems in social relationships with same age peers.
2	Child is having some moderate problems with his/her social relationships with same age peers.
3	Child is experiencing severe disruptions in his/her social relationships with same age peers.

### 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.

### **SENSORY/MOTOR FUNCTIONING**

This item identifies sensory or motor delays for a child or adolescent that require clinical intervention and which possess a psychological/neurodevelopmental origin.

0	Child is doing well in his or her sensory & motor development.
1	Child is doing adequately in sensory and/or motor development, although some problem exists.
2	Child is having moderate problems with sensory and/or motor development.
3	Child has severe motor and functioning deficits.

### **SENSORY/MOTOR FUNCTIONING MODULE**

#### **GROSS MOTOR**

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

0	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.
1	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 non-ambulatory 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.

#### **FINE MOTOR**

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

0	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.
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1	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.
2	The child/adolescent has moderate fine motor deficits. Marked impairment of age appropriate fine motor skills would be rated here.
3	The child/adolescent has severe or profound fine motor deficits. Complete absence of manual skills would be rated here.

## COORDINATION

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

0	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 motor-planning 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.

## VISION AND HEARING

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

0	The child/adolescent's vision/hearing appear 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.
3	The child/adolescent has significant impairment in one or more senses (e.g. profound hearing or vision loss).

## 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).

0	The child/adolescent's sensory integration appears normal. There is no reason to believe that the child/adolescent has any problems with atypical responses 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.
3	The child/adolescent has severely atypical reactions to one or more sensory stimuli. Social, emotional and/or behavioral difficulties related to sensory integration problems are/can be extreme.

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## **COMMUNICATION**

This item identifies communication delays for a child or adolescent that require clinical intervention and which possess a psychological/neurodevelopmental origin.

0	Child is at an age appropriate level of communication abilities.
1	Child adequately developing his/her communication skills, although some problem exists.
2	Child is having moderate problems with communication.
3	Child has severe communication deficits.

## **COMMUNICATION MODULE**

### **AUGMENTED COMMUNICATION**

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

0	Child/adolescent has good augmented 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.

### **RECEPTIVE LANGUAGE**

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

0	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.

### **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.

### SPEECH – 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'.

0	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.

### SOCIAL/ PRAGMATIC LANGUAGE

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

0	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 situations/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).

### 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)

0	Child/adolescent's output rarely, if ever, contains stereotyped content or is perseverative 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.

### GESTURES

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

0	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.

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### **MALADAPTIVE BEHAVIORS**

This item identifies maladaptive behaviors of a neurodevelopmental origin.

0	Child is at an age appropriate level in regards to flexibility of behaviors and interests.
1	Child adequately developing in his behavioral repertoire, although some problem exists.
2	Child is having moderate problems with maladaptive behaviors, and requires clinical intervention.
3	Child has severe maladaptive behaviors impeding functioning.

### **MALADAPTIVE BEHAVIORS MODULE**

#### **REPETITIVE BEHAVIORS**

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

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

#### **RESTRICTED INTERESTS**

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

0	Child/adolescent has varied and age-appropriate interests in objects and the environment. No evidence of preoccupations in the child/adolescent.
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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 demonstrate 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.

## **CHILD SAFETY DOMAIN**

### SAFETY

This item addresses any issue relevant to child safety which could result in the involvement of Child Welfare, including Abuse (i.e. physical, emotional, or sexual abuse occurring, or at risk for occurring, in child's living situation), Neglect (i.e. the failure to provide adequate supervision and expectations and access to the basic necessities of life, including food, shelter, and clothing), Exploitation (i.e. the manipulation of the child to perform exploitive acts that serve only the interests of the adult, without concern for consequences for the child), and/or Permanency (i.e. 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).

Typically, a score of 2 on this item should result in a call to Child & Protective Services (i.e. Childline).

0	No evidence of emotional, physical, or sexual abuse, neglect, or exploitation (i.e. the child is treated fairly and respectfully and engages in appropriate responsibilities for household maintenance), and the home is stable, nurturing, and provides appropriate adult role models.
1	Mild level of emotional abuse or occasional spanking without physical harm, or intention to commit harm. No sexual abuse. There may be a mild level of neglect of caretaker responsibilities, such as failure to provide adequate expectations or supervision to child. A mild level of exploitation may be present, such as a 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. There may also be a 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 emotional abuse and/or frequent spanking or other forms of physical punishment. The home may possess a moderate level of neglect, including some supervision and occasional unintentional failure to provide adequate food, shelter, or clothing, with rapid corrective action. There may be a moderate level of exploitation, where the child is consistently asked to perform inappropriate responsibilities that serve adult needs, without concern for physical or emotional consequences for the child. This may include assuming consistently inappropriate responsibilities for sibling care or other household responsibilities. A moderate level of instability in the home is 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 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. Severe level of neglect, including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis. Severe level of exploitation. This may include involvement in criminal activity directed or supervised by adults, or involvement in sexual exploitation. 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 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.

### **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.
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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.
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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.

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