Behavioral/Emotional Needs

These ratings identify the behavioral health needs of the child. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This definition is consistent with the ratings of '2' or '3' as defined by the action levels below.

For Behavioral/Emotional Needs, the following categories and action levels are used:

0 = A dimension in which there is not current need; no need for action/intervention.

1 = Identified need indicates mild problems; requires monitoring, watchful waiting, or preventive activities.

2 = Identified need indicates moderate problems; action or intervention is required to ensure that the identified need is addressed.

3 = A dimension that indicates significant problem; requires immediate or intensive action.

Question to Consider for this Domain: What are the presenting social, emotional and behavioral needs of the child? **Please rate based on the last 30 days.**

30. ATTACHMENT - This item should be rated within the context of the child's significant parental or caregiver relationships.

Questions to Consider	Ratings & Definitions	
→ Does your child struggle with separating from caregiver? → Does your child approach or attach to strangers in indiscriminate ways? → Does your child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance? → Does your child have separation anxiety issues that interfere with ability to engage in childcare or preschool?	**0**	No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Caregiver appears able to respond to child cues in a consistent, appropriate manner, and child seeks age-appropriate contact with caregiver for both nurturing and safety needs.
	1	Mild problems with attachment. There is some evidence of insecurity in the child-caregiver relationship. Caregiver may at times have difficulty accurately reading child's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child may have mild problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child may have minor difficulties with appropriate physical/emotional boundaries with others.
	2	Moderate problems with attachment. Attachment relationship is marked by sufficient difficulty as to require intervention. Caregiver may consistently misinterpret child cues, act in an overly intrusive way, or ignore/avoid child bids for attention/nurturance. Child may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and may have ongoing difficulties with physical or emotional boundaries with others.
	3	Severe problems with attachment. Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child is considered at ongoing risk due to the nature of his/her attachment behaviors. A child who meets the criteria for an Attachment Disorder in DSM would be rated here. Child may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

31. DEPRESSION -This item refers to any symptoms of *Depression* which may include irritability, changes in eating and sleeping, and withdrawal from playing or activities that were once of interest. A rating of '2' could be a two year old who is often irritable, does not enjoy playing with toys as he used to, is clingy to caretaker and is having sleep issues.

Questions to Consider

→ Are the caregivers concerned that the child is depressed, has chronic low mood or irritability?

→ Has s/he withdrawn from normal activities?

→ Does the child seem lonely or not interested in others?

Ratings & Definitions

0	No evidence of problems with depression.
1	History, suspicion, or mild depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior. There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage or may express emotions in a muted way at times during the day. Older children are irritable or do not demonstrate a range of affect
2	This rating is given to a child with moderate problems with depression. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. This level is used to rate children who meet the criteria for an affective disorder.
3	This rating is given to a child with a severe level of depression. This would include a child who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above. Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain. This rating is given to a child with a severe level of depression

Supplemental information: Depression is a disorder that is thought to affect about 5% of the general population of the United States. It appears to be equally common in adolescents and adults. It might be somewhat less common among child, particularly young children. The main difference between depression in children and adolescents and depression in adults is that among children and adolescents it is thought that depression is as likely to come with an irritable mood as a depressed mood. In adults, a depressed mood is a cardinal symptom of depression.

32. ANXIETY - This item rates evidence of symptoms associated with Anxiety Disorders characterized by worry, dread, fearfulness, or panic attacks.

Questions to Consider

→ Does the child have any problems with anxiety or fearfulness?

→ Is s/he avoiding normal activities out of fear?

→ Does the child act frightened or afraid?

→ Does the child worry a lot?

Ratings & Definitions

0	No evidence of anxiety symptoms. .
1	Mild level of disturbance. History or suspicion of anxiety problems or mild anxiety associated with a recent negative life event 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. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
2	Moderate level of disturbance. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. This is used to rate children who meet the criteria for an anxiety disorder listed above. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
3	Severe level of disturbance. This would include evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain. More severe forms of anxiety diagnoses would be coded here. This level is used to indicate an extreme case of one of the disorders listed above.

Supplemental information: Symptoms of **Generalized Anxiety Disorder** include **e**xcessive worrying associated with restlessness, being easily fatigued, difficulty concentrating, irritable mood, muscle tension, sleep disturbance, worry not about other psychiatric conditions, or anxiety or worry causes significant impairment of functioning or distress.

33. FAILURE TO THRIVE - Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.

Questions to Consider

→ Has the child ever been diagnosed with failure to thrive? If so, why?

→ Are there any reports indicate that the child has had difficulty gaining weight or growing?

Ratings & Definitions

0	Child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
1	The infant/child may have experienced past problems with growth and ability to gain weight. The infant/child may presently be experiencing slow development in this area. The child has mild delays in physical development (e.g. is below the 25th percentile in terms of height or weight).
2	Child had significant delays in physical development that could be described as failure to thrive (e.g. is below the 10th percentile in terms of height or weight).
3	Child had severe problems with physical development that puts their life at risk (e.g. is at or beneath the 1st percentile in height or weight).

34. ATYPICAL BEHAVIORS - This item rates whether the child repeats certain actions over and over again, or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations. This is important in early childhood to assess due to the possible indication that this may be related to pervasive developmental disorders. Early intervention to assess the etiology of these symptoms is critical.

Questions to Consider	Ratings & Definitions	
→ Are there any unusual or odd behaviors that concern you in your child (especially repetitive behaviors that stand out)?	**0**	No evidence of atypical behaviors in the infant/child.
→ Has anyone ever expressed concern around your child's odd behaviors (e.g., teacher commenting that your child spins in corners or other children making fun of your child for unusual actions)?	**1**	History or reports of atypical behaviors from others that have not been observed by caregivers.
	2	Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
	3	Clear evidence of atypical behaviors that are consistently present and interfere with the infant's/child's functioning on a regular basis.

35. SELF HARM -This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child or others at some jeopardy. Self-mutilative behaviors are NOT rated here.

Questions to Consider	Ratings & Definitions	
→ Has the child head banged or done other self-harming behaviors?	**0**	No evidence.
→ If the child does self-harming behaviors, does the caregiver's support help stop the behavior?	**1**	Mild level of self-hard behavior, or history of self-harm.
	2	Moderate level of self-harm behavior such as head banging that cannot be influenced by caregiver and interferes with child's functioning.
	3	Severe level of self-harm behavior that puts the child's safety and well-being at risk.

36. AGGRESSION – This item rates the child's violent or aggressive behaviors. The intention of the behavior is to cause significant bodily harm to others. A supervising adult is also taken into account in this rating, as a rating of '2' or '3' could signify a supervising adult who is not able to control the child's violent behaviors.

Questions to Consider	Ratings & Definitions	
Does your child seem to get into frequent fights with other children?	**0**	There is no evidence of aggressive behaviors.
Has your child been aggressive with caregivers?	**1**	There is either a history of aggressive behavior or mild concerns in this area that have not yet interfered with functioning.
Does your child frequently attempt to hurt others, throw objects or attack?	**2**	There is clear evidence of aggressive behavior towards others, behavior is persistent and a supervising adult's attempts to change behavior have not been successful.
Have teachers/childcare workers contacted you with concerns about child's aggression or hitting/biting behaviors?	**3**	The child has significant challenges in this area that is characterized as a dangerous level of aggressive behavior that involves the threat of harm to others or problems in more than one life domain that significantly threatens the child's growth and development.

37. ADJUSTMENT TO TRAUMA* - This item is used to describe the child who is having difficulties adjusting to a traumatic experience, as defined by the child. Please note: To rate this item a traumatic event is not required to meet the DSM definition of trauma, but rather an event defined as traumatic by the child, e.g., changing schools could be viewed as traumatic. This is one item where speculation about why a child is displaying a certain behavior is considered. There should be an inferred link between the trauma and current behavior. A rating of '2' would indicate significant problems with adjustment where an infant may be regressing developmentally. A rating of '3' represents a debilitating level of symptoms for the child

Questions to Consider

- → Has child experienced a traumatic event?
- → Does s/he experience frequent nightmares?
- → Is s/he troubled by flashbacks?
- → Is s/he unusually afraid of being alone, or of participating in normal activities?

Ratings & Definitions

0	No evidence of problems associated with traumatic life events. The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
1	History or suspicion of problems associated with traumatic life event/s. The child has experienced a traumatic event and is not demonstrating symptoms or there are mild changes in the child's behavior that are controlled by caregivers.
2	Clear evidence of traumatic stress symptoms such those present in Post Traumatic Stress Disorder or Acute Stress Disorder. Adjustment is interfering with child's functioning in at least one life domain. Infants may have developmental regression, and/or eating and sleeping disturbance. Older children may have all of the above as well as behavioral symptoms, tantrums and withdrawn behavior.
3	Clear evidence of debilitating symptoms of Post-Traumatic Stress Disorder or Acute Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of the trauma experience.

*A rating of 1, 2 or 3 on this item will trigger the **Trauma Module.**

Supplemental information: Symptoms of PTSD include the following: **(1)** The traumatic event is re-experienced (e.g. recurrent and intrusive recollections, recurrent distressing dreams of the event, child may re-enact the event, or act or feel as if the event were recurring, intense distress at exposure to either stimuli that reminds the person of the event). **(2)** Persistent avoidance of stimuli associated with the trauma (e.g. efforts to avoid thoughts, feelings, or conversations associated with the event, efforts to avoid activities, places or people that arouse recollections of the events, inability to recall an important aspect of the event, diminished interest or participation in significant activities, feeling of detachment or estrangement from others, restricted range of affect (e.g. unable to have loving feelings), or sense of foreshortened future (e.g. does not expect to finish school, have career, get married). **(3)** Marked arousal as indicated by difficulty falling asleep or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response.