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.**

1. PSYCHOSIS - The primary symptoms of psychosis include hallucinations (experiencing things others do not experience), delusions (a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), or bizarre behavior. The most common form of hallucinations is tactile, followed by auditory, and then visual.

Questions to Consider

→ Has the child ever talked about hearing, seeing or feeling something that was not actually there?

→ Has the child ever done strange or bizarre things that made no sense?

→ Does the child have strange beliefs about things?

Ratings & Definitions

0	No evidence of psychotic symptoms. Both thought processes and content are within normal range.
1	Evidence of mild disruption in thought processes or content. 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. Use this category for children who are below the threshold for one of the DSM diagnoses listed above.
2	Evidence of moderate disturbance in through process or content. Child may be somewhat delusional or have brief intermittent hallucinations. Speech may be at time quite tangential or illogical. This level would be used for children who meet the diagnostic criteria for one of the disorders listed above.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child or others at risk of physical harm.

Supplemental information: While a growing body of evidence suggests that schizophrenia can begin as early as age nine, schizophrenia is more likely to begin to develop during the teenage years. Even young children can have psychotic disorders, most often characterized by hallucinations. Post Traumatic Stress Disorder secondary to sexual or physical abuse can be associated with visions of the abuser when children are falling asleep or waking up. These occurrences would not be rated as hallucinations unless they occur during normal waking hours.

2. IMPULSE CONTROL/HYPERACTIVITY - This item rates behavioral symptoms associated with hyperactivity and/or impulsiveness, i.e. loss of control of behaviors, which includes, but is not limited to, Attention Deficit/ Hyperactivity Disorder (ADHD) and disorders of impulse control. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can includes compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire starting, stealing, or self-abusive behavior.

Questions to Consider

- → Is the child unable to sit still for any length of time?
- → Does s/he have trouble paying attention for more than a few minutes?
- → Is the child able to control him/herself?
- → Does the child report feeling compelled to do something despite negative consequences?

Ratings & Definitions

0	No evidence of symptoms of hyperactivity or impulse control.
1	There is a history, suspicion or some mild problems with impulsive, distracted or hyperactive behavior place the child at risk of future difficulty in functioning.
2	Clear evidence of problems with impulsive, distracted or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior places the child at risk of physical harm.

Supplemental Information: ADHD is characterized by either frequently displayed symptoms of inattention (e.g. difficulty sustaining attention, not seeming to listen when spoken to directly, losing items, forgetful in daily activities, etc.) or hyperactivity or impulsivity (e.g. fidgety, difficulty playing quietly, talking excessively, difficulty waiting his or her turn, etc.) to a degree that it causes functioning problems.

3. DEPRESSION -This item rates displayed symptoms of a change in emotional state and can include sadness, irritability and diminished interest in previously enjoyed activities.

Questions to Consider

- → Is child concerned about possible depression or chronic low mood and 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.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered with the child's ability to function in at least one life domain.
3	Clear evidence of depression that is disabling for the child in multiple life domains.

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 children, 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.

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

Questions to Consider	Ratings & Definitions	
→ Does the child have any problems with anxiety or fearfulness?	**0**	No evidence of anxiety symptoms. .
→ Is s/he avoiding normal activities out of fear?	**1**	There is a history, suspicion, or mild anxiety associated with a recent negative life event.
→ Does the child act frightened or afraid?	**2**	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain.
→ Does the child worry a lot?	**3**	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

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.

5. OPPOSITIONAL - This item rates the child or adolescent's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child or youth.

Questions to Consider	Ratings & Definitions	
→ Does the child follow her/his parents' rules?	**0**	No evidence of oppositional behaviors.
→ Have teachers or other adults reported that the child does not follow rules or directions?	**1**	There is a history or mild level of defiance towards authority figures that has not yet begun to cause functional impairment.
→ Does the child argue with adults when they try to get her/him to do something?	**2**	Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child's functioning in at least one life domain.
	3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

6. CONDUCT - This item rates the degree to which a child engages in behavior that is consistent with the presence of a ***Conduct Disorder***.

Questions to Consider	Ratings & Definitions	
→ Is the child seen as dishonest?	**0**	No evidence of serious violations of others or laws.
→ How does the child handle telling the truth/lies?	**1**	There is a history or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals.
→ Has the child been part of any criminal behavior?	**2**	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
→ Has the child ever shown violent or threatening behavior towards others?	**3**	Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child or community at significant risk of physical harm due to these behaviors.
→ Has the child ever tortured animals or set fires?		

7. ANGER CONTROL - This item captures the child's ability to identify manage his/her anger when frustrated.

Questions to Consider	Ratings & Definitions	
→ How does the child control his/her emotions? → Does s/he get upset or frustrated easily? → Does s/he overreact if someone criticizes or rejects him/her? → Does the child seem to have dramatic mood swings	**0**	No evidence of any significant anger control problems.
	1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
	2	Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
	3	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

8. SUBSTANCE USE* - This item includes use of alcohol and other drugs, the misuse of prescription medications and the inhalation of any substance. This item is rated consistently with DSM Substance Related Disorders. This item includes the use of tobacco or caffeine.

Questions to Consider	Ratings & Definitions	
→ Has the child used alcohol or any kind of drugs on more than an experimental basis? → Do you suspect that the child may have an alcohol or drug use problem? → Has anyone reported that they think the child might be using alcohol or drugs?	**0**	This rating is for a child who has no notable substance use history or difficulties at the present time.
	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 work/school performance, parental concern). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.
	2	This rating is for a child with a **moderate** substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
	3	This rating is for a child with a **severe** substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child. Immediate and/or intensive interventions are indicated.

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

Supplemental Information: Substance Dependence is characterized by a pattern of maladaptive substance use, leading to significant impairment or distress as evidenced by tolerance to the substance, withdrawal, increase in amount taken, desire to or unsuccessful efforts to cut down, a great deal of time is spent in activities necessary to obtain the substance, important social, educational, or recreational activities are given up or reduced because of substance use, and the substance use is continued despite knowledge of having a persistent or recurrent problem

9. EATING DISTURBANCE - This item rates symptoms including problems with eating such as disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating and hoarding food.

Questions to Consider	Ratings & Definitions	
→ How does the child feel about his/her body? → Does s/he seem to be overly concerned about his/her weight? → Does s/he ever refuse to eat, binge eat, or hoard food? → Has the child ever been hospitalized for eating related issues?	**0**	No evidence of eating disturbances.
	1	There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
	2	Moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).
	3	More severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

Supplemental Information: Anorexia is characterized by: refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. **Repeated binging and getting rid of the extra calories from bingeing by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterize bulimia**.

10. SOMATIZATION - Somatization refers to physical complaints that appear to have no physical cause. Chronic health issues with a known source would not be rated here.

Questions to Consider	Ratings & Definitions	
→ Does the child complain of aches and pains that do not appear to have a physical source? → Does the child frequently go to the doctor only to be told they are not sick?	**0**	No evidence of somatic complaints.
	1	Child has occasional or mild somatic complaints (headaches, stomach problems, joint, limb or chest pain).
	2	Child has a moderate level of somatic problems or the presence of conversion symptoms. More persistent physical symptoms or the presence of several different physical symptoms. Child could manifest any conversion symptoms here (e.g., pseudo-seizures, paralysis).
	3	Child has severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance.

11. 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. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

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.
1	There is a history or suspicion of, or mild problems associated with traumatic life event/s.
2	Clear evidence of symptoms of Adjustment Disorder associated with traumatic life event/s. Adjustment is interfering with the child's functioning in at least one life domain.
3	Clear evidence of symptoms of Post-Traumatic 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.