

## CANS ITEM LEVEL ADDITIONAL GUIDANCE

### DOMAIN: TRAUMA

#### ***Medical Trauma***

Medical trauma is rated over the lifetime and would include any and all hospitalizations that were the result of surgery or injuries. An infant who is hospitalized at birth beyond a normal stay, such as a child placed in the NICU at birth for an extended period of time, would also be rated here as a '2' or '3' depending on the severity and life threatening nature of the reason for hospitalization.

#### ***Distinguishing Witness to Family Violence from Witness/Victim to Criminal Activity***

The Family Violence item is intended to relate to violence that occurs within the home. Sometimes this violence can also be criminal activity if law enforcement is involved. If law enforcement is not involved in violence that occurs within the family, it would only be rated under the Family Violence indicator and not the Witness/Victim to Criminal Activity.

### DOMAIN: ADJUSTMENT TO TRAUMA

#### ***Intrusions***

Intrusions are distressful, unwanted memories and thoughts that are symptoms of trauma reactions. These can be preoccupying and debilitating, interfering with the performance of daily activities and even leading to suicidality. PTSD, or Post-Traumatic Stress Disorder, which develops during exposure to overwhelming trauma, is hallmarked by the presence of distressful memories and intrusive thoughts about the traumatic event. A great deal of the management of this condition involves coping with both the unwanted memories and negative thoughts related to the trauma that intrude upon one's daily life.

People with other conditions such as Bipolar Disorder also must cope with intrusive memories and thoughts, but do not always experience these as distressing even though their level of functioning may be seriously impacted by them. The key difference between Obsessive Compulsive Disorder (OCD) and PTSD is that the intrusive thoughts of PTSD sufferers are of traumatic events that actually happened to them, whereas OCD sufferers have thoughts of imagined catastrophes.

<http://www.ptsdtraumatreatment.org/intrusivethoughts/>

#### ***Dissociation***

<http://www.isst-d.org/?contentID=76>

There are two main types of dissociation. 1) ordinary and 2) traumatic. *Ordinary dissociation* is something we have all experienced. For example, when driving down a boring stretch of freeway, the driver may be day-dreaming or be preoccupied with something and become unaware of her surroundings. A period of time may pass without the driver being aware of the passage of time or the miles that have been driven.

*Traumatic dissociation* is when elements in the mind like memories and feelings become dissociated when normally they would be associated. When this happens, the mind dissociates as a way to separate

the conscious mind from the part of the mind that experiences the painful trauma. One example of this is the natural human tendency to react to pain with avoidance and denial. Each of us has a pain threshold. When it is passed, we remove our consciousness so we don't experience the pain. The experience was automatically dissociated and repressed, to keep it out of reach of conscious awareness. Children who are abused may dissociate or "forget" part of the experience or the associated feelings as a way to cope with the experience. For those who experience ongoing, repetitive trauma, dissociation occurs so frequently that it interferes with other aspects of life or functioning.

Some of the symptoms include:

- feeling that other people, objects, and the world around oneself are not real,
- hearing voices inside one's head that tell you to do things or comment on things you're doing,
- not recognizing oneself in the mirror,
- finding familiar places and people unfamiliar,
- dissociating from your body or bodily sensations,
- having no access to forbidden feelings like anger, sadness, fear,
- missing pieces of information about events from the past,
- feeling like you are watching yourself from a distance during stressful times,
- feeling spacey or distracted in situations that would evoke feelings in others,
- making efforts to avoid thoughts, feeling, or conversations associated with the event,
- being unable to recall an important aspect of the event.

## **DOMAIN: LIFE FUNCTIONING**

### ***Family – Nuclear***

Family-Nuclear refers only to the child's immediate birth or adoptive parents and siblings. All other individuals, including those the family considers family who are not related to them by legally, should be considered under Family – Extended.

## **DOMAIN: CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS**

### ***Distinguishing Oppositional Defiant Disorder, Conduct Disorder, and Anger Control***

The Oppositional Behavior item is intended to capture how the child relates to authority figures like parents and teachers. Conduct Disorder is when the child consistently violates the basic rights of others and/or the rules and norms of society that are antisocial in nature with no remorse. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on the child's noncompliance to authority rather than on seriously breaking social rules, norms and laws. While children with Conduct Disorder typically exhibit aggressive and/or criminal behavior, children that are oppositional may exhibit anger and deceitfulness but without the aggressive behaviors that directly impact others. Especially in the area of rule-breaking and non-compliance, many of the features of Oppositional Behavior may also be present in Conduct Disorder, but not vice versa. In such cases, both items could be rated for the same behavior.

The Anger Control item is derived from Intermittent Explosive Disorder and includes 1) the failure to resist aggressive impulses that result in serious assaultive acts or destruction of property and 2)

aggressiveness expressed during an episode that is grossly out of proportion to the precipitating psychosocial stressor. The anger cannot be caused by substance use or a medical condition. The child may describe the aggressive episodes as "spells" or "attacks" in which the explosive behavior is preceded by a sense of tension or arousal and followed immediately by a sense of relief. But later, the individual may feel upset, remorseful, regretful, or embarrassed about the aggressive behavior. Be careful to rate the Anger Control item appropriately given the child's developmental level. Young children's natural inability to fully control their emotions should not be used to rate this item.

Anger Control or Intermittent Explosive Disorder may occur as a part of both Oppositional Defiant Disorder and Conduct Disorder.

### ***Affect Dysregulation***

Affect dysregulation, also known as emotional dysregulation, refers to difficulty regulating or "controlling" one's emotional responses and behaviors. Affect dysregulation can be seen in both:

- the ease with which someone's mood changes, and
- the intensity of that mood change.

For example, individuals who have difficulties with affect regulation will regularly have "mood swings" where they will very quickly become angry, sad, or anxious with little to no warning. These individuals will also have exaggerated emotional responses, so that not only do they become sad, anxious, or angry fairly suddenly, but the intensity of that emotion appears to be far in excess of what would be expected in that situation. It is important to rate this item appropriately given the child's age and developmental level. Younger children's emotional reactions may be more extreme and should not be rated unless they are out of proportion with their developmental level.

All people have occasional overreactions, but for people with affect dysregulation problems, these extreme emotional responses are common and cause significant difficulties in their life. Their mood swings and over-responding can lead to behavioral problems and interfere with their social interactions and relationships at home, in school, or at place of employment.

<https://sites.temple.edu/madlab/faq/>

## **DOMAIN: CHILD/YOUTH RISK BEHAVIORS**

### ***Distinguishing Self-Injurious Behavior from Other Self-Harm***

The primary difference between the Self-Injurious Behavior and Other Self Harm items is the intent of the behavior. Self-injurious behavior is intended to harm oneself. Thus, body piercing and tattoos are not considered self-injurious behavior because the intent behind them is usually social or cultural. Similarly, behaviors that are a potential danger to one's health due to the child's recklessness or poor judgment are not rated as self-injurious. These behaviors are rated on the Other Self Harm item and include behaviors like reckless driving, playing with fire or weapons, etc. Although the end result may be the same, the intent of the behavior is not to purposefully harm oneself and is thus rated on Other Self Harm. Dangerous substance abuse should be rated on the Substance Abuse item. The difference in

rating these items in the assessment is important because they warrant different approaches in the service plan.

### ***Intentional Misbehavior***

Similar to the Self-Injurious Behavior item, the key to rating the Intentional Misbehavior item is the child's intent. This item is designed to capture behaviors in which the child is ***intentionally*** trying to get sanctioned. For what could be a variety of reasons, the child is trying to draw attention from parents, teachers, or other authority figures. This could be due to a true lack of attention from adults, an excessive need for attention, or the child's desire to draw the attention of authority figures away from something else. Rating should be based on the social/cultural view of the behavior. The same behavior may draw different sanctions (or none at all) in different societies. The item is based on the child's understanding of their society's sanctions. Thus, ratings should be based not only on the child's behavior, but also on society's or the parent's sanctions of the behavior. Thus, cultural societal factors may be important here.

Behavior without a known intent to draw sanctions should be rated elsewhere. Violent, aggressive behavior with the intent to hurt others is rated on the Danger to Others item. Behavior intended to hurt oneself rather than just draw sanctions is rate on the Self-Injurious or Suicide Risk items.

Examples may include a child who is a consistent disruption or annoyance in the classroom in order to draw the attention of the teacher possibly due to a lack of attention otherwise at home or school. Also rated would be a child who intentionally misbehaves in school to draw attention away from the fact that they are failing academically which is a source of greater embarrassment.

### ***Bullying***

Bullying does not include all fighting behavior. Bullying behavior may be verbal and/or physical and is intended to demonstrate the child's power or authority over another. Fighting itself does not warrant a rating on the Bullying item unless there is some intent to intimidate other children. For example, threatening others with harm if they do not comply with the child's demands would be rated as Bullying. However, fighting with another child due to anger, frustration, retaliation, or self-defense should not be rated as bullying.

### ***Life Skills***

Life Skills relates to concrete skill development of children appropriate to their age, development, and cognitive abilities. It does not mean that you are rating a child to determine that they are ready to live on their own at any age, rather how they are acquiring life skills to move towards independence that is appropriate to their age and ability.

## **DOMAIN: STRENGTHS**

### ***Optimism***

Optimism refers to the child's feelings about their future. Research indicates that kids with a solid sense of themselves and their future have better outcomes than children who do not. A child's sense of optimism includes positive future planning and ideas for future goals and aspirations. A child who is

generally optimistic would be rated at a '1', and a child who has difficulty seeing any positives about her/himself or his/her future would be rated at a '3.'

### ***Educational***

This item rates not only the child's perception of school and their school performance, but predominantly refers more to the school's relationship to the child and family, and the level of support the child is receiving from the school. This item includes the level of understanding that the school has of the child's educational needs and the planning created to address those needs. If the school is actively participating in meeting the child's needs and working with the child's family, a rating of '0' would be given. If the school is unwilling or unable to identify and address the child's needs or work with the child and the family to provide appropriate interventions, a rating of '3' would be given.

### ***Recreational***

This item rates the degree to which a child has identified and participates in positive leisure time activities that fit the child's talents and interests. This does not simply indicate that the child participates in activities, but rather that those activities align with the child's talents and areas of interest. This item can be rated in conjunction with the Talents/Interests item as the two areas are intertwined. In order for a child to be rated lower in this item, they must also have identified talents and interests in which they are actively involved. A child who makes full use of leisure time activities to pursue recreational activities that support his/her healthy development and enjoyment would be given a rating of '0,' and a child who has no recreational opportunities or no desire to participate in such activities would be given a rating of '3.'

### ***Vocational***

This item rates the level of vocational skills or work experience a child has, and also includes vocational goals that the child has expressed. Vocational strengths are rated independently of functioning in that a youth can have considerable strengths and aspirations but not be doing well at the moment, and should also be rated regardless of age or developmental level. Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life. A child who has some vocational skills or work experience would be given a rating of '1,' and a child who needs significant assistance in developing those skills would be given a rating of '3.' The treatment plan for a teen that is given a rating of '3' should include significant efforts to build vocational skills.

### ***Talents/Interests***

This item refers to hobbies, skills, artistic interests and talents that are positive ways that kids can spend time and also gives them pleasure and a positive sense of themselves. This item is often rated in conjunction with the Recreational item in that the two items are related – children with recreational strengths are also seen to have strengths in the area of talents and interests. This item can also be linked to the Vocational and Optimism items in that children who have identified talents and interests are often optimistic about themselves and some of their talents or interests may translate into vocational skills or career paths. A key piece to this item is that the talent or interest bring the child pleasure and contribute to their sense of self – for instance, a child who likes to collect car stereos without paying for them may need some assistance in developing other interests such as learning to fix his friends' car stereos. A child who has identified areas of interest and displays talent in certain areas would be given a rating of '0,' and a child who is not able to identify any interests or hobbies or display any areas of talent would be given a rating of '3.'

### ***Natural Supports***

This item rates the unpaid individuals in a child's life who have demonstrated the willingness to become involved in the youth's life in a positive and helpful manner. This item excludes foster parents, nuclear or extended family members, school personnel, coaches, and other individuals who are paid to care for or supervise children. For instance, staff at the local YMCA would not be considered natural supports, regardless of their level of involvement with the child. Members of a church congregation or neighbors could be considered as natural supports for a child as they are not paid to care for that child. If a child has many unpaid individuals in their life who offer significant support, that child would be given a rating of '0,' however if the child has no supportive individuals in their life outside of family members and paid caregivers, that child would be given a rating of '3.'