

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS – EARLY CHILDHOOD (Complete for clients ages 0 to 5) San Diego CANS-EC**

Client Name:		Client ID Number:	
Caregiver Type:	<input type="radio"/> Biological Parent <sub>[1]</sub>	<input type="radio"/> Foster Parent <sub>[2]</sub>	Client DOB:
	<input type="radio"/> Adoptive Parent <sub>[3]</sub>	<input type="radio"/> Other <sub>[5]</sub>	Clinician/Staff ID:
	<input type="radio"/> Other Family Member (non-foster status) <sub>[4]</sub>		SubUnit:
Date of Assessment:		Current Primary Dx (ICD code):	
Assessment Type: <input type="radio"/> Initial <sub>[1]</sub> <input type="radio"/> Reassessment <sub>[2]</sub> <input type="radio"/> Discharge <sub>[4]</sub>		Current Secondary Dx (ICD code):	

**POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.**

NO = no evidence of any trauma of this type  
 YES = exposure/experienced a trauma of this type

	NO <sub>[0]</sub>	YES <sub>[1]</sub>
1. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
3. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>
4. Neglect	<input type="checkbox"/>	<input type="checkbox"/>
5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>
6. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>
7. Witness to Community/School Violence	<input type="checkbox"/>	<input type="checkbox"/>
8. Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>
9. War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>
10. Victim/Witness to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>
11. Disruption in Caregiving/Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>
12. Parental Criminal Behaviors	<input type="checkbox"/>	<input type="checkbox"/>

Documentation to support endorsement of "Yes" is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):

Presenting Problems/Needs	<input type="checkbox"/>
Past Psychiatric History	<input type="checkbox"/>
Family History	<input type="checkbox"/>
Pregnancy/Birth History	<input type="checkbox"/>
Medical Tab	<input type="checkbox"/>
Other, please specify (e.g., Discharge Summary)	<input type="checkbox"/>

**CHALLENGES**

0 = no evidence  
 1 = history or suspicion; monitor  
 2 = interferes with functioning; action needed  
 3 = disabling, dangerous; immediate or intensive action needed

	0	1	2	3	N/A <sub>[6]</sub>
13. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Sleep (12 months to 5 years) - N/A if child under 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):

Presenting Problems/Needs	<input type="checkbox"/>
Past Psychiatric History	<input type="checkbox"/>
History of Self-Injury/Suicide/Violence	<input type="checkbox"/>
Medical Tab	<input type="checkbox"/>
Mental Status Exam Tab category	<input type="checkbox"/>
Other, please specify (e.g., Discharge Summary)	<input type="checkbox"/>

**FUNCTIONING**

0 = no evidence  
 1 = history or suspicion; monitor  
 2 = interferes with functioning; action needed  
 3 = disabling, dangerous; immediate or intensive action needed

	0	1	2	3
22. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Social and Emotional Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):

Family History	<input type="checkbox"/>
Medical Tab	<input type="checkbox"/>
Developmental Milestones	<input type="checkbox"/>
History of Early Interventions	<input type="checkbox"/>
Other, please specify (e.g., Discharge Summary)	<input type="checkbox"/>



RISK BEHAVIORS & FACTORS					
0 = no evidence	1 = history or suspicion; monitor				
2 = interferes with functioning; action needed	3 = disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	N/A <sup>(6)</sup>
27. Self-Harm (12 months to 5 years) - N/A if child under 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Labor and Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Birth Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Failure to Thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):					
Presenting Problem <input type="checkbox"/>					
Past Psychiatric History <input type="checkbox"/>					
Pregnancy/Childbirth History <input type="checkbox"/>					
Medical Tab <input type="checkbox"/>					
History of Self-Injury/Suicide/ Violence <input type="checkbox"/>					
Other, please specify <input type="checkbox"/> (e.g., Discharge Summary)					

CULTURAL FACTORS					
0 = no evidence	1 = history or suspicion; monitor				
2 = interferes with functioning; action needed	3 = disabling, dangerous; immediate or intensive action needed				
	0	1	2	3	
34. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):					
Family History <input type="checkbox"/>					
Medical Tab <input type="checkbox"/>					
Protective Factors <input type="checkbox"/>					
Other, please specify <input type="checkbox"/> (e.g., Discharge Summary)					

STRENGTHS					
0 = Centerpiece strength	1 = Useful strength				
2 = Identified strength	3 = No evidence				
	0	1	2	3	
37. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Resiliency (Persist. & Adaptability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Relationships Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Playfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Family Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation to support ratings of a '0' or '1' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):					
Family History <input type="checkbox"/>					
Protective Factors <input type="checkbox"/>					
Other, please specify <input type="checkbox"/> (e.g., Discharge Summary)					

DYADIC CONSIDERATIONS				
0 = no evidence	1 = history or suspicion; monitor			
2 = interferes with functioning; action needed	3 = disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
44. Caregiver Emot. Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Caregiver Adj. to Traumatic Exper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):				
Presenting Problem <input type="checkbox"/>				
Family History <input type="checkbox"/>				
Other, please specify <input type="checkbox"/> (e.g., Discharge Summary)				

CAREGIVER RESOURCES AND NEEDS				
<input type="checkbox"/> Child has no known caregiver. Skip Caregiver Resources and Needs Domain.				
A. Caregiver Name:				
Relationship:				
0 = no evidence; this could be a strength				
1 = history or suspicion; monitor; may be an opportunity to build				
2 = interferes with functioning; action needed				
3 = disabling, dangerous; immediate or intensive action needed				
	0	1	2	3
46. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Social Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Residential Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Family Rel. to the System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Legal Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):				
Presenting Problem <input type="checkbox"/>				
Family History <input type="checkbox"/>				
History of Early Interventions <input type="checkbox"/>				
Other, please specify <input type="checkbox"/> (e.g., Discharge Summary)				