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:	◯Biological Parent[1] ◯Foster Parent[2] ◯Adoptive Parent[3] ◯Other[5] ◯Other Family Member (non-foster status)[4]	Client DOB:
		Clinician/Staff ID:
		SubUnit:
Date of Assessment:		Current Primary Dx (*ICD code*):
Assessment Type: ◯Initial[1] ◯Reassessment[2] ◯Discharge[4]		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[0]	YES[1]
1. Sexual Abuse	☐	☐
2. Physical Abuse	☐	☐
3. Emotional Abuse	☐	☐
4. Neglect	☐	☐
5. Medical Trauma	☐	☐
6. Witness to Family Violence	☐	☐
7. Witness to Community/School Violence	☐	☐
8. Natural or Manmade Disaster	☐	☐
9. War/Terrorism Affected	☐	☐
10. Victim/Witness to Criminal Activity	☐	☐
11. Disruption in Caregiving/Attachment Losses	☐	☐
12. Parental Criminal Behaviors	☐	☐

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 ☐
- Past Psychiatric History ☐
- Family History ☐
- Pregnancy/Birth History ☐
- Medical Tab ☐
- Other, please specify (e.g., Discharge Summary) ☐

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[6]
13. Impulsivity/Hyperactivity	☐	☐	☐	☐	
14. Depression	☐	☐	☐	☐	
15. Anxiety	☐	☐	☐	☐	
16. Oppositional	☐	☐	☐	☐	
17. Attachment Difficulties	☐	☐	☐	☐	
18. Adjustment to Trauma	☐	☐	☐	☐	
19. Regulatory	☐	☐	☐	☐	
20. Atypical Behaviors	☐	☐	☐	☐	
21. Sleep (12 months to 5 years) - N/A if child under 12 months	☐	☐	☐	☐	☐

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 ☐
- Past Psychiatric History ☐
- History of Self-Injury/Suicide/ Violence ☐
- Medical Tab ☐
- Mental Status Exam Tab category ☐
- Other, please specify (e.g., Discharge Summary) ☐

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	☐	☐	☐	☐
23. Early Education	☐	☐	☐	☐
24. Social and Emotional Functioning	☐	☐	☐	☐
25. Developmental/Intellectual	☐	☐	☐	☐
26. Medical/Physical	☐	☐	☐	☐

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 ☐
- Medical Tab ☐
- Developmental Milestones ☐
- History of Early Interventions ☐
- Other, please specify (e.g., Discharge Summary) ☐

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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[6]
27. Self-Harm (12 months to 5 years) - N/A if child under 12 months	☐	☐	☐	☐	☐
28. Exploited	☐	☐	☐	☐	
29. Prenatal Care	☐	☐	☐	☐	
30. Exposure	☐	☐	☐	☐	
31. Labor and Delivery	☐	☐	☐	☐	
32. Birth Weight	☐	☐	☐	☐	
33. Failure to Thrive	☐	☐	☐	☐	

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 ☐
- Past Psychiatric History ☐
- Pregnancy/Childbirth History ☐
- Medical Tab ☐
- History of Self-Injury/Suicide/ Violence ☐
- Other, please specify (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	☐	☐	☐	☐
35. Traditions and Rituals	☐	☐	☐	☐
36. Cultural Stress	☐	☐	☐	☐

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 ☐
- Medical Tab ☐
- Protective Factors ☐
- Other, please specify (e.g., Discharge Summary) ☐

STRENGTHS

0 = Centerpiece strength
1 = Useful strength
2 = Identified strength
3 = No evidence

	0	1	2	3
37. Family Strengths	☐	☐	☐	☐
38. Interpersonal	☐	☐	☐	☐
39. Natural Supports	☐	☐	☐	☐
40. Resiliency (Persist. & Adaptability)	☐	☐	☐	☐
41. Relationships Permanence	☐	☐	☐	☐
42. Playfulness	☐	☐	☐	☐
43. Family Spiritual/Religious	☐	☐	☐	☐

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 ☐
- Protective Factors ☐
- Other, please specify (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	☐	☐	☐	☐
45. Caregiver Adj. to Traumatic Exper.	☐	☐	☐	☐

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 ☐
- Family History ☐
- Other, please specify (e.g., Discharge Summary) ☐

CAREGIVER RESOURCES AND NEEDS

☐ 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	☐	☐	☐	☐
47. Involvement with Care	☐	☐	☐	☐
48. Knowledge	☐	☐	☐	☐
49. Social Resources	☐	☐	☐	☐
50. Residential Stability	☐	☐	☐	☐
51. Medical/Physical	☐	☐	☐	☐
52. Mental Health	☐	☐	☐	☐
53. Substance Use	☐	☐	☐	☐
54. Developmental	☐	☐	☐	☐
55. Safety	☐	☐	☐	☐
56. Family Rel. to the System	☐	☐	☐	☐
57. Legal Involvement	☐	☐	☐	☐
58. Organization	☐	☐	☐	☐

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 ☐
- Family History ☐
- History of Early Interventions ☐
- Other, please specify (e.g., Discharge Summary) ☐