Child and Adolescent Needs and Strengths (CANS)

THE CANS IS NOT THE POINT

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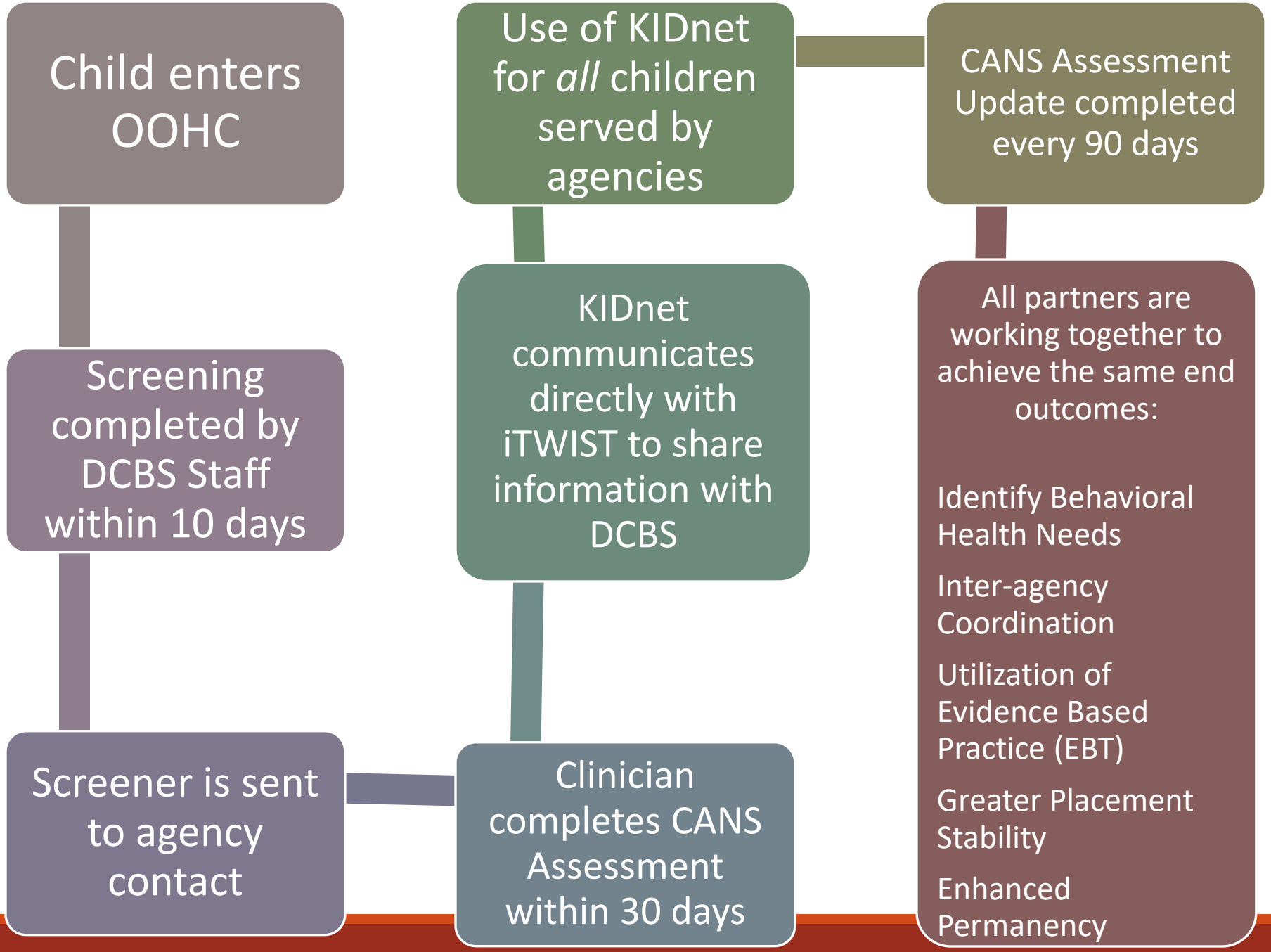
Today's Agenda

- Review process around standardized screening and assessment
- TCOM: Transformational Collaborative Outcomes Management
- CANS: What is it, why are we using it?
- Six Key Characteristics
- Practice
- CANS Assessment Report
- KIDnet Overview
- Certification Process

Getting to Know Each Other

- Name, Organization, Role
- Experience with CANS?
- Questions/concerns about the CANS?
- Hopes for the day

https://quizizz.com/join?gc=156633


Child enters OOHC
Screening completed by DCBS Staff within 10 days
Screener is sent to agency contact
Clinician completes CANS Assessment within 30 days
KIDnet communicates directly with iTWIST to share information with DCBS
Use of KIDnet for *all* children served by agencies
CANS Assessment Update completed every 90 days
All partners are working together to achieve the same end outcomes:
Identify Behavioral Health Needs
Inter-agency Coordination
Utilization of Evidence Based Practice (EBT)
Greater Placement Stability
Enhanced Permanency

Expectations

DCBS

- Screener completed timely
- Streamlined method of getting information to provider
- Provide background through screener
- Complete necessary paperwork prior to first appointment
- Engagement of family/caregiver around need for assessment
- Incorporates treatment recommendations into case plan

Provider

- Timely completion of CANS Assessment using KIDnet
- Inclusion of caregiver/family to inform assessment
- Give specific recommendations about treatment needs
- Use of EBT's around identified individualized needs
- Maintain annual certification through Praed Foundation website

Starting with What Matters

- What do you do/does your program do well for clients and families?
- What helps you successfully collaborate?

  With clients, caregivers and families?

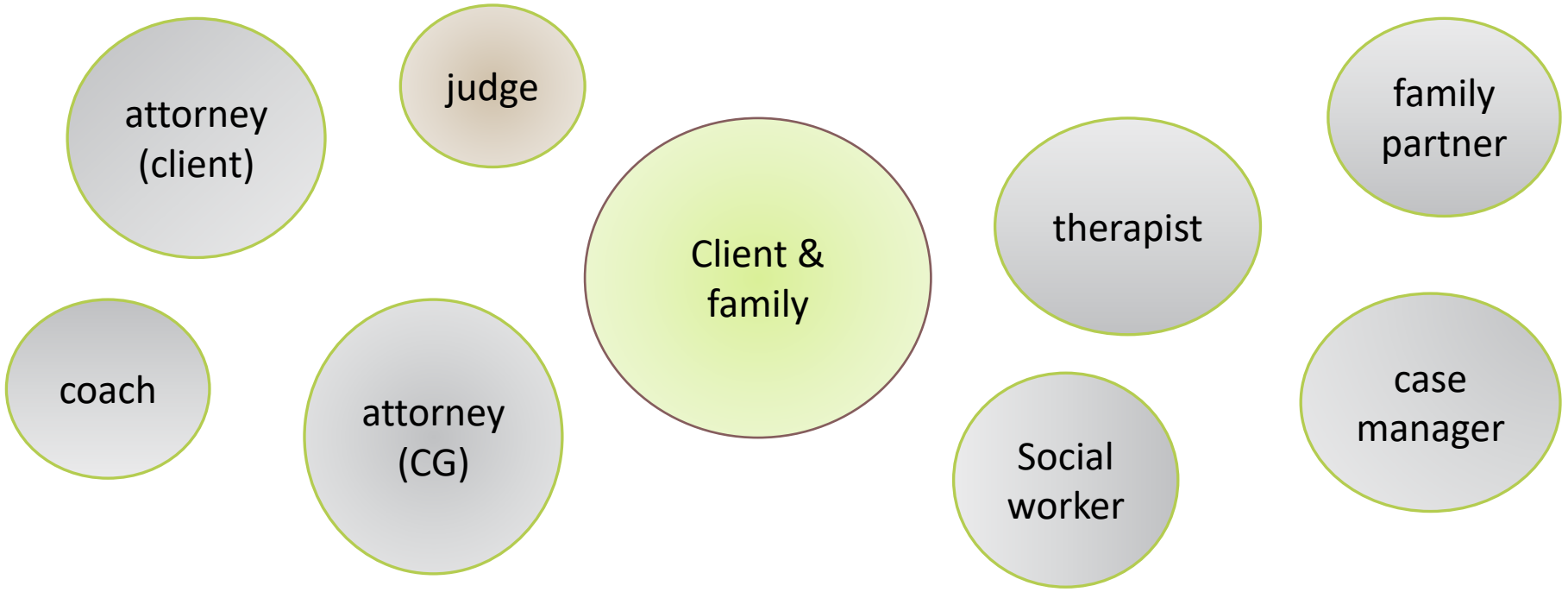
  With other providers, partners?
- What has changed with the way you deliver services to children and families during the COVID-19 crisis?
- How do you incorporate strengths in the work that you do?

A Roadmap for Collaborative Decision Making

Many Paths … One Journey

- Many different people are involved in the lives of the clients we serve
- Each has a different perspective and therefore, different agendas, goals and objectives
- Honest people, honestly representing different perspectives will disagree – creating inevitable conflict
- This reality can create a significant amount of distrust

Systems and Intended Supports: Not Always Connected



Re-thinking Our Work: TCOM

Our work is focused on **personal change**

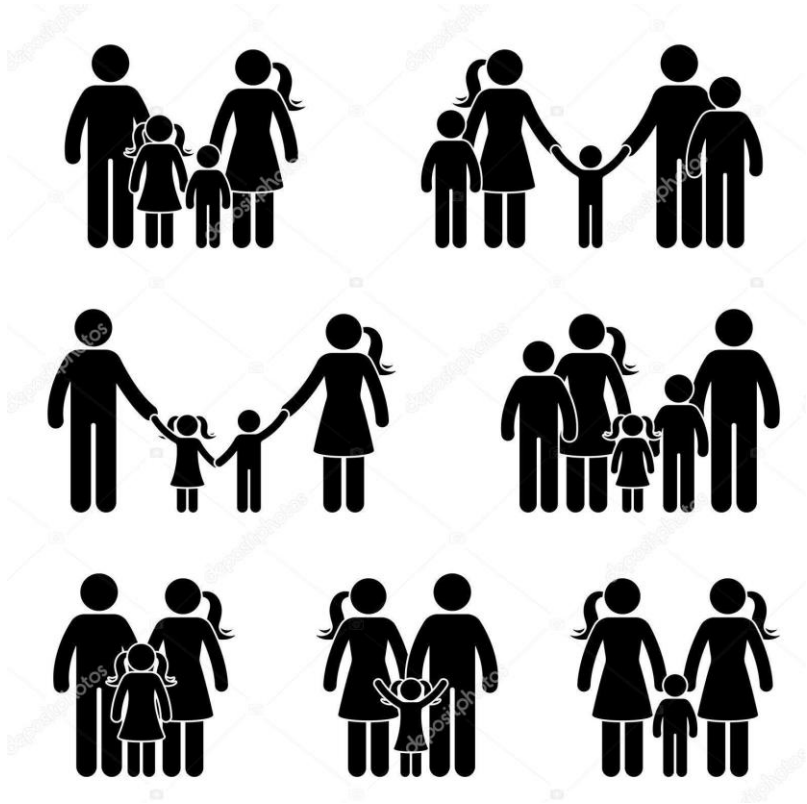
A **shared vision** approach is used – not one person's perspective

The measures **are relevant to the decisions** about the approach or purpose of the interventions.

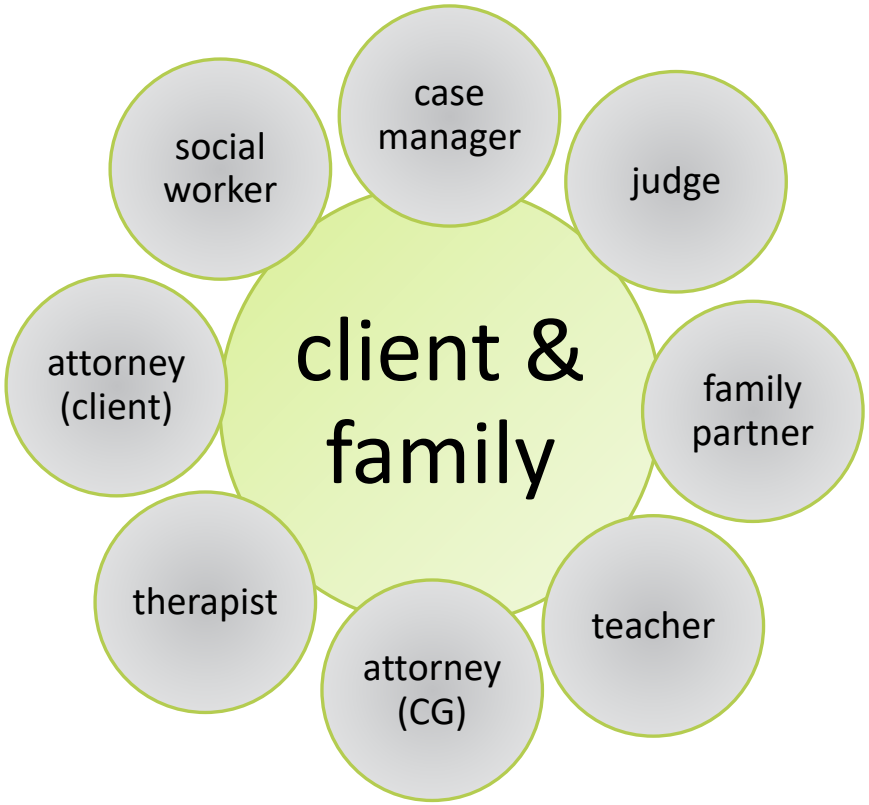
The information is used in **all aspects** of managing the system from individual family planning to supervision to program and system operations

Can we move towards transformational management?

- Our focus needs to be the child and family.
- Our approach needs to be collaborative and data driven.
- Our efforts should enhance the quality of decision making in our work with children and families.



Transforming What?



Core Concepts of Transformation Management

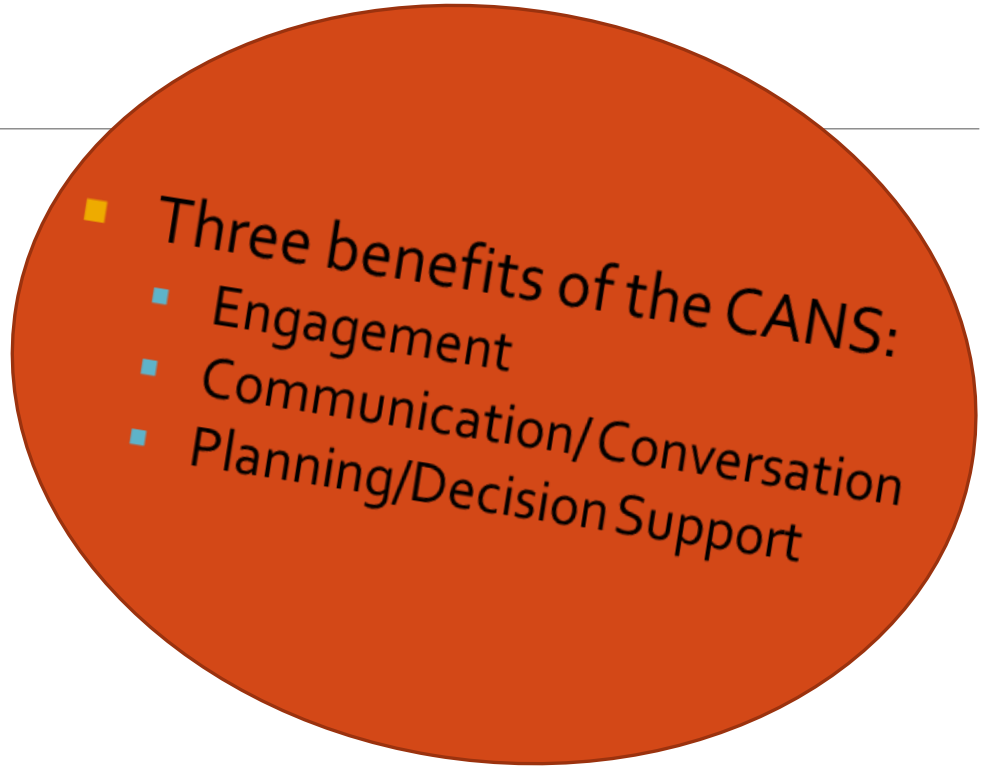
- We need to create and communicate a shared vision that is about wellbeing of our children and families. This shared vision has to involve the participation of all key partners in order to restore trust.
- We need to use that information to make good decisions about having an impact (rather than spending time and space with youth). This information must be used simultaneously at all levels of the system to ensure that we are all working towards the same goals.
- This change is not easy but it is necessary.

Collaboration: A Group Activity

- What will I/my agency need to change with the way we provide services as we move toward this vision?
- What will I/we do differently?
- How will our communication/relationships with other members of the child's team change moving forward?

What is the CANS?

- A comprehensive assessment tool that explores the strengths and needs of the child *and* family.
- Person-centered: continuously aligning the work of all persons with the identified strengths and needs of children and families
- Collaborative, consensus-based assessment – creates a common language framework that aids understanding of many issues
- NOT a form, but a place to capture a natural/organic conversation you are having with children and families



What the CANS Does

- Facilitates conversations about **shared vision** for family
- Centralizes the ***people*** we are trying to serve
- Allows us to define and manage ***transformational change*** as a team
- Serves as a tool to monitor, measure and assess
- Moves us from information gathering into action
- Numeric shorthand allows us to aggregate information from complex, individualized stories across programs and systems

What the CANS Does ***Not*** Do

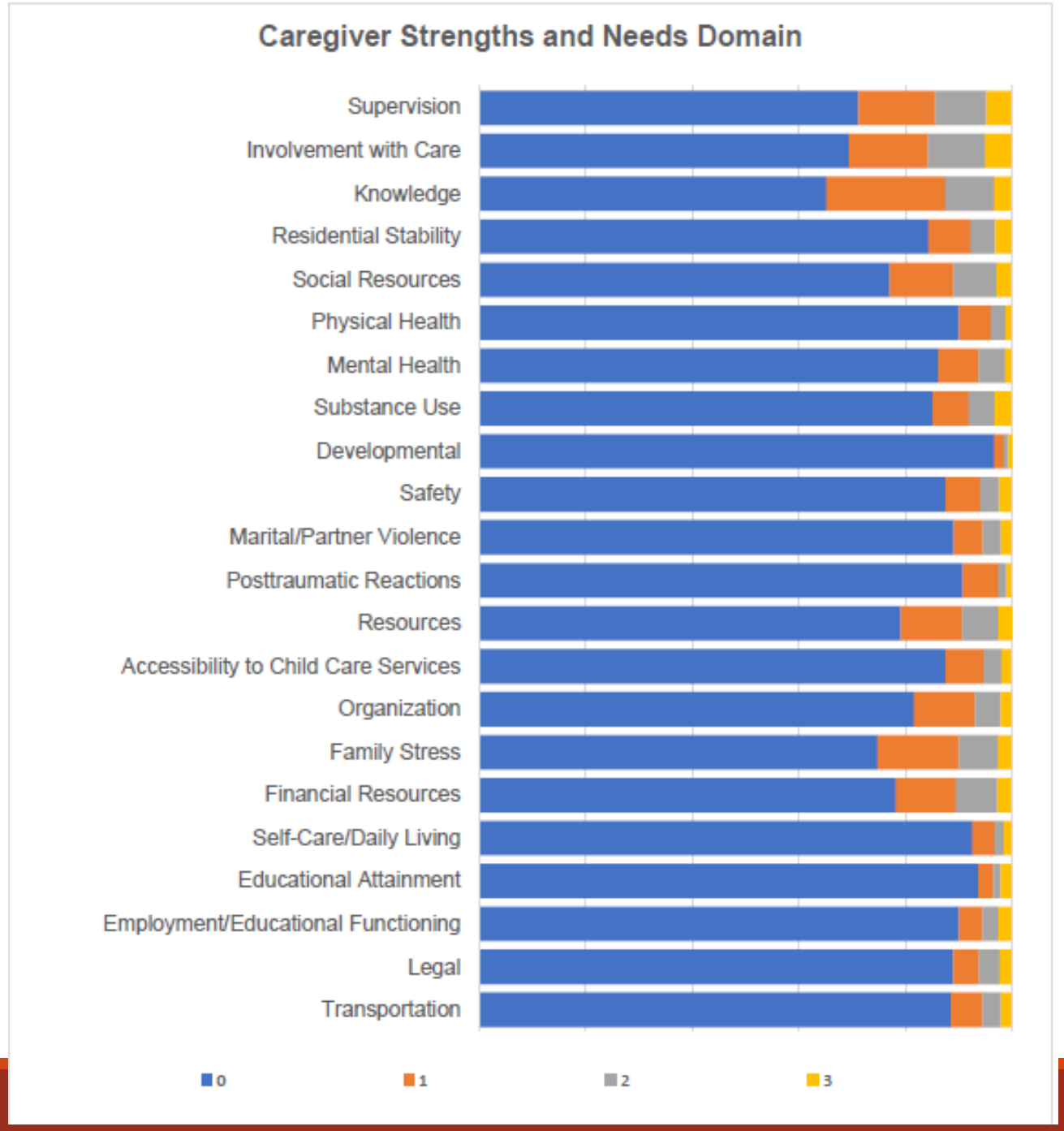
- Resolve current challenges with funding sources, timelines, and documentation requirements
- Diminish the importance of the relationship or therapeutic alliance
- Reduce the importance of the clinical formulation or clinical experience
- Prescribe a cookie cutter treatment plan or mandate particular interventions

Why traditional measurement approaches don’t help us manage transformations

- We need to know information about many different areas
- Anchor definitions provide a common language
- Understanding the client within their environment provides context

The Tool: KY-CANS

- How the tool was developed
- Reasons for item selection
- Domains
  - Life Domain Functioning
  - Acculturation
  - Child Strengths
  - Child Emotional/Behavioral Needs
  - Child Risk Behaviors
  - Caregiver Needs and Strengths
- Items
- Use of Modules

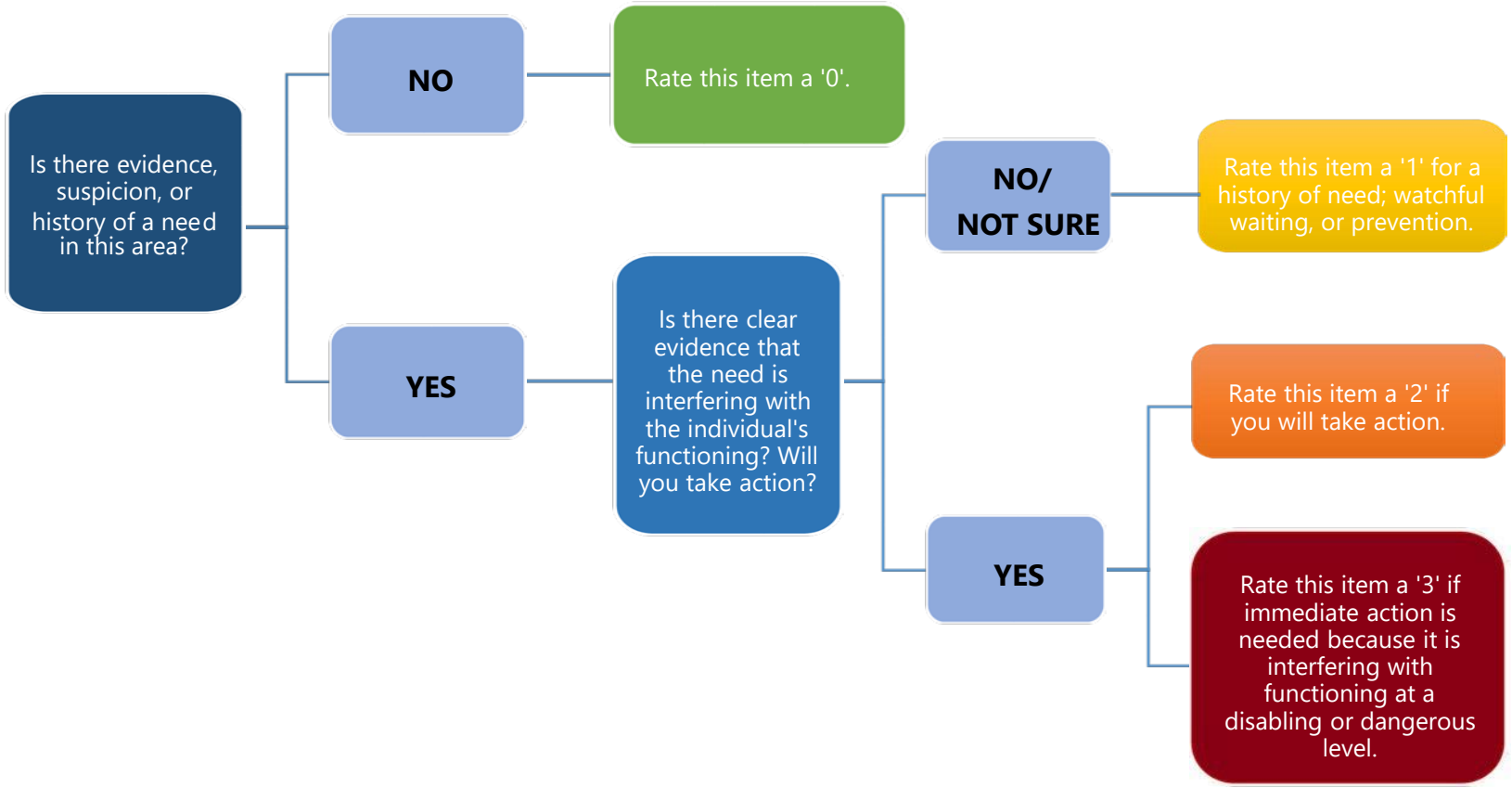

Caregiver Strengths and Needs Domain
Supervision
Involvement with Care
Knowledge
Residential Stability
Social Resources
Physical Health
Mental Health
Substance Use
Developmental
Safety
Marital/Partner Violence
Posttraumatic Reactions
Resources
Accessibility to Child Care Services
Organization
Family Stress
Financial Resources
Self-Care/Daily Living
Educational Attainment
Employment/Educational Functioning
Legal
Transportation
0
1
2
3

CANS Needs Ratings

Items Stand Alone - Clinically Meaningful

Rating	Level of Need	Appropriate Action
0	No Evidence of Need	No Action
1	Significant History or possible need which is not interfering with functioning	Watchful Waiting Prevention Further Assessment
2	Need Interferes with Functioning	Intervention
3	Need is Dangerous or Disabling	Immediate/Intensive Action

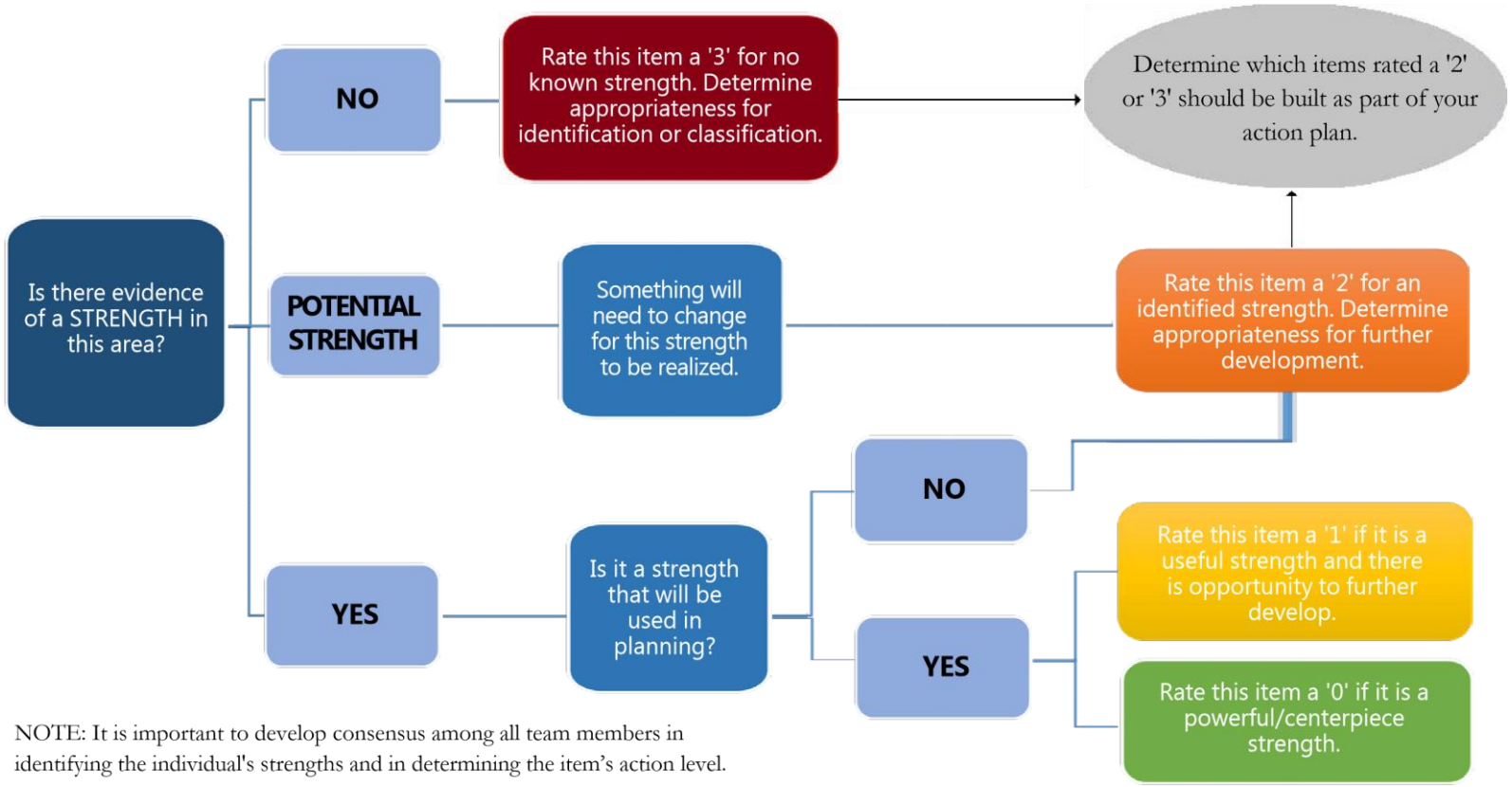
Assessing for Needs



CANS Strength Ratings

Rating	Level of Strength	Appropriate Action
0	Centerpiece Strength	Central to Planning*
1	Strength Present	Useful in Planning*
2	Identified Strength	Must be Built or Developed**
3	No Strength Identified	Strength Creation or Identification may be Indicated

Assessing for Strengths



NOTE: It is important to develop consensus among all team members in identifying the individual's strengths and in determining the item's action level.

The Strategy: Six Key Characteristics of a Communimetric Tool

1. Items were selected because they are relevant to service/treatment planning.
2. Each item uses a 4-level rating system that translates into action.
3. Rating should be about the youth, not the youth in services.
4. Culture and development should be considered prior to establishing the action levels.
5. The ratings are generally “agnostic as to etiology.”
6. A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth’s present circumstances.

The CANS is not the assessment alone, it guides the assessment (gathering information).

1. Items were selected because they are relevant to service/treatment planning.

- Each item has meaning in regards to treatment planning.
- Each item informs the plan.
- Only reason you have an item on the CANS is because it might influence what happens next.
- You only need information that you will use to help.

2. Each item uses a 4-level rating system that translates into action.

- Every number has immediate meaning.
- Different action levels exist for needs and strengths.
- Level of need or strength translates to action.
- Provides a way to gauge the immediacy/intensity of effort currently needed.

2. Each item uses a 4-level rating system that translates into action.

Michelle is a 14 year old with a significant history of ongoing physical and emotional abuse by her biological mother. In addition, Michelle was sexually abused by her mother's boyfriend at the age of 8 years. Since she was 11 years old, Michelle has reported nightmares, losing track of time and elevated levels of anxiety connected with remembering the abuse. Michelle was referred for TF-CBT.

- On the item of adjustment to trauma, how would you score Michelle?

ADJUSTMENT TO TRAUMA

Please rate based on the past 30 days.

0 No evidence

1 History or suspicion of problems associated with traumatic life event/s.

2 Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with 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 trauma experience.

3. Rating should be about the youth, not the youth in services.

- If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e., “2” or “3”).
- Help people get better – we are consultants to people’s transformational processes
- Reflect the needs, not the fact that you can mask them
- It is about the individual, not about the individual with interventions or supports in place.
- Focuses on the extent to which the individual can function without services or intervention.

3. Rating should be about the youth, not the youth in services.

Sixteen year old Monica was placed in an emergency shelter for ongoing issues with truancy. Prior to her placement, Monica would attend school about 1-2 days per week. Monica has been at the shelter for 3 weeks. During that time, she has had no issues with truancy.

- On the item of school, what would Monica's score be?

SCHOOL

0 No evidence of problems at school. Child/youth is attending, achieving, and behaving well.

1 Mild problem with school. These problems may be occasional problems with attendance, low achievement, or mild behavior challenges.

2 Child/youth is having moderate difficulties at school. He/she is having notable problems with attendance, achievement and/or behavior.

3 Child/youth is having severe problems school. He/she is either not attending, failing, or engaging in severely disruptive behavior that is risking the school placement.

4. Culture and development should be considered prior to establishing the action levels.

- A good understanding of the child and family's culture and the child's developmental level is needed before action levels are established.
- If child is non-verbal or there are language barriers, it is even more important to utilize collateral sources to inform your assessment.

4. Culture and development should be considered prior to establishing the action levels.

Connor is a seven year old male diagnosed with Autism Spectrum Disorder. Connor was toilet trained last year, but still displays only a minimal amount of unsolicited verbal communication with peers or adults. He can perform basic math functions and language functions at the level of a four year old. However, mom describes him as being "bright" and says he "talks when he wants to."

- How would you rate Connor on the item of developmental?

DEVELOPMENTAL

0 Child has no problems in cognitive, communication, social or motor development.

1 There are some concerns that child may have a low IQ or possible delay in communication, social-emotional or motor development.

2 Child has mild mental retardation and/or developmental delays in one or more areas (communication, social-emotional, motor).

3 Child has moderate or profound mental retardation and/or severe delays in multiple areas of development.

5. The ratings are generally “agnostic as to etiology.”

- This is a descriptive tool – it’s about the WHAT, not about the WHY.
- Only three items have any cause-effect judgments: Adjustment to Trauma, Self-Injurious Behavior, and Intentional Misbehavior
- The assessment focuses on what the individual’s needs are. Avoids explaining needs by looking at underlying causes (the “why”). The “why” is brought into treatment planning.

5. The ratings are generally “agnostic as to etiology.”

Elijah is a six year old boy who lives with his mom. Elijah was slow to potty train, due to kidney problems present at birth. He currently displays nocturnal enuresis about 3 nights a week, and enuresis during the day only when he is playing and waits too long to use the restroom.

- In the area of elimination, what would Elijah’s rating be?

ELIMINATION

0 There is no evidence of elimination problems.

1 Child/adolescent may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.

2 Child/adolescent demonstrates problems with elimination on a consistent basis. This is interfering with child’s functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.

3 Child/adolescent demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed.

6. A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth's present circumstances.

- Keeps the assessment fresh and relevant to the youth
- Action levels can be used to "override" the 30-day window ("don't let the rules of the tool stand in the way of your sound clinical judgment")
- Moving away from "did it happen in the past 30 days?" to "does it matter in the past 30 days?"

6. A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth's present circumstances.

Nicole is a 17 year old with a history of using substances. She previously used marijuana and alcohol, together, on a daily basis. In addition, she was a regular user of heroin and occasionally took Xanax when she couldn't score heroin while in placement. Her last use of heroin was about 8 months ago, and she last had marijuana about 2 months ago.

- On the item of substance use, what would Nicole's score be?

SUBSTANCE USE

Please rate the highest level from the past 30 days.

0 No evidence

1 History or suspicion of substance use.

2 Clear evidence of substance abuse that interferes with functioning in any life domain.

3 Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/child who is intoxicated at the time of the assessment (i.e., currently under the influence).

The Process: KY-CANS

- Two versions: Younger Child Version (0-4) and Older Child Version (5-17)
- Administered by the behavioral health provider within 30 days of receipt of referral/screener packet
  - Provider's choice whether done during one visit or over multiple visits
- Incorporates as much information as can be communicated from various sources (shared vision)
- Using the anchor definitions as a guide, clinician scores the most appropriate level for child

The Process: KY-CANS

- Clinician enters the KY-CANS into KIDnet
- The CANS Assessment Report immediately feeds back into iTWIST for kids in OOHC
- An assessment update is completed every 90 days to monitor progress over time

KIDnet Overview

HTTPS://COMC.AMETRICS.ORG

Break

Practice Use of the KY-CANS

- Read the vignette for Austin
- Work in groups of 3 to discuss the scenario and complete ratings for Mike based on the information available in the vignette.
- USE YOUR MANUAL!
- Keep in mind the guidelines for scoring needs vs. strengths.

Tips to Rating a Vignette

Completing a practice or test vignette can be very frustrating:

- If there is no information in the vignette related to a particular item
  - Rate a NEED 0 (no need)
  - Rate a STRENGTH 3 (no strength)
- Take the vignette literally – don't over think, make any assumptions or add extra information (from your knowledge base or experience) into the vignette.
- Review the Needs and Strengths tip sheet/flow charts

KY CANS Assessment Report

- Summary of the assessment and recommendations for treatment
- Most information will pre-populate from assessment
- Goes back to DCBS worker through iTWIST
- Requires no interpretation
- Useful in Case Planning
- Will be incorporated into Case Plan at the 90-day Family Team Meeting

How do we move from assessment to ACTION?

Steps to Treatment Plan Development

1. Summarize what you have learned from the CANS
2. Develop your shared vision (theory of change, clinical formulation, etc.)
3. Identify action steps and goals
4. Reassessment/updates to action plan

Summarize what you learned from the CANS

Areas Needing Action (2)	Areas Needing Immediate Action (3)
Family Functioning Living Situation Social Functioning Oppositional Depression Intentional Misbehavior CG Knowledge	Legal Judgment Recreational Psychosis Conduct Substance Use Suicide Delinquent Behaviors
Useful Strengths (0, 1)	**Strengths to Build (2, 3)**
Extended Fam. Relationships Nuclear Fam. Strengths Relationship Permanence	Educational Talents/Interests
Trauma Experiences	
Sexual Abuse	

Treatment Planning

- Background Needs (ratings of 2 or 3)
  - Static needs that likely won't change; helpful to consider when choosing an intervention
- Treatment Targets (ratings of 2 or 3)
  - Root cause of the behavioral issue/functioning problem
- Anticipated Outcomes (ratings of 2 or 3)
  - Effects; the change you expect to see if intervention is successful
- Useful Strengths (ratings of 0 or 1)
  - Useful in resolving needs or building protective factors
- Strengths to build (ratings of 1, 2 or 3)
  - An identified, but not useful; should be built into a useful strength

Create your Theory of Change

Treatment Targets	Background Needs	Anticipated Outcomes
1. CG Knowledge		Family Functioning
2. Anger Control, Impulsivity	Sexual Abuse	Living Situation, Family Functioning
3. Hopefulness		Suicide

Treatment Targets	Background Needs	Activities	Anticipated Outcomes
CG Knowledge		Psychoed. For parents re: sexual abuse; appropriate conflict resolution skills	Family Functioning

Useful Strengths	Goals/Activities	Strengths to Build	Goals/Activities
Extended Fam. Relationships Nuclear Fam. Strengths Relationship Permanence	Goal: Develop Austin's relationship with nuclear family members. Activities: Regular family visits and therapy sessions	Educational Talents/Interests	Goal: Activities:

https://www.surveymonkey.com/r/NTXCD8S

The certification process

You will go online and take the certification test. The website is:

www.tcomtraining.com

- Certification requires a passing score of 0.70 or better and must be renewed each year

I get stuck rating these items

When you are having trouble rating items:

1. Read the description/definition of the item to make sure you understand it.
2. Get more information – talk to the client, caregiver or other providers
3. While most items are rated in the last 30 days, some are not. Make sure you know what period of time you are rating the item.
4. Determine what period of time you are rating the item
5. Use the anchors for each rating level for the item, if they are helpful (remember- the anchors are not going to describe every possible situation).