

Using the CANS to Create a Collaborative Treatment Plan

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SYSTEM OF CARE 2020



Introductions



Agenda

- I. Reminders from CANS Certification Training
- II. Steps to Treatment Plan Development
 - A. Summarize what you have learned
 - B. Develop a shared vision
 - C. Identify action steps/goals
- III. Reassessment/Updates
- IV. Q&A

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

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- Three benefits of the CANS:
 - Engagement
 - Communication/Conversation
 - Planning/Decision Support

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

How often do you...

Work together with a youth, family, or treatment team to create CANS item ratings which everyone understands?

Encourage the family to tell their story of why they believe a child's behavior or emotions are occurring?

Use the CANS to begin transition planning with a child and/or family?

Use the CANS to develop treatment goals which are priorities for the child and family?

Create a shared understanding with a youth or family of how you'll use the CANS?

Use the CANS ratings over time to celebrate successes with a youth or family?

Use the CANS ratings over time to identify places we are 'stuck' or need extra help?

Review the CANS ratings with the youth and family for accuracy and buy-in?

Use the CANS ratings over time to identify a youth's treatment progress?

TCOM: Five Decision Points of Care



What does collaboration mean?

What does consensus mean?

Engaging Children, Parents/Caregivers, and Families

- Introduce the CANS and explain its purpose
- Determine the best way to complete the CANS as a collaborative process
 - Complete the CANS with the child/family present
 - Complete the CANS after meeting the family/child
 - Share the CANS scores as a next step, elicit family's feedback, and begin to discuss treatment or services
 - Adjust scores as needed
- Consider the CANS a flexible assessment strategy and an information integration tool
- Use the CANS for trauma-focused psychoeducation for the child and parents/caregivers.

CANS Rating Windowpane- Scoring Guide

Adapted from the original version created by:
Mark Lardner & Neil Mallon
of the Univ. of MD SSW

NEEDS

0 = No Evidence of a Need.



1 = Monitor; Let's Keep an Eye on It or Collect More Information. Suspicion or History of a Need.



2 = Take Action! There is Information that this is an area of Need for the Youth/Family or an area of Need that Continues to Require an Intervention.



3 = ACT IMMEDIATELY!!!!
This is an intensive Need for the Youth/Family that should be addressed right away!



STRENGTHS

0 = CENTERPIECE!

This is the Best Strength for the Youth/Family! I can build an entire plan around this!



1 = Identified Strength.

These are good strengths. Not the best, but good for the youth/family. Let's add these into our plan!



2 = Not Useful Right Now.

We need to build on these in order for them to be Strengths.



3 = Not a Strength.

I have no information about this area or I cannot find anything positive. It could be a weakness for the youth/family.



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

Step 1: Summarize what you learned from the CANS

Areas Needing Action (2)	Areas Needing Immediate Action (3)
Useful Strengths (0, 1)	Strengths to Build (2, 3)
Trauma Experiences	

Case Example

Savannah is a 14 year old female who is currently living in a foster home. She was placed in foster care due to sexual abuse and emotional abuse in her biological family. Savannah lived with her mother, father, and two younger siblings. Savannah is very close with her siblings, but they have had minimal contact since her admission to foster care. Savannah loves attending church with her family and loves gymnastics. Savannah has reported high levels of depression and anxiety since entering foster care. Savannah is highly oppositional with her foster parents, causing conflict in the home. Savannah has struggled to discuss her abuse history and reports intrusive thoughts and difficulty managing her moods. Savannah has also engaged in self-harming behaviors, runaway from home and foster care, and been in trouble at school for bullying others. Savannah's parents have been unable to keep her safe in the home due to their own history of mental illness and substance abuse. There is also a family history of domestic violence.

CANS Summary as of 6/10/2020 Evaluation

CANS Needs

Category	Score	Need for Action	Need for Intensive Action
Life Domain Functioning	7	Family , Living Situation, Developmental	
Acculturation	0		
Child Behavioral Emotional Needs	12	ImpulseHyper, Adjustment To Trauma	Depression, Anxiety, Oppositional
School	0		
IDN	0		
Trauma	7	Sexual Abuse, Emotional Abuse, Affect Regulation, Intrusions, Frequency	
Substance Use	0		
Violence	0		
Runaway	0		
Juvenile Justice	0		
SAB	0		
FireSetting	0		
Commercial Sex Exploitation	0		
Child Risk Behaviors	8	SelfMutilation, Runaway, SexuallyReactive, Exploitation, Bullying	
Caregiver Needs and Strengths	7	Supervision, Involvement With Care , Mental Health , Substance Use	Family Stress
Total based on 15 scales	41		

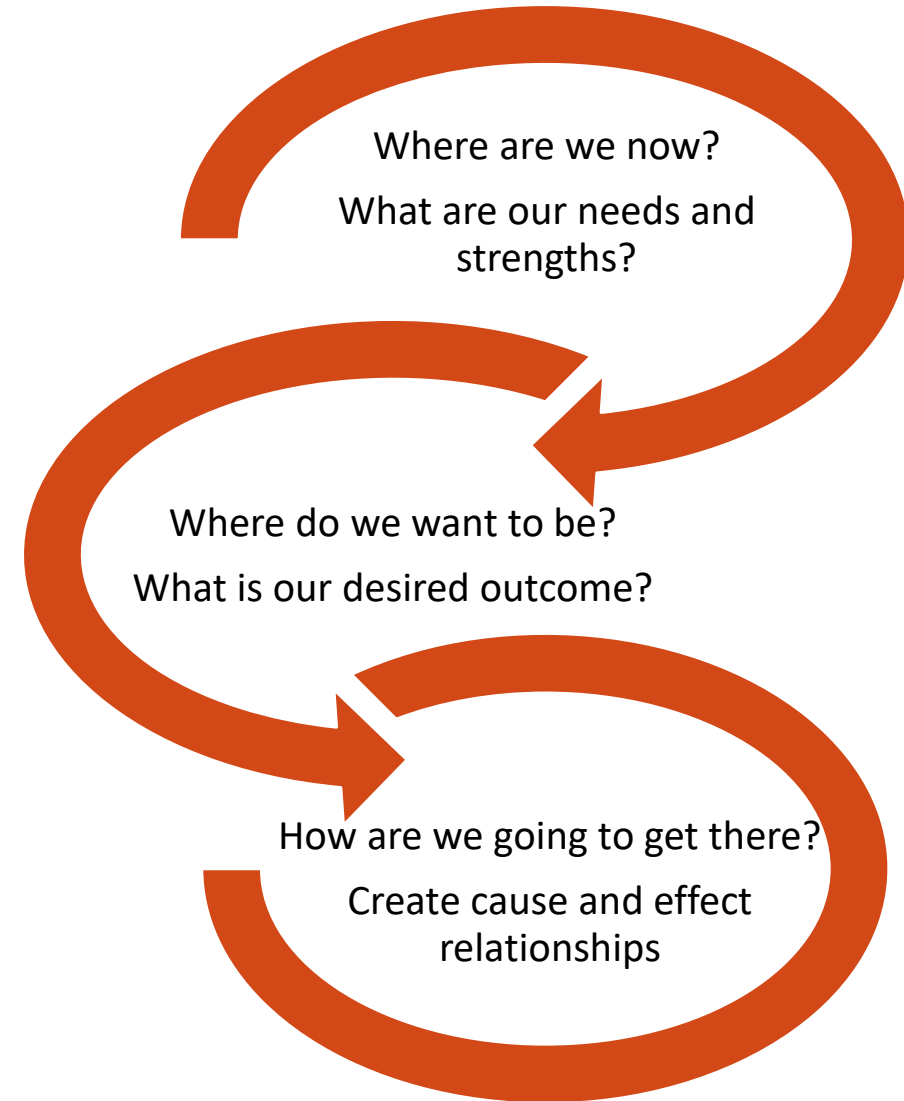
CANS Strengths

Category	Score	Centerpiece	Useful	Identified
Child Strengths	19	Talents/Interest	Spiritual/Religious, Relationship Permanence , Nuclear Family	Optimism, Community Life , Extended Family
Total based on 1 scales	19			

Areas Needing Action (2)		Areas Needing Immediate Action (3)
<ul style="list-style-type: none"> -Family -Living Situation -Developmental -Impulsivity/Hyperactivity -Adjustment to Trauma -Self-Harm -Runaway -Sexually Reactive 	<ul style="list-style-type: none"> -Exploitation -Bullying -CG Supervision -CG Involvement with Care -CG Mental Health -CG Substance Use 	<ul style="list-style-type: none"> -Depression -Anxiety -Oppositional -Family Stress
Useful Strengths (0, 1)		Strengths to Build (2, 3)
<ul style="list-style-type: none"> -Talents/Interest -Spiritual/Religious -Relationship Permanency -Nuclear Family 		<ul style="list-style-type: none"> -Optimism -Community Life -Extended Family
Trauma Experiences		
<ul style="list-style-type: none"> -Sexual Abuse -Emotional Abuse 		

Step 2: Develop Shared Vision Statement

- A description of what's going on with the client and why.
- Start by asking questions, such as:
 - "When our work is complete, what will we have achieved?"
 - "What will change look like?"
- Organized/informed by theory and your past clinical experience and knowledge.



Organize Needs

- Treatment Targets
 - Root cause of problem
 - Items that are changeable and are usually the focus of treatment interventions (ratings of 2 or 3)
- Anticipated Outcomes
 - Effects
 - What will change if we address the root cause?
 - Needs that will be resolved by the intervention (ratings of 2 or 3)
- Background Needs
 - Static needs that won't change, but can inform the choice and appropriateness of intervention
 - Historical/developmental needs that may impact current symptoms/functioning
 - Helps us understand the treatment targets

Example

Jennifer has text anxiety and as a result her grades are low.

Treatment Target:

- Anxiety

Anticipated Outcomes

- School Achievement

Savannah Example

Treatment Targets	Background Needs	Anticipated Outcomes
Treatment Target are causes: the root cause of the behavioral issue or functioning problem. These needs rated with a 2 or 3 are the intended target of the intervention.	Background Needs are needs rated with a 2 or 3 that will guide an intervention rather than be the focus of the intervention. These are typically more static and are helpful to consider when choosing the intervention or guiding the approach.	Anticipated Outcomes are effects. These needs rated a 2 or 3 are the change you expect to achieve if the intervention is successful. In some instances, <i>Treatment Target</i> will be the same item identified as the <i>Anticipated Outcome</i> .
Adjustment to Trauma	Sexual Abuse, Emotional Abuse	Depression, Anxiety
CG Supervision/CG Involvement with care	CG Marital/Partner Violence	Family Stress

Organize Useful Strengths

Strengths can be useful in either of the following ways:

- **Resolving Needs** (can the strength be used to resolve any behavioral or functional problems? Can the strength be used to resolve any issues that are being experienced?)
- **Building Protective Factors** (Can the strength be used to enhance the long term well-being?)
- Are there any identified strengths that should be built into useful strengths?
- Is there a strength that is not identified that could be built into a useful strength?

Savannah Example

Useful Strengths	Strengths to Build
The identified and useful strength is useful in either resolving identified needs and/or building protective factors (enhancing long-term well-being).	An identified, but not useful strength (rated a 2), that should be built into useful strengths or a strength that is not identified that should be built into a useful strength.
<ul style="list-style-type: none">-Talents/Interest-Relationship Permanence-Nuclear Family-Spiritual/Religious	<ul style="list-style-type: none">-Optimism-Community Life-Resiliency-Extended Family

Organized Needs and Strengths

Treatment Targets	Background Needs	Anticipated Outcomes
Adjustment to Trauma	Sexual Abuse, Emotional Abuse	Depression, Anxiety
CG Supervision/CG Involvement with care	CG Marital/Partner Violence	Family Stress
Useful Strengths	Strengths to Build	
<ul style="list-style-type: none">-Talents/Interest-Relationship Permanence-Nuclear Family-Spiritual/Religious	<ul style="list-style-type: none">-Optimism-Community Life-Resiliency-Extended Family	

Step 3: Identify Action Steps

- Make sure action steps align with the treatment target/need.
- Ensure goals are measurable and achievable.
- Action steps and goals should be developed in partnership with the youth and family (collaborative AND consensus based).

When planning around needs....

1. Focus on the Treatment Target

- Adjustment to Trauma

2. Define an intervention, activity, or series of action steps that address the treatment target.

- Refer for TF-CBT

- Identify and express feelings connected to the abuse.

- Verbalize the way abuse has impacted life and feelings about self.

3. Articulate the targets you expect to hit or the change you expect to see.

Savannah's feelings of depression and anxiety will decrease.

When planning around strengths...

1. Identify the strength that is useful or that you would like to build.

➤ Talents/Interests (gymnastics)

2. Define the presumed benefit of the using or developing the strength.

➤ Savannah's involvement in gymnastics will allow her to continue to build self-confidence and give her a healthy way to cope with past trauma.

3. Articulate the steps related to using or developing the strength.

➤ Identify the responsible parties to facilitate participation in gymnastics (transportation, cost, permission).

➤ Ensure that gymnastics is NOT used a punishment to address negative behavior or functioning problems.

Treatment Targets	Background Needs	Activities	Anticipated Outcomes
Adjustment to Trauma	Sexual Abuse, Emotional Abuse	Refer for TF-CBT; work with Savannah to understand impact of prior abuse on feelings of depression and anxiety	Depression, Anxiety, Conduct
CG Supervision/CG Involvement with care	CG Marital/Partner Violence	Work with caregivers to increase supervision and involvement with care; provide psychoeducation on the effects of trauma	Family Stress
Useful Strengths	Goals/Activities	Strengths to Build	Goals/Activities
<ul style="list-style-type: none"> -Talents/Interest -Relationship Permanence -Nuclear Family -Spiritual/Religious 	<p>Goal: Develop Savannah's relationship with nuclear family members.</p> <p>Activities: Regular family visits and therapy sessions</p>	<ul style="list-style-type: none"> -Optimism -Community Life -Resiliency -Extended Family 	<p>Goal: Develop Savannah's relationship with her extended family.</p> <p>Activities: Schedule regular visits with family members. Work with family to determine ways they can support Savannah and parents.</p>

Sample Planning Format

Youth, Family, Team Vision Statement

Goal

Action Steps to Achieve Goal

- 1.
- 2.
- 3.
- 4.

Treatment Target(s)

Anticipated Outcome(s)

Background Needs

Useful
Strengths

Strengths To
Build

Reassessments

- The treatment plan should be a living document.
- We need to regularly check in on the goals/objectives.
- Have a discussion with each update -
 - What worked?
 - What action/intervention was a struggle or a challenge?
 - What did not work at all?
- Update CANS, new summary, update theory of change

A few things to keep in mind

- While we say that all 2's and 3's should be on the treatment plan, in many cases, it may be impossible to integrate every item.
- Prioritize needs with child and family (collaborate and build consensus).
- Let the CANS support your work, not dictate.
- We should focus on helping our clients improve functioning. The CANS will never be all 0's – and that's okay.
- Interventions are not one size fits all – we must customize our plans to meet the needs of the individuals we are serving.
- Every story from every person involved in the life of a child is different. We need to find the common themes.
- If you are having trouble deciding which needs to address, consider the child's primary diagnosis or top 3 needs.



Contact Information

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