

CANS and Trauma Focused Treatment

Introducing the use of CANS in Trauma Focused Treatment

In this section you will find the definition of trauma, ways to talk about trauma, barriers to talking about trauma, ways on how to measure scores and action levels used for child's strengths, and tips for clinicians to ensure that treatment is Trauma Focused.

What is Trauma?

A trauma is a scary, dangerous, or violent event or series of events that overwhelm the individual's ability to cope. The event may have happened to that individual directly, or the individual perceives a real possibility that it could. It is experienced as something life changing and potentially life threatening to the individual or someone close to the individual.

Even though we try hard to keep ourselves and our loved ones safe, dangerous events still happen. This danger can come from outside of the family (such as a natural disaster, car accident, school shooting, or community violence) or from within the family, such as domestic violence, physical or sexual abuse, or neglect. Often times as a result of such experiences, the nervous system keeps us prepared for when danger may reoccur, and stands guard ready to respond quickly to triggers (even when others do not perceive these triggers as dangerous). Individuals may feel unsafe, anxious, and fearful after a trauma - even many years later. Trauma reactions can include a wide array of emotional and physical symptoms, relationship problems, and efforts to numb the pain through substance abuse.

Talking about the Trauma

Setting the tone

- Explain your role
- Maximize physical/emotional safety
- Explain *why* you are asking about the trauma
- "Normalize" the conversation ("We are asking all families these questions. A lot of individuals/families have had experiences that have affected them, and often times it stills hurts or bothers them
- Let the client know what will happen with the information they give you
- Take your time. If you feel like it is a good use of you time, he/she is more likely to feel the same
- Explain that there are no right or wrong answers
- Demonstrate that is it OK to talk about the difficult things/memories. Do not skim over difficult items on the assessment
- Focus on strengths and resilience
- Acknowledge that it can be difficult to share personal information with someone you don't know well
- Thank them for sharing

Conversation Tips

- Keep your communication honest and simple, using common language- Describe the trauma using everyday terms
- Consider using the assessment as a starting place for conversation
- Explain that you won't need all the details and that they are able to start by saying "yes" or "no" and go from there
- Start with general questions, allow them to drive the conversation- emphasize it is ok to give as much or little information as they feel comfortable giving
- Say that it is OK to let you know when they don't want to say anymore
- "Have you had any of these experiences?"
- "Do any of these experiences still bother you today?" (Adjustment to Trauma/Post/Traumatic Reactions)
- Sometimes individuals lack the language to express what has happened. Simply asking the question may help with this
- Talking to the family not only about what they went through, but how they got through it (this conversation may be a good window into what strengths/resources the individual possesses)
- Normalize the individual's reactions. When something scary or traumatic happens, it might change the way we feel, think, or act. These changes can be positive-we might get braver. But often people have difficulties after something traumatic occurs, for example, they can find it hard to support each other or meet the needs of the children
- If someone is sharing a lot and you feel "out of your depth," you can offer to connect with a trauma mental health specialist to explore further. ("I'm glad you are sharing this with me. Is this something you would like to talk about further with someone who specializes in talking about trauma?")

Common barriers to talking about trauma

- Wanting to wait until you get to know the individual or build a rapport
- Trying to get the information without having to say the words
- Fear of getting an inconsistent story from multiple reporters
- Fear of hurting your relationship
- Fear of upsetting/triggering/re-traumatizing the client

Use of CANS Strengths in Trauma Focused Treatment Scores and Action Levels Used for Child's Strengths

0 = a "centerpiece strength" or an area where strengths exist that can be used as a centerpiece for a strength-based plan.

1= a "useful strength" or an area where strengths exist but require some strength building efforts in order for them to serve as a focus of a strength-based plan.

2 = a "potential strength" an area where a strength has been identified but requires significant strength building efforts before it can be effectively recognized and utilized by the child and in trauma- focused, strength based treatment.

3 = not currently an area of strength for the child, an area in which efforts are to identify potential strengths

Family:

Family refers to all biological or adoptive relatives with whom the child or youth remain in contact along with other individuals in relationships with these relatives

The therapist should strive to improve and use positive family relationships throughout trauma-focused treatment. A child with high family strengths will have at least one or two adults who are actively engaged in the treatment process in an active supportive way. These caregivers should be mobilized as an important part of the trauma recovery process for the child, both within and outside of the therapy context. The therapist should spend one-on-one time with the caregivers of children with less developed family strengths. Caregivers should be provided with much support with regards to learning how to communicate with and provide support to their child. These efforts can be written as goals in the treatment plan.

Interpersonal

This rating refers to the interpersonal skills of the child or youth both with peers and adults.

Interpersonal skills are necessary for successful day-to-day functioning. The rating on this item will help the clinician decide how much therapeutic focus to place on building the client's interpersonal skills. If the client already has well-developed interpersonal skills, it may benefit the child to be enrolled in extracurricular group activities where s/he might be able to further develop and practice leadership skills to contribute to his/her self-esteem and self-enhancement. Enrollment in a social-ski/ls group is one way to address and build interpersonal strengths for a child who is not well-developed in this area

Educational Setting

This rating refers to the strengths of the school system and may or may not reflect any specific educational skills possessed by the child or youth.

If a child's educational system is functioning well, school partners can provide information on the child's functioning in the school setting as well as be kept informed of the child's progress in therapy and engaged in a trauma-informed service plan as deemed appropriate (and upon the consent of the caregiver/ child). If a child's school is not providing an educational plan and intervention well-matched to the child's needs, a plan for reconciling this should be put into the treatment plan. The child and family can be educated about the types of supports the school system can provide.

Vocational

This rating, generally, is reserved for adolescents and is not applicable for children 14 years and under. Computer skills would be rated here.

If a child has vocational interests or skills, these should be noted and used as appropriate in treatment. For example, a child with computer skills might like to create an electronic narrative of his trauma experiences with clipart and other computer graphics. Likewise, if a child has vocational interests (i.e., to be a fireman) the skills necessary in that career can be used as motivation to continue in treatment. For example, a child can be encouraged to be brave like a fireman or learn to breathe and stay calm when in danger like a fireman.

Coping and Savoring

This rating should be based on the psychological strengths that the child or adolescent might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's current level of distress

This item refers to a child's ability to enjoy the good and deal with the bad - both are essential skills for a successful, fulfilling life. If the child's CANS rates a 2 or 3 in this area, trauma-focused treatment can emphasize helping the child safely experience and regulate a range of emotions as well as learn new coping mechanisms. If the child has well developed we/I-being skills, and a score of 0 or 1 on the CANS these abilities can be highlighted in therapy by participation in fun activities and praise for the use of appropriate coping mechanisms.

Optimism

This rating should be based on the child or adolescent's sense of him/herself in his/her own future. This is intended to rate the child's self-esteem and positive future orientation.

A child with a trauma history may have a particularly hard time seeing him/herself and his/her future in a positive manner - this may be legitimately due to a long history of exposure to negative life events. If a child does not have well developed optimism, this needs to be a focus of treatment. The therapist should take every opportunity to point out ways the child has been successful in coping. Treatment interventions might include cognitive replacement strategies can be used to help the child identify and replace their tendency to catastrophize or generalize negative events. Treatment goals can include engaging in enjoyable tasks in therapy over which the child can gain mastery and/or enrolling the child in extracurricular activities in which they can excel to build their sense of competency. Children with already well-developed optimism strength can use their skills during treatment in many ways.

Talents/Interests

This rating should be based broadly on any talent, creative or artistic skill a child or adolescent may have including art, theatre, music, athletics, etc.

It is essential that children develop talents and interests. Development of talents and interests increases a child's positive sense of self. Well-developed talents or interests can also be used as a way to make therapeutic tasks more salient or interesting for the child. For example, a child interested in Pokémon can see skill building as a way to build their power; those interested in basketball can liken learning certain athletic skills to learning trauma specific coping skills. Further, therapists can be creative in helping children use their talents or specific creative interests (e.g., drawing or music or dance) in developing their trauma narrative or to cope with their traumatic symptoms. The therapist should be sensitive to the way they use the child's interest in treatment because sometimes children desire to keep their talents and interests completely separate from their trauma. For those children with few strengths in this area, efforts should be made to identify topics or activities that interest the child during the course of therapy and once identified, the child should be enrolled in activities to support the further development of these interests.

Spiritual/Religious

This rating should be based on the child or adolescent's and their family's involvement in spiritual or religious beliefs and activities.

Spirituality is one of the greatest protectors a child can have and can be a useful resource

when coping with traumatic experiences both throughout the course of treatment and beyond. If a child has significant strength or interest in this area, they can be encouraged and supported in participating in spiritual or religious events outside of therapy. Strengths in this area can also be used specifically to assist with the process of making meaning of traumatic experiences in the course of recovery. Building strengths in this area, when they do not already exist, should be done so respectfully and in accordance with the child and caregivers beliefs and preferences.

Community Life

This rating should be based on the child or adolescent's level of involvement in the cultural aspects of life in his/her community.

Children who are involved in healthy community activities tend to do better over the course of treatment and in sustaining treatment gains. Any efforts the clinician can make to connect the child to their community in a healthy way will likely benefit the child. Getting the child involved in community sports or scouts or even connect with support, strong members of the community are ways of doing this. If the child is already well engaged in their community, they can use such ties to support them as they progress through treatment.

Relationship Permanence

This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.

Family members who have been consistently available to the child client may be brought into treatment to witness and support the child's trauma processing; may serve as a positive role model for the child; or may be used as an example to contradict or address maladaptive beliefs (i.e., serve as an example that not all adults are abusive or bad). This is a strength that may be difficult to build if it's not available or there are no identified resources. If the child is rated as a 2 or 3 on this item, the clinician may want to work more to facilitate relationship building between the child and his/her foster parents or assist with helping the child develop more secure adult relationships both within and outside of their home.

Resilience

This Resilience item on the CANS refers to the child's ability to identify his or her own strengths and to use them to cope or excel as developmentally appropriate.

Building resilience in trauma-focused therapy will likely include work on positive affect enhancement and self-reflective information processing in which the child begins to build his/her capacity to accurately judge his/her own strengths and capacities and to use problem solving techniques that build upon these. For instance, if a child has a good sense of humor and creative these would be skills to bring to light and help the child build upon when in difficult situations.