

A Guide for Using the CANS with Youth, Caregivers and Their Families: A Tip Sheet

This tip sheet provides the therapist and/or family members with the following:

1. A short summary of the CANS and simple explanation of CANS scores (0, 1, 2, 3)
2. Ideas about introducing and using the CANS at the beginning of treatment, introducing the CANS, and using it to engage youth and their families to keep them involved over time.
3. A consumer-friendly description of why it's important to collect CANS information and some ideas on how the CANS can be used in a clinically meaningful way.
4. A one-page summary of the CANS that can be given to families (please see the final page)

Introducing and Sharing CANS Information with Youth, Caregivers and Families- A Key Area for Engagement

Clinical Providers are sometimes unsure about when and how to introduce the CANS measure to the family and how to engage family members in the process of completing the measure. Likewise they are unsure how the CANS may be used to discuss their clinical formulation of the case and do treatment planning with the family. While there is no one way to do these things, the pointers below are meant to give the clinician ideas about how to engage the youth and family in treatment with the use of the CANS.

- **Introduce and explain the CANS and its purpose** early in the assessment process, shortly after the family presents for treatment in order to support the need for treatment or services.
- **Determine the best way to complete the CANS as a collaborative process**, The CANS can be completed with the family together or feedback can be shared subsequently in an effort to establish a common understanding of the child's needs and strengths, develop mutual goals, and facilitate engagement with the family. The process for completion is meant to be adapted based on the most effective strategy for a particular family.
 - The CANS can be completed in the session with the family present. Sometimes clinicians show the CANS scoring sheet and the CANS manual to the family (either with the caregiver alone and/or with the youth). This approach may be best for

- clinicians that have experience and familiarity with the CANS; otherwise, this process may take a great deal of time and can be overwhelming for the family.
- Alternatively, the CANS may be completed by the clinician alone or with his/her supervisor after meeting with the family. Sharing CANS scores can be an opportunity to get the family's feedback and to begin a discussion about treatment (e.g., Are any of these scores surprising? What are their ideas, and your ideas, about how the needs on the CANS might fit together?). In this case, the clinician would review the CANS scores with the family, after it is scored, as a concise way of illustrating the child's needs and strengths and discuss particular areas of need and areas of strength to see if they match with the caregiver(s) and youth's understanding of the issues.
 - The CANS is **a flexible assessment strategy** and **an information integration tool**. The information that all family members provide as part of the initial intake and assessment process (including information from other measures or contacts) should be reflected in the CANS scores, shared with family members and used to help determine goals for treatment or services..
 - The CANS offers an opportunity for **trauma-focused psychoeducation with the child and caregiver** in terms of how to understand the range of difficulties the child may be experiencing in relation to their trauma – including the broad range of reactions that children may have in response to trauma and their coping responses to trauma. If there are areas of disagreement after discussing scores on the CANS, some of the scores may be adjusted based on the feedback if this makes sense. This also presents an important opportunity for **engagement and collaborative treatment planning**.

Benefits of the CANS and Using the CANS to Ensure Effective Services

Listed below are some of the greatest benefits of the CANS. These ideas can be shared with families to help them understand the usefulness of the CANS. Clinicians may feel free to use the exact language below or to adjust it in a way that is more natural for them when discussing the CANS with family members.

- 1) DECISION MAKING:** The CANS is a useful tool to support and inform decisions that are made by clinicians. Some clinicians simply use their clinical intuition or their “gut” to assess and make decisions about their client's needs and which type of treatment or therapy would work best. Clinicians also sometimes use this intuition to decide whether or not the treatment is helping their clients. In certain settings, a formal assessment may not be conducted initially or repeated over time. This makes it difficult to plan appropriately and monitor progress in treatment in a way that can be shared with the client, families, and other professionals in the child's life. The CANS can help with this process by offering a structure to guide decisions and track progress.
- ❖ You can use the CANS to **show families how and why you make decisions** regarding specific treatment goals and types of treatment interventions and why you choose to prioritize certain areas initially.

- ❖ You can also **review the CANS scores together with the family over time** to see how their child's emotional and behavioral needs change and improve.

2) COMMUNICATION & TRANSPARENCY: Remind the family that the CANS is a way of summarizing how the child is doing overall, across a broad range of areas so that we don't overlook something important or spend time in services or treatment focusing on areas where the child has no difficulties. It also helps us recognize areas where the child is doing particularly well and has strengths, which are important for both children and caregivers to be aware of so they can be emphasized and supported in the services they are receiving, at home, and in other settings.

In summary, make sure families understand that the CANS can actually enhance the services being offered, and the work of a clinical provider, in the following ways:

- ❖ To ensure the **importance of being open and transparent** with them about what is going on with their child.
- ❖ To see the big picture of a child and family's needs and strengths while staying focused on and prioritizing the child's most important needs.
- ❖ To work with the child and the family to come up with ideas about how the different types of needs and strengths the child has might be related or might fit together, or how strengths might be incorporated to address needs, so that if you focus on one area you might see improvements in other related areas.
- ❖ Deciding together and highlighting which areas the parents might be able to focus on at home, with guidance from the provider.

3) INTEGRATING INFORMATION: The CANS is a place where all of the different information a provider receives (from the client, the family, other professionals in the child's life and their own professional opinion) can be integrated into one place.

- ❖ By combining all of the information about a client in one place the clinician is able to get the most accurate picture of the child and this gives them the ability to see the child in a holistic way.
- ❖ By completing the CANS, with the help of the youth and caregiver and others in the child's life, the therapist learns that different people in the child's life may have different information or even different opinions about the child's needs.
- ❖ Likewise, by completing the CANS at the beginning of therapy, and again overtime, the therapist along with caregivers will likely learn things about the child that he or she would not otherwise have known or even asked about the child.

**The following page is a summary of the CANS scoring and other important information.
This next page can be copied and shared with families.**

The Child and Adolescent Needs and Strengths (CANS) Measure

A Brief Introduction for Families:

Some of benefits of using the CANS include:

- It is **COMPREHENSIVE!** It asks about many different areas of needs and the strengths a child and family may have, both of which are important in planning the most helpful services for your child. It also asks about many different areas that may be affected by trauma. Capturing all of this information makes the CANS unique from other measures or tools.
- It **INTEGRATES A LOT OF INFORMATION.** It helps clinicians put all of the information they have in one place allowing information to be considered and shared with others (family members or other professionals) quickly.
- It **HELPS TO INFORM GOALS AND PLANS FOR TREATMENT OR SERVICES.** It guides the clinician in making decisions about what to focus on in therapy or other services, where to start, and how to prioritize goals.
- It **KEEPS TRACK OF PROGRESS** over time. It can be used repeatedly while a child is in therapy, giving us a way of seeing how your child's needs and strengths change over time. It is a way of observing how and if the therapy is working!
- It is **TRANSPARENT!** It is purposefully direct and clear; having simple scoring so that all important people in a child's life can review and use this information as a way to communicate about the child's needs and strengths.

CANS Scores – Level of Needs

0 = A score of 0 always stands for the best possible functioning in an area; either it means there is no "need" or problem in a particular area.

1 = A score of 1 indicates an area that might require a little attention. It represents an area of need that we want to keep our eye on or we may want to take some preventive measure based on anticipated need.

2 and **3** = Scores of 2 and 3 always need attention of some type, as both indicate a significant need or challenge in a particular area. Items scored 2 and 3 should be addressed in the goals for a child's treatment or service plans. A score of 3 indicates a need for intensive and/or immediate attention.

CANS Scores – Level of Strengths

0 = A score of 0 represents a significant area of strength for a child; it is the best rating a child can have in the area of strengths.

1 = A score of 1 implies a good strength that can be made even stronger. Scores of 0 or 1 should also be shared with youth and families to highlight and support their progress and growth.

2 and **3** = Scores of 2 and 3 indicate limited strength in a particular area. A score of 2 means the child may have some potential for a strength in this area but this strength is not developed. A score of 3 indicates that a child has no identified strength. These can be considered as areas for development.