

Conversation Starting Points for the CANS

Use of CANS

Note for Clinicians: Determine in collaboration with your client and family which sections of the CANS you would like to prioritize and remember that the CANS may be done in more than one sitting.

Confidentiality

The following is a script to help you inform and engage your client and family about confidentiality. It is highly encouraged to use this as a model and create your own dialogue about confidentiality so that the conversation is natural and fluid.

Clinician:

Your family's right to privacy is very important, and in most circumstances, everything you tell me will be kept confidential. But before we get started, I also want to remind you about 2 situations where I would have to break confidentiality and tell someone outside of the treatment team about something you have told me.

- 1) If I have reason to believe that the child or any child under 18 is being abuse or neglected. I am a mandated reported which means I am legally obligated to consult with Child Protective Services if I hear about suspected child abuse or neglect.
- 2) If you or your child make a serious threat to harm yourself or someone else. I need to make a report in order to help keep yourself and or someone else safe, as that is my priority in this work.

Because I want us to be able to trust each other as we move forward, I want to be sure that I've communicated this information to you in a way that's useful and accurate. Can you tell me what you've heard me say about what confidentiality means, and when it has to be broken? Do you have any other questions about the exceptions to the confidentiality rule?"

CANS CONVERSATION STARTING POINTS BY SECTION

Life Functioning

Family Functioning

- How does your family get along? Are there problems between family members? Has there ever been any violence?

Living Situation

- How is the youth behaving and getting along with others in their current living situation?

School

- How is your child doing in school? Has he/she had any problems? Any problems with attendance or leaving school during the day? Has the teacher or other school personnel called you to talk about your child's behavior? How is your child doing academically? Is he/she having difficulty with subjects? Is he/she failing any classes? Or being held back?

Social Functioning

- How well does the youth get along with others? Does s/he make new friends easily? Has s/he kept friends a long time or does s/he tend to change friends frequently? How does s/he get along with adults?

Recreational

- Does your child/youth have things that s/he likes to do with her or her free time? Things that give him/her pleasure? Activities that are a positive use of his/her extra time? Does he/she often claim to be bored or have nothing to do?

Developmental

- Has your child developed like other children his/her age? Does your child's growth and development seem healthy? Has he/she reached appropriate developmental milestones (such as, walking, talking)? Has anyone ever told you that your child may have developmental problems?

Communication

- Has your child ever been diagnosed with having a problem with understanding words or using words to express him/herself? Have you ever worried about your child's ability to understand or use words? Has anyone told you that your child has

or could have a learning problem related with understanding others or expressive him/herself?

Judgement

- Does your child make good choices? Is your child able to anticipate the consequences of his/her behavior? Does your child think through his/her decisions like others his/her age?

Job Functioning

- *This item rates how a youth is doing in job and job-related functions. (*Note: A child who is not working or engaged in any prevocational activities would be rated a '3' regardless of age).* Does your child have a job? If so, how is he/she doing at work?

Legal

- *This item indicates the youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here.* Has your child ever admitted to you that he/she has broken the law? Has he/she ever been arrested? Has he/she ever been placed in juvenile detention?

Medical

- Is your child generally healthy? Does he/she have any medical or physical problems? Does your child have to see a doctor regularly to treat any problems (such as asthma, diabetes)? Does your child have an illness or a medical condition for which they need to take treatment or medications?" Do you use alternative medical practices with your child such as yoga, meditation, nutrition, church or spiritual healers, massage therapy, or home remedies?"

Physical

- Does have any physical limitations (such as may be caused by asthma e.g. child cannot go to gym, or needs an inhaler)? Are there any activities your child cannot do because of a physical or medical condition? How much does this interfere with his/her life?

Sleep

- How many hours does your child sleep each night on average? Is this the proper amount for him/her? How does your child sleep? Do he/she have any trouble falling asleep or staying asleep? Any nightmares or bedwetting?

Independent Living

- *This item is used to describe life skills for youth who are preparing to live without parents or caregivers.* Does your child know how to take care of him/herself? Does

he/she have the skills to live in an apartment by themselves? If not, what skills does he/she need to develop?

Child Strengths

General

“I’d like to talk about the positive qualities of your child. Specifically I’d like to hear about the things your child does well, or did well in the past.”

“What is something your child has done that has made you feel proud?”

“What are your child’s career aspirations?”

“Is there a person who your child gets a long with well?”

Family

- How do you care about one another in your family? Is there usually good communication? Is this an area that you could use some help to develop?

Interpersonal

- Do you feel that your child is pleasant and likeable? Is s/he ever charming? Do adults or other children like him/her? Do you feel that your child can act correctly in some social settings?

Optimism

- Does s/he have a generally positive outlook on things; have things to look forward to? Does s/he have plans for the future? Is he/she forward looking and see him/herself as likely to be successful?

Educational

- Is your child’s school an active partner in figuring out how to best meet your child’s needs. Does your child like school? Has there been at least one year in which s/he did well in school? When has your child been at his/her best in preschool/school?

Vocational

- Does your child know what he/she wants to ‘be when they grow up?’ Are his/her goals realistic? Have they ever worked? Do they have plans to go to college or vocational school, or for a career?

Talents/Interests

- What are your child’s talents or interests? What are the things that the child does particularly well? What does s/he enjoy? What does your child like to do? Are there activities or organizations in which your child is a part of?

Spiritual/Religious

- Are you involved with any religious community? Is your child involved? Do you have spiritual beliefs that provide comfort? Does your child have spiritual beliefs that provide comfort?

Community Life

- Is the child and family active in a community? Is s/he a member of a community organization or group? Do you feel that your family is a part of a community? Are there things that you do in your community? Is there a place in which your child does things particularly well (i.e. school, home, church, sports, etc.)?

Relationship Permanence

- Does your child have relationships with adults that have lasted his/her lifetime? Is he/she in contact with both parents? Are there relatives in the child's life with whom he/she has long-lasting relationships?

Youth Involvement

- Is your child actively involved in his/her own treatment? Does he/she participate in treatment planning? Is your child's voice being heard? Does your child have the necessary skills to advocate or to participate in his/her treatment plan?

Natural Supports

- *This item describes unpaid others, besides family members, in the life of your child who have demonstrated their ability and willingness to support your child while they are growing up.* Outside of your family are there people in your child's life who help them out? How do these individuals help? How often does your child see them?

Behavioral/Emotional Needs

Psychosis

- Has your child ever talked about hearing, seeing or feeling something that you did not believe was actually there? Has your child ever done strange or bizarre things of which you could make no sense? Does your child have strange beliefs about things? Has anyone ever told you that your child has a thought disorder or a psychotic condition?

Impulse/Hyperactivity

- Is your child able to sit still for any length of time? Does he/she have trouble paying attention for more than a few minutes? Is your child able to control him/herself? Have other people told you that your child is "hyper?"

Depression

- Do you think your child is depressed or irritable? Has he/she withdrawn from normal activities? Does your child seem lonely or not interested in others?

Anxiety

- Does your child have any problems with anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Does your child act frightened or afraid? Does your child worry a lot?

Oppositional Behavior

- Does your child do what you ask him/her to do? Has a teacher or other adult told you that your child does not follow rules or directions? Does your child argue with you when you try to get them to do something?

Conduct

- Is your child honest? How does your child handle telling the truth/lies? Has anyone told you that your child has been part of any criminal behavior? Has your child ever shown violent or threatening behavior towards others? Has your child ever intentionally hurt animals or set fires?

Anger Control

- How does your child control his/her temper? Does s/he get upset or frustrated easily? Does s/he become physical when angry? Does he/she have a hard time if someone criticizes or rejects him/her?

Substance Use

- *Substance abuse refers to any alcohol or illegal drug use or the inappropriate use of prescription drugs or household chemicals. This dimension describes the youth or adolescent's current use of the above.* Do you know whether the youth has used alcohol or any kind of drugs? Do you suspect that the youth may have an alcohol or drug use problem? Has anyone reported that they think the youth might be using alcohol or drugs?

Eating Disturbance

- Does your child have any problems with eating? Does he/she hoard food or refuse to eat or eat too much?

Adjustment to Trauma

- *This dimension covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends.*

Has youth experienced a traumatic event? Does s/he experience frequent nightmares? Is s/he troubled by flashbacks? Is s/he unusually afraid of being alone, or of participating in normal activities?

Traumatic/Adverse Childhood Experiences

General

“In this section we will be talking about any difficult or traumatic experiences your child may have experienced. These questions are asked of everyone. The reason we ask these questions is to ensure we are meeting the needs of the child and that we are sensitive to the experiences the child may have had. Some people feel nervous when these questions are asked, and that is normal. If you would like to see my notes, I can sit next to you so that you can see what I am writing down. I would like to remind you that if you disclose information that poses a threat or danger to the well-being of the child, I am obligated to make a report of the information.”

- Be supportive and composed
- Make sure you have Kleenex on hand
- Don't be surprised if a caregiver reacts by showing discomfort, crying or becoming anxious
- Give the caregiver extra time to answer questions, especially if s/he appears affected by the question

Sexual Abuse

- Has the caregiver or child disclosed sexual abuse? How often did the abuse occur? What was the child's relationship to the perpetrator? Did the abuse result in physical injury?

Physical Abuse

- Has the child or caregiver disclosed a history of physical abuse? Is physical discipline used in the home? What forms? Has the child ever received bruises, marks, or injury from physical discipline?

Neglect

- Is the child getting adequate supervision? Are the child's basic needs for food and shelter being met? Is the child allowed access to necessary medical care? Is the child being prevented from accessing education?

Emotional Abuse

- How do you interact/talk to your child? Is there name calling or shaming in the home?

Medical Trauma

- Has the child broken any bones? Has the child had to go to the emergency room or stay overnight in the hospital?

Natural Disaster

- Has the child been present during a natural or man-made disaster? Does the child watch television shows containing these themes or overhear adults talking about these kinds of disasters?

Witness to Family Violence

- Is there frequent fighting in the child's family? Does the fighting ever become physical?

Witness to Community Violence

- Does the child live in a neighborhood with frequent violence?

School Violence

- Are there frequent fights or other acts of violence at the child's school? Are weapons involved? Has the child witnessed or directly experienced violence at the school?

War Affected

- Has the child or his/her family lived in a war torn region? How close was s/he to violence? Was the family displaced? What acts of war did the child or family witness or experience directly?

Terrorism Affected

- Has the child witnessed an act of terrorism? Was his/her community targeted in an act of terrorism? Does the child know people injured or killed in an act of terrorism?

Witness/Victim of Criminal Acts

- Has the child ever been the victim of a crime? Has the child seen criminal activity in his/her community or home? Has someone in the child's family been the victim of a crime? Did the child witness this?

Parental Criminal Behavior

- Have the caregivers of this child engaged in criminal acts? Is either of the parents in jail? IF so, do they have contact with the child?

Disruption in Caregiving/Attachment Losses

- Has the child ever been placed in foster care? Has the child lost contact with a caregiver or had limited access to the caregiver?

Risk Behaviors

Suicide Risk

- Has your child ever talked about a wish or plan to die or to kill him/herself? Has s/he ever tried to commit suicide?

Self-Injurious Behavior

- Has your child ever talked about a wish or plan to hurt him/herself? Does your child ever purposely hurt him/herself (e.g. cutting)?

Other Self-Harm

- Has your child ever talked about or acted in a way that might be dangerous to him/herself (e.g. reckless behavior such as riding on top of cars, climbing grain elevators, promiscuity)?

Danger to Others

- Has your child ever injured another person on purpose? Does he/she get into physical fights? Has your child ever threatened to kill or seriously injure another person?

Sexual Aggression

- Has your child ever been accused of being sexually aggressive with another child? What happened after that?

Runaway

- Has your child ever run away from home, school or any other place? If so, where did they go? How long did they stay away? How did you find them? Do they ever threaten to run away?

Delinquency

- Has your child been involved in any delinquent activities including truancy and curfew violations? Has your child ever been arrested?

Fire Setting

- Has the youth ever played with matches, or set a fire? If so, please describe what happened. Did the fire setting behavior destroy property or endanger the lives of others?

Sanction Seeking Behavior

- Does your child ever intentionally do or say things to upset others? Has anyone ever told you that your child has sworn at them or done other behavior that was

insulting, rude or obnoxious? Does your child seem to purposely get in trouble by making you or other adults angry with them?

High Risk Sexual Activity

- Is the youth sexually active? Is the youth's sexual activity developmentally normative and healthy? Does the youth's sexual activity put him/her at risk for abuse, unwanted pregnancy or sexually transmitted infections?

Sexual Exploitation

- Has the youth traded sexual activity for goods, money, affection or protection?
- Has the youth been a victim of human trafficking?

Cultural Factors

General

"In this section we will be talking about factors that may influence the problems of your child. These factors include ethnicity, race, religion, spiritual practices, sexual orientation, socioeconomic status and the community environment. These factors may positively or negatively impact the challenges your child faces."

"Has any of the stated factors influenced the presenting problems of your child?"

"Have any of these factors helped to protect or made your child's problem better? Such as creating a decrease or improvement in the presenting problem(s)?"

Language

- *This item includes both spoken and sign language.* Does the child or significant family members have any difficulty communicating (either because English is not their first language, or due to another communication issue such as the need to use/learn sign language)?

Identity

- *Cultural identity refers to the child's view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.* Do your child and family have a sense of belonging to a specific cultural group? Does your child have role models, friends and community who share his/her sense of culture?

Ritual

- *Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc.* Rituals

also may include daily activities that are culturally specific (e.g. prayer at specific times, eating a specific diet, access to media). Is your child and family able to celebrate with others (friends, family, community) who share their traditions and customs?

Cultural Stress

- *Cultural stress refers to problems associated with the reaction of others to your child's cultural identity based on their knowledge, attitudes, or beliefs.* Has your child experienced problems with the reaction of others to his/her cultural identity? Has your child experienced discrimination?

Developmental Factors/History

Motor

- How was the child's ability to grasp things with his/her hand and move toys? Did the child have problems rolling over or learning how to walk?

Sensory

- Did the child have any hearing or visual impairments? Or easily overwhelmed by sensory stimuli (i.e. noise, toys, outside/inside places)?

Communication

- Did the child experience a delay in using words or understanding words?

Autism Spectrum

- Was the child evaluated or diagnosed for autism or spectrum disorder?

Failure to Thrive

- Did the child have a difficulty in gaining weight or growing?

Regulatory Problems

- Did the child have a problem with any of the following activities; sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled?

Birth Weight

- How did the child's weight compare to typical averages? (i.e. normal, underweight)

Prenatal Care

- What kind of prenatal care did the biological mother receive? Did the mother have any unusual illnesses or risks during pregnancy?

Substance Exposure

- Was the child exposed to substances during the pregnancy? If so, what substances?

Labor and Delivery

- Were there any unusual circumstances related to the labor and delivery of the child as a baby?

Maternal Availability

- Was the primary caregiver available to meet the child's needs in the first 3 months after birth?

Curiosity

- Did the child attempt to explore their world with all of their senses during early childhood?

Playfulness

- Was the child playful during early childhood?

Temperament

- How easily did the child get upset? How easy was it to help the child calm down?

Feeding/Elimination

- Difficulties breastfeeding/formula? Issues in the transition to solid foods?
Difficulties with urination or defecation?

Daycare/Preschool

- Did the child have interpersonal or other difficulties in play, day care or preschool settings?

Caregiver Strengths & Needs

General

“The following questions will allow us to talk about your needs as a caregiver to provide more easily for your child. If there is something that you need, I will do my best to put you in contact with the individual or agency that can help you. I also want to remind you that it is okay to not answer questions, if you do not feel comfortable doing so.

Supervision

- How do you feel about your ability to keep an eye on and discipline your child/children? Do you think you might need some help with these issues?

Involvement

- How do you feel about being involved in services for your child? Do you feel comfortable being an advocate? Would you like any help to become more involved?

Knowledge

- Do you feel comfortable with what you know about your child's needs? Have professionals told you things about your child that you didn't know what they were trying to say? Are there areas that you feel you would like to know more?

Organization

- Do you think you need or want help with managing your home? Do you have difficulty getting to appointments, managing a schedule?

Social Resources

- Do you have enough of what you need to take care of your families needs? Do you have family members or friends who can help you when you need it?

Residential Stability

- Is your current housing situation stable? Do you have any concerns that you might have to move in the near future? Have you lost your housing?

Physical Health

- How is your health? Do you have any health problems that make it hard for you to take care of your family? Does anyone else in the family have serious physical needs? Do you help care for them?

Mental Health

- Do you have any mental health needs that make parenting more difficult? Does anyone else in the family have serious mental health needs? Do you help care for them?

Substance Abuse

- Do you have any substance abuse needs that make parenting more difficult? Does anyone else in the family have serious substance abuse needs? Do you help care for them?

Developmental

- Has anyone ever told you that you may have developmental problems that makes parenting/caring for your child more difficult?

Safety

- Is the caregiver able to protect the child from harm in the house? Are there individuals living in the home or visiting the home that may be abusive to the child? Has the state ever been involved with your family? What happened that they became involved? Are they currently involved? If so, what led to their involvement? Is there any current concern about the child/youth's safety from a child protection perspective?

Family Stress

- Do you find it stressful at times to manage the challenges you experience when it comes to dealing with your child's needs? Do you find it hard to manage at times? Does your stress ever interfere with your ability to care for your child? If so, does it ever reach a level that you feel like you can't manage it?

Legal

- Has the caregiver been arrested? Is one or more caregiver incarcerated or on probation?