

“Let’s Talk About Collaboration”

CONSIDER THE FOUR APPROACHES

Compliance-based

The clinician may see the CANS as a form that needs to get done so they can move on to more important things or they may have limited contact with the individual/family/team. In this case, the focus is on compliance over consensus. The clinician completes the CANS without outside input.

Implicitly Collaborative

The clinician is highly relational and engaged with the individual/family--just not about the CANS. The clinician builds consensus but doesn't make the process transparent, often scoring the CANS later by themselves without the family's input.

Explicitly Collaborative

The process is collaborative; the individual/family is informed about the CANS, and the tool is fully integrated into treatment. However, once the tool is scored, there is no feedback loop to determine if revisions or adjustments are needed. Alternatively, the tool is scored without input from the family, but is then reviewed with them in depth.

Fully Collaborative

From beginning to end, the process is collaborative; the individual/family is informed about the CANS, the tool is fully integrated into treatment--including with other members of the treatment team--and feedback loops are established to collaboratively make any revisions or adjustments.

Practice Reflection

Take some time to discuss these questions on your own, in a group, or in pairs.

Depending on what your group looks like, you can decide how long you'd like to take considering these questions.

Based on the 4 collaborative approaches:

- 1. Where do you see yourself on the collaborative spectrum?**
- 2. What factors impact how you approach CANS collaboration in each case?**
- 3. What are some benefits and challenges of moving towards greater collaboration?**
- 4. If you'd like to shift your approach, what kind of support would be helpful?**

Compliance-based > Implicitly Collaborative > Explicitly Collaborative > Fully Collaborative