CANS and TCOM: building h.o.p.e. and growing change
1:15  Introductions and Your Goals
1:30  CANS Refresher
1:35  Defining Transformational Change
1:45  Finding Hope in Complex Systems
2:15  Tools for Surfacing Practices and Experiences
What is the CANS?
CANS Ratings

• Level of items translate immediately into action levels
  – No adding or subtracting or multiplying necessary
• Allows us to understand together what needs to be addressed
• Provides a way to gauge the immediacy / intensity of effort currently needed
Shared Vision: Metrics for Action

Need Action Levels:
0: No Evidence of Need
1: Watch/Prevent
2: Act
3: Act Immediately/Intensively

Strengths Action Levels
0: Centerpiece
1: Useful
2: Identified, not Developed
3: Not yet identified
CANS: Practice Enhancement

• CANS is designed to be the output of a collaborative assessment process
• Transparent in scoring
• Scores translate immediately into action levels
• Designed to bridge assessment and treatment
WHAT IS TRANSFORMATIONAL CHANGE?

‣ “Help me stay out of trouble and become successful by connecting me with the things I want to do and become….”
WHAT IS TRANSFORMATIONAL CHANGE FOR YOU?

‣ “How do we know what to do in order to be more successful in helping youth become their best selves?”
CANS for Alignment

• Helps align our Shared Vision and our Management (across systems, across levels of the system)
• Metrics must reflect what is currently done and what needs to be done to achieve child and family goals
• CANS helps us translate key elements of child and caregiver narratives and their action implications into the work at all levels of the system
TCOM is a systems approach for keeping youth needs and strengths at the center of our work

Transformational: Our work is focused on personal change.
Collaborative: Together we develop a shared understanding and vision.
Outcomes: We measure what is relevant to the care decisions and interventions that youth and families choose and that we use.
Management: Needs and Strengths (CANS) information is used in all aspects of our work, from planning with individuals and families, to supervision, to developing procedures and carrying out policy.

....in order for us to become experts at facilitating growth
However......
TCOM Context

- Well-meaning hard-working people constantly distracted from the work of improving effectiveness of supports
- This keeps change efforts from going deep enough to *consistently* work
- TCOM is an approach to using information [CANS] to *continuously orient our actions to child and family goals*
Decision-Making in Systems

- Everyone acts to meet their immediate goals and requirements
- These actions are often initiated in response to perceived crises
- They are frequently experienced as ‘shocks’ to people across the [family, agency, county] system
Decision-Making in Systems

• Survival is about weathering these ‘shocks’
• Over time, people throughout the system are conditioned to act in ways which mirror a trauma response
• How can we interrupt this cycle?
Hope-Building System Responses

• Responses to system changes, or ‘shocks’
  – Traumatic Stress: the survivor
  – Resilience: the shelter
  – Anti-Fragility: the constant gardener
TCOM is about H.O.P.E.

- Hearing:
  - Outcomes
  - Practices
  - Experiences
TCOM is about H.O.P.E.

- How do we understand and make sense of hundreds and thousands and tens of thousands of narratives?
Organizing what we Hear

THEMES
ACCESSING
ENGAGING
MATCHING
ADAPTING
GROWING

PROCESS
SCREENING
COLLABORATIVE ASSESSMENT
TREATMENT PLANNING
TREATMENT MONITORING
LINKING/TRANSITIONING
Hearing the Story One Process at a Time

• Information rarely includes Outcome, Practice and Experience information
  – Instead, we simply work from outputs (how many hours were spent) and anecdotes (what one person says about the experience, practice, or outcome)
  – Can we hear stories in a more organized way?
Recommendation Against Algorithm Rates by Quarter

Percent of Clients

Quarter


0%  25%  50%  75%  100%
ASSESSING / ENGAGING
Percent Assessments On Time by Quarter

- 2015-Q1: 50%
- 2015-Q2: 45%
- 2015-Q3: 55%
- 2015-Q4: 60%
- 2016-Q1: 55%
- 2016-Q2: 75%
- 2016-Q3: 50%
- 2016-Q4: 45%
- 2017-Q1: 55%
- 2017-Q2: 50%
- 2017-Q3: 60%
- 2017-Q4: 55%
PLANNING / MATCHING
Planning / Matching

• Two reports facilitate understanding the planning and matching process, but do not directly measure it.

• The **Item Breakout Report** allows us to identify conditions which may not initially be detected as well as items for which current services may not be appropriate.

• The **Support Intensity Report (preview)** helps match children / youth to staff persons based on their treatment capacity.
Care Matching: *Item Breakouts*

![Progress Breakout: Anxiety Chart]

- **Initial**: 64%
- **Continuity**: 58%
- **Clinical Progress**: 12%
- **Newly Identified**: 7%
- **Worsening**: 9%

*Percent of Clients*
Care Matching: *Item Breakouts*

- High rates of ‘Newly identified’ may indicate need for earlier / better detection of concerns

- High rates of ‘Worsening’ may indicate need to examine prevention and treatment strategies

- High rates of ‘Clinical Progress’ may indicate that services have been appropriately individualized; Low rates of ‘Clinical Progress’ may indicate a need for more effective treatment practices
Matching by Capacity

Support Intensity by Clinician

- Tartt, Donna
- Carver, Raymond
- Angelou, Maya
- Borges, Jorge
- Tan, Amy
- Lee, Harper
- Meehl, Paul
- Rowling, J. K.

Total Current Support Intensity

33
Matching by Capacity
UPDATING / ADAPTING
Treatment Needs at Initial Assessment
All Clients With Assessment at Initial – n = 647

Percent Needing Treatment

- Emotional Needs:
  - Emotional Control: 74%
  - Mood: 69%
  - Attention: 62%
  - Oppositional: 60%
  - Anxiety: 57%

- Life Domain:
  - Family: 60%
  - Living: 66%
  - Interpersonal: 66%
  - School Achievement: 51%

- Risk: 65%

[Image of a garden scene with a hand planting a seedling]

[Image of a bar chart showing the percentages of clients needing treatment in various domains.]
Useful Strengths at 3 Months Assessment
All Clients With Assessment at 3 Months -- n = 400

Percent With Strength

- Pcp Relationship
- Talents/Interest
- Natural Supports
- Educational System
- Relationship Permanence
- Family
- Optimism
- Resourcefulness
- Recreation
- Spiritual/Religious
- Resiliency
- Community Connection
- Vocational

Initial vs. 3 Months

[Graph showing the percentage of clients with the mentioned strengths at both initial and 3 months assessment.]
Useful Strengths at 6 Months Assessment
All Clients With Assessment at 6 Months -- n = 319
TRANSITIONING / GROWING
Linkages: Key Intervention Needs

Key Intervention Needs Over Time

Percent with Treatment Need

- Anxiety
- Attention/Impulsivity
- Decision Making
- Adjustment to Trauma
- Danger to Others
- Conduct
- Family Functioning
- Interpersonal
- Crime/Delinquency
- Intellectual Development

Behavioral & Emotional Needs and Risk Behaviors

Functioning
Linkages: *Key Intervention Needs*
Linkages: **Strengths Development**

**Strengths Development Over Time**

- **Percent with Strength** (0% to 100%)
- **Type of Strength**
  - PCP relationship
  - Teacher/staff
  - Educational System
  - Natural supports
  - Relational/parenting
  - Family
  - Resiliency
  - Community Connection
  - Recreation
  - Spiritual/believes
  - Resiliency
  - Vocational

- **Initial** and **Reassessment** line graphs

---

**Chart Details**

1. **PCP relationship** shows the highest percentage initially.
2. **Resiliency** and **Community Connection** show significant decreases over time.
3. **Educational System** and **Natural supports** maintain consistency with minor fluctuations.
4. **Vocational** shows the lowest initial percentage.

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**Note:**
- The chart illustrates the development of strengths over time, highlighting areas that show improvement and those that may need further focus.

Linkages

Items which may indicate a need for linkages:

- Physical / Medical; Sleep; Intellectual Development; Medication Management
- School (Achievement, Attendance, Behavior)
- Crime / Delinquency

Items which may indicate linkage is working:

- PCP Relationship
- Educational Supports
- Community Connection; Recreation; Spiritual / religious
From Outcome to Practice Stories

• Priorities for Understanding Practice
  – What looks like a successful practice we want to better understand?
  – Where are outcomes unclear?
  – Where might we want to look to see if practices can be improved?
Practitioner Supports: CUS-P

Training Included

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce the CANS to youth/families</td>
<td>11.1%</td>
</tr>
<tr>
<td>Rate specific CANS items (i.e., reliability training)</td>
<td>9.3%</td>
</tr>
<tr>
<td>Complete the CANS together with youth/family</td>
<td>7.4%</td>
</tr>
<tr>
<td>Use the CANS for treatment planning</td>
<td>9.3%</td>
</tr>
<tr>
<td>Use the CANS to monitor progress and adapt treatment over time</td>
<td>7.4%</td>
</tr>
<tr>
<td>Use the CANS in ways which respect diverse cultures</td>
<td>3.7%</td>
</tr>
<tr>
<td>Use the CANS in supervision</td>
<td>0.0%</td>
</tr>
<tr>
<td>Teach other people to reliably rate the CANS</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
CPOP: Organizing Practice Stories

CANS
+ Notes
+ Plans

\[ x \text{ Role } \times \text{ Process} \]

.....from auditing for compliance to reading for collaboration
Diverse Routes to Success

- Treatment attendance
  - Homework use
  - Progress review

- Homework use
  - Progress review
  - Celebration of progress
  - Additional supporters

- Lower rates of caregiver treatment attendance

- Reduced Behavioral and Emotional Needs
- Improved Functioning
- Increased Strengths
Reading for Collaboration

Plausible Drivers of Effectiveness:

• Greater reductions in behavioral and emotional needs at the 6, 9 and 12 month reassessments are associated with
  • higher rates of youth attendance in treatment (r = 0.40),
  • homework use (r = 0.26),
  • and progress review (r = 0.26).

Reading for Collaboration

*Plausible Drivers of Effectiveness:*

- Greater improvements in functioning are associated with:
  - the use of homework \( (r = 0.36) \),
  - regular review of progress \( (r = 0.53) \),
  - regular celebration of progress \( (r = 0.51) \),
  - and the inclusion of additional treatment supporters in treatment \( (r = 0.66) \).

Reading for Collaboration

For Further Exploration:

• No session-by-session practice indicator predicted reductions in risk behaviors or increases in strength development.

• Strength development is negatively related to caregiver treatment attendance, which may indicate that it takes one-on-one time and effort with the therapist specifically to develop additional strengths over time.

Findings: Emerging Program Theory

# Collaborative Practice Dashboard

## Phases and Key Events

<table>
<thead>
<tr>
<th></th>
<th>Screening</th>
<th>Initial</th>
<th>Care Planning</th>
<th>Reassessment</th>
<th>Crisis Planning</th>
<th>Transition Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely</td>
<td>77%</td>
<td>57%</td>
<td>43%</td>
<td>71%</td>
<td>38%</td>
<td>Formal: NA</td>
</tr>
<tr>
<td>WISE Indicated</td>
<td>100%</td>
<td>Collaborative: 31%</td>
<td>51%</td>
<td></td>
<td>Collaborative: 18%</td>
<td>Collaborative: 71%</td>
</tr>
</tbody>
</table>

## Treatment Content

<table>
<thead>
<tr>
<th>Interaction Content</th>
<th>Clearly Documented</th>
<th>Response to Practice Documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoeducation</td>
<td>16.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Skill Development</td>
<td>11.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Enlisting Treatment Support</td>
<td>4.4%</td>
<td>1.5%</td>
</tr>
<tr>
<td>EBP Curriculum Used</td>
<td>4.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Homework Assigned</td>
<td>3.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Skill Generalization</td>
<td>1.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Transition Planning</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

## Focusing on Sustainable Change

<table>
<thead>
<tr>
<th>Progress Reviewed</th>
<th>Success Celebrated</th>
<th>New Strengths Developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.9%</td>
<td>3.56%</td>
<td>0.63</td>
</tr>
</tbody>
</table>
## Hearing Experience Stories

<table>
<thead>
<tr>
<th>Statement</th>
<th>Caregivers % Agreement</th>
<th>Youth % Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The treatment did not seem like it would work for you / your child</td>
<td>26%</td>
<td>40%</td>
</tr>
<tr>
<td>We had too much going on in our family to participate</td>
<td>23%</td>
<td>28%</td>
</tr>
<tr>
<td>I did not like the person I spoke to</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>It seemed like participating would take too much of my time</td>
<td>19%</td>
<td>27%</td>
</tr>
<tr>
<td>It seemed like participating would take too much effort</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>I had trouble getting childcare</td>
<td>16%</td>
<td>3%</td>
</tr>
<tr>
<td>I had trouble getting transportation</td>
<td>13%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Hearing Stories of Experience

.....helped me understand how the program would help me.
.....gave me something useful to try each time we met.
.....offered to call and check in with me between our meetings.
.....gave me a paper copy of my CANS assessment?
.....went over the assessment with me to make sure that it was right.
.....did a good job of writing out what I need help doing.
.....helped me set goals that were realistic.
.....wrote the goals in my words.
.....helped me develop my talents and interests
.....checked in often with me to see if therapy was helping me to reach my goals
.....made sure I have all the help I need to succeed.
......showed me an easy way to get more help if I need it.
.....made clear that I can still call them and get help if I need it.
### MCES Items and Outcomes

<table>
<thead>
<tr>
<th>Item</th>
<th>School</th>
<th>Family</th>
<th>Community</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Child Family Team or therapist talked with me about the important things which I do well.</td>
<td>0.51</td>
<td>0.64</td>
<td>0.7</td>
<td>0.61667</td>
</tr>
<tr>
<td>The Child Family Team or therapist helped me tell the real story of my life.</td>
<td>0.87</td>
<td>0.69</td>
<td>0.55</td>
<td>0.70333</td>
</tr>
<tr>
<td>The Child Family Team or therapist went over the assessment with me to make sure that it was right.</td>
<td>0.57</td>
<td>0.34</td>
<td>0.41</td>
<td>0.44</td>
</tr>
<tr>
<td>The Child Family Team or therapist did a good job of writing out what I do well.</td>
<td>0.76</td>
<td>0.69</td>
<td>0.72</td>
<td>0.7233</td>
</tr>
<tr>
<td>The Child Family Team or therapist did a good job of writing out what I need help doing.</td>
<td>0.88</td>
<td>0.84</td>
<td>0.81</td>
<td>0.8433</td>
</tr>
<tr>
<td>The Child Family Team or therapist helped me set goals that were realistic.</td>
<td>0.65</td>
<td>0.53</td>
<td>0.6</td>
<td>0.59333</td>
</tr>
<tr>
<td>The Child Family Team or therapist wrote the goals in my words.</td>
<td>0.63</td>
<td>0.57</td>
<td>0.61</td>
<td>0.60333</td>
</tr>
<tr>
<td>The Child Family Team or therapist showed me useful ways to change my behavior.</td>
<td>0.6</td>
<td>0.52</td>
<td>0.47</td>
<td>0.53</td>
</tr>
<tr>
<td>The Child Family Team or therapist checked in often with me to see if therapy was helping me to reach my goals.</td>
<td>0.67</td>
<td>0.52</td>
<td>0.47</td>
<td>0.55333</td>
</tr>
<tr>
<td>The Child Family Team or therapist made it easy for me to say when something wasn't working for me.</td>
<td>0.57</td>
<td>0.58</td>
<td>0.45</td>
<td>0.53333</td>
</tr>
<tr>
<td>The Child Family Team or therapist made sure I have all the help I need to succeed.</td>
<td>0.66</td>
<td>0.58</td>
<td>0.52</td>
<td>0.58667</td>
</tr>
</tbody>
</table>
Resources

• CANS Reports in Electronic Systems
  – How to build them [Requirements] document

• Trend Reports
  – Code library for R

• Practitioner and Supervisor Practices Information
  – Ask Trainer....then ask us
Resources

• Collaborative Practice Dashboards
  – Let’s talk! We can tailor these based on the roles in your system

• Experience Surveys and Protocols
  – We have surveys available online, for entry by family, youth or practitioner
THANK YOU FOR YOUR TIME AND ATTENTION!

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