Child Adolescent Needs and Strengths

Timothy E. Hougen, Ph.D.
Deputy Director for Children’s, TAY, and MHSA
Presentation Goals

- Defining the purpose of CANS
- How to create cooperation for completion of the CANS
- How to incorporate the CANS into current clinical practice
- Use of CANS to measure client progress over the course of treatment
- Utilizing data to assist in identifying needed services
- Identify challenges/barriers in collecting accurate data
First Purpose of CANS: Help Capture Information and Communicate Effectively

Clinical Process Loop

Assess → Plan → Treat

Clinical Information Loop

Gather → Structure → Communicate

Emphasis is on:
• Client Understanding
• Clinician Understanding
• Clinical Work

Consistent Process
Leverage a Tool for this Process
Primary Philosophy & Technique to ensure:

- Feedback loops in place
- Accuracy of information
- Buy-in from consumer and family
- More effective services

- Collaborative engagement during the assessment process is only the first step
- Truly collaborative practice is about the whole treatment process, from entry to exit
- Collaboration is NOT Collusion
Introducing the CANS in a Collaborative Way

• When
  • During the initial clinical assessment
  • During CFTMs
  • Additionally as it is clinically appropriate or necessary

• How
  • Explain that the CANS Tool is used to communicate needs and strengths of the client and the caregiver.
  • It provides an easy summary of needs and strengths and helps everyone to focus on what is needed.
  • It demonstrates progress and helps everyone to celebrate the successes.
  • Explain that the scores indicate different levels of needs and actions.
  • Show the CANS tool, offer an agency handout and facilitate an open dialogue for questions.
“I want to also introduce you to the Children and Adolescent Needs and Strengths (CANS). This is a tool that you and I will use together to get an idea about how you are doing in all aspects of your life. Each number tells us something different, 3’s need our immediate attention and should be addressed in your treatment first, 2's are areas that we are going to work on throughout treatment, 1's are areas that we are going to watch or was a concern in the past, and 0’s do not need our attention right now. We will update this at least every 3 months together so that we can see how things are changing over time. This will help us make goals for treatment, explore resources that may be beneficial, and communicate to others in your life where they can support as well.”
Incorporation of CANS within the Assessment

NEEDS
- All “Actionable Items” (i.e., “2” or “3”) should have related narrative in the body of the assessment

STRENGTHS
- All “Useful Strengths” (i.e., “0” or “1”) should have related narrative in the body of the assessment
Healthy Homes Assessment

Completed by clinicians co-located at child welfare offices.

Includes the CANS-50 items and Trauma Items.
# Learn the Child’s Story Quickly: Scoresheet A

## Life Domain Functioning

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## Caregiver Strengths & Needs

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## Cultural Factors

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**PV** = Previous Value of question from most recent previous assessment; display value when different; display blank when not different or when previous value not present.
Reading the Story Exercise – Pair Up

Clinician Compiles Information

Parent
Child
Clinician

CANS Scoresheet
B, C, D, or E

Clinician Presents
Supervisor Inquires

ANSA Scoresheet
X
### Behavioral Health

#### Healthy Homes CANS Score Sheet

**Early Childhood Functioning**

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**Nature of Trauma**

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#### Summary Table of Needs and Strengths

**Areas Needing Action**

- Impulsivity / Hyperactivity
- Social Functioning
- Depression
- Adjustment to Trauma
- Anxiety

**Areas Needing Immediate and/or Intensive Action**

- Attachment Difficulties
- Decision Making
- School Achievement
- Family Functioning

**Useful Strengths**

- Family Strengths
- Interpersonal
- Natural Supports

**Strengths to Build**

- Community Life
- Relationship Permanence
- Well-Being

**Trauma Experiences**

- Sexual Abuse
- Emotional Abuse
- Witness to Family Violence
- Physical Abuse
- Neglect
- Witness/Victim - Criminal Acts
### Behavioral Health

**“Narrative Report” for Child & Family Team Meetings**

#### Child and Adolescent Needs and Strengths (CANS) - Narrative Report

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<td>Danger To Others</td>
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#### Key

- **High Need**: 3
- **Help is Needed**: 2
- **1 or 0**: Previous Need, Now Improved

**Strengthen or Immediate Needs:**

- Adjustment To Trauma: The youth has experienced a past trauma (severity unknown) and continues to be severely affected by this trauma. Although the experiences may vary for each youth, severe symptoms related to traumized youth are present (e.g., flashbacks, hypervigilance, anxiety, interpersonal conflicts).

#### Need(s) that should be addressed:

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#### Need(s) that were previously addressed and have shown improvement:

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<td>2015-01-31 Update</td>
<td>2015-07 Update</td>
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**Impulsivity/Hyperactivity**: The youth's impulsive, distractible, or hyperactive behaviors are negatively affecting their interactions with others and their ability to learn. These behaviors should be addressed in treatment, but the precise method of addressing these will vary by the youth's individual circumstances.

**Anxiety**: The youth experiences feelings of anxiety or excessive worry that needs to be addressed in their treatment.

**Conflict**: The youth engages in antisocial behaviors for which they need help. This may include stealing, acts of violence, property destruction, or more severe behaviors.

**Attachment Difficulties**: The youth experiences problems with attachment that interfere with functioning. The youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and/or may have ongoing difficulties with physical or emotional boundaries with others. The caregiver may consistently minimize issues, or ignore the youth's need for intimacy or nurturance. Help with this need should be incorporated within treatment.

**Emotional and/or Physical Overexpression**: The youth's ability to modulate their emotional and physical expressions is limited and they have problems regulating their emotions. This may manifest in inappropriate expressions of feelings (e.g., becoming angry without apparent cause), an inability to express angry at an appropriate level (e.g., high expression of emotion in moderate circumstances), or physiological over arousal or reactivity (e.g., anxiety, hyperactive, lack of control).

**Interpersonal Interactions**: The youth's interactions with significant others are creating problems in their life (e.g., getting into trouble at school), but severe sanctions are unlikely (e.g., expulsion).

**Grief and Loss**: There is concern regarding the youth's level of unresolved loss but the youth is going through the grieving process. This may be indicated in anger, acting out, or other maladaptive behaviors. There is a need to help with this issue.

**Intrusions/Re-Experiencing**: There is concern regarding the youth's level of intrusive memories or reminders of traumatic events. This difficulty interferes with an ability to function at least one life domain. There is a need to help with this issue.

**Frustration Management**: There is concern regarding the youth's ability to manage anger and frustration. This difficulty interferes with the ability to function in at least one life domain. There is a need to help with this issue.

**Commitment to Self-Control**: There is concern regarding the youth's willingness and commitment to controlling aggressive and/or violent behaviors. The youth is ambivalent about controlling violent behavior. There is a need to help with this issue.

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SAN BERNARDINO COUNTY

Behavioral Health

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Medi-Cal Requires that the Chart Makes Sense.

- Assessment
- CANS/ANSA
- Dx
- CRP plans Tx
**Chart Review Tool with CANS Items**

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- Order on this tool changed to prompt for CANS review early
- Goal is to incorporate review of CANS items with existing chart review process
- Tool also covers other elements of a chart review
Audit Tool with CANS Items (Back Side)

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- Record CANS Item Scores BEFORE Reading the assessment
- Check Items supported in the Clinical Assessment
- Check Items used to support diagnosis
- Check items used in the Client Recovery Plan
CAN-SB Scoresheet includes Previous Values

**LIFE DOMAIN FUNCTIONING**

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**RISK BEHAVIORS**

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**Caregiver Assessment(s) Present**: YES

**Modules**: 1 » 0 thru 5 2 » TAY 3 » Family Diff. 4 » Dev. Needs (DD) 5 » Sexuality 6 » School 7 » Permanency 8 » Trauma 9 » Subst. Use D/O (SUD) 10 » Violence 11 » Sexually Aggr. Bx. (SAB) 12 » Runaway 13 » Juv. Just. (JJ) 14 » Fire Setting (FS) 15 » Vocational (VOC)

**PV** = Previous Value of question from most recent previous assessment; display value when different; display blank when not different or when previous value not present.
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• “Actionable Items” are those need items which indicate a child needs help (i.e., Scores of “2” or “3”)
• There is a consistent connection between total number of actionable items and the level of care needed
• Top of the Comparison Report provides the Count of Core Need Items which are Actionable

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Web-Based System Client Dashboard

Most Recent Actionable Needs

- Family Functioning: History 14, Current 5
- Living Situation: History 2, Current 1
- Social Functioning: History 3, Current 2
- Recreational: History 2, Current 1
- Sleep: History 2, Current 1
- School Behavior: History 2, Current 1
- School Achievement: History 3, Current 2
- Language: History 2, Current 1
- Impulsivity/Hyperactivity: History 2, Current 2
- Depression: History 2, Current 1
- Anxiety: History 2, Current 2
- Anger Control: History 2, Current 1
- Emotional and Social Development: History 2, Current 1

PSC-35 Scores Over Time

- Attention
- Internalizing
- Externalizing

Actionable Needs Over Time

Strengths Over Time
Expected Assessment Reports: Are the CANS getting done?

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<td>100% (1/1)</td>
<td>100% (2/2)</td>
<td>100% (1/1)</td>
<td>100% (4/4)</td>
</tr>
<tr>
<td>HOLM, VANESSA</td>
<td>100% (2/2)</td>
<td>N/A</td>
<td>100% (2/2)</td>
<td>100% (4/4)</td>
</tr>
<tr>
<td>Harrison-Hinestroza, Mercedes</td>
<td>100% (9/9)</td>
<td>100% (12/12)</td>
<td>100% (14/14)</td>
<td>100% (35/35)</td>
</tr>
<tr>
<td>Kelly, Catherine</td>
<td>100% (13/13)</td>
<td>100% (9/9)</td>
<td>100% (6/6)</td>
<td>100% (28/28)</td>
</tr>
<tr>
<td>Martin, Janelle</td>
<td>92% (11/12)</td>
<td>100% (12/12)</td>
<td>100% (4/4)</td>
<td>96% (27/28)</td>
</tr>
<tr>
<td>RAMIREZ, YESENIA</td>
<td>100% (10/10)</td>
<td>N/A</td>
<td>N/A</td>
<td>100% (10/10)</td>
</tr>
<tr>
<td>Thompson, Corey</td>
<td>N/A</td>
<td>100% (1/1)</td>
<td>100% (1/1)</td>
<td>100% (2/2)</td>
</tr>
<tr>
<td>Uriarte Ayala, Rosaura</td>
<td>100% (3/3)</td>
<td>100% (1/1)</td>
<td>100% (2/2)</td>
<td>100% (6/6)</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td>97% (75/77)</td>
<td>100% (59/59)</td>
<td>100% (49/49)</td>
<td>99% (183/185)</td>
</tr>
</tbody>
</table>
Clinic Profile – “Who are you seeing at intake?

<table>
<thead>
<tr>
<th>JCBHS - Healthy Homes</th>
<th>Non-Actionable</th>
<th>Actionable</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>Subtotal</td>
</tr>
<tr>
<td><strong>by Assessor</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>by Approver</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child Behavioral-Emotional Needs - Current Presentation and Reason for Referral</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosis</td>
<td>708</td>
<td>54</td>
<td>762 (99%)</td>
</tr>
<tr>
<td>Impulsivity / Hyperactivity</td>
<td>419</td>
<td>194</td>
<td>613 (80%)</td>
</tr>
<tr>
<td>Depression</td>
<td>168</td>
<td>268</td>
<td>436 (57%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>172</td>
<td>295</td>
<td>467 (61%)</td>
</tr>
<tr>
<td>Mania</td>
<td>755</td>
<td>12</td>
<td>767 (100%)</td>
</tr>
<tr>
<td>Oppositional</td>
<td>449</td>
<td>183</td>
<td>632 (82%)</td>
</tr>
<tr>
<td>Conduct</td>
<td>675</td>
<td>79</td>
<td>754 (98%)</td>
</tr>
<tr>
<td>Adjustment to Trauma</td>
<td>124</td>
<td>262</td>
<td>386 (50%)</td>
</tr>
<tr>
<td>Attachment Difficulties</td>
<td>361</td>
<td>246</td>
<td>607 (79%)</td>
</tr>
<tr>
<td>Anger Control</td>
<td>334</td>
<td>189</td>
<td>523 (68%)</td>
</tr>
<tr>
<td>Eating Disturbances</td>
<td>611</td>
<td>111</td>
<td>722 (94%)</td>
</tr>
<tr>
<td>Affect Dysregulation</td>
<td>270</td>
<td>202</td>
<td>472 (61%)</td>
</tr>
<tr>
<td>Behavioral Regressions</td>
<td>607</td>
<td>96</td>
<td>703 (92%)</td>
</tr>
<tr>
<td>Substance Use</td>
<td>722</td>
<td>31</td>
<td>753 (98%)</td>
</tr>
<tr>
<td>Somatization</td>
<td>586</td>
<td>106</td>
<td>692 (90%)</td>
</tr>
</tbody>
</table>
Review this table internally. Not for Publication.

<table>
<thead>
<tr>
<th>Category</th>
<th>Improved</th>
<th>Same</th>
<th>Declined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Domain Functioning</td>
<td>32 (88.9%)</td>
<td>3 (8.3%)</td>
<td>1 (2.8%)</td>
</tr>
<tr>
<td>Strengths Domain</td>
<td>27 (75.0%)</td>
<td>6 (16.7%)</td>
<td>3 (8.3%)</td>
</tr>
<tr>
<td>Cultural Factors</td>
<td>1 (2.8%)</td>
<td>33 (91.7%)</td>
<td>2 (5.6%)</td>
</tr>
<tr>
<td>Behavioral/Emotional Needs</td>
<td>31 (86.1%)</td>
<td>4 (11.1%)</td>
<td>1 (2.8%)</td>
</tr>
<tr>
<td>Risk Behaviors</td>
<td>19 (52.8%)</td>
<td>15 (41.7%)</td>
<td>2 (5.6%)</td>
</tr>
<tr>
<td>Ages 0 Through 5 - Early Childhood Module</td>
<td>1 (50.0%)</td>
<td>1 (50.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Transitional-Age-Youth Module</td>
<td>6 (66.7%)</td>
<td>2 (22.2%)</td>
<td>1 (11.1%)</td>
</tr>
</tbody>
</table>
# Item Specific Evaluation

Review this table internally. Not for Publication.

<table>
<thead>
<tr>
<th>Life Domain Functioning</th>
<th>Group 0: Clients with an Initial Assessment</th>
<th>Group 1: Clients with Initial and Discharge Assessments</th>
<th>Group 2: All Clients with a 0 or 1 at Initial</th>
<th>Group 3: All Clients with a 2 at Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Presenting % 2 or 3 at Initial</td>
<td>% Total Discharged</td>
<td>% of Presenting, % of Discharged with 0, 1</td>
<td>% of Presenting, % of Discharged with Lower Score</td>
</tr>
<tr>
<td>Sleep</td>
<td>76</td>
<td>82% (62/76)</td>
<td>70% (64/91)</td>
<td>63% (40/64)</td>
</tr>
<tr>
<td>School Behavior</td>
<td>73</td>
<td>62% (45/73)</td>
<td>68% (61/90)</td>
<td>59% (36/61)</td>
</tr>
<tr>
<td>School Achievement</td>
<td>73</td>
<td>63% (48/73)</td>
<td>61% (54/89)</td>
<td>43% (25/54)</td>
</tr>
<tr>
<td>School Attendance</td>
<td>73</td>
<td>14% (10/73)</td>
<td>18% (16/90)</td>
<td>63% (10/16)</td>
</tr>
<tr>
<td>Behavioral/Emotional Needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosis (Thought Disorder)</td>
<td>76</td>
<td>0% (0/76)</td>
<td>1% (1/91)</td>
<td>0% (0/1)</td>
</tr>
<tr>
<td>Impulsivity/Hyperactivity</td>
<td>76</td>
<td>79% (60/76)</td>
<td>79% (72/91)</td>
<td>33% (24/72)</td>
</tr>
<tr>
<td>Depression</td>
<td>76</td>
<td>80% (61/76)</td>
<td>75% (72/91)</td>
<td>40% (33/72)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>76</td>
<td>79% (60/76)</td>
<td>80% (73/91)</td>
<td>52% (38/73)</td>
</tr>
<tr>
<td>Mania</td>
<td>76</td>
<td>0% (0/76)</td>
<td>0% (0/50)</td>
<td>N/A</td>
</tr>
<tr>
<td>Oppositional</td>
<td>76</td>
<td>72% (55/76)</td>
<td>70% (64/91)</td>
<td>58% (37/64)</td>
</tr>
<tr>
<td>Conduct</td>
<td>76</td>
<td>12% (9/76)</td>
<td>13% (12/91)</td>
<td>58% (7/12)</td>
</tr>
<tr>
<td>Adjustment To Trauma</td>
<td>76</td>
<td>86% (65/76)</td>
<td>84% (76/91)</td>
<td>20% (15/76)</td>
</tr>
<tr>
<td>Attachment Difficulties</td>
<td>76</td>
<td>47% (36/75)</td>
<td>31% (16/52)</td>
<td>60% (11/16)</td>
</tr>
<tr>
<td>Anger Control</td>
<td>76</td>
<td>9% (7/76)</td>
<td>13% (9/81)</td>
<td>57% (46/81)</td>
</tr>
<tr>
<td>Eating Disturbances</td>
<td>76</td>
<td>88% (67/75)</td>
<td>80% (83/101)</td>
<td>75% (49/66)</td>
</tr>
<tr>
<td>Emotional and/or Physical Dysregulation</td>
<td>76</td>
<td>87% (66/75)</td>
<td>92% (84/91)</td>
<td>63% (53/84)</td>
</tr>
</tbody>
</table>
Document should:

- **Tell a Story:**
  - Who We See
  - What we Do
  - How We Help

- **Incorporate Various Data Elements**
  - Demographics
  - Status at Intake
  - Service Descriptions
  - Outcomes
Additional materials available at: http://wp.sbccounty.gov/dbh/cans/

Email: thougen@dbh.sbccounty.gov
Phone: 909-388-0817